

CBHS Policies and Procedures

City and County of San Francisco
 Department of Public Health
 POPULATION HEALTH AND PREVENTION
 COMMUNITY BEHAVIORAL HEALTH
 SERVICES

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POLICY/PROCEDURE REGARDING: Community Behavioral Health Services Integration of Mental Health and Substance Abuse

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References: San Francisco DPH Harm
 Reduction Policy

I. Introduction

This policy defines the Community Behavioral Health Services (CBHS) position for co-occurring issues/dual diagnosis capability (COI/DD), welcoming, universal screening, and billing issues related to the integration of Mental Health and Substance Abuse services in San Francisco. CBHS has made a commitment to develop a welcoming, accessible, integrated, culturally competent, recovery oriented, continuous, and comprehensive system of care. The CBHS system includes Prevention, Early Intervention, Treatment and Aftercare Services. CBHS has developed a consensus to utilize the Comprehensive, Continuous, Integrated System of Care (CCISC) framework for system design to assist in achieving the goal of Integration.

1. It is the Mission of CBHS to welcome adults, adolescents, children, and their family members who request assistance with mental health, substance abuse or co-occurring issues or disorders and to ensure provision of integrated, quality mental health and substance abuse services and support.
2. The goal of an integrated behavioral health service system is to provide the most appropriate services for clients of all ages who have an array of behavioral health problems.
3. Families include biological families, caregivers, and others viewed by the individual/family requesting or needing services as significant in their life.
4. All individuals/families who request assistance, or anyone who is referring an individual or family for services, should be welcomed, regardless of the presentation of substance abuse and/or mental health issues.
5. Behavioral health problems are usually not isolated; co-occurring conditions are the norm rather than the exception, and clients with co-occurring issues or disorders appear in all parts of the public sector service system.
6. A youth, adult, or older adult is considered have co-occurring issues or dual diagnosis disorders when he or she exhibits concurrently both mental health symptoms or disorders and substance use problems or disorders, whether or not those problems have received a definitive diagnosis, and whether or not symptoms of a diagnosed disorder are in remission. The specific sub-type of co-occurring disorder varies according to severity, chronicity, disability, and degree of impairment in functioning. In

addition, CBHS recognizes the phenomena of co-occurring disorders in families, in which a youth may have a serious emotional disturbance, and a family member or significant caregiver might have a substance use disorder.

7. Clients may present in any behavioral health setting with any combination of mental health and substance use symptoms or disorders, regardless of whether or not the mental health issues or disorders may be substance-induced and whether or not the mental health and substance use conditions are active or in remission. This is true whether or not they meet eligibility criteria for specialty mental health services, specialty substance use services or both. Clients with co-occurring issues or disorders have historically been associated with poorer outcomes and higher costs in multiple domains. CBHS intends to improve outcomes for clients with co-occurring disorders by providing access to integrated services throughout the system.
8. Every door is the right door to be screened and gain access to the most appropriate services in the Integrated CBHS system.

II. Policies:

A. Co-Occurring Issues/Dual-Diagnosis Capability

In implementing integration, CBHS has adopted the expectation that ALL programs within the CBHS system will become – at minimum - “Co-Occurring Issues/Dual Diagnosis Capable”. Achievement of COI/DD Capability involves a performance improvement process on the part of each provider, in partnership with CBHS, and specific performance requirements that define co-occurring issues/dual diagnosis capability that will evolve over time, and that will be incorporated into CBHS contracts and regulations.

Definition of COI/DD Capability: COI/DD capability for any program, whether mental health or substance abuse, whether adult or child focused, and at any level of care, refers to the organization of every element of program infrastructure – every policy, procedure, clinical practice instruction, staff competency requirement, and so on – to be able to identify individuals with co-occurring issues or disorders (as well as, in children’s services, co-occurring disorders in families) as both an expectation and as a priority for engagement, and to routinely provide appropriately matched services for that population within the framework of program design and mission.

