



Connecticut Medical Assistance Program
Policy Transmittal 2010-06

PB 2010-19
April 2010

Michael P. Starkowski, Commissioner

Effective Date: April 2010

Contact: Teddi Leslie Creel @ (860) 424-5393

TO: Freestanding Mental Health Clinics and Federally Qualified Health Centers

RE: Integrated Care Requirements for Children/Adolescents with Co-Occurring Mental Health and Substance Use Disorders in the Enhanced Care Clinics under the Connecticut Behavioral Health Partnership, Medicaid Fee-For-Service and Charter Oak Health Plans

The purpose of this bulletin is to notify Enhanced Care Clinics of new requirements for continued designation as an Enhanced Care Clinic (ECC). These requirements pertain to integrated care for children/adolescents with co-occurring mental health and substance use disorders. ECCs must be able to demonstrate compliance with the requirements outlined in this transmittal no later than 12 months from date of issue. As used in this transmittal, the term ECC includes the primary site and associated secondary sites.

Each ECC is required to provide integrated screening and, in some cases, brief intervention for children/adolescents (ages 12 to 17) with co-occurring disorders. Clinics must establish policies and procedures that describe procedures for identification of co-occurring disorders, linkage to appropriate providers, and procedures for ongoing communication between substance abuse and mental health providers. Such policies and procedures must be consistent with the requirements in sections 1 through 3 below. Clinic policies and procedures with respect to clinical supervision, staffing, and quality assurance activities must contain specific provisions related to integrated screening and brief intervention services.

Specific Requirements

1) Protocol for standardized mental health and substance use screening tools:

- The program uses the Global Appraisal of Individual Needs Gain Short Screen (GAIN), a standardized mental health and substance use screening instrument with established psychometric properties, for quick and accurate identification of psychiatric and substance use symptoms. The GAIN Short Screen instrument contains 20 questions with a recency response set (past month, 2-12 months ago, 1+ years ago, or never) that takes about 5 minutes to administer. The GAIN Short Screen measures four domains: internalizing psychiatric disorders, external

psychiatric disorders, substance use disorders, and crime or violence problems.

- Additional information regarding the GAIN Short Screen may be found at the Chestnut Health System's website (www.chestnut.org/li/gain).
- Initial and ongoing training on the GAIN Short Screen will be made available through the Department of Children and Families (DCF), Bureau of Behavioral Health (Peter Panzarella (860) 550-6527 or Lois Berkowitz (860) 263-2158).
- Programs that request to use an alternative to the GAIN Short Screen must obtain prior approval of DCF Bureau of Behavioral Health.

2) Protocol for screening and brief assessment:

- If the client achieves a score of zero (0) on GAIN Short Screen, then no further assessment or treatment for substance abuse or mental health is required unless collateral sources of information indicate otherwise.
- If the client achieves a total score of one or two (1 or 2) on the entire GAIN Short Screen, then the ECC at a minimum must provide a brief developmentally appropriate assessment and/or continue to monitor for high risk behaviors.

3) Protocol for linkage to appropriate services:

- If the client achieves a score of one (1) or more on the substance abuse domain AND a score of one (1) or more on any of the other three domains of the GAIN Short Screen, the clinic is responsible for either providing the appropriate services consistent with the results of the screen or for linking the client to appropriate substance abuse and/or mental health assessment and treatment services if the clinic is not licensed to provide the appropriate services.
- The program must document both psychiatric and substance abuse diagnoses in the client's medical record.

- Clinics with DCF Outpatient Child Clinic (OPCC) license and Department of Public Health (DPH) outpatient substance abuse license must demonstrate how screening, assessment and treatment plans and services are integrated under both licenses into its policies and procedures.
 - Clinics with DCF OPCC license but without DPH outpatient substance abuse license must demonstrate linkage with one or more substance abuse providers through Memoranda of Understanding (MOU) and in its policies and procedures.
 - Clinics with DPH outpatient substance abuse license but without DCF OPCC license must demonstrate linkage with one or more psychiatric clinics through Memoranda of Understanding (MOU) and in its policies and procedures.
- 4) Optional Best Practices:
- Clinics with DCF OPCC license are encouraged to obtain DPH outpatient substance abuse license.
 - Clinics with DPH Substance Abuse license are encouraged to obtain DCF OPCC license.
 - Clinics are encouraged to screen the parents of their child clients for mental health and substance use disorders and make appropriate linkages.

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Distribution: This policy transmittal is being distributed to providers enrolled in the Connecticut Medical Assistance Program by HP Enterprise Services.

Responsible Unit: DSS, Medical Care Administration, Medical Policy and Regulations, Teddi Leslie Creel at (860) 424-5393.

Date Issued: April 2010