

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT Community Based Intervention (CBI) Services for Children and Youth		
POLICY NUMBER DMH Policy 340.9	DATE JAN 10 2011	TL# 148

Purpose. To provide the policies, procedures, and practice guidelines for the implementation of CBI.

Applicability. Applies to Department of Mental Health (DMH), certified mental health providers who serve children or youth, and CBI Providers. The policy also provides guidance on how other referring agencies (e.g., Child and Family Services Agency [CFSA], Department of Youth Rehabilitation Services [DYRS], Court Social Services [CSS], and Managed Care Organizations [MCOs]) access CBI services in Section 6 of the policy.

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

ACTION

REMOVE AND DESTROY


None

INSERT

DMH Policy 340.9



Stephen T. Baron
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 340.9	Date JAN 10 2011	Page 1
	Supersedes: None		

Subject: Community Based Intervention (CBI) Services for Children and Youth

1. **Purpose.** To provide the policies, procedures, and practice guidelines for the implementation of CBI.
2. **Applicability.** Applies to Department of Mental Health (DMH), certified mental health providers who serve children or youth, and CBI Providers. The policy also provides guidance on how other referring agencies (e.g., Child and Family Services Agency [CFSA], Department of Youth Rehabilitation Services [DYRS], Court Social Services [CSS], and Managed Care Organizations [MCOs]) access CBI services in Section 6 of the policy.
3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001 and Title 22-A, DCMR, Chapter 34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards, as amended.
4. **Definitions.**
 - 4a. **Community-Based Intervention or "CBI".** Time-limited, intensive, mental health intervention services delivered to children, youth, and their family and intended to prevent utilization of an out-of-home therapeutic resource by the consumer. CBI is primarily focused on the development of consumer and family skills and is delivered in the family setting in order for the consumer to function in a family environment.
 - 4b. **CBI Providers.** Agencies certified by DMH to provide CBI services, consistent with the MHRS Standards and the Department of Mental Health Establishment Amendment Act of 2001.
 - 4c. **CBI Team.** The community-based intervention team involved in providing CBI services to child/youth consumers. CBI Team requirements vary according to level of CBI services (Levels I-IV) as outlined in the MHRS Standards.
 - 4d. **CALOCUS.** "Child and Adolescent Level of Care Utilization System" evaluation tool used to measure and track dimensions of functioning of child/youth consumers and provide a level of care recommendation.
 - 4e. **Functional Family Therapy or "FFT".** Research-based prevention and intervention program for at-risk adolescents and their families provided by a team of trained therapists of a DMH certified CBI Level IV provider with FFT site certification.
 - 4f. **Multi-Systemic Therapy or "MST".** An intensive model of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions that is used to deliver CBI Level I services by a DMH certified CBI Level I provider.
 - 4g. **Intensive Home and Community-Based Services or "IHCBS".** An intensive home-based model of treatment adopted by DMH as CBI Level II and III to prevent the utilization of restrictive levels of out-of-home treatment for emotionally disturbed children and youth by a DMH certified CBI Level II or III provider.

4h. **IPC.** "Individualized Plan of Care" for children and youth, as defined by the MHRS Standards.

5. **Policy.**

5a. The requirements outlined in the CBI Practice Guidelines (*Exhibit 1*) shall be followed to qualify for CBI services.

5b. DMH will utilize the four (4) levels of CBI services to support child and youth consumers who meet the CBI eligibility criteria in the practice guidelines adopted by DMH and the MHRS certification standards. A provider may be certified to offer one (1) or more levels of CBI services.

5c. All levels of CBI shall consist of services described in 22 DCMR § A3422.7 as medically necessary and clinically appropriate. CBI services shall be individually designed for each child or youth and family to minimize intrusion and maximize independence and primarily provided in natural settings (including the home, school, or other community setting).

5d. DMH will adhere to the following models in the delivery of CBI in order to ensure consistency of CBI services by providers throughout DMH. *Refer to Exhibit 2 - Comparison of CBI Models.*

- CBI Level I - services shall be delivered in accordance with the Multi-systemic Treatment (MST) Model.
- CBI Level II - services shall be delivered in accordance with the Intensive Home and Community-Based Services (IHCBS) model.
- CBI Level III - services shall be delivered in accordance with the IHCBS model for short-term crisis stabilization.
- CBI Level IV - services shall be delivered in accordance with the Functional Family Therapy (FFT) model.

Additional information regarding the CBI service delivery models adopted by DMH may be found on the following websites:

- MST <http://www.mstservices.com/>
- IHCBS http://www-dev.rags.kent.edu/CIP_web/
- FFT <http://www.fftinc.com/>

5e. CBI fidelity review tools will be used to assess the adequacy of CBI services and adherence to the identified models. The results of the fidelity assessments will be used for quality improvement. For more information on fidelity review tools refer to the practice guidelines or contact the DMH Child and Youth Services Division (CYSD).

5f. If a consumer is assessed to need CBI, but the parent/legal guardian refuses, the child/youth will be assessed for alternative services.

6. **Responsibilities.** In order to obtain CBI services for children and youth:

6a. Core Services Agencies (CSAs) must:

- **Complete** CBI Authorization Event Screen in Provider Connect along with corresponding authorization plan for review by Access Helpline (AHL).
- If CBI is authorized by AHL, the CSA must also **complete** the DMH electronic *CBI Referral Form (Exhibit 3)* and **provide** a copy to the CBI Provider who was authorized by AHL (also see CBI practice guidelines regarding authorization of CBI for more information).

