

Community-Based Intervention Services (CBI) and Evidence-Based Practices



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Four Levels of CBI

- CBI I: Multi-systemic Therapy (MST)
 - MST Standard
- CBI II: Intensive Home and Community-Based Services (IHCBS)
- CBI III: Intensive Home and Community-Based Services (IHCBS)
(Short-term)
- CBI IV: Functional Family Therapy (FFT)

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Home-Based Service Delivery Model

Location of Service	Home and Community
Intensity	Frequency: 2 to 5 sessions per week Duration: 4 to 8 hours per week
Crisis response & availability; active safety planning and monitoring	24/7
Active safety planning & monitoring	Ongoing
Small caseloads	4 to 6 families per FTE; 8 to 12 for team of two
Flexible scheduling	Convenient to family
Treatment duration	3 to 6 months
Systemic engagement and community teaming	Child and family teaming; skillful advocacy; family partnering; culturally mindful engagement
Active clinical supervision & oversight	24/7 availability; field support; individual & group
Program structure and credentials	Licensed BSW and above; MA preferred Program size: 4 to 6; .5 to 1 FTE IHBT Supervisor Individual provider versus teaming approach
Comprehensive service array	Crisis stabilization, safety planning, skill building, trauma-focused, family-focused; resiliency & support-building interventions; cognitive interventions

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Current CBI Providers

- ▶ DC/MD Family Resources
- ▶ Family Preservation
- ▶ Hillcrest
- ▶ Outreach Solutions (OSI)
- ▶ PASS
- ▶ Latin American Youth Center
- ▶ Life Enhancement Services (LES)
- ▶ Better Morning
- ▶ MBI
- ▶ CBI Level II & III
- ▶ CBI Level II & III
- ▶ CBI Level II, III, & IV
- ▶ CBI Level II & III
- ▶ CBI Level IV
- ▶ CBI II & III
- ▶ CBI II & III
- ▶ CBI II & III & IV
- ▶ CBI I

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Multi-systemic Therapy (MST- CBI Level I) (Ages 12-17)



MST is an intensive treatment for youth with complex issues. Treatment occurs in family's natural environments of home, school or the community and assessment and interventions are done with/ in the individual, family, peers to assist youth in being successful.

Treatment: Multiple weekly sessions/contacts and 24/7 on-call availability for crisis intervention/support. Treatment lasts 3-6 months to ensure long term change.

The Treatment Goals are :

- ❖ Develop in parents or caregivers the capacity to manage future difficulties.
- ❖ Empowering parents/caregivers to increase their effectiveness in making and sustaining positive changes.
- ❖ Empower parents to assist youth in making changes in the various social systems that contribute to the youths serious antisocial behaviors.
- ❖ Reduce juvenile criminal activity.
- ❖ Reduce other types of antisocial behaviors, such as drug abuse.

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Intensive Home and Community Based Services (CBI Level II & III) Ages up to 21

- **IHCBS** - is a community based intervention that focuses on stabilizing behaviors by providing flexible and intense supports to children and families in crisis. CBI workers provide an array of skills and interventions to build strength based partnerships with the family .

- **Treatment:**
- An average of 2-4 sessions weekly over a 6 month period.
- Skills Training
- Safety Planning

The Treatment Goals are :

- ❖ Stabilize the family unit.
- ❖ Reduce family conflict.
- ❖ Maintain the consumer in the environment.
- ❖ Increase family support.

Key Factors:

Children/Youth can reside with or be returning to family/caregiver that is willing to regularly participate in treatment sessions.

Children/Youth can also be placed out of the home in group home or foster care placements and receive the services.

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Functional Family Therapy (FFT- CBI Level IV) (Ages 11-18)

FFT- is a family intervention treatment program for at-risk and juvenile justice involved youth. Typically conducted in the home, FFT works with the entire family. It is a strength-based model and focuses on the risk and protective factors that impact the adolescent and his or her environment.

Treatment: An average of 12 sessions over a 3-4 month period.

The Treatment Goals are:

- ❖ Reduce youths re-offending and violent behavior.
- ❖ Reduce family conflict.
- ❖ Increase family communication.
- ❖ Improve parenting effectiveness in reducing sibling entry into high-risk behaviors.

Key Factors:

Children/Youth must be living with or returning to family or caregiver willing to regularly participate in treatment sessions.

Children/Youth must be returning home from an out of home placement (residential, foster care, detention, group home, etc.) within 30 days of referral.

