Child/Youth and Family Handbook

For Child/Youth and Family Receiving Care with the Division of Prevention and Behavioral Health Services (DPBHS)

Division of Prevention and Behavioral Health Services
http://www.kids.delaware.gov

July 2016
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About the Department of Services for Children, Youth and their Families (DSCYF)

The Department of Services for Children, Youth and their Families (The Delaware Children's Department) was established in 1983 by the General Assembly of the State of Delaware. Its primary responsibility is to provide and manage a range of services for children/youth who have experienced abandonment, use, adjudication, mental illness, neglect, or substance use. Its services include prevention, early intervention, assessment, treatment, permanency, youth rehabilitation (a.k.a. juvenile justice), and after care.

The Department is comprised of four divisions. There are three service divisions and one management support division. They are as follows:

- Division of Family Services (DFS) [http://www.kids.delaware.gov/fs/fs.shtml](http://www.kids.delaware.gov/fs/fs.shtml)
- Division of Youth Rehabilitative Services (DYRS) [http://www.kids.delaware.gov/yrs/yrs.shtml](http://www.kids.delaware.gov/yrs/yrs.shtml)

The mission of the Delaware Children's Department is to assist children/youth and families in making positive changes through services that support children/youth and public safety, behavioral health and individual, family and community well-being.
# DSCYF Overview of Operating/Service Divisions

## Department of Services for Children, Youth, and Their Families

<table>
<thead>
<tr>
<th>Division of Prevention and Behavioral Health Services (DPBHS)</th>
<th>Division of Family Services (DFS)</th>
<th>Division of Youth Rehabilitative Services (DYRS)</th>
<th>Division of Management Support Services (DMSS)</th>
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<tbody>
<tr>
<td>Provides a range of prevention and early intervention services, and mental health and substance use (behavioral health) treatment programs for children/youth under 18 who are Medicaid eligible or who are without insurance. These services have graduated levels of intensity, restrictiveness, and are child/youth-centered and family focused. All services are voluntary except for involuntary hospitalization or court-ordered treatment.</td>
<td>Provides child protective services for child abuse, neglect, and dependency. Strengthens families and communities through a range of services.</td>
<td>Protects public safety. Helps delinquent youth develop skills. Provides secure care, non-secure care, and probation services.</td>
<td>Provides support and advocacy on behalf of the department’s three operating divisions to be “lifeline to the frontline.” Provides administrative support, consultation, and technical support throughout the Delaware Children’s Department.</td>
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Division of Prevention and Behavioral Health Services (DPBHS)

The Division of Prevention and Behavioral Health Services (DPBHS) is a care assurance program offering assessment and management services to seriously affected Medicaid and uninsured children/youth who are experiencing mental health or substance use challenges. We offer a five-tiered level of service and Care Coordinator intensity model. Most of our behavioral health services are offered by local community providers who contract with DPBHS. Children/youth whose behavioral health needs necessitate services greater than outpatient and are found eligible may be assigned to our Child and Family Care Coordination Team (CFCCT).

DPBHS Vision, Mission and System of Care Values and Principles

Vision
Resilient Children and Families Living in Supportive Communities

Mission
To develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care.

System of Care Values and Principles
• Child/youth-centered and family focused with the needs of the child/youth and family informing the types and mix of services provided
• Community-based services, integrated with intensive care coordination
• Culturally competent, with services that are responsive to the cultural, linguistic needs of the population served
Welcome

DPBHS supports system of care (SOC) values and principles. DPBHS embraces an organizational philosophy and framework to include collaboration across agencies, families, and youth for the purpose of improving services, access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children/youth with serious behavioral health and substance use challenges.

Our Administrative Office is located at 1825 Faulkland Road, Wilmington, DE 19805. Our office hours are from 8:00 a.m. to 4:30 p.m. Our telephone number is 302-633-2600.

This handbook will help you understand how our Child and Family Care Coordination Team (CFCCT) works. Please read this over. Your Care Coordinator is available to talk with you about this handbook.