- **Work** collaboratively with the consumer and the CBI Team to ensure continuity of care for the child upon admission, reauthorization, and discharge from CBI services.
- 6b. Child and Family Services Agency (CFSA) shall do the following:
- If the child or youth is not linked to a CSA, the CFSA social worker must **complete** the CFSA referral form and **submit** the form to the CFSA Office of Clinical Practice (OCP) to seek enrollment to a CSA for mental health treatment.
 - CFSA OCP and DMH AHL **review** referral and coordinate initial authorization.
 - If the child or youth is linked to a CSA, CFSA must **contact** the CSA to request CBI services. (See 6a above for CSA responsibilities).
 - A CFSA social worker cannot refer children and youth directly to the AHL.
- 6c. The Department of Youth Rehabilitation Services (DYRS), Court Social Services, and other referring agencies (e.g., MCOs such as Health Services for Children with Special Needs [HSCSN]) must:
- **Complete** the DMH electronic CBI Referral Form and **submit** to AHL/designee for review/authorization if the consumer is not linked to a CSA.
 - If the consumer is in active treatment with a CSA, the case manager/probation officer must **contact** the CSA to request CBI services. (See 6a above for CSA responsibilities).
- 6d. The DMH Access Helpline must **review** the referral, including the clinical presentation and CALOCUS score; and if appropriate, **provide** authorization for CBI services and **assign** the consumer to a CBI Team.
- 6e. All "CBI Providers" must:
- (1) **Comply** with and **implement** the required activities in the DMH Provider Authorization and Billing Manual, and the MHRS Provider Certification Standards including all MHRS Bulletins and any updates/amendments that may be issued by DMH relating to the provision of CBI services.
 - (2) **Accept and engage** all consumers authorized by DMH for CBI services within forty-eight (48) hours of referral.
 - (3) **Provide** services twenty-four hours, seven days a week (24/7), including after hours, on weekends and holidays (also see CBI Practice Guidelines for CBI Level IV) .
 - (4) **Coordinate** the full array of services and supports required by enrolled consumers to support mental health rehabilitation and stabilization.
 - (5) **Attend** monthly DMH CBI Provider meetings.
 - (6) **Submit** monthly service progress reports to clinical home, and other programmatic reports as deemed necessary by DMH.
 - (7) **Engage** with the child or youth to identify suitable and meaningful daily activities and **facilitate** the consumer's participation in those activities.
 - (8) **Utilize** the team approach and **coordinate** the treatment planning process for all children/youth authorized by DMH to receive CBI and follow the DMH CBI Practice Guidelines, and appropriate treatment model for the level of CBI services rendered (also see Section 5d above).
 - (9) **Provide** AHL with monthly vacancy list and **complete** CBI discharge event in Ecura.

7. Authorization for CBI Services.

7a. Prior authorization from DMH is required for enrollment in CBI and re-authorization is required for continued treatment.

7b. The DMH AHL Clinician must **review** and **approve** as appropriate, initial and reauthorization requests. Questions regarding authorization of CBI should be directed to the DMH Division of Care Coordination Director.

8. Continuity of Care for CBI Consumers.

8a. CBI Providers must engage consumers within 48 hours of authorization of referral and facilitate team meeting to develop treatment plan within fourteen (14) days. Exception: If a child is authorized for CBI upon discharge from an acute care facility or Psychiatric Residential Treatment Facility (PRTF), the team meeting must be facilitated within seven (7) days of discharge.

8b. CBI Providers shall conduct continuity of care planning with consumers and families prior to discharge from any level of CBI services, including facilitating follow-up mental health appointments.

9. **Training.** DMH will provide CBI training on a quarterly basis.

10. **Sanction for Non-Compliance.** Non-compliance with the requirements of this policy will result in serious and appropriate action in accordance with DMH policies, applicable rules and any Human Care Agreement or contract between DMH and the provider. See Title 22-A DCMR Chapter 34, Mental Health Rehabilitation Services Provider Certification Standards.

11. **Inquiries.** Questions related to this policy should be addressed to the DMH Child and Youth Services Division.

12. Related References.

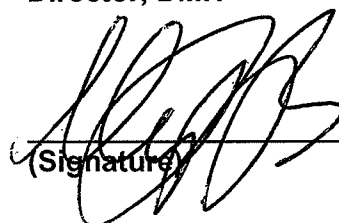
DMH Manual 1000.2, MHRS Provider Authorization and Billing Manual
DMH Policy 300.1C, Level of Care Utilization System (LOCUS/CALOCUS) Evaluations
DMH Policy 200.5, Continuity of Care Practice Guidelines for Children and Youth

13. Exhibits.

Exhibit 1 – CBI Practice Guidelines
Exhibit 2 – Comparison of CBI Models
Exhibit 3 – CBI Referral Form

Approved By:

Stephen T. Baron
Director, DMH


(Signature)

1/10/11
(Date)

