

DEPARTMENT OF BEHAVIORAL HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Behavioral Health (“the Department”), pursuant to the authority set forth in Sections 5113, 5115, 5117 and 5118 of the “Fiscal Year 2014 Budget Support Act of 2013”, effective December 24, 2013 (D.C. Law 20-0061; 60 DCR 12472 (September 6, 2013)), hereby gives notice of his intent to adopt a new Chapter 35 entitled “Child Choice Provider Certification Standards” in Subtitle A (Mental Health) of Title 22 (Health) of the District of Columbia Municipal Regulations (DCMR).

In 2009, the Department of Mental Health (now the Department of Behavioral Health) contracted with five (5) community providers of Mental Health Rehabilitation Services to become designated as Child Choice Providers (CCP) in the child and youth system of care. A Child Choice Provider agency is a Mental Health Rehabilitation Service (MHRS) Core Service Agency (CSA) with demonstrated ability to provide quality, evidence-based, innovative services and interventions to meet the most complex and changing needs of children, youth, and their families in the District, particularly those who have histories of abuse or neglect. Currently these Child Choice Providers have a contract with the Department for the provision of such services in addition to MHRS services. In order to ensure sufficient agency resources for this particular population, and to have a standard certification process for all Choice providers, the Department is publishing rules that all MHRS providers would have to comply with in order to be a Child Choice Provider. Child Choice Providers currently under contract with the Department for the provision of these services will also have to become certified as a Child Choice Providers in accordance with this Chapter 35 in order to continue to provide Child Choice Providers services after their contract expires.

The proposed rulemaking was published on February 14, 2014 in the *D.C. Register* at 60 DCR 001301. No comments have been received on the proposed rules, and no substantive changes were made to the proposed rules as originally published. The Director took final action on the rule on March 20, 2014. This rule will become effective on the date of publication of this notice in the *D.C. Register*.

**Title 22-A (Mental Health) of the District of Columbia Municipal Regulations is amended by adding a new Chapter 35 as follows:**

**CHAPTER 35 CHILD CHOICE PROVIDER CERTIFICATION STANDARDS**

**3500 GENERAL PROVISIONS**

3500.1 These rules establish the requirements and process for certification of a Core Services Agency (CSA) as a Child Choice Provider (CCP) in the District of Columbia.

3500.2 Each CCP must demonstrate an understanding of and experience in family-centered practice, which includes ensuring communication when appropriate with natural parents or legal guardians as well as foster parents and kinship caregivers. Family-centered practice will be demonstrated through family engagement and involvement in all levels of the treatment-planning process, as well as family voice and choice in the treatment and services their children receive. Service delivery is family-driven.

### **3501 ELIGIBLE CONSUMERS**

3501.1 Eligible consumers of CCP services include the following:

- (a) Children and youth consumers determined to need MHRS services; and
- (b) The families of eligible children and youth.

3501.2 Priority for mental health services by a CCP will be given to children and youth who have neglect or juvenile cases within the D.C. Superior Court system (court-involved children and youth) or are also receiving services from the DC Child and Family Services Agency (CFSA).

### **3502 CCP PROVIDER QUALIFICATIONS**

3502.1 In order to be eligible for CCP certification, a provider shall meet all of the following standards:

- (a) Be an active Department of Behavioral Health (DBH)-certified CSA in accordance with Chapter 34 of this title;
- (b) Be certified to provide at least one level of MHRS - Community-Based Intervention (CBI) services;
- (c) Have at least three (3) years' experience providing mental health services to a minimum of 100 individual children in the DC metropolitan area;
- (d) Have demonstrated an acceptable level of quality of care as a CSA through compliance with at least three of the following standards:
  - (1) Achieve a minimum standard of at least 70% overall Community Service Review (CSR) System Performance score in the most recent CSR prior to application, and have a written goal and supporting work plan to reach and maintain an 80% system performance score, if not already achieved;

- (2) Achieve a minimum quality score of 80% on the most recent DBH MHRS Core Service Agency Provider Scorecard prior to application;
- (3) Demonstrate an average of 80% compliance administration rate for the quarter prior to application of the utilization of the DBH approved standardized assessment instrument for enrolled child/youth consumers and include a plan on how the agency shall maintain 80% compliance;
- (4) Demonstrate that within the six (6) months prior to the application, 70% of enrolled consumers discharged from an acute care facility receive a post-discharge appointment within seven days, and 80% of consumers discharged from an acute care facility receive a post-discharge appointment within 30 days;
- (5) Demonstrate that within the six (6) months prior to the application, 80% of Diagnostic and Assessment reports for all children are completed within 30 days of the initial interview.

