

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT Child/Youth and Family Teaming		
POLICY NUMBER DMH Policy 340.11	DATE AUG 0 1 2011	TL# 152

Purpose. To establish the Core Services Agencies (CSA) and Community Based Intervention (CBI) provider requirements for the teaming process for Department of Mental Health (DMH) enrolled children and youth and their families.

Applicability. DMH Mental Health Authority, DMH-certified CSAs who serve children or youth and their families and CBI providers.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA offices.

Implementation Plans. A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.*

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the **DMH** Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

ACTION

REMOVE AND DESTROY

None

INSERT

DMH Policy 340.11



Stephen T. Baron
Director, DMH

<p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA</p>  <p style="text-align: center;">DEPARTMENT OF MENTAL HEALTH</p>	<p>Policy No. 340.11</p>	<p>Date AUG 01 2011</p>	<p>Page 1</p>
	<p>Supersedes None</p>		

Subject: Child/Youth and Family Teaming

1. **Purpose.** To establish Core Services Agencies (CSA) and Community Based Intervention (CBI) provider requirements for the teaming process for Department of Mental Health (DMH) enrolled children and youth and their families.
2. **Applicability.** DMH Mental Health Authority, DMH-certified CSAs who serve children or youth and their families, and CBI providers.
3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001.
4. **Background.** In the 1980s the System of Care concept was developed in order to address the lack of integrated care for children with complex emotional/behavioral health needs and their families. During this time it was recognized that many children and youth were receiving fragmented services and not involved in their care planning process, resulting in poor outcomes. This national movement was initiated to strategically support family-driven and youth-guided service planning and delivery that was coordinated in a team-based framework.
5. **Goal.** To ensure that DMH CSAs and CBI Providers are able to provide child/youth and family teaming.
6. **Policy.** CSAs/CBI Providers shall ensure that all DMH enrolled children or youth and their families receive collaborative service planning.
7. **Definitions.** For the purposes of this policy:
 - 7a. **Child and Family Team (CFT)** - A group of individuals who the family believes can help them develop and implement a plan that will assist the child and family in realizing and achieving their vision of the future. The team should include the child and his/her family, a mental health representative, court involved partners, and any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, community support workers, healthcare providers, relevant experts, coaches, representatives from churches, synagogues or mosques, and representatives from other child-serving systems like Child and Family Services Agency (CFSA), Department of Youth Rehabilitation Services (DYRS), DC Public Schools (DCPS), and Court Social Services (CSS). The size, scope and intensity of involvement of the team members is determined by level and complexity of need.
 - 7b. **Core Services Agency (CSA)** – a DMH-certified community-based MHRS provider that has entered into a Human Care Agreement with DMH to provide specified MHRS. A CSA shall provide at least one core service directly and may provide up to three core services via contract with a sub-provider or subcontractor. A CSA may provide specialty services directly if certified by DMH as a specialty provider.

7c. CBI Provider – Agencies certified by DMH to provide CBI services, consistent with the MHRS Standards and the Department of Mental Health Establishment Amendment Act of 2001. CBI providers shall be responsible for the treatment planning process while the child or youth is receiving CBI services (including the update of the IPC as necessary).

7d. CSA/CBI Teaming - A staff member shall be identified as the responsible person for coordinating service planning and the teaming process for each child/youth and family. Also see Section 8 for teaming elements, and guidance on who convenes the team if the child or youth is involved with another child servicing agency (e.g., DYRS, CFSA, or CSS).

7e. Individualized Plan of Care or "IPC" - The individualized plan of care for children and youth, which is the result of the Diagnostic/Assessment. The IPC is maintained by the consumer's CSA (or the CBI provider when a child is receiving CBI services). The IPC includes the consumer's treatment goals, strengths, challenges, objectives, and interventions. The IPC is based on the consumer's identified needs as reflected by the Diagnostic/Assessment, the consumer's expressed needs, and referral information. The IPC shall include a statement of the specific, individualized objectives of each intervention, a description of the interventions, and specify the frequency, duration, and scope of each intervention activity. The IPC is the authorization of treatment, based on certification that the MHRS are medically necessary by the approving practitioner.

