

**MEMORANDUM OF AGREEMENT**  
**between the**  
**CHILDREN'S ADMINISTRATION REGION II**  
**and the**  
**KING COUNTY BEHAVIORAL HEALTH AND RECOVERY DIVISION**

**I. SUBJECT**

The following Agreement terminates the 2015 Agreement and begins a new Agreement effective April 1, 2016, between the Behavioral Health and Recovery Division (BHRD) and the Children's Administration (CA) Region II. This agreement remains in effect unless terminated by consent of all parties. This agreement will be reviewed annually for effectiveness, efficiency, and success in meeting the stated purpose.

**II. PURPOSE**

The purpose of this agreement is to outline the process for referring CA-involved individuals to substance use disorder (SUD) assessment and treatment services within the King County Behavioral Health Organization (KCBHO). Goals include increasing utilization of SUD assessments and treatment services by CA-involved individuals and improving coordination among CA, BHRD, and the KC Substance Use Disorder (SUD) treatment adult provider network.

**III. DEFINITIONS**

- A. Access to Care Standards (ACS): provided by the State of Washington, the ACS describes the minimum standards and criteria for clinical eligibility for publicly funded behavioral health services for the Behavioral Health Organization (BHO) system.
- B. Medicaid recipient: an individual who is currently enrolled in the Medicaid program.
- C. Non-Medicaid person: an individual who is not a Medicaid recipient. Behavioral health services will be available to non-Medicaid persons as resources permit.
- D. SUD Outpatient/Intensive Outpatient Benefit – American Society of Addiction Medicine (ASAM) Level 1.0 or 2.1 Benefit intended for individuals that require consistent, ongoing, structured treatment services to accomplish changes in their substance use behavior.
- E. SUD Recovery Support Services Benefit - ASAM Level .5 or 1.0. Benefit intended for individuals that have completed outpatient treatment goals and/or do not require the intensity of services offered in other benefit levels. The goals are relapse prevention and recovery maintenance.
- F. Pregnant and Postpartum Women and Women with Dependent Children:
  - a. Women who are pregnant;
  - b. Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children; and

- c. Women who are parenting children age seventeen and under, including those attempting to gain custody of children supervised by the Department of Social and Health Services, Division of Children and Family Services (DCFS).
- G. On-site Child Care: Child care services provided, when needed, to children of parents/guardians participating in assessment and treatment activities, and support activities such as support groups, parenting education, and other supportive activities when those activities are recommended as part of the recovery process and noted in the parent/guardian's service plan.
- H. Expanded Substance Use Disorder Assessment: An expanded SUD assessment for PPW women that includes a comprehensive interview, urinalysis (UA), and the use of two collateral contacts at a minimum, resulting in a standardized written report to be submitted to the referral source and a copy maintained in the individual's file that shall include:
  - 1. The presenting problem;
  - 2. A basic psychosocial history including past and present drug/alcohol use (type, frequency, and duration of use);
  - 3. An assessment of imminent or future risk of child abuse and neglect related to the parents'/guardians' substance abuse;
  - 4. Life effects of usage;
  - 5. SUD diagnosis;
  - 6. Specific treatment recommendations and estimated periods for completion;
  - 7. Other services needed to initiate, establish, or maintain recovery such as mental health or domestic violence services;
  - 8. Diagnostic instruments used in the assessment process;
  - 9. UA results; and
  - 10. Information obtained from at least two collateral contacts.
- I. Global Assessment of Individual Needs – Short Screener (GAIN-SS): A two-page questionnaire for general populations to quickly and accurately identify individuals who have one or more behavioral health disorders (e.g., internalizing or externalizing psychiatric disorders, substance use disorders, or crime/violence problems) and would benefit from further assessment or referral for these issues. It also rules out those who would not be identified as having behavioral health disorders.
- J. Mandated Reporter: Any person required by the Revised Code of Washington Section 26.44.030 to report child abuse or neglect or the suspicion of child abuse or neglect.

