

State of Delaware

Department of Services for Children, Youth, and Their
Families

Division of Prevention and Behavioral Health Services

Vision: Children and families reaching their fullest potential

MISSION: To provide accessible, effective behavioral health treatment
services for children in collaboration with families and services partners

<http://www.kids.delaware.gov>

Child/Family Handbook

For Child/Family Entering Care in the Division of
Prevention and Behavioral Health Services (PBHS)



April, 2012

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What to do in a mental health or substance abuse emergency

If immediate medical or police assistance is needed at any time

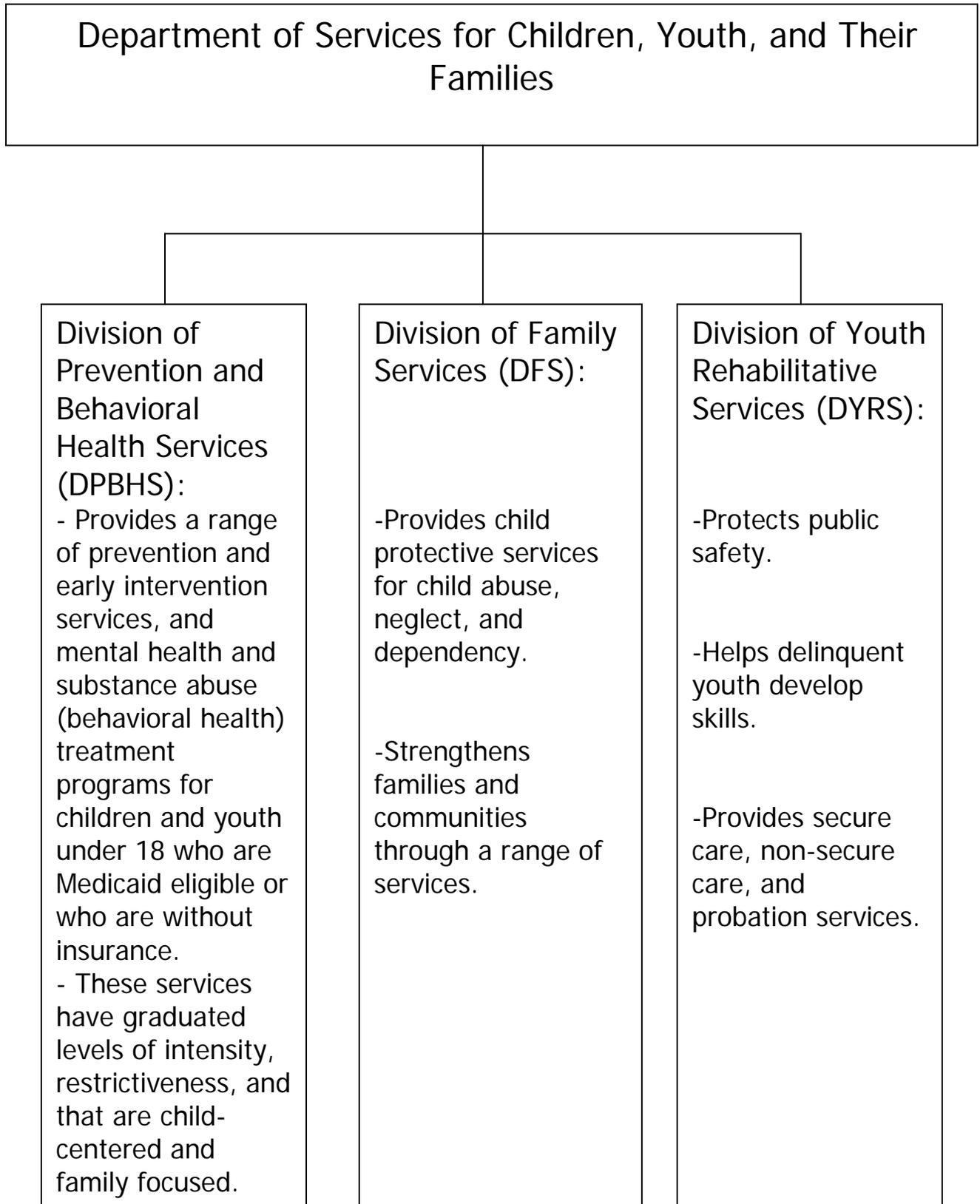
Call 911

If the emergency is not during office hours (8:00 – 4:30 M-F) and does not require medical or police assistance, call the PBHS Crisis Service:

1-800-969-HELP (4357)

If the emergency is during office hours **but** does not require medical or police assistance, call your mental health/substance abuse service provider or follow the guidelines they have given you to manage a crisis.

Department Overview



Division of Prevention and Behavioral Health Service Network

The PBHS Services Network is composed of public and private treatment providers, state-wide, who offer a range of mental health/substance abuse treatment services which focus on family strengths, are individualized, least restrictive, culturally competent, and clinically appropriate.

Service

Intensity

Crisis Services

Low

Outpatient Services

Behavioral Intervention Program

Intensive Outpatient Services

Part-Day Treatment (S/A only)

Day Treatment

Day Hospital

Individualized Residential Care

Residential Treatment

Inpatient Hospital

High



Clinical Services Management Team (CSMT)

The CSMT consists of:

- Treatment Team Leader - a Licensed Behavioral Healthcare Professional
- Psychiatric Social Worker
- Clinical Services Coordinator
- Family Services Assistant

When one member of the team is not available another team member is generally available to assist clients and families.

The Clinical Services Coordinator

- Works with the client, family and Treatment Team Leader to plan the PBHS services and community supports
- Locates a service provider and assists with arranging the start of treatment