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What other services are available?

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Child-Parent Psychotherapy (CPP) (Ages 0-6)

CPP IS A THERAPEUTIC INTERVENTION FOR YOUNG CHILDREN AND CAREGIVERS THAT FOCUSES ON REDUCING SYMPTOMS ASSOCIATED WITH TRAUMA.

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Two DBH Providers for CPP

DBH P.I.E.C.E.

821 Howard Road, SE
Washington, DC 20020
Phone: (202) 698-1838
Fax: (202) 698-2467
Ward: 8

Mary's Center

2333 Ontario Road, NW
Washington, DC 20009
Phone: (202) 483-8196
Fax: (202) 483-0836
Ward: 1

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Parent-Child Interaction Therapy (PCIT), (Ages 2-6)

PCIT is an evidenced-based treatment model with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns. Therapy is approximately **14-16 sessions**.

The goals of treatment are:

- ❖ An improvement in the quality of the parent-child relationship or, in residential treatment centers and foster homes, the caregiver-child relationship
- ❖ A decrease in child behavior problems with an increase in pro-social behaviors
- ❖ An increase in parenting skills, including positive discipline
- ❖ A decrease in parenting stress

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Two DBH Providers for PCIT

DBH P.I.E.C.E.

821 Howard Road, SE
Washington, DC 20020
Phone: (202) 698-1838
Fax: (202) 698-2467
Ward: 8

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2333 Ontario Road, NW
Washington, DC 20009
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Fax: (202) 483-0836
Ward: 1

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TRAUMA SYSTEMS THERAPY (TST) (Ages 6-18)

TST IS A SYSTEMS BASED THERAPY FOR TREATING TRAUMATIC STRESS IN CHILDREN AND ADOLESCENTS THAT ADDS TO INDIVIDUALLY BASED APPROACHES BY SPECIFICALLY ADDRESSING THE CHILD'S SOCIAL ENVIRONMENT AND/OR SYSTEM OF CARE. TST PROVIDES A FRAMEWORK FOR ORGANIZING TRAUMA-INFORMED SERVICES, TAKING A PHASE-BASED APPROACH TO TREATMENT.

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Two DBH Providers for TST

Hillcrest Children and Family Center

915 Rhode Island Avenue NW

Washington, DC 20001

Phone: (202) 232-6100

Ward: 6

3029 Martin Luther King Jr. Ave SE

Washington, DC 20032

Phone: (202)232-6100

Ward: 8

MD/DC Family Resource

903 Brightseat Road

Landover, MD 20785

Phone: (301) 333-2980

317 F Street NE

Suite #101 & 192

Washington, DC 20002

Phone: (301) 333-2980

Ward: 6

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Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Ages 3-18)

TF-CBT IS A PSYCHOTHERAPY MODEL DESIGNED TO ADDRESS THE UNIQUE NEEDS OF YOUTH WITH PTSD OR OTHER PROBLEMS RELATED TO TRAUMATIC LIFE EXPERIENCES AND THEIR PARENTS/PRIMARY CAREGIVERS.

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Three (3) DBH Providers for TF-CBT

Hillcrest Children and Family Center

915 Rhode Island Avenue NW

Washington, DC 20001

Phone: (202) 232-6100

Ward: 6

3029 Martin Luther King Jr. Ave SE

Washington, DC 20032

Phone: (202)232-6100

Ward: 8

Latin American Youth Center (LAYC)

1419 Columbia Road NW

Washington, DC 20009

Phone: (202) 319-2225

Ward: 1

MD/DC Family Resource

903 Brightseat Road

Landover, MD 2078

Phone: (301) 333-2980

317 F Street NE Suite #101 & 192

Washington, DC 20002

Phone: (301) 333-2980

Ward: 6

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High Fidelity Wraparound

MBI Health Services- Current Vendor

What is HFW?

- The focus is on family team facilitation, care coordination and family support.
- Child and Family Team Meeting
 - Facilitated meeting where the youth, family members and all providers discuss needs, recommended interventions and coordinate services. Decisions about services are made by the family with each meeting resulting in a comprehensive individualized plan of care.
- The Strengths, Needs, and Culture Discovery (SNCD)
 - This provides essential information used to develop a strengths based, individualized service plan that respects the unique culture of the child and family. This can facilitate an expansion of the array and volume of resources available to the CFTM beyond formal services.
- CFTM Coordinator
 - The coordinator is responsible for facilitating the CFTM process and following up with the family, team members throughout the week ensuring phases and activities of the wraparound process occur.
- Family Support Partners
 - This position provides intensive direct support for families, as they work closely with the facilitator to obtain desired outcomes for the families.