CBI Practice Guidelines

Definition/Background	<p>Community Based Intervention (CBI) services are time limited, intensive, mental health services delivered to children and youth ages six (6) to twenty-one (21). CBI services are meant to help prevent acute care hospitalization, out of home placement or placement in a residential treatment center or a detention of a consumer. CBI services are to be provided in the consumer's natural environment, including school, home, and community settings.</p> <p>Many of the children/youth referred to this level of care are struggling with emotional and or behavioral issues that have not been addressed via individual therapy, medication or other lower levels of care. The provision of CBI services shall occur in collaboration with pre-existing lower levels of care, including individual counseling, medication management and community support services. The CBI providers' primary responsibility is to provide crisis intervention, care coordination, therapeutic interventions based on treatment goals, and transition consumers to appropriate level of care.</p> <p>Children/youth referred for CBI services shall have a mental health Axis I or II diagnosis. (Reference MHRS 3403.2). There are four (4) levels of CBI service. These levels do not denote a hierarchy of intensity but more a differing modality of intervention.</p> <p><u>CBI Level I is delivered through the Multi-Systemic Therapy (MST) model.</u> MST is an evidence based best practice for children ages ten (10) to seventeen (17) years old that are living with, or returning to, their biological family or other long-term caregivers within 30 days of referral. CBI Level I services are intended for children and youth who are experiencing serious emotional disturbance with either of the following:</p> <p style="padding-left: 40px;">A documented behavioral concern with externalizing (aggressive or violent) behaviors (e.g., runaway, verbal and physical aggression, substance use, truancy, illegal activity, oppositional behavior, etc.); or a history of chronic juvenile offenses that has or may result in involvement with the juvenile justice system.</p> <p>A permanent caregiver must be willing to participate with service providers for the duration of treatment.</p> <p><u>CBI Level II is delivered through the In-Home and Community Based Services (IHCBS) model.</u> This level of CBI serves ages six (6) to twenty-one (21) years old. Consumers that are referred to IHCBS have one or a combination of the following:</p> <ul style="list-style-type: none"> • a history of involvement with Child and Family Services Agency (CFSA), Court Social Services (CSS), or the Department of Youth Rehabilitation Services (DYRS);
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- a history of negative involvement with schools for behavioral-related issues; or
- a history of either chronic or recurrent episodes of negative behavior that have or may result in out-of-home placement.

CBI Level III is utilized for short term Crisis Stabilization and is also delivered through the IHCBS model. This level of CBI serves ages six (6) to twenty-one (21) years old. Consumers that are referred to CBI Level III shall have one or a combination of the following:

- Has situational behavioral problems that require short-term, intensive treatment;
- Is currently dealing with stressor situations such as trauma or violence and requires development of coping and management skills;
- Recently experienced out of home placement and requires development of communication and coping skills to manage the placement change;
- Is undergoing transition from adolescence to adulthood and requires skills and supports to successfully manage the transition;
- Has been recently discharged from an inpatient setting; i.e. acute hospitalization or psychiatric residential treatment facility; or
- Is an adult parent or caregiver with a clinically significant mental health concern and the parent or caregiver will be parenting a child or youth returning from a residential treatment center within the next ninety (90) days.

CBI Level IV is delivered through the Functional Family Therapy (FFT) model. This level of CBI serves ages ten (10) – eighteen (18) years old. Consumers that are referred to CBI Level IV shall:

- Have a documented history of moderate to serious behavioral problems which impair functioning in at least one area (such as school or home);
- Exhibit significant externalizing behavior which impairs functioning in at least one area (such as school or home); or
- Be at risk of a disruption in placement; and
- Be: (1) willing to participate with service providers for the duration of CBI Level IV treatment services; and/or (2) involved with a caregiver who is willing to participate with service providers for the duration of CBI Level IV treatment services.

Practice Standards and Benchmarks

Practice standards and benchmarks for Community Based Intervention (CBI) are measured via CBI fidelity review tools. The Therapist Adherence Measures-Revised (TAM) and Supervisor Adherence Measure (SAM) are used to measure adherence to the MST model (Level I); a DMH fidelity review

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	<p>tool is used to assess CBI levels II and III; and a FFT Adherence Tracking System and three specific FFT instruments (OQ-45.2, Y-OQ2.01, and YOQ SR) are used to measure adherence to the FFT model for CBI Level IV.</p>
Staffing Levels Required – Experience & Training	<p>All levels of CBI services must adhere to DMH defined requirements for direct care and supervisory staff. These requirements are as follows:</p> <p><u>Please Note:</u> Per MHRs regulations, CBI qualified practitioners are: psychiatrists, psychologists, LICSW's, APRN's, RN's, LPC's, LISW's, and Addiction Counselors. All credentialed staff, including recovery specialists may provide CBI under the supervision of a qualified practitioner.</p> <p><u>CBI Level I:</u></p> <ul style="list-style-type: none">• The team shall consist of a full time clinical supervisor, a full time team leader and four to six clinicians.• The team clinical supervisor shall be a Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of two years of post graduate experience working with behaviorally challenged youth and their families in community-based settings.• The team leader shall be a Master's level clinician with a minimum of one year of post graduate experience working with behaviorally challenged youth and their families in community-based settings.• The team clinicians shall be either Master's level clinicians or Bachelor's level clinicians with a minimum of one year of experience working with behaviorally challenged youth and their families in community-based settings. <p><u>CBI Level II:</u></p> <ul style="list-style-type: none">• The team shall include a full time clinical supervisor and four to six clinicians.• The team clinical supervisor shall be a Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of two years of post graduate experience working with behaviorally challenged youth and their families in community-based settings.

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	<ul style="list-style-type: none"> • The team clinicians shall be either Master's level clinicians or Bachelor's level clinicians with a minimum of one year of experience working with behaviorally challenged youth and their families in community-based settings. <p><u>CBI Level III:</u></p> <ul style="list-style-type: none"> • The team shall include a full time clinical supervisor and four to six clinicians. • The team clinical supervisor shall be a Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of two years of post graduate experience working with behaviorally challenged youth and their families in community-based settings. • The team clinicians shall be either Master's level qualified practitioners or Bachelor's level clinicians with a minimum of two years of experience working with behaviorally challenged youth and their families in community-based settings. <p><u>CBI Level IV:</u></p> <ul style="list-style-type: none"> • The team shall include a full-time clinical supervisor and 3 to 8 full time equivalent clinicians who have completed FFT clinical training, supervisor training if applicable, and on-going clinical and technical assistance. • The team clinical supervisor shall be a Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of 2 years of post-graduate experience working with behaviorally challenged youth and their families in community-based setting who has satisfied the FFT requirements for a clinical supervisor. • The team clinicians shall be either Master's level clinicians or Bachelor's level clinicians with a minimum of one (1) year of experience working with behaviorally challenged youth and their families in community-based settings, and shall have satisfied the FFT requirements for FFT therapists. • For further information on the FFT model/requirements adopted by DMH, refer to http://www.fftinc.com/
<p>Process Implementation</p>	<p>CBI services are available to any child ages six to twenty one, who are District of Columbia residents and are Medicaid eligible or are committed wards (DYRS/CFSA) of the District.</p>