Wraparound Approach in System of Care

DPBHS Child and Family Care Coordination Team is guided by wraparound principles and philosophies. Wraparound is a process of individualized care planning and coordination for children/youth with complex needs and their families. Wraparound proceeds through four phases and is guided by ten principles. With the support of a Care Coordinator, families work as drivers of their own care and interact directly with providers serving them. Care Coordinators act as facilitators and strategic interventionists for the family and guide them through the process of child/youth and family team meetings.
DPBHS Eligibility Criteria

DPBHS eligibility criteria for mental health and substance use services for children and youth include:

1. **Age:** Children and youth are eligible:
   a. **Up to age 18** – children and youth are eligible for services until their 18th birthday.
   b. **Over age 18** – for those youth active with DFS or DYRS and over the age of 18 and less than 19 years of age, DPBHS may provide consultation, monitoring, and or diagnostic services.

2. **Residence:** Delaware residents are eligible for services.

3. **Medical Necessity:** Medical necessity is established by the application of DPBHS “Level of Care Criteria.” These criteria are available on the DPBHS website.

4. **Categorical Eligibility:**
   a. **Insurance and Medicaid Benefits:** DPBHS services are intended as a primary resource for those who have
      i. Medicaid benefits, and who require more than the basic Medicaid 30-hrs. annual outpatient benefit; or
      ii. Uninsured

"Refer to DPBHS Eligibility Policy"

DPBHS Child and Family Care Coordination Team (CFCCT) Commitment to Serving You

Listed below are our CFCCT commitments and beliefs in serving your family:

1. CFCCT believes that families know their child/youth best!
2. CFCCT will help you get your child/youth’s needs met in your neighborhood, community, school, and surrounding area.
3. Family and community resources such as relatives, neighbors, friends, and churches are usually the most helpful.
4. Many different types of services and supports may be needed because children/youth and families come from different cultures and backgrounds.
5. Parents of children/youth with behavioral health needs have a right to learn more about their child/youth’s diagnosis and individual needs.
6. Your CFCCT Care Coordinator makes sure that the child/youth and family are the main people putting together for their Plan of Care.
7. Chances of success are better when ALL of the Team members work together.
8. When children/youth and families are given the help they ask for and need, they can solve many challenges.

You and Your Care Coordinator

We will try to match your child/youth and family to a Care Coordinator that will work best with your family. Your Care Coordinator will call to set up the first meeting to discuss their role and the CFCCT. This meeting, and all future meetings, should be scheduled at a time and place that works best for you.

Your Care Coordinator is the person who will partner with you to identify your families’ strengths and needs. They will ask you to fill out some forms at the beginning and at other times while you are actively receiving services. This will help you to see how much progress your child/youth is making. Next, your Care Coordinator will help you put together our Child and Family Care Coordination Team. This Team includes people who are important to your family. The Child and Family Care Coordination Team together will design what we call a “Plan of Care” within the first 30 days after enrollment.
The Plan of Care

1. The "Plan of Care" guides your child/youth and family team in how all will work together to meet the needs of your child/youth and how to support your family.
2. The Child and Family Care Coordination Team will then talk about what can be done to help you meet your needs. This may be through seeking services from DPBHS’ Provider Network and/or use of informal or formal community based services and supports available to your family.
3. Together, we will put the Plan into action. Your Child and Family Care Coordination Team will partner closely together to see how the plan is working. Changes to the Plan can be made as often as needed and reviews will occur ongoing with the team.
4. It is therefore, very important that you take part in these team meetings. Please ask your Care Coordinator any questions you may have about your Plan of Care.

Child/Youth and Family Participation

DPBHS CFCCT welcomes you to become involved in all parts of the program. During and after your enrollment. You are encouraged to join in on different groups, meetings or activities. Your input is highly valued and very important.
Child/Youth and Family Confidentiality

DPBHS appreciates the opportunity to provide behavioral healthcare services to you and your child/youth. In order to provide the best possible services, we must obtain, use, and disclose personal information. We understand that this information is private and confidential; thus, we have policies in place to protect this information against unlawful use and disclosure. You will receive a copy of the Department of Services for Children, Youth, and their Families Notice of Privacy Practices from your team. This pamphlet describes how medical information about you or your child/youth may be used and disclosed and how, you can get access to this information. You can also review this notice on our website at: http://www.kids.delaware.gov

Below is general information about our confidentiality practices:

- We operate on a “need to know” basis. DPBHS, other Departmental staff, and providers can only learn information about your family that is necessary to complete their tasks related to serving you and your family.