7f. Family - The primary care-giving unit, including a biological, adoptive or self-created unit of people who may or may not be residing together and consisting of adult(s) and children, with adult(s) performing duties of parenthood for the children. Persons within this unit share bonds, culture, practices and significant relationships. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family.

7g. Wraparound services - services provided by trained contracted DMH providers that are provided to children and youth with the most intensive level of needs. Wraparound providers must abide by specific requirements and timelines as outlined in their contracts, and based on the National Wraparound Initiatives (NWI) Phases and Activities of the Wraparound Process and DC Children's System of Care Guiding Principles (see DMH Policy 340.10, High Fidelity Wraparound Care Planning Process).

8. CSA/CBI Teaming Elements. At a minimum, CSA/CBI teaming must include the following essential elements:

8a. Team Formation. Persons needed for planning are engaged and included in the teaming process. Also see Section 7a above.

8b. Team Functioning. Team members must communicate with each other based on the needs of the child and family to ensure service planning and delivery is coordinated. If there is a significant incident or event, team members may need to meet or convene a conference call with all essential parties.

- If another agency (e.g., DYRS, CFSA, or CSS) is not involved, the CSA/CBI provider will convene/facilitate/coordinate and document team meetings.
- If another agency (e.g., DYRS, CFSA, or CSS) is involved, the CSA/CBI provider will ask that agency to convene/facilitate/coordinate and document team meetings, and the CSA/CBI provider will attend and participate.

8c. Family Vision – The family’s vision should identify the long term family goals which can encompass where the child and family like to reside, educational and vocational aspirations, and the building of relationships.

9. **Responsibilities.**

9a. **CSAs/CBI Providers** shall:

- (1) **ensure** that a staff member is identified as the mental health team leader to coordinate mental health service planning and delivery that includes the family.
- (2) **ensure** that the mental health teaming process is in accordance with the level of the child/youth and family’s need, which will guide the frequency of contact, the sharing of information, and most appropriate responses needed to integrate clinical intervention with supports and resourcing.
- (3) **ensure** that the child and family teaming process includes the teaming elements outlined in Section 8 above.
- (4) **ensure** that team members are assigned individual tasks and held accountable for those tasks.
- (5) **refer** children or youth with the most intensive level of needs for high-fidelity wraparound services when indicated. Also see DMH Policy 340.10, High Fidelity Wraparound Care Planning Process.
 - A child and family may be referred for WRAP by contacting the DMH PRTF Diversion, Technical Assistance (TA), and Coaching for Children’s Mental Health department at PRTF.Diversion@dc.gov to request a referral packet. The packet will include an instruction sheet, and contact numbers.

9b. **The Child and Youth Services Division, PRTF Diversion, TA, and Coaching for Children’s Mental Health department.** Upon receipt of a completed referral packet, a staff member will review the referral packet for appropriateness for wraparound services and if appropriate, notify the referral source of the assigned wraparound provider.

10. **Evaluation and Monitoring and Training.**

10a. The DMH Community Services Review (CSR) department shall monitor and evaluate CSA/CBI provider adherence to the CSR indicators for team formation and team functioning through periodic, targeted case reviews conducted in accordance with the DMH CSR Protocol.

10b. Training on the child and family teaming process will be provided as needed by the Child and Youth Services Division.

11. **Related References.**

DMH Policy 340.5A, Maintaining Children and Youth in Their Homes
DMH Policy 340.10, High Fidelity Wraparound Care Planning Process

Approved By:

**Stephen T. Baron
Director, DMH**

Stephen T. Baron for Steve Baron
(Signature) _____ **(Date)** 8-1-11