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ENROLLMENT IN DMH SYSTEM OF CARE

Enrollment in the DMH System of Care must be initiated by the parent/legal guardian, a Department of Youth Rehabilitation Services (DYRS) case manager, or a Court Social Services (CSS) probation officer, through the Access Help Line (AHL). When DYRS or CSS calls AHL to enroll a child/youth consumer, the parent/guardian must be present. If the parent/guardian is not available, but agrees to enrollment, DYRS or CSS may submit the MHRS referral to AHL.

For youth that are in the community and are being referred to the DMH System of Care via a parent or legal guardian, CSS, or DYRS, the following must take place:

- Call the Access Help Line and request mental health services for the child, at which time the consumer is enrolled and an intake appointment is made with the chosen Core Services Agency (CSA).

The consumer and caregiver attend the intake appointment and the Diagnostic Assessment is completed. Based on the Diagnostic Assessment, the consumer is referred to mental health services.

See Page 6 and 7 of these guidelines for enrollment procedures when a child/youth is a committed ward of CFSA, or with an MCO such as HSCSN.

AUTHORIZATION OF CBI

If a parent/legal guardian calls AHL requesting CBI for a child/youth that is not enrolled with a CSA, the AHL will assess and offer enrollment with a CSA of choice.

(1) **For children/youth enrolled with a CSA - if CBI is identified as a need and the caregiver is in agreement, the CSA will** complete the “Community Based Intervention Authorization Event” in Provider Connect within 24 hours. This event should be accompanied by an authorization plan.

- The event must include a detailed clinical presentation that discusses the consumer’s need for CBI services based on the current level of functioning in the home, school and community as

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well as any relative background information. *Please Note:* If CBI services are court ordered, it is the responsibility of the CSA to provide sufficient clinical justification to meet medical necessity to obtain authorization. The event must also include the CALOCUS score of at least 17 (additional justification required if CALOCUS score is less than 17).

- Once the “Community Based Intervention Authorization Event” is complete and entered into Provider Connect along with the authorization plan, the request will be reviewed within 24 to 48 hours of submission.
- Upon approval, the CSA is responsible for forwarding clinical information to the requested CBI provider within 24 hours. This clinical information should include the electronic CBI referral form, most recent Diagnostic Assessment, IPC, and any other pertinent evaluations, assessment and background information.
- The CBI provider has 48 hours from the time of notification to initiate CBI services with the consumer.

(2) For consumers that are under the care of Child and Family Services Agency (CFSA), the following steps should be taken to request CBI services:

- If the consumer is not already enrolled and in active treatment with a CSA, the assigned social worker must submit the Behavioral Services Unit (BSU) referral form to the CFSA Office of Clinical Practice (OCP). Upon receipt in OCP, the referral is reviewed by a DMH co-located clinician to determine that all pertinent information is present and that medical necessity is present. Information that is required for CBI requests include a current placement for the consumer, name address and phone number for foster parent, name and phone number of assigned social worker, mental health Axis I or II diagnosis, medications and any current behaviors or symptoms of concern.
- Once the referral has been reviewed, the request is forwarded to the Access Help Line (AHL) designated staff for authorization. The AHL will identify an available CSA and CBI Provider. The consumer will then be enrolled with the chosen CSA and CBI services will be authorized with the identified provider.
- The CSA and the CBI provider will be provided with written notification of the enrollment and

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authorization. This notification will include the authorization dates, authorization number, and a brief clinical presentation discussing the referral behaviors/symptoms, diagnosis, medications and contact information.

- If the child is linked to a CSA, CFSA must contact the CSA to request CBI.
- The CBI provider has 48 hours from the time of the notification of authorization to initiate CBI services with the consumer.

(3) Other Referral Sources:

Consumer can also be referred to CBI services from a MCO such as Health Services for Children with Special Needs (HSCSN), Department of Youth Rehabilitation Services (DYRS), Court Social Services (CSS), and upon recommendation from inpatient acute care. Case managers/probation officers can make referrals to CBI by utilizing the following process:

- Referring party must first confer with the legal guardian to gain permission to request the services and to explain the referral process;
- If the consumer is in active treatment with a DMH Core Service Agency (CSA), contact the agency to request CBI services.
- If the consumer is not part of a DMH CSA, submit the DMH CBI Referral form to the designated Access Help Line staff person.
- The referral must include as much clinical information as possible and contact information for the consumer, caregiver, and referring worker. Additionally, if the consumer is part of the CFSA, or Court Social Services, or DYRS system, the assigned worker's contact information must also be a part of the referral.
- Upon review and authorization the referring party will receive a written confirmation from AHL for the consumer's record along with contact information for the authorized CBI provider.
- Inpatient acute care recommendations for CBI must be processed through the assigned active

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CSA. If the consumer is not linked to a CSA and is not a ward of CFSA, the hospital must assist the caregiver to call the AHL to request enrollment with a CSA. Clinical documentation should then be forwarded by the acute care facility to the CSA designee with a request for CBI services. Follow (2) on page 6 if the consumer is a ward of CFSA.