Examples of specific components of COI/DD capability include, but are not limited to the following:

- Welcoming incorporated into mission statement, philosophy and clinical practice
- Organizational commitment to achieve COI/DD capability, and empowered performance improvement plan to improve integrated services
- Organizational infrastructure that supports integrated planning, integrated data collection, integrated documentation, and billing for integrated services within existing funding streams
- Removal of arbitrary access barriers based on co-occurrence of mental health and substance abuse issues or disorders
- Integrated screening and identification of the population in the data system
- Integrated, stage specific, strength based assessment
- Provision of empathic, hopeful, integrated service relationships

- Integrated, stage matched service plans and progress notes
- Routine availability of stage matched group programming
- Routine utilization of appropriately matched intervention manuals, tools, and skill building materials to address co-occurring issues, including trauma
- Procedures for case sharing and interagency collaboration
- Policy guidelines for organizing the provision of best practice psychopharmacologic services for individuals with co-occurring disorders or issues
- Integrated discharge planning
- Definition of scopes of practice and core competencies for each counselor or clinician, along with a human resource development plan to achieve universal COI/DD competency

The current expectations of COI/DD capability for CBHS programs are defined in the Consensus Document and in the accompanying policy statements. As noted above, these expectations will evolve over time.

B. Welcoming

In implementing Integration, CBHS emphasizes the importance of developing the capability of ALL programs and ALL staff to be welcoming and engaging toward all individuals and families in empathic, hopeful relationships that facilitate appropriate identification of needs, access to appropriate assessment and properly matched services. Within this framework, it is particularly important to welcome and engage those individuals who might ordinarily have difficulty gaining access to services, such as those who have co-occurring mental health and substance use issues or disorders, those who are from diverse cultural and/or linguistic groups, and those who have associated medical disabilities, all of whom are particularly at high risk for poorer outcomes if not successfully welcomed into care. Consequently, CBHS has prioritized the development of welcoming procedures as one of the most important and fundamental starting places for CBHS system transformation and integration.

All individuals/families and all service settings are not the same. Consequently, there is no single correct welcoming intervention for individuals/families. Each program and each service provider must have the capacity to develop welcoming and engagement strategies and interventions that are appropriately matched to individuals and families who may be coming to the door, and that are designed to have those individuals and families experience "every door is the right door" whether they will be provided continuing services in that setting or not.

1. Welcoming is the first step in engagement. Engaging individuals/families with any type of difficulty or combination of difficulties in a culturally appropriate manner, and in their preferred language, is one of the most important contributors to success in any setting. It involves a proactive stance that conveys empathy and hope, and that actively reaches out to individuals and families. It starts with basic courtesy over the telephone and in person, regardless of the service being sought.
2. Welcoming is a practice that is independent of resource availability or program eligibility. All individuals or families that are identified as having either mental health, substance abuse, or co-occurring issues or disorders shall be welcomed at every CBHS civil service or contracted behavioral

health program. The welcoming message shall be conveyed in the attitude and behavior of all staff. It is especially important to be welcoming to an individual or family that will not be provided ongoing services in the program door they first enter. Welcoming these individuals or families communicates a sincere desire to engage the person in care as soon as possible, to welcome the person into the system as a whole, and to proactively assist the person with making the connection with a provider in the system who will assume responsibility to continue the welcoming, empathic relationship and provide the services needed. After a referral is made, the initial service provider is responsible to see that the individual actually receives the services they need, and considers the provider to be a resource within the wider CBHS system.

