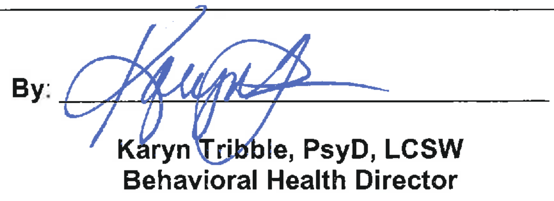
	By:  Karyn Tribble, PsyD, LCSW Behavioral Health Director
POLICY TITLE **Implementing Mental Health Child and Family Teams**	**Policy No:** 403-3-1 **Date of Original Approval:** 12/16/19 **Date(s) of Revision(s):**

PURPOSE

This policy establishes protocol that ensures that *Child and Family Teams* are aligned with mental health services and are in compliance with federal, state, and county regulations.

AUTHORITY

AB 403, W&I Code 16501 and 16501.1.

SCOPE

All County providers contracted to provide Katie A. and Intensive Care Coordination/Intensive Home-Based Services.

POLICY

A Mental Health Child and Family Team **(CFT)** refers to a group convened by an ACBH contracted Katie A./ICC/IHBS provider, who are engaged in team-based processes that: (a) identify the strengths and needs of the child or youth and his or her family and (b) help the child/ youth/ family achieve designated outcomes.

PROCEDURE

I. **<u>Criteria for the Mental Health Child and Family Team Include</u>:**

A. Open episode occurs by the contracted provider within 10 business days of the referral.
B. Initiate first Mental Health CFT occurs within 30 days of episode opening.
C. Develop strengths-based, needs-driven, and culturally relevant inputs that will support the development of the child/ youth/ family.

D. Provide input into the placement decision made by the placing agency and the services to be provided to support the child or youth.

E. Coordinate natural supports to participate in the CFT. Natural supports include but are not limited to, the caregiver, the placing agency caseworker, a representative from a foster family agency or short-term residential treatment center with which a child or youth is placed, a county mental health representative, a representative from the regional center when the child is eligible for regional center service, and a representative of the child's or youth's tribe or Indian custodian, as applicable. The Child and Family Team also may include other formal supports, such as substance use disorder (SUD) treatment professionals, educational professionals, and conservators providing services to the child/ youth/ family, when appropriate.

F. Coordinate and facilitate CFT meetings. Where the CFT meets and how often it meets is guided by the child and family's needs and wishes. However, CFT meetings must occur, at a minimum, no less than every 90 days.

G. Develop a written plan of action that is developed and agreed upon by the CFT.

H. Update Mental Health CFT plan of action every six months or as needed.

II. <u>Considerations for the Mental Health CFT</u>

Mental Health and Child Welfare, in collaboration with the CFT, should demonstrate and support the following:

- Children are first and foremost protected from abuse and neglect, and maintained safely in their own homes.
- Services are needs driven, strength based, and family focused from the first conversation with or about the family.
- Services are individualized and tailored to the strengths and needs of each child and family.
- Services are delivered through a multi-agency collaborative approach that is grounded in a strong community base.
- Parent/Family voice, choice, and preference are assured throughout the process and can be seen in the development of formal plans and intervention strategies where the child/youth and family have participated in the design.
- Services incorporate a blend of formal and informal resources designed to assist families with successful transitions that ensure long-term success.
- Services are culturally competent and respectful of the culture of children and their families.
- Services and supports are provided in the child and family's community.
- Children have permanency and stability in their living situation.

NON-COMPLIANCE

Any failure to comply with this policy may result in formal actions including and up to formal sanctions as outlined in ACBH policy 1302-1-1 "Contract Compliance and Sanctions for BHCS – Contract Providers.

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DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Clyde Lewis, Ed.D. EPSDT Coordinator
Original Date of Approval: 12/16/19
Date of Revision:

Revise Author	Reason for Revise	Date of Approval by (Name)

DEFINITIONS

Term	Definition
AB 403	Legislative intent: working with the child, youth, and family as part of a team results in better outcomes.
ACBH	Alameda County Behavioral Health
CDSS	California Department of Social Services
CFT	Child and Family Teams
DHCS	Department of Health Care Services
MOU	Memorandum of Understanding
W & I Code	Welfare and Institutions Codes