#### **IV. ELIGIBILITY**

- A. Eligible individuals are defined in the King County Behavioral Health Organization (KCBHO) Policies and Procedures (P&P) and the State Access to Care Standards (ACS).
- B. Eligible individuals include the children of parents being assessed by, or who are enrolled in, SUD treatment services with the Contractor.

- C. Individuals shall receive priority services as described in the KCBHO P&P.
- D. Any person residing in King County and involved with CA that is referred for services by a CA social worker (SW).
- E. PPW individuals shall receive priority services as described in the KCBHO Policies and Procedures (KCBHO P&Ps).

**V. RESPONSIBILITIES**

- A. The Behavioral Health and Recovery Division agrees to have assessment and treatment services available for CA individuals at KC SUD treatment agencies.
- B. The KCBHO provider network shall:
  - 1. Provide all services under this agreement as described in State requirements as determined by DSHS and the Division of Behavioral Health and Recovery (DBHR) and in compliance with the KCBHO P&P and where applicable, the Agency's PPW exhibit;
  - 2. Provide structured outpatient treatment to promote child safety, healthy child development, and healthy family interaction, assist the client in reaching recovery from SUD, and arrange for other services as necessary, including prenatal and postpartum care, parenting support, health care, relapse prevention, employability assessments, and job-seeking motivation and assistance.
  - 3. Perform duties as a mandated reporter and reports all incidents of suspected child abuse within 24 hours to the Central Intake Line at 1-800-562-5624. In addition, informs the referral source of the report made, including the date and the content, by the next working day after the report is made;
  - 4. Designate a staff person to act as a liaison between the Agency and CA for purposes of referral, admission, and communication during the individual's treatment stay and discharge planning; and
  - 5. Submit required client data into the KCBHO Information System (IS) per the KCBHO P&P and SERI.
- C. The Children's Administration shall:
  - 1. Screen all parents/guardians using the GAIN-SS;
  - 2. Screen all clients for Medicaid eligibility; and
  - 3. Coordinate with BHRD around the provision of services under this memorandum of agreement, including completing necessary documents and reports.

**VI. REFERRAL PROCESSES**

- A. Children's Administration SW

If the CA SW determines from the GAIN-SS that a SUD assessment is indicated, they shall refer the individual to an agency using the following procedure:

1. Inform the individual of the referral and treatment process;
2. Encourage the individual to make an appointment while present and have them identify themselves to the SUD agency as "CA"-referred. If the individual is unable to schedule at the present time, CA will provide them with the *Individual Referral Form* (Attachment A);
3. Complete the *Substance Use Disorder Referral Form* (Attachment A, Appendix 2) and get the individual's signature on the *Consent to Release Confidential Information* form to ensure that there can be information exchange between the Agency and CA; and
4. Fax the completed referral and consent forms to the chosen Agency. A copy of the referral and the consent form will be retained in the individual's file. The hard copy of these forms and any additional information (i.e. police reports, Child Protective Services (CPS) referral, medical and mental health evaluations) shall be mailed to the treatment agency the same day.

B. The SUD Treatment Agency shall:

1. Provide services consistent with state policy, federal block grant requirements, and the KCBHO P&P for persons in the following priority categories:
  - a. Pregnant injecting drug users;
  - b. Pregnant substance abusers;
  - c. Injecting drug users; and
  - d. KCBHO defined priority populations as defined in the KCBHO P&P.
2. Receive and retains the referral and the consent form until the individual or the SW contacts the Agency.
3. Provide appointments and completes a face-to-face initial contact within fourteen working days, 48 hours for pregnant women, from the day the appointment was requested by the referred individual or the SW. When the Agency must access interpreter services, the priority appointment will be scheduled as services are available.
4. Complete the "Scheduled Appointment Contact Status" section of the *Substance Use Disorder Referral Form* (Attachment A, Appendix 2) and faxes it to the SW.
5. If the Agency is unable to schedule an appointment within the required time, the Agency shall refer the individual to another SUD treatment agency. The Agency completes the "Unable to Schedule Appointment Contact Status" section of the *Substance Use Disorder Referral Form* (Attachment A, Appendix 2) and faxes it to the SW.
6. If the individual does not keep the appointment, the Agency completes the "No Contact Status" section of the *Substance Use Disorder Referral Form* (Attachment A, Appendix 2) and faxes it to the SW.