- Confidential information will not be released beyond the Department without your written permission. Once you become active, DPBHS and your Care Coordination Team can discuss your progress.

- There is some information that, by law, is not confidential. This includes suspected abuse/neglect or threats to harm self or others. If a DPBHS staff member suspects that a child/youth is in danger or has been abused or neglected, the staff member, legally, MUST report the concern to the DFS hotline or to other authorities to keep the child/youth safe.

- Information about substance use problems, HIV status, pregnancy and sexually transmitted diseases have special, strict rules regarding confidentiality. Children older than 12 years may be required to agree to share such information.

- You should be aware that DPBHS has a computerized Child/Youth and Family information system (FACTS). This electronic information is protected by computer access and security procedures.

If you have questions about the Notice of Privacy Practices, or suspect we have violated your privacy rights, and/or if you want to make a complaint about our privacy practices, please contact the Privacy Officer at: Division of Management Support Services, 1825 Faulkland Road, Wilmington, DE 19805, (302)-633-2575.
What to do in a Mental Health or Substance use Emergency

If immediate medical or police assistance is needed at any time

Call 911

In Case of an Emotional or Behavioral Crisis

Crises are common for children/youth with many needs. You and your Team will create a Safety Crisis Plan. The Safety Crisis Plan will help you and all those involved to know what to do if there is a crisis. Please follow the Safety Crisis Plan that your Child and Family Care Coordination Team has established.

If the emergency is not during office hours (8:00 - 4:30 M-F) and does not require medical or police assistance, call the Child Priority Response:

1-800-969-HELP (4357)

Child Priority Response (CPR) Services

Child Priority Response (Crisis) services include statewide on-site response when needed, mental health risk assessment, intensive follow-up care for child/family for up to 30 days in the home/school/community and short-term supervised crisis bed for observations and safety when indicated.
CFCC Unit Office Locations and Contact Information

**New Castle County**

Administration Building, New Castle County Administration Building  
University Plaza, University Plaza
Murphy Cottage, Murphy Cottage  
Cambridge Building, Cambridge Building
Faulkland Road, Faulkland Road  
263 Chapman Rd, 263 Chapman Rd,
1825 Faulkland Rd, 1825 Faulkland Rd  
Suite 200, Suite 200
Wilmington, DE 19805, Wilmington, DE 19805  
Newark, DE 19702, Newark, DE 19702
302-633-2600, 302-633-2600  
302-368-6726, 302-368-6726

**Kent County**

Silverlake Professional Plaza, Silverlake Professional Plaza  
Milford Riverwalk, Milford Riverwalk
Barrett Building, Barrett Building  
253 North East Front, 253 North East Front
821 Silverlake Blvd, 821 Silverlake Blvd.  
Street, Street,
Dover, DE 19904, Dover, DE 19904  
Milford, DE 19963, Milford, DE 19963
302-739-4194, 302-739-4194  
302-422-1425, 302-422-1425

**Sussex County**

Thurman Adams State Service Center, Thurman Adams State Service Center  
546 South Bedford Street, 546 South Bedford Street,
Georgetown, DE 19947, Georgetown, DE 19947
302-856-5450, 302-856-5450
Division of Prevention and Behavioral Health Service Network

The Division of Prevention and Behavioral Health Services (DPBHS) values the partnership with providers in serving the children of Delaware. Providers are expected to share Systems-of-Care philosophy and work with the division's Care Coordinators in supporting children/youth and their families within these principles:

1. Services are individualized and include strength-based solutions.
2. Services are appropriate in type and duration.
3. Services are child-centered and family focused.
4. Services are, as much as possible, community-based.
5. Services are culturally and linguistically competent.
6. Services are provided within and across a seamless system.
7. Services are planned and managed within a team-framework that includes the child/youth and the family and whatever natural and systems supports are available to them.

