

*Core Capacity Services*

Target Population  
Operating Guidelines  
Minimum Service Array

**Child, Adolescent and Family Unit**  
Division of Mental Health

2000

**Immediate Response:**

*Each DA will provide access to an immediate response service and/or short term intervention for children, adolescents and their families who are experiencing a crisis. Crisis services are time-limited, intensive, supports.*

**Target Population:** Persons experiencing difficulties are the only ones capable of defining their level for coping with a given situation. Services may be provided for individuals or families who are currently experiencing, or may be expected to experience, an imminent psychological, behavioral, or emotional crisis. Services may be provided to the individual or the family's immediate support system. It is necessary to look at the broader cultural and environmental context of what may define a crisis for a particular child or family. For example, environmental factors and/or the actions of other individuals can often influence the emotional well being of children. Given this, any DA crisis responses should consider the fuller context of a child and family's life and accept the consumer definition of crisis. This may include:

- Sudden changes in behavior and thinking that have a negative consequence for an individual's well being, coping ability and adjustment
- Situations in which the welfare of the family or member thereof is suddenly jeopardized
- Any situation where the family finds itself unable to cope due to the disturbing behavior of the identified client or another member.
- Any situation or community event that may result in indirect trauma to children, families and community members (i.e., suicide, natural disaster, traumatic injury or death of peer or prominent community member).

**Operating Guidelines:** Within this context, interagency partnerships are important since the most effective intervention at the time of crisis assessment may involve the mobilization of other social services or supports. This could range from one- to-one staff supervision to help a child or family through the crisis stabilization period to requesting assistance from other family members, to removal of an adult or child from the situation. This includes referral for police/court action, domestic violence, substance abuse, youth services or other community supports. Additionally, if a proactive crisis plan exists, the immediate response should link with and carry out the intervention as outlined in the plan. By nature, crisis services are short term and focused on stabilization, making it important that children's crisis teams have direct linkage to other supports that are immediate and well defined. DA crisis services will at a minimum, meet the following standards.

**Minimum Service Array & Definitions:** Services are available 24 hours day, 7 days a week. Immediate Response Capacity will include at a minimum, but not be limited to, the following services:

Telephone Assessment, Support and Referral  
Crisis Assessment, Outreach and Stabilization  
Education, Consultation and Training  
Crisis/Emergency Bed/Hospital Diversion  
Service Planning and Coordination  
Screening for inpatient admission

**MCIS Billing and Tracking:** When these services are provided by a DA, service codes for BILLING AND MCIS tracking may include G01, G02, E01, A01, B03, and F01

<b>Standard</b>	<b>Performance Indicator</b>	<b>Activity</b>
Availability to provide immediate face to face screening for danger to self or others and assess the support system strengths and ability to cope with the situation	Face to Face Screenings are occurring Screenings are comprehensive Screenings include support system strengths	MCIS report Chart Review
Regional access to crisis services 24 hours per day, 7 days per week, 52 weeks per year	Services are occurring 24/7	MCIS report
An ability to provide immediate mobile outreach response to homes, schools and other community settings that are conducive to resolving the crisis	Services are provided in all parts of catchment area	MCIS report
An ability to enlist appropriate persons and community services (e.g., respite, mediation, housing, food, clothing, parent educator, in home behavioral consultation, kinship care, police, Intensive Family Based Services) to act as teams to resolve the crisis in the most efficient manner	Stabilization and discharge plans document use of other community services and/or family resources	Chart Review Key Stakeholder Survey & interview
An ability to use individual child and family strengths, community assets and resources as part of stabilization plans	Stabilization and discharge plans include interventions that incorporate youth, family & community strengths	Chart Review
Staffing sufficient to remain with family for as long as necessary until the immediate crisis is resolved and safety (emotional & physical) is attained	Youth and families feel they got what they needed Staff feel services were effective	Youth & Family satisfaction survey & interview Staff Interview Grievance reports
Proactive crisis plans, when written, are followed	Use of proactive crisis plan is documented	Youth and family survey & interview Staff survey & interview
Proactive crisis plans are developed or reviewed upon discharge	Discharge plan includes a proactive crisis plan	Chart Review Youth & family survey & interview
An ability to measure outcomes and effectiveness of each crisis response and Immediate Response/Crisis Program as a whole	Outcomes and effectiveness of services are measured locally	Local Policy review Local Evaluation report Key stakeholder survey & interview
A demonstrated commitment to maintain a work force that is trained and certified in crisis intervention techniques and well supervised.	Staff are trained and certified Staff receive regular supervision	HRD records Staff Interview Key stakeholder survey & interview