- If CBI is identified as a need and the caregiver is in agreement, the CSA will complete the CBI authorization event in provider Connect within 24 hours.
- CBI Providers must engage consumers within 48 hours of notification of authorization of referral.

(4) Reauthorization of CBI Services:

CBI is a prior authorized service. After the first 90 days of service, the CBI provider can request an additional 90 days of service via the CSA. The CSA will enter the reauthorization request into Provider Connect for clinical review and authorization using the following process:

- CBI provider must submit a written clinical justification to the CSA within 2 weeks of the end of the authorization period.
- The presentation will be reviewed by the CSA clinician to ensure that the CSA is clear on consumer's progress, goals, areas of concern and continued need for CBI services.
- If the CSA is in agreement with continued CBI services, the CSA will enter the provided presentation along with a authorization plan to be reviewed by AHL.
- The CBI provider must ensure that the CSA has a copy of the initial IPC.

(5) Referral to a different level of CBI is considered as an "initial authorization".

Discharge Criteria:

A consumer may be discharged from CBI services for the following reasons:

- Consumer and family have met the identified goals of CBI;
- Consumer has been placed in a restrictive environment – i.e. PRTF;

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	<ul style="list-style-type: none"> Consumer has moved out of state and is not under CFSA or DYRS physical or legal custody; Consumer and/or caregiver refuses service – Refusal must be documented in writing.
Policy Statements <i>References to any applicable policies, including citations.</i>	CBI Bulletin MST Bulletin DMH Policy 200.5, Continuity of Care Policy DMH Policy 300.1C, Level of Care Utilization System (LOCUS/CALOCUS) Evaluations DMH 1000.2 MHRS Provider Authorization and Billing Manual DMH Policy 340.9, CBI Services for Children and Youth
Resources and Citations References <i>Information about who to contact for further information/clarification.</i>	Questions regarding authorization for CBI should be directed to the DMH Division of Care Coordination Director. All other questions regarding CBI should be directed to the Child and Youth Services Division.

Comparison: MST, IHCBS, and FFT Models Adopted by DMH

	<u>Multi-Systemic Treatment (MST)</u> For CBI Level I	<u>Intensive Home and Community- Based Services (IHCBS)</u> For CBI Level II	<u>Intensive Home and Community- Based Services (IHCBS)</u> For CBI Level III (short-term)	<u>Functional Family Therapy (FFT)</u> For CBI Level IV
Model Description	Intensive home-based treatment for c/youth with complex issues who are at risk for out of home placement due to their behavior. <i>Evidence based practice recognized by SAMSA</i>	Intensive home-based treatment for c/youth due to risk of placement because of some crisis or safety issue.	Intensive home-based treatment for c/youth due to risk of placement because of some crisis or safety issue.	Intensive home based treatment for c/youth that consists of 5 components: Engagement in change, motivation to change, assessment, behavior change, and generalization-multi-systems linking. <i>Evidence based practice recognized by SAMSA</i>
Goals/Primary Responsibility	The 4 basic goals of CBI (all levels) are the same: to provide crisis intervention, care coordination, therapeutic interventions based on treatment goals, and transition consumers to appropriate level of care per 22 DCMR § A3422.6.	The 4 basic goals of CBI (all levels) are the same: to provide crisis intervention, care coordination, therapeutic interventions based on treatment goals, and transition consumers to appropriate level of care per 22 DCMR § A3422.6.	The 4 basic goals of CBI (all levels) are the same: to provide crisis intervention, care coordination, therapeutic interventions based on treatment goals, and transition consumers to appropriate level of care per 22 DCMR § A3422.6.	The 4 basic goals of CBI (all levels) are the same: to provide crisis intervention, care coordination, therapeutic interventions based on treatment goals, and transition consumers to appropriate level of care per 22 DCMR § A3422.6.
Age limits	10 - 17	6 – 21	6 - 21	10 - 18
Diagnosis	Axis I or II mental health diagnosis	Axis I or II mental health diagnosis	Axis I or II mental health diagnosis	Axis I or II mental health diagnosis
Population Served	Children and youth who are experiencing serious emotional disturbance with either of the following:	Children who have one or a combination of any of the following:	Children who have one or a combination of any of the following:	Children and youth with a documented history of serious externalizing behaviors that impair functioning and are at risk of a

	<u>Multi-Systemic Treatment (MST)</u> For CBI Level I	<u>Intensive Home and Community- Based Services (IHCBS)</u> For CBI Level II	<u>Intensive Home and Community- Based Services (IHCBS)</u> For CBI Level III (short-term)	<u>Functional Family Therapy (FFT)</u> For CBI Level IV
	<p>A documented behavioral concern with externalizing (aggressive or violent) behaviors; or a history of chronic juvenile offenses that has or may result in involvement with the juvenile justice system.</p>	<p>(a) A history of involvement with the Child and Family Services Agency (CFSA), Court Social Services (CSS), or the Department of Youth Rehabilitation Services (DYRS);</p> <p>(b) A history of negative involvement with schools for behavioral-related issues; or</p> <p>(c) A history of either chronic or recurrent episodes of negative behavior that have or may result in out-of-home placement.</p>	<p>(a) Has situational behavioral problems that require short-term, intensive treatment;</p> <p>(b) Is currently dealing with stressor situations such as trauma or violence and requires development of coping and management skills;</p> <p>(c) Recently experienced out of home placement and requires development of communication and coping skills to manage the placement change;</p> <p>(d) Is undergoing transition from adolescence to adulthood and requires skills and supports to successfully manage the transition;</p> <p>(e) Has been recently discharged from an inpatient setting; i.e., acute hospitalization or psychiatric residential treatment facility; or</p> <p>(f) Is an adult parent or caregiver with a clinically significant mental health concern</p>	<p>disruption in placement. Child/youth must be willing to participate in service.</p>