http://kids.delaware.gov/pbhs/pbhs_providers.shtml

- Information and Referral
- Outpatient Mental Health Services
- Dialectical Behavior Therapy
- Functional Family Therapy
- Therapeutic Support for Families
- Crisis Bed
- Day Hospital
- Residential Rehabilitative Services
- Transition Bed Service
- Prevention Services
- Outpatient Substance Use Services
- Family Based Mental Health Services
- Multi-systemic Therapy
- Crisis Intervention
- Day Treatment
- Inpatient Hospital
- Residential TransitionService
- Psychiatric Residential Treatment Facility
Child and Family Care Coordination Team (CFCCT)

The CFCCT generally consists of:
- Treatment Team Leader - a Licensed Behavioral Healthcare Professional
- Psychiatric Social Worker III
- Care Coordinator
- Family Services Assistant

When one member of the team is not available another team member is generally available to assist the child/youth and family.

My Care Coordinator is ________________________________
Telephone Number ________________________________

- Works with the Child and Family Care Coordination Team to plan the DPBHS supports and services
- Shares a list of providers with the family to and assist with arranging the start of supports and services, when necessary
- Guides the child/youth and family through every step of the process
- Reviews progress throughout the child/youth and family
- Helps coordinate supports and services with schools, physicians, and other agencies
- Helps the child/youth and family transfer from care.

The Psychiatric Social Worker III
- Provides services listed above for the Care Coordinator
- Often helps with children/youth and families with more severe problems
- Helps to train new Care Coordinators

My Psychiatric Social Worker III is ________________________________
Telephone Number ________________________________

The Treatment Team Leader supports the plan to ensure that
- the care is appropriate and no more intensive than is required,
- services provided include treatment that is relevant and responsive to the child/youth and family
- the plan of care is updated as necessary

My Treatment Team Leader is ________________________________
Telephone Number ________________________________
DPBHS Responsibilities

- Provide information and referral for those who do not need or qualify for DPBHS services.

- Work with child/youth and family to identify strengths and needs to determine appropriate services.

- Provide care coordination for you and your family while receiving DPBHS services. Care Coordinators will work closely with you, treatment providers, other agencies and schools to coordinate services the child/youth may need.

- Make every effort to provide services to assist children and youth remain in their home, school, and community.

- Provide contact information for informal and formal community resources and supports that may be helpful to the child/youth and family.

- Review child/youth rights with the individual/family.

Child/Youth and Family Responsibilities

- Provide current telephone number and address.

- Provide current information about family, school, health, behavioral health needs, and insurance.

- Immediately inform DPBHS of any change in custody or guardianship.

- Participate in the planning of services and provide support that is critical to ensure that services are individualized and consistent with the family’s language and cultural characteristics.

- Attend and participate in meetings with DPBHS, providers, schools and court.

- Participate in treatment and activities in the community as developed in the plan of care.
**Child/Youth and Family Rights**

You have the right to:

- Receive services and supports that are designed just for your family's needs, regardless of race, religion, gender, ethnicity, age or disability. You have the right to these services and supports provided in the least intense setting possible.
- Help make decisions about your child/youth's services and to file an appeal or make a complaint at any step of the way (for more details, please see page 18).
- Be treated fairly and with respect. The Division of Prevention and Behavioral Health Services works to respect each family's cultural heritage and linguistic needs.
- Freedom from abuse, financial or other exploitation, retaliation, humiliation or neglect.
- Confidentiality of information about your child/youth and family (For more information, see page 11)
- All services and supports are voluntary and the parent/custodian may decline or withdraw from recommended services at any time.

**Appeal Procedure**

If at any point, custodians or parents (or child/youth aged 14 or older receiving substance use services) are concerned about the type of care their child/youth is receiving, the length of time a service is authorized, or admission to DPBHS services, they may inform their Care Coordinator of an appeal. However, we recommend that efforts be made to resolve the concern your CFCCT.

