

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT Maintaining Children and Youth in Their Homes		
POLICY NUMBER DMH Policy 340.5A	DATE AUG 0 1 2011	TL# 151

Purpose. This policy was generally updated to reflect current terminology and utilization of child and family teaming to assist children and youth as much as possible to remain in their own home (or surrogate home) and to prevent the need for out of home placement for mental health services.

Applicability. Applies to all DMH-certified Mental Health Rehabilitation Services (MHRS) providers and contracted providers who provide mental health services to children and youth; and the Mental Health Authority (MHA).

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA 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 and DMH contractors 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, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

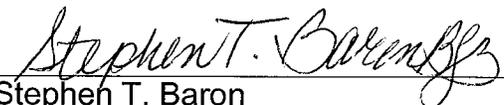
ACTION

REMOVE AND DESTROY

DMH Policy 340.5

INSERT

DMH Policy 340.5A


Stephen T. Baron
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 340.5A	Date AUG 01 2011	Page 1
	Supersedes: DMH Policy 340.5, same subject, dated April 22, 2005		

Subject: Maintaining Children and Youth in Their Homes

1. **Purpose.** To require that children and youth are assisted as much as possible to remain in their own home (or surrogate home) and to prevent the need for out of home placement for mental health services.
2. **Applicability.** Applies to all DMH-certified Mental Health Rehabilitation Services (MHRS) providers and contracted providers who provide mental health services to children and youth; and the Mental Health Authority (MHA).
3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001.
4. **Definitions.** For purposes of this policy:
 - 4a. **Own home.** Residing independently or with biological parent(s), stepparent, or legal guardian.
 - 4b. **Surrogate home.** A home other than with one's own natural or adopted parents (i.e., foster home, therapeutic foster home, or home of a family member other than the parents), or other family based home setting.
 - 4c. **Child/Youth Consumer.** A person under 22 years of age, who:
 - (1) Has or is at risk of having, a diagnosable mental, behavioral, or emotional disorder (including those of biological etiology) which substantially impairs the mental health of the person or is of sufficient duration to meet diagnostic criteria specified within the DSM-IV or the ICD-9-CM equivalent (and subsequent revisions), with the exception of substance abuse disorders, mental retardation, and other developmental disorders, or seizure disorders, unless those exceptions co-occur with another diagnosable serious emotional disturbance; and
 - (2) Demonstrates either functional impairments or symptoms that significantly disrupt their academic or developmental progress or family and interpersonal relationships; or
 - (3) Has an emotional disturbance causing problems so severe as to require significant mental health intervention.
 - 4d. **Out of Home Placement.** Any living situation other than a child or youth's own home or surrogate home.
 - 4e. **Psychiatric Residential Treatment Facility (PRTF).** A psychiatric facility that is not a hospital and is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the state in which it is located and provides inpatient psychiatric services for individuals under the age of twenty-two and meets the requirements set forth in §§ 441.151 through 441.182 of Title 42 of the Code of Federal Regulations, and is certified by the District of Columbia to participate in the Medicaid Program.

5. **Background.** Historically, the children/youth of the District of Columbia had severely limited access to in-home and community based mental health services, and were more often sent to out of state residential treatment facilities rather than supported and served in their own homes and communities. DMH has established a community-based system of care, with a sufficient array, quantity and quality of community based services to reduce the need for out of home placements for DC children and youth.

6. **Policy.**

6a. All children/youth enrolled with a DMH-certified provider and engaged in active treatment shall be assisted to the fullest extent possible to remain in their own (or surrogate) home.

6b. Children and families who are at risk for out of home placement will have the opportunity to engage in a child and family teaming process that results in an individualized in-home and community-based plan of care to match the level of the child/youth's clinical need with the level of teaming intensity.

6c. Community-based alternatives to out of home placement must be explored through a family-driven team based process to determine what community supports and services would meet the needs of the child/youth, and to ensure that all diversion opportunities occur prior to referring a child or youth for out of home placement. Also see DMH Policy 340.11, Child/Youth and Family Teaming and DMH Policy 340.10, High Fidelity Wraparound Care Planning Process.

7. **Responsibilities.**

7a. All DMH certified MHRS providers and contracted providers who provide mental health services to children and youth shall:

(1) **Be sufficiently knowledgeable** of the array of services and supports available to children and youth in the community.

(2) **Be sufficiently knowledgeable** about how to access all available services.

(3) **Participate** in a child and family teaming process for service and support planning for children and youth at risk of out of home placement by engaging family members and natural supports to provide a variety of strategies and interventions that could help maintain the child/youth in the home.

(4) **Adhere** to the principle of least restrictive environment while considering the risks and benefits of staying in the home versus being removed from home.

(5) **Participate** in discharge planning meetings from acute, sub-acute, and psychiatric residential care in order to facilitate the return of a child/youth to their home.

7b. Core Services Agencies (CSAs)/Community Based Intervention (CBI) Providers shall:

(1) **Coordinate and facilitate** a child and family teaming process for service and support planning for children and youth at risk of out of home placement by engaging family members and natural supports to provide a variety of strategies and interventions that could help maintain the child/youth in the home.