## VII. ASSESSMENT PROCESS

The SUD Treatment Agency shall:

- A. Complete an assessment (expanded assessment for PPW women) within fourteen working days (48 hours for pregnant women) of contact with the individual or the SW unless the Agency must access interpreter services; and
- B. Provide the written report to the SW within five working days of the assessment interview and ensures that they are received by in advance of any court hearings, if applicable.
- C. If requested, PPW agencies shall offer on-site child care services at no cost to the parent/guardian.
- D. KCBHO SERI data entry shall be entered as follows:
  - a. For all individuals who are referred by CA, the Referral In, Program Code "1110" must be entered.

## VIII. TREATMENT SERVICES PROCESS

- A. The Agency shall admit the individual into outpatient treatment as soon as possible or per the County priority guidelines, whichever is the shortest period of time, utilizing the treatment recommendations of the current SUD assessment. Interim services must be provided to pregnant women within 48 hours if services are not immediately available.
- B. If requested, the PPW agencies shall offer on-site child care services at no cost to the individual.
- C. If inpatient treatment is warranted, the Agency shall:
  1. Assist the individual in securing a referral;
  2. Maintain the individual in outpatient treatment until they enter inpatient treatment; and
  3. Notify the SW within two working days of the following:
    - a. Need for inpatient treatment;
    - b. Care plans for any children in their care while the parent/guardian is in the inpatient program; and
    - c. The projected entry date when known.
- D. Any pregnant woman identified as actively using substantial amounts of alcohol or other substances in any stage of pregnancy is eligible for priority placement in an inpatient treatment program or a Chemical Using Pregnant detoxification facility.
- E. The Agency and CA shall ensure all pertinent *Consent for Release of Information* forms are current and up-to-date to avoid any lapses in the ability to communicate.
- F. The Agency shall provide monthly written progress reports to the SW and other involved parties that address compliance with treatment or lack thereof.

- G. The Agency shall notify the SW within two working days of individual's unexcused absences from treatment groups and appointments, drug/alcohol use, and other significant events and documents them in the individual's file.
- H. The Agency shall document in the individual's service plan when their child is being returned to their care and the plans to facilitate this transition, when applicable.
- I. The Agency shall provide discharge plans, continuing care plans and recommendations to the SW in writing. This may be a monthly report or a separate discharge plan report.
- J. The Agency shall complete KCBHO IS reporting in a timely and accurate manner.
- K. For all individuals who meet the PPW eligibility requirements, the "HD" modifier must be entered into the KCBHO IS for each encounter.
- L. The Agency shall encourage joint treatment planning, discharge planning, and continuing care planning involving the SW, the parent/guardian, and others as appropriate, to maximize the individual's recovery.
- M. The CA SW shall inform the SUD treatment counselor within two working days of positive results of any additional UA monitoring of the parent/guardian, and shall provide copies of the results that include the date of the collection and the drugs screened for.
- N. The CA SW shall inform the SUD treatment counselor when an individual's case is transferred, including the new SW's name, telephone number, and address.
- O. The CA SW shall inform the SUD treatment counselor in advance of a child's return to an individual's care so that the parent/guardian can be assisted by increasing treatment contact when pertinent, or other service plan adjustment to assist this transition.
- P. The CA SW shall ensure the referred individual's SUD treatment is the priority over other service plan recommendations unless other recommendations assist in their ability to establish and maintain recovery as mutually decided with the Agency and the referral source.
- Q. The Agency shall ensure there is input from a Public Health Nurse (PHN) when one is involved with the family.
- R. The Agency shall ensure that the PHN is notified of treatment compliance, drug and alcohol use, and other significant events.
- S. The Agency shall represent to the court the treatment agency's discharge or continuing care plan recommendations as written.