Child/youth and their family with Medicaid may also appeal directly to the Medicaid office if their concern is with the type of service authorized. Custodians may appeal to the DHSS Medicaid Office by calling the Health Benefits Manager at 1(800)996-9969, Medicaid Customer Service at 1(800)372-2002 or ask for the Fair Hearing Officer at (302) 577-4900. Custodians may write to: DSS Fair Hearing Officer, 1901 N. DuPont Highway, PO Box 906-Lewis Building, New Castle, DE 19720. See the PBHS website for policy and procedure or ask your coordinator for a copy.
Complaint Procedure

If at any point, families are concerned about an issue other than those listed above for appeals, they may go directly to the Manager of Quality Improvement at (302) 683-8569 or any of the parties listed below. All attempts will be made to resolve the matter within ten (10) calendar days. However, we recommend that efforts be made to resolve the concern at the lowest level first.

For a complaint about a Treatment Provider:

Step #1
Complaint is presented to the Treatment Provider. Your Care Coordinator will assist you if you wish. If your issue is not settled, go to Step #2.

Step #2
Complaint is presented to DPBHS Psychology Manager at (302) 633-2611. If your issue is not settled here, go to Step #3.

Step #3
Complaint is presented to DPBHS Quality Improvement Manager (302) 683-8569. An Independent Review Panel is selected to consider your complaint/appeal. A decision will be made and is final.

For a complaint about a DPBHS staff member or service:

Step #1
Complaint is presented to the Care Coordinator. If your issue is not settled, go to Step #2.

Step #2
Complaint is presented to the Treatment Team Leader. If your issue is not settled, go to Step #3.

Step #3
Complaint is presented to the Regional Psychologist for the county in you live. For New Castle County the Regional Psychologist may be contacted at (302) 781-6145 and for Kent and Sussex counties you may call the Regional Psychologist at (302) 526-5608. If your issue is not settled, go to Step #4.

Step #4
Complaint is presented to DPBHS Psychology Manager at (302) 633-2611. If your issue is not settled, contact the DPBHS Quality Improvement Manager (302) 683-8569. An Independent Review Panel will consider your complaint. See the DPBHS website below for policy and procedure or ask your Care Coordinator for a copy.

Advocacy Resources and Information

Contact Delaware:
A 24 hour help line answered by a trained volunteer. Call (302) 761-9100 or 1-800-262-9800

State Mental Health Agencies:
For more information about admission, care, treatment, release, and patient follow-up in public or private psychiatric residential facilities, contact your State mental health/substance abuse agencies. Each of these organizations has a complaint process in place and can provide information to families about services through the state agency system.

For Child Services:
Division of Prevention and Behavioral Health Services
Administration Building, Murphy Cottage
1825 Faulkland Road
Wilmington, DE 19805
Phone: (302) 633-2571
Website: www.kids.delaware.gov/pbhs/pbhs.shtml

For Adult Services:
Division of Substance Abuse and Mental Health
1901 North DuPont Highway
New Castle, DE 19720
Phone: (302) 255-9399
Website: www.dhss.delaware.gov/dhss/dsamh

Delaware’s Legal Handbook for Grandparents and Other Relatives Raising Children:
A legal resource for people caring for the children of a relative. Free from Delaware Health and Social Service, Division of Services for Aging and Adults with Physical Disabilities, 1-800-223-9074

State Protection and Advocacy Agency
Each State has a protection and advocacy agency that receives funding from the Federal Center for Mental Health Services. This agency is required to protect and support the rights of people with mental illness and to investigate reports of abuse and neglect in facilities that care for or treat individuals with mental illness. Contact: Disabilities Law Programs, 100 N. 10th Street, Suite 801, Wilmington, DE 19801. Phone: (302) 575-0660
Advocacy Resources and Information Continued

Advocacy Organizations
Statewide consumer organizations are run by and for consumers of mental health services and promote consumer empowerment. These organizations provide information about mental health and other support services at the State level and are active in addressing and supporting mental health system issues. For information about consumer activities in your area, contact:

Mental Health Association in Delaware
100 West 10th Street, Suite 600
Wilmington, DE 19801
Phone: (302) 654-6833  Fax: (302) 654-6838  Toll-free (800) 287-6423
Website: www.mhainde.org
Email: emily.vera@mhaninde.org or information@mhaninde.org

National Alliance for the Mentally Ill in Delaware (NAMI-DE)
2500 West Fourth Street, Suite 5
Wilmington, DE 19805
Phone: (302) 427-0787  Fax: (302) 427-2075  Email - nami@nami.org
Toll-free: (800) 427-2643 (Statewide)