## **Outreach Treatment Services:**

*Each DA will provide a comprehensive array of outreach treatment services for children and families. These services will employ best practice in outreach clinical service delivery and be available in the home, school and general community settings. The intensity of the service will be based on the clinical needs of the child and family and family request.*

**Target Population:** Outreach treatment services are available for any child and family who may be experiencing problems across several settings or whose prognosis for improvement is better with activity based intervention and hands-on skill development versus traditional office based therapy. Services are also available for children and families who may not otherwise be able to get to the clinic to participate in office-based interventions. Services may be provided in school, at home or in general community settings. Specific priorities for comprehensive outreach treatment services include children and youth who may be in any one or more of the following categories:

- have a strong resiliency potential and who would not benefit from traditional office based approaches based on past history, level of care and/or activity level
- are at risk of being removed from their family
- are at risk of being removed from their community
- are returning to their family and/or community after separation due to child custody or residential placement

**Operating Guidelines:** A child and family's emotional well being can be influenced by different demands and factors across environments, for some youth and families skill-building and therapeutic intervention generalize better when applied in their natural setting. Services may be provided to the individual, the family or the family's immediate support system. It is necessary to look at the broad cultural and environmental context of each family situation when developing a treatment plan that includes outreach components.

Elements that should be considered include, but are not limited to:

- family values and culture
- family request and priorities
- environmental factors that may inhibit or maintain behaviors and skills
- clinician factors that may inhibit or maintain behaviors and skills
- resiliency potential & resources in the child, family and community
- the location of the service (home, school or community)
- the types of activities and modalities used during outreach treatment (family, individual or group therapy, activity therapy, intensive in home supports, behavioral consultation, family skill building, etc.)

The most effective outreach intervention may involve a response from several community and public service systems. To this end interagency wraparound and strength-based approaches to planning and service delivery should be adopted.

**Minimum Service Array & Definitions:** Services are available as indicated in any given treatment plan and include a 24 hours a day, 7 days a week proactive crisis plan. The outreach treatment array will include at a minimum, but not be limited to:

Clinical Assessment

Education, Consultation and Training

Service Planning and Coordination

Intensive In-home and Out-of home Community Services

Medication Services

Group, Individual, and Family Therapies

**MCIS Billing and Tracking:** When these services are provided by a DA, service codes for BILLING AND MCIS tracking may include: E01, E02, E03, E04, E05, A01, B01, B02, B03, C01, C02, C03, C04, D01, D02, H02, H03, H04, H05, F04, F05, J01, J02, K01, L01, D01, D02.

<b>Operating Standard</b>	<b>Performance Indicator</b>	<b>Activity</b>
A demonstrated commitment to family driven plans. Family Involvement in decision making and planning by assuring that families have access to information, are invited to every meeting and have voice when their family is discussed	Family & youth report feeling respected by providers Family & youth are involved in treatment planning. Family & youth are involved in decision making Family & youth have access to information Family & youth sign off on treatment plans	Youth & Parent Satisfaction Survey & interview Chart Review
Service packages are created based on the needs and requests of child and family versus the application of pre-existing program slots or treatment packages	Families & youth report that services met their needs & requests	Youth & Parent Satisfaction Survey & interview Chart Review
Access to an array of outreach services that are timely, flexible, non-categorical and available in all parts of DA catchment area	Families report access to services was timely & easy & available in all parts of catchment area Outreach services include minimum service array	MCIS report Family satisfaction survey & interview
Services are unconditional and have a no eject policy	Policies do not include exclusionary criteria based on family or youth behavior	Local Policy review Discharge plan review
Planning includes a proactive crisis plan for the youth and family	Proactive crisis plans exist and are updated as necessary	Chart Review Family & youth interview
An ability to enlist family friends, other professionals & community services when appropriate to act as part of a team to promote family strength, stability & healthy child development	Interagency agreements and/or contracts exist Meeting notes indicate use of interagency resources Treatment plans include use of informal family & community resources	Local Policy Review Chart review Key stakeholder survey & interview Family interview
An ability to use individual child and family strengths and community assets and resources as part of the treatment process	Assessments include the identification of family, youth and community strengths Strengths are used as interventions in treatment plan Treatment plans represent interventions across several life domains Treatment plans reflect family context	Chart review Family Interview
Staffing sufficient to support the family as planned	Youth and families feel they got what they needed Staff feel services were effective	Youth & Family satisfaction survey & interview Staff Interview Grievance reports
An ability to measure outcomes and effectiveness of each component in the DA outreach treatment array	Outcomes and effectiveness of services are measured locally	Local Policy review Local Evaluation report Key stakeholder survey & interview
A demonstrated commitment to maintain a work force that is trained and certified in outreach treatment interventions and is well supervised.	Staff are trained and certified Staff receive regular supervision	HRD records Staff Interview Key Stakeholder survey & interview