- Guides the child and family through every step of the treatment process
- Reviews progress throughout treatment
- Helps coordinate treatment services with schools, physicians, and other agencies
- Helps the client and family plan for what happens after treatment is finished

My Clinical Services Coordinator is _____

Telephone Number _____ Monday-Friday 8:00 am – 4:30 pm

The Psychiatric Social Worker

- § Provides services listed above for the Clinical Service Coordinator
- § Often helps with clients and families with more severe problems
- § Helps to train new clinical service coordinators
- §

My Psychiatric Social Worker is _____

Telephone Number _____ Monday-Friday 8:00 am – 4:30 pm

The Treatment Team Leader oversees the treatment to ensure that

- § the level of care is appropriate and no more restrictive than is required,
- § services provided include treatment that is needed and wanted by the family, and
- § the service plan is changed as necessary to make progress.

My Treatment Team Leader is _____

Telephone Number _____ Monday-Friday 8:00 am – 4:30 pm

PBHS Responsibilities

- § Provide information and referral for those who do not need or qualify for PBHS services.
- § Work with each family to identify strengths and determine appropriate treatment.
- § Provide case coordination for you and your family while receiving PBH services. Coordinators will work closely with you, treatment providers, other agencies and schools to coordinate any services clients may need.
- § Make every effort to provide services to help children and youth remain in their homes.
- § Explain any financial responsibilities families may have for the cost of their child's care (Medicaid clients are not required to make co-payments for any services).
- § Provide contact information for community resources and support that may be helpful to the family.
- § Review client rights with the individual/family annually.

Client and Family Responsibilities

- Provide current telephone number and address.
- Provide current information about family, school, health, clinical issues and insurance.
- 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 PBHS, treatment providers, schools and court.
- Participate in treatment and activities in the community as developed in the service plan.