3. An essential component of welcoming practice is the elimination of barriers to access. No program should have a requirement that automatically excludes an individual or family from access or assessment based on substance use level, length of sobriety, type of medication, or mental health issue or diagnosis. Again, welcoming means “every door is the right door” whether individuals and families will be provided continuing services in that setting or not.
4. The welcoming response includes the necessity for programs to provide a screening to determine presence of mental health and/or substance abuse issues or disorders at whichever program the individual/family first approaches seeking assistance. If the individual requiring services cannot present to a program, the service provider taking the referral should assist in coordinating appropriate community resources or an outreach assessment if indicated. Welcoming also includes the recognition that addressing co-occurring issues or disorders concurrently, when they exist, results in the most successful and desirable outcomes. Service providers should convey a belief in the possibility of recovery, an openness to harm reduction approaches, and a willingness to “start where the individual/family is at” and provide services accordingly (see Harm Reduction Policy).
5. Language reflecting the County’s commitment to the Continuous, Comprehensive, and Integrated System of Care (CCISC) model, including welcoming guidelines, will be incorporated into every RFP.
6. Welcoming is a policy requirement and a practice expectation of CBHS for all levels of administration, program directors, service providers and staff members. All CBHS agencies and programs will develop welcoming procedures and provide welcoming skills orientation for staff. Service providers are expected to attend training to develop competency in welcoming strategies.
7. Welcoming applies to both individuals and their families. It includes anyone who would like to refer someone for services. The CBHS Quality Management Department will develop a Continuous Quality Improvement plan to monitor and gather information about whether welcoming is occurring throughout the system, in relation to both consumers, families, and people making referrals. Consumer satisfaction surveys, feedback from collaborative systems, and other methods can be utilized to gather information and evaluate the welcoming process.
8. Agency program brochures and /or posters, orientation handout materials, website information, etc., shall be visibly accessible, culturally and linguistically relevant, and customer friendly. CBHS will develop a mini poster for use in all programs with the words WELCOME in the threshold languages. Posters with the Mission Statement from this Policy will be available in all threshold languages.

9. Each program within CBHS will be stronger by working collaboratively with other programs in the system. Each program approach has its strengths and limitations. By honest acknowledgement of these, and through knowledge of the assets of other approaches, programs can more effectively serve the needs of clients. Comprehensive, integrated services may be achieved by expanding service options within existing programs, through collaboration with other service agencies, and by creating new services to address specific needs.

C. Universal Screening

The goal of an integrated behavioral health service system is to provide the most appropriate treatment for clients of all ages who have an array of behavioral health problems. The problems are usually not isolated; co-occurring mental health and substance abuse issues or disorders are the norm rather than the exception. As a responsive and adaptive service system, our intent is to develop a partnership with providers, based on mutual respect and shared expertise, to improve the way in which we identify and provide services to address co-occurring issues or disorders. The identification of co-occurring issues or disorders is useful administratively in making resource allocation decisions for the system of care. Most importantly, it helps to ensure that clients are receiving the most appropriate and highest quality care. To this end, our goal is to achieve the capacity to conduct universal screenings for co-occurring issues or disorders among clients of all ages and their families, and to facilitate further integrated assessment when indicated.

All clients who come to CBHS for services will be welcomed for care and engaged in an integrated screening process that has the following objectives:

- To identify the presence of a possible co-occurring issue or disorder, and
- To identify whether further integrated assessment is required.

The Universal Screening Policy requires that a valid and reliable method of screening for co-occurring issues or disorders be used by all CBHS providers. It does not require that the same screening tool or process be used by all providers, but it does establish minimum standards for screening tools and methods. The minimum standards are as follows:

- 1) The screening method or tool must be able to accurately discriminate clients who are unlikely to have a co-occurring issue or disorder from those who are likely to have one and will need further assessment.
- 2) The screening tool or method must yield a cut-off score or indication of likelihood that can inform decisions about further assessment. Having a cut-off score to guide decisions improves reliability and is particularly useful when screening is conducted by staff with varying levels of experience in identifying co-occurring issues or disorders.

All decisions regarding further assessment should also be informed by clinical expertise, which at times may differ from the results of the screening process. The Universal Screening Policy does not preclude

clinicians from over-riding the recommendation of the screening tool results if they believe it is clinically warranted.