## **Clinic based Treatment Services:**

*Each DA will provide a comprehensive array of clinic based treatment services for children and families. These services will employ best practice in office-based clinical service delivery and be available during, afternoon, evening and weekend hours for school age children and/or when families can easily access them. The intensity of the service will be based on the clinical needs of the child and family and the family's request.*

**Target Population:** Clinic based treatment services are available for any child and family who may be experiencing emotional or behavioral problems. Services may be provided in satellite office settings throughout the community and/or in the DA's home office building. Specific priorities for clinic based treatment services include children and youth who may be in any one or more of the categories below:

- have a strong resiliency potential and who would benefit from traditional office based approaches based on past history, level of care and/or activity level
- are experiencing acute situational stress
- are using clinic based services in conjunction with an outreach treatment plan
- are engaging in psycho-educational or supportive groups

**Operating Guidelines:** A child and family's emotional well being can be influenced by different demands and factors across environments, clinic-based services will be based on a comprehensive assessment. The comprehensive assessment will include information obtained from the child's natural environment and other caregivers (*i.e.*, extended family members, teachers, pediatricians, other service providers, *etc.*). Services may be provided to the individual, the family or the family's immediate support system. It is necessary to look at the broad cultural and environmental context of each family situation when developing a treatment plan.

Elements that should be considered include, but are not limited to:

- family values and culture
- family request and priorities
- environmental factors that may inhibit or maintain behaviors and skills
- clinician factors that may inhibit or maintain behaviors and skills
- resiliency potential & resources in the child, family and community
- the location of the service (satellite office or home clinic)
- the types of activities and modalities used during treatment (family individual or group therapy, activity therapy, behavioral therapy, family skill building, *etc.*)

Within this context, interagency contacts may drive the referral; the most effective intervention may involve coordination of treatment with several community and public service systems. To this end wraparound and strength-based approaches to planning and service delivery should be adopted.

**Minimum Service Array & Definitions:** Services are available as indicated in any given treatment plan and include a 24 hours day, 7 days a week proactive crisis plan. The clinic treatment array will include at a minimum, but not be limited to, the following services:

Clinical Assessment

Medication Services

Group, Individual, and Family Therapies

Service Planning and Coordination

**MCIS Billing and Tracking:** When these services are provided by a DA, service codes for BILLING AND MCIS tracking may include: E01, E02, E03, E04, E05, A01

<b>Operating Standard</b>	<b>Performance Indicator</b>	<b>Activity</b>
A demonstrated commitment to family driven plans. Family Involvement in decision making and planning by assuring that families have access to information, are invited to every meeting and have voice when their family is discussed	Family & youth report feeling respected by providers Family & youth are involved in treatment planning. Family & youth are involved in decision making Family & youth have access to information Family & youth sign off on treatment plans	Youth & Parent Satisfaction Survey & interview Chart Review
Service packages are created based on the needs and requests of child and family versus the application of pre-existing program slots or treatment packages	Families & youth report that services met their needs & requests	Youth & Parent Satisfaction Survey & interview Chart Review
Access to an array of treatment services that are timely, flexible, non-categorical and available in all parts of DA catchment area	Families report access to services was timely & easy & available in all parts of catchment area Clinic services include minimal service array	MCIS report Family satisfaction survey & interview
Services are unconditional and have a no eject policy	Policies do not include exclusionary criteria based on family or youth behavior	Policy review Discharge plan review
Treatment is based on a comprehensive strength based assessment	Assessments are completed using multiple informants across at least 2 environments	Chart Review Family & youth interview
An ability to enlist family friends, other professionals & community services when appropriate to act as part of a team to promote family strength, stability & healthy child development	Interagency agreements exist Meeting notes indicate interagency partnerships Treatment plans include use of informal family & community resources	Chart review Key stakeholder survey & interview Family interview
An ability to use individual child and family strengths and community assets and resources as part of the treatment process	Assessments include the identification of family, youth and community strengths Strengths are used as interventions in treatment plan Treatment plans represent interventions across several life domains and include proactive crisis plans as necessary Treatment plans reflect family context	Chart review Family Interview
Staffing sufficient to support the family as planned	Youth and families feel they got what they needed Staff feel services were effective	Youth & Family satisfaction survey & interview Staff Interview Grievance reports
An ability to measure outcomes and effectiveness of each component in the DA clinic treatment array	Outcomes and effectiveness of services are measured locally	Local Policy review Local Evaluation report Key stakeholder survey & interview
A demonstrated commitment to maintain a work force that is trained and certified in outreach treatment interventions and is well supervised.	Staff are trained and certified Staff receive regular supervision	HRD records Staff Interview Key stakeholder survey & interview

**Support Services:**

Support services can be instrumental in diffusing family stress and providing parents and caregivers with the guidance, support and skill to nurture a difficult to care for child. Each DA will provide and/or have direct community connections to a comprehensive array of support services for families and youth. These services should be offered in partnership with parents and consumer advocates. Participation in support services is voluntary and based on the family’s wants and desires.