The Arc/DE (Association for the Rights of Citizens with Mental Retardation in Delaware)
2 South Augustine Road, Suite B
Wilmington, DE 19805
Phone: New Castle County  (302) 996-9400
               Kent County  (302) 736-6140

The Division of Developmental Disabilities Services
Woodbrook Professional Center
1056 South Governors Avenue, Suite 101
Dover, DE 19904
Phone: (866) 552-5758
Kent: (302) 744-9600
Advocacy Resources and Information Continued

Delaware Developmental Disabilities Council
Margaret M. O’Neill Building, 2nd Floor
410 Federal Street, Suite 2
Dover, DE 19901
Phone: (302) 739-3333    Fax: (302) 739-2015
Website: www.ddc.delaware.gov

The Parent Information Center of Delaware (PIC)
PIC provides: Education Advocacy Training for parents of children with disabilities, information on special education laws and processes, information on the rights and entitlements of persons with disabilities and disability awareness training for schools and communities. In addition, PIC sponsors a Parent-to-Parent Support program with support group meetings to help families cope with a disability in the family. PIC sponsors a statewide conference each year that focuses on issues and topics of interest to families of children with disabilities.

North Delaware    South Delaware
5570 Kirkwood Highway    13 Bridgeville Road
Wilmington, DE 19805    Georgetown, DE 19947
Phone: (302) 999-7394    Phone: (302) 856-9880
Email: picofdel@picofdel.org    Kent County: 1-888-547-4412

Education Voices, Inc.
Education Voices Inc. provides one-on-one advocacy services, education, and training, as it relates to the public education system.
2500 W. 4th Street
Suite 1
Wilmington, DE 19805
(302) 656-1090

Federation of Families for Children’s Mental Health
A statewide comprehensive system of support/advocacy services for families of children with mental health challenges.

Children and Families First    Phone: 1-800-734-2388
Advocacy Resources and Information Continued

Medicaid children/youth and their families may contact the following for advocacy assistance and information:

Delaware Medicaid Consumer Hotline: 1-800-372-2022
Health Benefits Manager: 1-800-996-9969

General Information about Children’s Behavioral Health Issues

- The Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services - www.mentalhealth.org
- The National Institute of Mental Health - www.nimh.nih.org
- The Bazelon Center for Mental Health Law - www.bazelon.org/children.htm
- The Division of Prevention and Behavioral Health Services - http://kids.delaware.gov/pbhs/pbhs.shtml
- The American Psychological Association - www.apa.org
- The American Academy of Child and Adolescent Psychiatry - www.jaacap.com
- Public Libraries have staff that can assist you in finding information and have computers to access the websites noted above.
Understanding between DPBHS and Parent/Guardian of Child Receiving DPBHS Services
Child/Youth and Family Copy

I have reviewed and understand the handbook about how the Division of Prevention and Behavioral Health works. I understand:

By applying for services with DPBHS, confidential information about my child/youth and family will be shared according to the conditions outlined in the Department’s confidentiality policy. I have the right to a copy of the confidentiality policy, if I request it.

A Child and Family Care Coordination Team will be assigned to work with my child/youth and family. A team member may interview my child to help determine the most appropriate service. Members of this team include the licensed behavioral healthcare professional who leads the team and the Care Coordinator. The team may include other specialists as necessary.

The team will seek my child/youth and family’s input for service planning, including planning for the next step after services are completed.

DPBHS or persons contracted with DPBHS may contact me about my child’s/youth’s treatment to determine if my family is satisfied with the care provided.

Finally, I/we understand that my/our participation in the treatment process is essential for my/our child’s progress and success. I am aware that my lack of participation may result in the discontinuation of services. I further understand that my family’s participation is voluntary, and I can request that services be terminated at any time.

Child/Youth Signature ___________________________ Date __________________
Child/Youth Printed Name ________________________________________________

Parent/Custodian/Guardian Signature ___________________________ Date________
Parent/Custodian/Guardian Printed Name _________________________________

CFCCT Care Coordinator Signature ___________________________ Date________
CFCCT Coordinator Printed Name: ________________________________________
Division of Prevention and Behavioral Health Service

HIPAA NOTIFICATION

Child/Youth and Family Copy

The Health Insurance Portability and Accountability Act (a federal law commonly called "HIPAA") requires that The Department of Services for Children, Youth and Their Families provide you with the attached Notice of Privacy Practices.

