GOVERNMENT OF THE DISTRICT OF COLUMBIA **DEPARTMENT OF BEHAVIORAL HEALTH**	**Policy No.** 200.3	**Date** 7/2/2025	**Page 1**
	Supersedes: None		

Subject: Adult Community Integration Team Meetings for Complex Cases

1. **Purpose.** This policy establishes a process for Department of Behavioral Health (DBH or Department) certified Mental Health Rehabilitations Services (MHRS) providers and Free Standing Mental Health Clinic (FSMHC) providers with Human Care Agreements (HCA) to request clinical case conferences for complex cases involving adult consumers.

2. **Applicability**. DBH certified MHRS and Free FSMHC providers with an HCA.

3. **Authority**. Department of Behavioral Health Establishment Act of 2013, D.C. Official Code §§ 7-1141.01 *et seq.*

4. **Definitions**.

4a. Chief Clinical Officer (CCO) – the individual appointed by the Director of the Department pursuant to D.C. Official Code § 7.1131.07 to: (1) advise the Director on standards, quality assurance, risk management, and clinical practice; (2) advise the Director about clinical services, service needs, and program development; and (3) coordinate the treatment of persons committed to the care of the Department by the court.

4b. Community Integrative Team (CIT) Meeting – clinical case consultations chaired by the CCO to discuss complex cases and make treatment recommendations for consumers who are at risk of exhausting treatment resources in the community.

4c. Independently Licensed Behavioral Health Clinician – for the purposes of this policy, any of the following clinicians who are licensed to practice in the District of Columbia: (1) Advanced Practice Registered Nurse; (2) Licensed Independent Social Worker; (3) Licensed Marriage and Family Therapist; (4) Licensed Professional Counselor; (5) psychiatrist: and (6) psychologist.

4d. Integrated Care Division – Division within the Department that provides clinical case consultation, clinical technical assistance, and supportive guidance to individuals transitioning in and out of acute inpatient psychiatric hospitalizations and nursing facilities.

5. **Policy**. DBH is committed to coordinating and collaborating with providers, and government and community stakeholders to ensure that consumers receive appropriate, high-quality care in the least restrictive setting. To that end, the Department will convene CIT meetings of forty-five (45) minutes in duration on the second (2nd) and fourth (4th) Tuesdays of each month. MHRS

and FSMHC providers must follow the referral process outlined in Section 7 of this policy to request a CIT meeting.

6. **Eligibility for CIT Meetings**.

Consumers eligible for CIT meetings must meet the following standards:

(1) Individuals can be of any age

(2) Includes individuals with substance use disorders

(3) Linked with a MHRS or FSMHC provider; and

(4) Meet at least one of the following criteria:

(a) Have had two (2) or more Comprehensive Psychiatric Emergency Program visits within the past one (1) month;

(b) Have a history of two (2) or more Community Response Team or Fire and Emergency Services interventions within the past three (3) months.

(c) Have had three (3) or more involuntary or voluntary hospitalizations within one (1) year; or

(d) Have been hospitalized in a DBH-contracted acute care hospital for more than thirty (30) calendar days.

7. **Procedures.**

The Department, and MHRS and FSMHC providers requesting a CIT meeting must adhere to the following procedures:

(1) Before requesting a CIT meeting, an MHRS or FSMHC provider must host at least one (1) internal clinical case conference that includes all parties providing behavioral health services and support to the consumer.

(2) To request a CIT meeting, an MHRS or FSMHC provider must send a completed CIT Meeting Request Form (Adult) (*see* Exhibit 1) to complexcases@dc.gov.

(3) Independently licensed behavioral health clinicians from the Integrated Care Division will review each CIT Meeting Request Form for completeness and consumer eligibility (*see* Section 6) within two (2) business days of receipt.

(4) Upon completing review, the Integrated Care Division will inform the referring MHRS or FSMHC provider whether the case was accepted for a CIT meeting and the date of the CIT meeting (if applicable).

(5) The referring FSMHC or MHRS provider must consult with the Integrated Care Division to determine the stakeholders to invite to the CIT meeting. The referring FSMHC or MHRS provider must ensure that all stakeholders employed by the referring provider attend the CIT meeting and is responsible for inviting all other stakeholders.

(6) Providers must send all Required Documents identified in Part VI of the CIT Meeting Request Form (Adult) to complexcases@dc.gov no later than two (2) business days before the CIT meeting;

(7) The Department's CCO or their designee shall chair each CIT meeting;

(8) The referring MRHS or FSMHC provider must present a concise verbal clinical presentation of the consumer during the CIT meeting; and

(9) The Department shall provide treatment recommendations during no later than two (2) business days following the CIT meeting.

8. **Exhibit**

Exhibit 1. CIT Meeting Request Form (Adult)

9. **Inquiries**. Please direct questions regarding this policy to the Director of Care Access and Innovation.

Approved by:

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

Barbara J Bazron July 2, 2025

(Signature) **(Date)**