

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Child/Youth and Family Teaming		
POLICY NUMBER 340.11	DATE MAR 27 2015	TL# 278

Purpose. This policy was converted from a Department of Mental Health (DMH) policy to a Department of Behavioral Health (DBH) policy, and was expanded to include Adolescent Substance Abuse Treatment Expansion Program (ASTEP) providers.


Applicability. DBH Behavioral Health Authority, and the following DBH providers: Core Services Agencies (CSAs) who serve children or youth and their families, Community Based Intervention (CBI) providers, Adolescent Substance Abuse Treatment Expansion Program (ASTEP) providers, and Wraparound providers.


Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority offices.

Effective Date. This policy is effective immediately.

Superseded Policies. This policy replaces DMH Policy 340.11, same subject, dated August 1, 2011.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.


Barbara J. Bazron, Ph.D.
Interim Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 340.11	Date MAR 27 2015	Page 1
	Supersedes DMH Policy 340.11, same subject, dated August 1, 2011		

Subject: Child/Youth and Family Teaming

1. **Purpose.** To establish Department of Behavioral Health (DBH) provider requirements for the teaming process for DBH enrolled children and youth and their families.
2. **Applicability.** DBH Behavioral Health Authority, and the following DBH providers: Core Services Agencies (CSAs) who serve children or youth and their families, Community Based Intervention (CBI) providers, Adolescent Substance Abuse Treatment Expansion Program (ASTEP) providers, and Wraparound providers.
3. **Authority.** Department of Behavioral Health Establishment Act of 2013.
4. **Policy.** DBH Providers shall ensure that all DBH enrolled children or youth and their families receive family-driven and youth-guided service planning that is coordinated in a team-based framework.
5. **Definitions.** For the purposes of this policy:
 - 5a. **Child and Family Team (CFT)** - A group of individuals involved with a family who can help them develop and implement a plan that will assist the child and family in realizing and achieving their vision of the future.
 - 5b. **Core Services Agency (CSA)** – a DBH-certified community-based MHRS provider that has entered into a Human Care Agreement with DBH 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 DBH as a specialty provider.
 - 5c. **Community Based Intervention (CBI) Provider** – Agencies certified by DBH to provide CBI services, consistent with the MHRS Standards and the Department of Behavioral Health Establishment Act of 2013. CBI providers shall be responsible for the treatment planning process while the child or youth is receiving CBI services (including the update of the treatment plan as necessary).
 - 5d. **Adolescent Substance Abuse Treatment Expansion Program (ASTEP) Provider** – A DBH certified provider with a Human Care Agreement to provide substance abuse treatment services for District youth. ASTEP providers shall be responsible for the treatment planning process while the child or youth is receiving ASTEP services (including the update of the treatment plan as necessary).

5e. Teaming - Coordination of service and support planning among all service providers to assist the child/family in achieving its goals including referral to appropriate services. Also see Section 6 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).

5f. Individualized Plan of Care or "IPC" - The individualized plan of care (treatment plan) for children and youth, which is the result of the Diagnostic/Assessment. The treatment plan is maintained by the consumer's CSA (or the CBI provider when a child is receiving CBI services) or the ASTEP provider if the consumer is only receiving SUD services. The treatment plan includes the consumer's treatment goals, strengths, challenges, objectives, and interventions.

5g. 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.

5h. Wraparound services – a service provided by trained contracted DBH providers that engage children and youth with the most intensive level of mental health 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.

6. **Teaming Elements.** At a minimum, teaming must include the following essential elements:

6a. Team Formation. Persons needed for planning are engaged and included in the teaming process. The team should include the child and his/her family, a mental health representative and or ASTEP representative as applicable, court involved partners if applicable, 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.

6b. 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. A staff member shall be identified as the responsible person for coordinating service planning and the teaming process for each child/youth and family.

- If another agency (e.g., DYRS, CFSA, or CSS) is not involved, the CSA/CBI or Wraparound provider will function as the team leader and convene/facilitate/coordinate and document team meetings.

- If another agency (e.g., DYRS, CFSA, or CSS) is involved, the CSA/CBI or Wraparound provider will ask that agency to function as the team leader and convene/facilitate/coordinate and document team meetings; and the CSA/CBI or Wraparound provider will attend and participate.
- If the child/youth only has a substance use disorder, the ASTEP provider will function as the team leader and convene/facilitate/coordinate and document the team meetings.

6c. 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.

7. **Responsibilities.** DBH Providers (if the lead agency) shall:

7a. Ensure that a staff member is identified as the team leader to coordinate service planning and delivery that includes the family.

7b. Ensure that the 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.

7c. Ensure that the child and family teaming process includes the teaming elements outlined in Section 6 above.

7d. Ensure that team members are assigned individual tasks and held accountable for those tasks.

7e. Refer children or youth with the most intensive level of mental health needs for high-fidelity wraparound services when indicated. Also see DBH Policy 340.10, High Fidelity Wraparound Care Planning Process.

8. **Evaluation and Monitoring and Training.**

8a. The DBH Community Services Review (CSR) department shall monitor and evaluate DBH provider adherence to the CSR indicators for team formation and team functioning through periodic, targeted case reviews conducted in accordance with the DBH CSR Protocol.

8b. Training on the child and family teaming process will be provided as needed by the Child and Youth Services Division.

9. **Related References.**

DBH Policy 340.10, High Fidelity Wraparound Care Planning Process

Approved By:

**Barbara J. Bazron, Ph.D.
Interim Director, DBH**

 3/27/15
(Signature) (Date)