	<u>Multi-Systemic Treatment (MST)</u> For CBI Level I	<u>Intensive Home and Community-Based Services (IHCBS)</u> For CBI Level II	<u>Intensive Home and Community-Based Services (IHCBS)</u> For CBI Level III (short-term)	<u>Functional Family Therapy (FFT)</u> For CBI Level IV
			and the parent or caregiver will be parenting a child or youth returning from a residential treatment center within the next ninety (90) days.	
Family Participation	Have a permanent caregiver willing to participate for duration of Level I treatment.	Encouraged, but not required for c/youth to receive services.	Encouraged, but not required for c/youth to receive services.	Involved with a permanent caregiver who is willing to participate with service providers for the duration of Level IV treatment.
Treatment Duration	up to 6 months	up to 6 months	Not to exceed 90 days	up to 6 months
Intensity of Services	Multiple sessions/weekly contacts that are flexible and convenient to family.	Multiple sessions/weekly contacts that are flexible and convenient to family.	Multiple sessions/weekly contacts that are flexible and convenient to family.	Averages one visit per week, frequency determined by family's need.
Availability	24/7	24/7	24/7	Must ensure that there is a crisis plan in effect for the consumer to ensure access to needed services 24/7, when the FFT therapist is not available.
Location of Service	home, school, & community	home, school, & community	home, school, & community	home, school, & community
Exclusions	Child/youth is not eligible for CBI services if	Child/youth is not eligible for CBI	Child/youth is not eligible for CBI	Child/youth is not eligible for CBI

	<u>Multi-Systemic Treatment (MST)</u> For CBI Level I	<u>Intensive Home and Community-Based Services (IHCBS)</u> For CBI Level II	<u>Intensive Home and Community-Based Services (IHCBS)</u> For CBI Level III (short-term)	<u>Functional Family Therapy (FFT)</u> For CBI Level IV
	at least one of the following applies: <ul style="list-style-type: none"> • C/Youth¹ does <u>not</u> have a primary Axis I or II mental health diagnosis; • C/Youth in long-term residential treatment facility or other inpatient setting and not being discharged within 30 days; • C/Youth in full-service group home; • C/Youth is in need of crisis psychiatric hospitalization or stabilization; • C/Youth has moderate/severe/profound mental retardation or any moderate/severe/profound disorder on the autism spectrum; • C/Youth where substance abuse or sex offending behavior is the <u>primary</u> reason for referral; or • C/Youth is in an emergency or respite placement/ independent living or not returning to their biological home or long term placement within 30 days of referral. 	services if at least one of the following applies: <ul style="list-style-type: none"> • C/Youth does <u>not</u> have a primary Axis I or II mental health diagnosis; • C/Youth in long-term residential treatment facility or other inpatient setting and not being discharged within 30 days; • C/Youth in full-service group home; • C/Youth is in need of crisis psychiatric hospitalization or stabilization; • C/Youth has moderate/severe/profound mental retardation or any moderate/severe/profound disorder on the autism spectrum; • C/Youth where substance abuse or sex offending behavior is the <u>primary</u> reason for referral. 	services if at least one of the following applies: <ul style="list-style-type: none"> • C/Youth does <u>not</u> have a primary Axis I or II mental health diagnosis; • C/Youth in long-term residential treatment facility or other inpatient setting and not being discharged within 30 days; • C/Youth in full-service group home; • C/Youth is in need of crisis psychiatric hospitalization or stabilization; • C/Youth has moderate/severe/profound mental retardation or any moderate/severe/profound disorder on the autism spectrum; • C/Youth where substance abuse or sex offending behavior is the <u>primary</u> reason for referral. 	services if at least one of the following applies: <ul style="list-style-type: none"> • C/Youth does <u>not</u> have a primary Axis I or II mental health diagnosis; • C/Youth in long-term residential treatment facility or other inpatient setting and not being discharged within 30 days; • C/Youth in full-service group home; • C/Youth is in need of crisis psychiatric hospitalization or stabilization; • C/Youth has moderate/severe/profound mental retardation or any moderate/severe/profound disorder on the autism spectrum; • C/Youth where substance abuse or sex offending behavior is the <u>primary</u> reason for referral; or • C/Youth is in an emergency or respite placement/ independent living or not returning to their biological home or long term placement

¹ C/Youth – Child/Youth

	<u>Multi-Systemic Treatment (MST)</u> For CBI Level I	<u>Intensive Home and Community- Based Services (IHCBS)</u> For CBI Level II	<u>Intensive Home and Community- Based Services (IHCBS)</u> For CBI Level III (short-term)	<u>Functional Family Therapy (FFT)</u> For CBI Level IV
	C/Youth who are actively suicidal, homicidal, or psychotic w/o medication stabilization.	C/Youth who are actively suicidal, homicidal, or psychotic w/o medication stabilization.	C/Youth who are actively suicidal, homicidal, or psychotic w/o medication stabilization.	<p>within 30 days of referral.</p> <p>C/Youth who are actively suicidal, homicidal, or psychotic w/o medication stabilization.</p> <p>C/youth active with any other level of CBI or clinic based family therapy should not enroll in FFT until the other services are complete.</p>