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How To Access?

- Complete the referral form, DBH HIPPA 3 Form consent form, and send all assessments.
- Email to wraparound.cftm@dc.gov
- The case will be assigned within 2 business days to a provider and the assigned provider should meet with youth and family within 72 hours of enrollment for initial engagement.
- Initial CFTM should convene within 14 days of referral and will reconvene every 30 days
- Process can last up to 12 months

Point of Contact?

Dr. Augustine Onyemenem

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&

Patrina Anderson

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Comparison: High Fidelity Wraparound (HFW) and Community-Based Intervention Services

	High Fidelity Wraparound (HFW)	Community-Based Intervention (CBI) Services
Model Description	A collaborative team-based care planning process where the family and the team implement, track, and adapt an individualized Plan of Care (POC), working toward the youth and family's long term vision for the purpose of achieving positive outcomes in the home, school, and community. High Fidelity Wraparound is beneficial for families with complex unmet needs, multisystem involved, at risk of out of home or residential placement, disruption in school setting and high utilization of acute care.	Intensive home-based treatment for children and youth who are experiencing serious emotional disturbance and are at risk for out-of-home placement. CBI services are intended to present the utilization of an out-of-home therapeutic resource or a detention of the consumer.
Goals/ Primary Responsibility	The goals of High Fidelity Wraparound is to help youth and families get their needs met, learn new skills to better manage their behavior and life, and develop the skills and resources to manage crisis after wraparound.	All levels of CBI have four core goals: crisis intervention, care coordination, mental health services and supports intervention, and transition consumers to the appropriate level of care at the end of CBI treatment episode. (22A DCMR §3425.5)
Age Range	5 - 21	Birth - 21
Diagnosis	Principal diagnosis not required.	Axis I or II mental health diagnosis

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Comparison: High Fidelity Wraparound (HFW) and Community-Based Intervention Services

Diagnosis	Principal diagnosis not required.	Axis I or II mental health diagnosis
Population Served	<p>Children and/or youth who meet the following criteria:</p> <ul style="list-style-type: none"> •Meet clinical criteria - The youth has behavioral/emotional symptoms that impact functioning at home, school and community and/or the child and/or youth has significant difficulty that has lasted or is expected to last for a year or more due to her/his serious emotional disturbance. •Fee for service Medicaid (eligible) •Involved in two or more public agencies: CFSA, DYRS, DCPS, DBH •Deemed to be at risk of placement or returning from a PRTF, RTC or psychiatric hospital •At risk or removed from home to current placement. 	<p>Children and youth who meet one (1) of the following criteria:</p> <ul style="list-style-type: none"> • history of involvement with Child and Family Services Administration (“CFSA”) or the Department of Youth Rehabilitative Services (“DYRS”); • A history of negative involvement in schools for behavior-related issues; or • A history of either chronic or recurrent episodes of negative behavior that has resulted or may result in out-of-home placement. (22A DCMR §3425.12)
Family Participation	Required.	Encouraged, but not required for children and youth to receive services.
Treatment Duration	Average one year however no limitation.	Up to one-hundred-and-eighty (180) days (22A DCMR 3425.14)

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Comparison: High Fidelity Wraparound (HFW) and Community-Based Intervention Services

Intensity of Services	<p>Weekly contact. Sometimes daily contact based on need of child/youth and family.</p> <p>Child and Family Team Meeting at least once a month.</p>	<p>Multiple sessions and weekly contacts that are flexible and convenient for the family.</p>
Availability	<p>Twenty-four (24) hours a day, seven (7) days a week.</p>	<p>Twenty-four (24) hours a day, seven (7) days a week</p> <p><i>(22A DCMR 3425.27(d))</i></p>
Location of Service	<p>Home, school, and community.</p>	<p>Home, school, and community</p>
Exclusions	<p>Non District residents.</p> <p>Privately insured unless involved in DBH Programs such as JBDP and HOPE Court.</p>	<p>Not authorized for children and youth who require the safety of a hospital or other secured setting.</p> <p><i>(22A DCMR 3425.13)</i></p>

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Any further inquiries,

Contact:

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