3502.2.1 Within the first year of certification, a CCP must be:

- (a) Approved by DBH to provide at least one evidence-based practice described in Subsection 3504.1; and
- (a) Certified as a Free Standing Mental Health Clinic (FSMHC).

3502.3 The CCP shall notify DBH immediately of any changes in its operation that affect the CCP's continued compliance with these certification standards, including changes in ownership or control, changes in service, and changes in its affiliation and referral arrangements.

3502.4 The Director may revoke certification if the CCP fails to comply with any certification standard under Subsection 3502.1, or is no longer qualified to provide an evidenced-based practice listed in Subsection 3504.1.

3502.5 Certification shall be considered terminated and invalid if the CCP fails to apply for renewal of CCP certification 90 days prior to the expiration date of the current CCP certification, voluntarily relinquishes CCP certification, goes out of business, or loses its certification as a CSA.

3502.6 If a CCP loses certification as a CCP, its status as CSA will not be affected as long as the CSA maintains compliance with the certification requirements for CSAs as described in Chapter 34 of this title.

**3503 CCP CERTIFICATION PROCESS**

3503.1 Each applicant seeking certification as a CCP shall submit a CCP certification application to the DBH in the format established by the DBH Office of Accountability. The completed application shall include:

- (a) Proof of current certification as a CSA;
- (b) Proof of meeting certification standards listed in Section 3502 of this chapter; and
- (c) Other information as requested by DBH.

3503.2 The certification process for organizations seeking to be certified as CCPs will be conducted in accordance with Section 3401 of Chapter 34 of this title.

3503.3 The Director may restrict the number of CCP certification applications to be accepted for consideration based upon the needs of the public mental health system.

3503.4 An applicant for CCP certification that fails to comply with the certification standards shall receive a corrective measures plan (CMP) from DBH and shall submit a written corrective action plan (CAP) in accordance with Section 3401 of Chapter 34 of this title. If a CMP is issued, the procedures of Section 3401 of Chapter 34 of this title shall be followed to bring the CCP into compliance and continue the certification process. The Director may deny certification if the applicant fails to satisfy the CMP or complete the certification requirements.

3503.5 A CCP shall be certified for a period of two (2) calendar years from the date that the certification is issued, subject to the CCP's continuous compliance with these certification standards. Certification shall remain in effect until it expires or is revoked. Certification shall specify the effective date of the certification, and the types of services the CCP is certified to provide.

3503.6 Certification is not transferable to any other organization.

**3504 CCP EVIDENCE-BASED PRACTICES TO BE PROVIDED AS CLINICAL INTERVENTION SERVICES**

3504.1 Specific Evidence-Based Practices (EBPs) to be provided by CCPs shall include one (1) or more of the following:

- (a) Multi-Systemic Therapy (MST) and Multi-Systemic Therapy for Youth with Problem Sexual Behavior (MST-PSB);
- (b) Functional Family Therapy (FFT);

- (c) Child-Parent Psychotherapy for Family Violence (CPP-FV);
- (d) Trauma-Focused Cognitive Behavioral (TF-CBT);
- (e) Transition to Independence (TIP); and
- (f) Trauma Systems Therapy (TST)

**3505 CHILD CHOICE PROVIDER RESPONSIBILITIES**

3505.1 Each CCP must maintain the required staffing and practices to satisfy the evidence-based practice standards for the respective EBP(s) that they practice. Adherence to prescribed staffing requirements and nationally established fidelity standards to each respective model service delivery is a condition of recertification. Failure to maintain the standards required for the EBPs identified by the CCP as a provided service may result in a CAP or decertification.

3505.2 Each CCP shall conduct ongoing assessments as follows:

- (a) Each enrolled child and youth must receive a Diagnostic/Assessment in accordance with the requirements of Section 3415 of Chapter 34 of this title within seven (7) business days of enrollment to a new provider;
- (b) The written report from the Diagnostic/Assessment shall be completed within ten (10) business days from the date of the diagnostic interview;
- (c) The Diagnostic/Assessment must include a completed DBH approved standardized assessment instrument for each child consumer. The DBH approved standardized assessment instrument shall be administered in accordance with DBH policy; and
- (d) CCPs shall ensure that all enrolled children and youth and their families receive collaborative team-based planning process for service delivery in accordance with DBH policy on teaming.