	<u>Multi-Systemic Treatment (MST)</u> For CBI Level I	<u>Intensive Home and Community-Based Services (IHCBS)</u> For CBI Level II	<u>Intensive Home and Community-Based Services (IHCBS)</u> For CBI Level III (short-term)	<u>Functional Family Therapy (FFT)</u> For CBI Level IV
Staffing	<p><u>FT Clinical Supervisor</u> - Masters level qualified practitioner² & 2 years post-graduate experience working with behaviorally challenged youth and families in community based settings.</p> <p><u>FT Team Leader</u> - Master's level with min. of 1 year post-grad experience working with behaviorally challenged youth and families in community based settings.</p> <p><u>4 – 6 Clinicians</u> – either Master's level clinicians or Bachelor's level with min. of 1 year experience working with behaviorally challenged youth and families in community based settings.</p> <p><i>(AND must be licensed MST providers)</i></p>	<p><u>FT Clinical Supervisor</u> - Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of two (2) years of post-graduate experience working with behaviorally challenged youth and their families in community-based settings.</p> <p><u>4-6 Clinicians</u> - either Master's level clinicians or Bachelor's level clinicians with a minimum of one (1) year of experience working with behaviorally challenged youth and their families in community-based settings.</p>	<p><u>FT Clinical Supervisor</u> - Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of two (2) years postgraduate experience working with behaviorally challenged youth and their families in community-based settings</p> <p><u>4-6 Clinicians</u> - either Master's level qualified practitioners or Bachelor's level clinicians with a minimum of two (2) years of experience working with behaviorally challenged youth and their families in community-based settings.</p>	<p><u>FT Clinical Supervisor</u> – Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of 2 years of post-graduate experience working with behaviorally challenged youth and their families in community-based setting who has satisfied the FFT training requirements for a clinical supervisor.</p> <p><u>3 to 8 FT equivalent Clinicians</u> - either Master's level clinicians or Bachelor's level clinicians with a minimum of one (1) year of experience working with behaviorally challenged youth and their families in community-based settings, and shall have satisfied the FFT training requirements for FFT therapists.</p> <p><i>(AND must have current site certification as FFT provider)</i></p>

² **Qualified Practitioner (QP)** – psychiatrists, psychologists, LICSW, APRN, RN, LPC, LISW, and addiction counselor.

	<u>Multi-Systemic Treatment (MST)</u> For CBI Level I	<u>Intensive Home and Community- Based Services (IHCBS)</u> For CBI Level II	<u>Intensive Home and Community- Based Services (IHCBS)</u> For CBI Level III (short-term)	<u>Functional Family Therapy (FFT)</u> For CBI Level IV
Caseload	4-6 consumers for each FT team member (per 22 DCMR § A3422.31)	4 to 6 consumers for each full-time team member (per 22 DCMR § A3422.32)	4 to 6 consumers for each full-time team member (per 22 DCMR § A3422.33)	10-12 consumers for each full-time therapist (per 22 DCMR § A3422.34)
Primary Focus	Multi-systems including family, school, community, and peers to assist youth in being successful.	The focus of treatment is the youth – in context of the family, school, neighborhood, and community.	The focus of treatment is the youth – in context of the family, school, neighborhood, and community.	Multi-system risk and protective factor view addressed through a “family first” focus, eventually integrating with influencing systems.
Minimum Training	MST 5-day orientation training Quarterly Booster trainings	For new IHCBS providers – IHCBS initial training required for FT Clinical Supervisor, at a minimum. Periodic booster training thereafter. Weekly telephone consultations provided for additional support	For new IHCBS providers – IHCBS initial training required for FT Clinical Supervisor, at a minimum. Periodic booster training thereafter. Weekly telephone consultations provided for additional support	FFT Site Certification is a 3-phase process: <u>Phase 1 Clinical Training</u> for all clinicians, telephone consultation, and follow-up training sessions; <u>Phase 2 Supervision Training</u> , that includes phone consultation and follow-up training; and <u>Phase 3 Maintenance Phase</u> , that includes follow-up training and monthly phone consultation. For further information on the FFT training /model, refer to http://www.fftinc.com/



Referral for Community Based Intervention (CBI)



EXCLUSIONARY CRITERIA for CBI Services

Child/Youth is **not eligible** for CBI services if at least one of the following applies:

- C/Youth does not have a primary Axis I or II mental health diagnosis;
- C/Youth in long-term residential treatment facility or other inpatient facility and not being discharged within 30 days;
- C/Youth in full-service group home;
- C/Youth is in need of crisis psychiatric hospitalization or stabilization;
- C/Youth has moderate/severe/profound mental retardation or any moderate/severe/profound disorder on the autism spectrum;
- C/Youth where substance abuse or sex offending behavior is the **primary** reason for referral; or
- C/Youth is in an emergency or respite placement/independent living or not returning to their biological home or long term placement within 30 days of referral (for MST or FFT only).

ONLY complete referrals, with sufficient clinical documentation attached, will be accepted.

Sufficient clinical documentation includes:

- A detailed clinical presentation describing behaviors exhibited within the last 60 days,
- Diagnostic/Assessment, Individualized Plan of Care, IEP if applicable,
- Hospital reports, and/or any additional psychiatric/psychological evaluations or assessments completed in the last 12 months.

If the youth is linked to a CSA/Clinical Home: CSA/Clinical Home should send a copy of the referral and supporting clinical documentation directly to CBI provider within 24 hours of authorization.

If the youth is not linked to a CSA/Clinical Home: The DYRS case manager, Court Social Services probation officer, or MCO care manager should send the referral and supporting clinical documentation to the DMH Access Helpline for review/authorization.

If youth is involved with CFSA and not linked to a CSA/Clinical Home: DO NOT USE THIS FORM.

The CFSA Social Worker must submit CFSA Behavioral Health Services referral form to the CFSA Behavioral Services Unit (BSU) in the Office of Clinical Practice.

Please submit the electronically completed referral form to AHL.auths@dc.gov.