Please read this notice. If you have questions, you may speak to Division of Prevention and Behavioral Health staff or the Department of Services for Children, Youth, and Their Families (DSCYF) Privacy Officer by calling (302) 633-2575.

DSCYF includes the Division of Prevention and Behavioral Health Services, the Division of Youth Rehabilitative Services, and the Division of Family Services so you may receive more than one notice. If you do, all the notices will be the same because DSCYF has only one Notice of Privacy Practices. We just want to be sure that you get the Notice.

Please print your name, your child’s name and the date below and then sign your name to indicate that you have received a copy of the DSCYF Notice of Privacy Practices. Please give this form to a Division of Prevention and Behavioral Health staff member before leaving the Division of Prevention and Behavioral Health office today.

Thank you!

On this date I have received a copy of the Notice of Privacy Practices from the Department of Services for Children, Youth, and their Families.

Parent/Custodian/Guardian Signature ________________________________
Parent/Custodian/Guardian Printed Name ________________________________
Date __________________

Child’s/Youth’s Name ________________________________
Date of Birth ________________________________
Understanding between DPBHS and Parent/Guardian of Child/Youth Receiving DPBHS Services

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A Child and Family Care Coordination Team will be assigned to work with my child/youth and family. A team member may interview my child to help determine the most appropriate treatment service. Members of this team include the licensed behavioral healthcare professional who leads the team and the Care Coordinator. The team may include other specialists as necessary.

The team will seek my child/youth and family’s input for service planning, including planning for the next step after services are completed.

DPBHS or persons contracted with DPBHS may contact me about my child’s treatment to determine if my family is satisfied with the care provided.

Finally, I/we understand that my/our participation in the treatment process is essential for my/our child’s progress and success. I am aware that my lack of participation may result in the discontinuation of services. I further understand that my family’s participation is voluntary, and I can request that services be terminated at any time.

Child/Youth Signature ___________________________ Date_________________

Child/Youth Printed Name _______________________________________________

Parent/Custodian/Guardian Signature _____________________________ Date _______

Parent/Custodian/Guardian Printed Name _________________________________

CFCCT Coordinator Signature _______________________________ Date ___________

CFCCT Coordinator Printed Name __________________________________________
The Health Insurance Portability and Accountability Act (a federal law commonly called “HIPAA”) requires that The Department of Services for Children, Youth and Their Families provide you with the attached Notice of Privacy Practices.

Please read this notice. If you have questions, you may speak to Division of Prevention and Behavioral Health staff or the Department of Services for Children, Youth, and Their Families (DSCYF) Privacy Officer by calling (302) 633-2575.

DSCYF includes the Division of Prevention and Behavioral Health Services, the Division of Youth Rehabilitative Services, and the Division of Family Services so you may receive more than one notice. If you do, all the notices will be the same because DSCYF has only one Notice of Privacy Practices. We just want to be sure that you get the Notice.

Please print your name, your child’s name and the date below and then sign your name to indicate that you have received a copy of the DSCYF Notice of Privacy Practices. Please give this form to a Division of Prevention and Behavioral Health staff member before leaving the Division of Prevention and Behavioral Health office today.

Thank you!

On this date I have received a copy of the Notice of Privacy Practices from the Department of Services for Children, Youth, and Their Families.

Child/Youth Signature ___________________________ Date_________________
Child/Youth Printed Name ______________________________________________
Parent/Custodian/Guardian Signature ___________________________ Date ________
Parent/Custodian/Guardian Printed Name ___________________________________
CFCCT Coordinator Signature ___________________________ Date __________
CFCCT Coordinator Printed Name ___________________________________
Signature for Receipt of the Handbook

I received the Child/Youth and Family Handbook on (date) _______________________
from (DPBHS Staff Name) ______________________________
and had my questions answered.

Parent/Custodian Signature: ______________________________

Parent/Custodian Signature: ______________________________

Child/Youth age 14 and older: ______________________________