3505.3 The CCP shall adhere to the DBH policy on continuity of care practice guidelines for children and youth.

3505.4 For court involved children and youth, each CCP shall participate in the teaming process established by the court-identified lead agency for the child.

- (a) The teaming process may occur at the point of placement, at placement disruptions, or at regular intervals in the process of serving the family, and whenever there is a concern that the family's or the child's needs are not being met.

- (b) CCP clinicians shall participate in all team meetings of children on their caseloads or with whom they have existing clinical relationships.

3505.5 A CCP shall ensure that the as a child or youth's needs change, the child or youth's individual plans of care are tracked, revised and adjusted as needed to ensure needs are addressed appropriately.

### **3506 REVOCATION OF CERTIFICATION**

3506.1 If Certification is revoked, DBH will issue a notice of revocation, giving the CCP provider the effective date of the revocation, the reasons for the revocation, and explaining the right to an administrative review under this subsection.

3506.2 If Certification is revoked, the CCP provider may request an administrative review from DBH within fifteen (15) business days of the date on the notice of revocation.

3506.3 Each request for an administrative review shall contain a concise statement of the reason why the CCP provider should not have the certification revoked, with supporting documentation, if available.

3506.4 Each administrative review shall be conducted by the Director and shall be completed within fifteen (15) business days of the receipt of the CCP provider's request.

3506.5 The Director shall issue a written decision which sets forth his or her evaluation and resolution of the request. If a CCP provider does not agree with the Director's decision, the CCP provider may request a hearing under the D.C. Administrative Procedure Act. This hearing shall be limited to the issues raised in the administrative review request.

### **3599 DEFINITIONS**

**"Child-Parent Psychotherapy for Family Violence or "CPP-FV"** – a relationship-based treatment intervention for young children with a history of trauma exposure or maltreatment, and their caregivers.

**"Child Choice Provider" or "CCP"** – a Mental Health Rehabilitation Service (MHRS) Core Service Agency (CSA) with a demonstrated ability to provide quality, evidence-based, innovative services and interventions to meet the most complex and changing needs of children, youth, and their families in the District, particularly those who have histories of abuse or neglect.

**"Core Services Agency" or "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. However, a CSA shall also offer specialty services via an affiliation agreement with all specialty providers.

**"Evidence-Based Practice" or "EBP"** - preferential use of mental and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems.

**"Family"** - consists of two or more people, one of whom is the householder, related by birth, marriage, or adoption and residing in the same housing unit. A family consists of all people who occupy a housing unit regardless of relationship. A family may consist of a person living alone or multiple unrelated individuals or families living together.

**"Family Team"** - family members and their community supports that come together to create, implement a plan with the child/youth and family. The plan builds on strength of the child/youth and family and addresses their needs, desires, and dreams.

**"Functional Family Therapy" or "FFT"** - an outcome-driven prevention/intervention program integrating clinical theory, home engagement, and sustaining strategies for at-risk youth ages 11-18 who have presented issues with delinquency, violence, substance abuse, conduct disorder, oppositional defiant disorder, or disruptive behavior disorder.

**"Multi-Systemic Therapy or "MST" and "Multi-Systemic Therapy for Youth with Problem Sexual Behavior" or "MST-PSB"** - an intensive family- and community-based treatment program that focuses on the entire world of chronic and violent juvenile offenders — their homes and families, schools and teachers, neighbourhoods and friends. MST-PSB is a clinical adaptation of Multi-Systemic Therapy (MST) that is specifically targeted to adolescents who have committed sexual offenses and demonstrated other problem behaviors. The primary objectives of MST-PSB are to decrease problem sexual and other antisocial behaviors and out-of-home placements.

**"Teaming"** - A process by which a group of individuals, who the family believes can help them, along with individuals who represent agencies which provide services to the family, form a working team that meets, develops

and implements a plan of care that will assist the child and family to achieve their vision of the future.

**“Transition to Independence Process” or “TIP”** - A community-based evidence supported model which improves outcomes of youth and young adults with emotional and/or behavioral difficulties. The TIP system prepares youth and young adults for their movement into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate services and supports.

**“Trauma-Focused Cognitive Behavioral Therapy” or “TF-CBT”** - a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavior therapy to address the bio-psychosocial needs of children diagnosed with Post Traumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences. TF-CBT designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war traumas.

**“Trauma Systems Therapy” or “TST”** - a mental health treatment model for children and adolescents who have been exposed to trauma, defined as experiencing, witnessing, or confronting "an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others". TST focuses on the child's emotional and behavioral needs as well as the environments where the child lives (home, school, community).