Referral for Community Based Intervention (CBI)

Client Name:

Date of Birth:

SS#:

Medicaid #:

eCura ID# (if known):

MCO Name:

Care Manager:

Gender (circle): Male Female

Primary Language:

Race (check): African-American Hispanic Caucasian Asian Native American Other:

Current Living Environment: (bio home, foster home, group home, PRTF/RTC etc):

Parent/Caretaker (and relationship):

Child/Youth Address:

Phone # (home):

Work:

Cell:

Legal Guardian & Contact information (if different from above):

Family Commitment	Yes	No	Comments
Is the family willing to have regular weekly services in their home?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the caretaker agreed to be an active participant in treatment?	<input type="checkbox"/>	<input type="checkbox"/>	

Is the child or youth involved with: (check all that apply) CFSA DYRS Court Social Services

Is this referral court ordered? Yes No

If yes, please attach a copy of the court order.

Judge:

Guardian a litem (GAL):

Referral Source:

Referring Worker:

Phone:

Cell:

Title:

Agency:

Supervisor:

Phone:

Cell:

Other Involved Team members:

Agency/Program	Team Member Name	Office Phone	Cell Phone
CFSA			
DYRS			
Court Social Services/Probation			
PASS			
Wraparound			
School-Based Mental Health			



Referral for Community Based Intervention (CBI)

Is the youth currently receiving mental health services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? Is youth linked to a Core Service Agency? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, CSA Name:	Is the youth receiving substance abuse treatment/counseling? Y <input type="checkbox"/> N <input type="checkbox"/> Name of Agency:
Clinical : Phone #: Community Support Worker: Office #:	Substance Abuse Counselor: Office #: Agency/Program:
Primary Care Physician: Office#:	Medications:(List all)

List all acute care inpatient hospitalizations and major psychiatric interventions within last two years, if any:

Month/Year	Hospital/ Program Name	Reason	Length of Treatment

List all arrests and detentions within last two years, if any:

Month/year	Detention Center/Program	Reason	Court Order

Psychiatric Diagnosis:

Axis I: (List all, Identify Primary)

Axis II: (List all)

Most recent CALOCUS Score (if known):



Referral for Community Based Intervention (CBI)

Identifying Problems: *(Check all that apply)*

Symptomologies/Behaviors	Yes	No	Suspected	Last 30 days	Last 6 months	Last 12 months
Aggressive, oppositional and/or antisocial behaviors (i.e., verbal/physical aggression, fire setting, animal cruelty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional disorders (anxiety, depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At risk for home placement disruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School (truancy, suspensions, expelled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At risk for RTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returning from RTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abscondance/Chronic runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal/Homicidal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Reactive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offending Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis/Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Mutilation/Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Charges Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Referral: *Concisely explain the identifying issues selected above that justify a referral to Community Based Intervention (CBI) services for this child/youth.*

Name & Title of the person completing this form: (Please Print)

Date

Please submit the electronically completed referral form to AHL.auths@dc.gov.



Referral for Community Based Intervention (CBI) Face Sheet

Community Based Intervention (CBI) services are time-limited, intensive, mental health services delivered to children and youth ages six (6) through twenty-one (21). A child/youth is eligible for CBI services if they have a primary Axis I or II mental health diagnosis and the following:

- *Individual or family needs, or a combination of the two, that are unmanageable and require intensive coordinated clinical behavioral interventions; and*
- *Insufficient or severely limited individual & family resources or skills to cope with an immediate crisis.*

CBI Levels

(You may request a specific level for the child/youth but DMH Access Help Line will make final determination based on the information submitted in the referral)

Level I: Multi-Systemic Therapy (MST)	Level II: Intensive Home & Community Based Services (IHCBS)	Level III: Crisis Stabilization (short term) (IHCBS)	Level IV: Functional Family Therapy (FFT)
<input type="checkbox"/> 10-17 years old <input type="checkbox"/> has a documented behavioral concern with externalizing (aggressive or violent) behaviors; or has a history of chronic juvenile offenses that has or may result in involvement with the juvenile justice system. <input type="checkbox"/> has a permanent caregiver who is willing to participate with service providers for the duration of treatment.	<input type="checkbox"/> 6-21 years old <input type="checkbox"/> has a history of involvement with the Child and Family Services Agency (CFSA), Court Social Services (CSS), or the Department of Youth Rehabilitation Services (DYRS); <input type="checkbox"/> has a recent history of negative involvement with schools for behavioral-related issues; or <input type="checkbox"/> has a history of either chronic or recurrent episodes of negative behavior that have or may result in out-of-home placement.	<input type="checkbox"/> 6-21 years old <input type="checkbox"/> has situational behavioral problems that require short-term, intensive treatment; <input type="checkbox"/> is currently dealing with stressor situations such as trauma or violence and requires development of coping and management skills; <input type="checkbox"/> recently experienced out of home placement and requires development of communication and coping skills to manage the placement change; <input type="checkbox"/> Is undergoing transition from adolescence to adulthood and requires skills and supports to successfully manage the transition; or <input type="checkbox"/> Has been recently discharged from an inpatient setting, i.e., acute hospitalization or psychiatric residential treatment facility.	<input type="checkbox"/> 10-18 years old <input type="checkbox"/> has a documented history of moderate to serious behavior problems which impair functioning in at least one area (e.g., school, home); <input type="checkbox"/> Exhibits significant externalizing behavior which impairs functioning in at least one area (e.g., school, home); or <input type="checkbox"/> be at risk of a disruption in placement; and be: willing to participate with service providers for duration of level IV treatment; and/or involved with a caregiver who is willing to participate with service providers for the duration of level IV services.