Working together with providers, CBHS is engaged in a Continuous Quality Improvement (CQI) process to achieve universal implementation of integrated screening. All providers are expected to engage in this CQI process. CBHS will work in partnership with providers to develop the most effective approach for integrated screening throughout the system, and to balance the advantages of uniformity with the need for flexibility to meet the needs of diverse clients in diverse settings.

The first step toward developing Universal Integrated Screening is to survey the methods that programs are currently using to identify co-occurring mental health and substance abuse problems. The Universal Screening Committee will review current methods, applying minimum best practice standards for screening, described above. Programs that are currently using a valid and reliable method of screening for co-occurring issues or disorders will have met the Universal Screening Policy requirements. Programs without a valid and reliable method of screening will be asked to select from a menu of acceptable screening tools or methods currently used by providers and others identified through the clinical research literature. These tools and methods will be compiled by the Screening Tool Committee and shared with providers.

CBHS recognizes that introducing integrated screening methods will take time. The intention of the Universal Integrated Screening Policy is to establish our commitment to screening, and to provide guidance and resources for programs that are adopting screening methods. Screening for co-occurring disorders continues to be voluntary for Fiscal Year 2007-2008; however, the use of screening tools or methods as outlined in this policy will be required in Fiscal Year 2008-2009.

D. Billing

CBHS believes that ideally the client's needs, not their funding status, should determine the provision of services. Adequate funding for needed mental health and substance abuse services is an issue in all public health systems. In some cases, entry criteria for specific programs have been defined by the ability of the program to be reimbursed for providing services for a particular client. "Eligibility criteria" may reflect **not** the client's need for the services, but whether the client's issues meet predetermined criteria that allow the program to be paid for providing a specific service.

It is the intent of CBHS that eligibility for funding **NOT** determine whether clients are welcomed by a program. Public sources of funding **do** specify rules for program and staff reimbursement. However, it is not always immediately clear whether a client meets existing funding criteria for mental health and/or substance abuse services. *ALL* clients should be welcomed into and screened by *ANY* program, regardless of their ability to pay for services, or of their ability to qualify to have services funded through another source.

Exploration of the range and extent of a client's mental health **and** substance abuse issues should determine the type and level of services the client needs, and the most appropriate provider(s) for these services, regardless of funding source. Many clients in Mental Health programs also have co-occurring

substance use problems. It is also true that many clients in substance abuse programs have co-occurring mental health problems. Consequently, the presence of substance use and mental health issues should be explored with all clients and caretakers. It is essential for clients to be guided to receive services appropriate to their unique needs, regardless of the door through which they enter the system.

Policies for funding resources should not restrict a client's ability to receive necessary services for co-occurring issues or disorders whether at the same or separate sites or by the same or by different providers. CBHS believes that the existence of a co-occurring issue should not disqualify or limit an individual from receiving services for a different co-occurring issue. Providers must collaborate in the provision of services to clients with co-occurring issues or disorders. To the extent that services can be integrated at one site, individuals with co-occurring issues or disorders will be best served. Co-location of staff to provide services is also an effective model of integration. Concurrent provision of services by separate providers at different locations may also provide integrated care, as long as high levels of communication and coordination are established and maintained.

III. Therefore:

Within a philosophic framework of welcoming and access, CBHS intends to develop billing strategies that will support provider ability to conduct and be reimbursed for integrated screening, brief intervention, and referral for services. CBHS also intends to provide instructions and procedures for the legitimate use of any single funding stream to support billing and documentation for appropriate services to individuals and families who have co-occurring disorders. It is also the intent of CBHS, in partnership with service providers, to develop policies and procedures to facilitate the blending of mental health and substance abuse funding in single settings when that it is the most efficient and effective method for provision of integrated services to clients with co-occurring disorders. It is the intent of this policy that all clinicians and programs in CBHS programs become informed of how to use any single funding stream to support the provision of integrated services to individuals and families with co-occurring issues or disorders under that funding stream.

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