



SALISH BHO

CROSS SYSTEM WORKING AGREEMENTS POLICIES AND PROCEDURES

Policy Name: SBHO CROSS SYSTEM WORKING AGREEMENTS

Policy Number: 14.01

Reference: State Contract; WAC 388-865-0246; WAC 388-877-0640; CFR 438.208

Effective Date: 2/2002

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Approved by: SBHO Executive Board

CROSS REFERENCES

- Policy: Availability of Services
- Policy: EPSDT Coordination Plan and Requirements
- Policy: Special Health Care Needs- Services and Coordination of Care
- Schedule: Working Agreements Maintenance

PURPOSE

It is the policy of the Salish BHO (SBHO) to establish and implement cross system working agreements with allied system providers in order to ensure coordination of services for mutually shared individuals. The SBHO, network providers, and subcontractors are committed to building partnerships with social service providers across the region to meet the needs of individuals with behavioral health disorders, to educate the general public about behavioral health disorders, and to formulate new tools and techniques specific to this population.

The working agreements will ensure to the extent possible, individuals eligible for behavioral health services are notified of the existence, availability, and services within the SBHO. Cross system partnerships and allied system working agreements are established to coordinate community-based services.

PROCEDURE

1. The SBHO will initiate cross system coordination with local ancillary systems.

2. The SBHO will execute and maintain updated non-financial working agreements with the identified ancillary systems.
3. The SBHO will utilize the Working Agreements to:
 - bridge historical communication gaps
 - promote system collaboration, and decrease the instances of duplicated services
 - establish clear roles and responsibilities between systems, with shared clients
 - support the treatment of individuals with behavioral or emotional disturbances
 - establish a chain of command for local disputes to be resolved at the local level possible
 - build effective teams around shared, complex community cases
 - communicate what a formalized system can and cannot do
 - provide in-service trainings, share training information
 - support local resource coalitions
 - evaluate system coordination
4. Active partnerships and cross-system working arrangements will be established with, at a minimum, the following allied community providers:
 - Local Tribal Authorities, seven Tribes with the catchment area and the additional State identified Tribes located outside the catchment area, as they are interested
 - Division of Aging and Adult Services, Home & Community Services
 - Area Agency on Aging for Kitsap and Olympic Peninsula (two entities)
 - Children’s Administration – Department of Children and Family Services
 - State Psychiatric Hospitals – Western State Hospital for Adults, and CLIP Administration for Children
 - Local Medicaid Managed Care Plans
 - Local community health clinics and federally qualified health centers (FQHCs) – one community health clinic organization in Kitsap
 - Local Division of Vocational Rehabilitation (DVR)
 - Department of Corrections (DOC)
 - Juvenile Rehabilitation Administration (JRA)
 - County Jails and Sheriff Departments – three (3) county and one (1) city Jail
 - Other local criminal justice systems, such as specialized treatment courts – mental health court, drug courts, and co-occurring courts in region; and other entities as identified
5. All allied system working agreements will include the following standard information:

- a. Clarification of roles and responsibilities of both systems in serving persons mutually served.
 - b. Processes for sharing of information related to SBHO system and allied systems eligibility, access, and authorization.
 - c. Mechanisms for identification of needed local resources, including strategies and/or initiatives to address those needs.
 - d. Procedures for facilitation of community reintegration from out-of-home placements (e.g., State hospitals, CLIP, Juvenile Rehabilitation Administration facilities, foster care, skilled nursing facilities, acute inpatient settings) for mutually shared individuals of all ages.
 - e. A dispute resolution process for concerns, with the resolution beginning at the most local level and identifying next steps if an offered solution is not mutually agreed upon.
 - f. An evaluation of the cross-system coordination and integration of services, with an opportunity to update a working agreement at any time, to address barriers or ways to improve collaboration.
6. The Children's Administration Department of Child and Family Services (DCFS) Plan will include the listed standard information and the following system specific information:
- a. Availability of an intake assessment to all Medicaid enrolled children, including children in foster care.
 - b. Availability of SBHO culturally-competent, evidence-based, consensus-based, and promising practices for children, especially for children with multiple agency involvement (e.g., dependency court, protective services, foster care, behavioral health, juvenile rehabilitation).
 - c. DCFS placement and coordination responsibility when children in DCFS custody reside in a CLIP facility, including discharge planning participation for those children.
7. The Plans for the community Health clinics, federally qualified health centers (FQHCs), and Medicaid Managed Care Organizations will include the listed standard information and the following system specific information:
- a. Protocols for accessing both systems for services: physical health and behavioral health for individuals mutually served.
 - b. Coordination of care between the SBHO primary behavioral health care provider and the primary care physicians, hospital emergency room medical staff, or other health professionals.
8. The Department of Corrections (DOC) Plan will include the listed standard information and the following system specific information:
- a. Clarifies coordination with any DOC supervised offender served in the network.
9. The Allied System Plan for the County Jails and one city Jail (Forks Jail) is a financial contract that includes system coordination and the standards information for the system

non-financial agreements, in addition they also include the following system specific information:

- a. Coordination with local law enforcement and jail personnel, which detail a referral process for individuals with mental illness or substance use disorders who are incarcerated and need behavioral health services.
- b. Identification and provision of transition services to individuals with behavioral health disorders to expedite, facilitate, and coordinate their return to the community.
- c. Identification and acceptance of referrals for intake assessments of individuals who are not enrolled in community behavioral health services but who meet priority populations as defined in 71.24. The SBHO will provide assessments for these individuals and provide transition services prior to their release from jail.

10. The SBHO will review this policy that least annually.

MONITORING

1. Policy Monitoring. This policy is mandated by contract and statute. This policy is also monitored through the use of:
 - Grievance Report and Tracking
 - Annual Network Provider Administrative Reviews