**Target Population:** Support services are available for any child and family who may be experiencing emotional or behavioral problems. Services may be provided in the family’s home, in satellite office settings throughout the community and/or in the DA’s home office building.

**Operating Guidelines:** Support services are voluntary and based on the parents and family request. The full array of support services in a given region should be explained to parents and family members with direct referral made at the family’s request.

Elements that should be considered when linking families with support include, but are not limited to:

- family values, culture and daily routines
- family request and priorities
- the location of the service
- the types of activities and modalities used for support (peer, group, one to one, etc.)

Within this framework DA’s should meet, at a minimum, the following guidelines:

<b>Operating Guidelines</b>	<b>Performance Indicator</b>	<b>Activity</b>
DA’s have a close partnership with support networks throughout the community	Referral information and linkages are available for youth and family DA’s provide education and awareness material on various support groups	Local Policy Review Key Stakeholder Survey Family & youth interview
Family’s that request peer support are connected in a timely, respectful and helpful manner	Family report feeling respected by providers Family’s report being aware and understanding the array of community support available Family’s report getting what they needed	Key Stakeholder Survey Family & youth interview
Services promote family support, ownership and independence versus fostering dependence on provider systems	Family’s report a good match with provider Family’s report feeling respected by providers Family’s report they got what they needed	Family & youth interview
Respite services are family driven	Family’s report a good match with provider Family’s report feeling respected by providers Family’s report they got what they needed	Family & youth interview

**Minimum Service Array & Definitions:** Support services are available through the DA or through referral and/or a community partnership with other consumer support networks. The support service array will include at a minimum, but not be limited to, the following types of services:

- Skills Training and Social Support
- Mutual/Peer Support and Advocacy
- Education, Consultation and Training
- Respite Care

**MCIS Billing & Tracking:** When these services are provided by a DA, service codes used for BILLING AND MCIS tracking may include: B01, B02, B03, D01, D02

**Prevention, Early Screening, Intervention, and Community Consultation:**

*Services that fall in this classification are meant to promote psychological health and resilience in any community environment for youth of any age and their families. Service goals are addressed on three levels of prevention: primary, secondary and tertiary. Primary prevention efforts focus on healthy lifestyles and healthy communities for all youth and families. Secondary prevention efforts focus on mitigating the effects of risk factors and minimizing any trauma potential. Tertiary prevention strives to eliminate any further trauma that may be created by a difficult event or situation. Each DA will provide and/or have direct involvement in creating and/or maintaining community protocols that promote psychological health for families and youth*

**Target Population:** Prevention activities are available for any child, family and community to promote healthy psychological development and resilience. Early screening, intervention activities are available for youth and their families who are at risk of developing a severe emotional disturbance. Community consultation activities are available for community groups, organizations and the general public at large and are not targeted at any given child or family.

**Operating Guidelines:** Environmental context is important when promoting good outcomes. The skills and abilities of adults in the child’s life are critical and may benefit from connections to other community agencies.

Elements to consider when linking families with support include, but are not limited to:

- community values, culture
- the location and accessibility of the service or activity

Within this framework DA’s should meet, at a minimum, the following guidelines:

<b>Operating Guidelines</b>	<b>Performance Indicator</b>	<b>Activity</b>
DA prevention protocols utilize a public health model of implementation	DA prevention protocols include community partnerships on all levels (primary, secondary, tertiary) DA prevention protocols are linked to a community needs assessment and the local system of care plan	
DA’s have a close partnership with community networks throughout the catchment area	Referral information and linkages are available for youth and family DA’s provide education and awareness material	Local Policy/Protocol Review Key Stakeholder Survey
Community groups that request consultation are connected in a timely, respectful and helpful manner	Key stakeholders report being aware of the array of prevention and community consultation activities available Key stakeholders report satisfaction with services	Key Stakeholder Survey
Services promote psychological health and resilience		

**Minimum Service Array & Definitions:** Services are available through the DA or through referral and/or a community partnership with other consumer support networks. The support service array will include at a minimum, but not be limited to, the following types of services:

- Education, Consultation and Training for providers in other community organizations
- Psychoeducational activities for public at large
- Early Screening, Diagnosis, and Treatment

**MCIS Billing & Tracking:** When these services are provided by a DA, service codes used for BILLING AND MCIS tracking may include: F01, D01, D02