Client and Family Rights

You have the right to:

- Receive treatment that is designed just for your family's needs, regardless of race, religion, gender, ethnicity, age or disability. You have the right to these services provided in the least restrictive setting possible.
- Help make decisions about your child's treatment and to file an appeal or make a complaint at any step of the way (for more details, please see pages 8-9).
- Be treated fairly and with respect. The Division of Prevention and Behavioral Health Services works to respect each family's cultural and personal beliefs.
- Confidentiality of information about your child and family (For more information, see page 10)
- Have the therapist explain the treatment that will be used to help your child and agree to this plan (informed consent).
- File an appeal or register a complaint. If you choose to do so, your child will continue to receive the appropriate clinical services and you will be treated fairly and respectfully.

Client Appeal Procedure

If at any point, custodians or parents (or for substance abuse services, clients aged 14 or older) are concerned about the type of care their child is receiving, the length of time a service is authorized, or admission to PBHS services, they may go directly to the Manager of Quality Improvement at (302) 633-2738 or any of the parties listed below. However, we recommend that efforts be made to resolve the concern at the source.

Clients with Medicaid may also appeal directly to the Medicaid office if their concern is with the type (level of care) authorized (see the levels of care on page 5). 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.

Client Complaint Procedure

If at any point, clients and families are concerned about **any issue other than those listed above for appeals**, they may go directly to the Manager of Quality Improvement at (302) 633-2738 or any of the parties listed below. 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 coordinator will assist you if you wish. If your issue is not settled, go to Step #2.

Step #2

Complaint is presented to PBH Director of Clinical Services Management, (302 633-2599). If your issue is not settled here, go to Step #3.

Step #3

Complaint is presented to PBH Quality Improvement Manager (302) 633-2738. An Independent Review Panel is selected to consider your complaint/appeal. A decision will be made and is final.

For a complaint about a PBH staff member or service:

Step #1

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

Step #2

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

Step #3

Complaint is presented to PBH Director of Clinical Services Management (302 633-2599). If your issue is not settled, go to Step #4.

Step #4

Complaint is taken to PBH Quality Improvement Manager (302-633-2738). An Independent Review Panel is selected to consider your complaint.

See the PBHS website for policy and procedure or ask your coordinator for a copy.
<http://www.kids.delaware.gov>

Client Confidentiality

The Division of Prevention and Behavioral Health Services appreciates the opportunity to provide behavioral healthcare services to you and your child. In order to provide the best possible services to you and your family, 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 the Clinical Services Management Team. This pamphlet describes how medical information about you or your child 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. PBH, other Departmental staff, and treatment providers only can 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 Department care managers without your written permission. Once you start a treatment program, PBH and the service provider 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 PBHS staff member suspects that a child 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 safe.
- Information about substance abuse 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 the Department has a computerized client information system (FACTS). This electronic information is protected by computer access and security procedures.

If you have questions about the Notice of Privacy Practices, you think we have violated your privacy rights, or if you want to make a complaint about our privacy practices, please contact the Privacy Officer at: John Riley, Division of Management Support Services, 1825 Faulkland Road, Wilmington, DE 19805, (302)-633-2685.

Advocacy Resources and Information

Contact Delaware:

A 24 hour help line answered by a trained volunteer. Call 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
1825 Faulkland Road
Wilmington, DE 19805
Phone: (302) 633- 2571
Website - <http://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 – <http://www.dhss.delaware.gov/dhss/dsamh>

Delaware's Legal Handbook for Grandparents & 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@mhainde.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 – 744-9600

Advocacy Resources and Information Continued

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

5570 Kirkwood Highway
Wilmington, DE 19805
Phone: (302) 999-7394
Email - picofdel@picofdel.org

South Delaware

13 Bridgeville Road
Georgetown, DE 19947
Phone: (302) 856-9880
Kent County: 1-888-547-4412

Federation of Families for Children's Mental Health

A statewide comprehensive system of support/advocacy services for families of children with mental health challenges.

For information contact:

Children and Families First

Phone: 1-800-734-2388

Medicaid clients 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 PBH and Parent/Guardian of Child Entering PBH Services Client/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 PBH, confidential information about my child 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 Clinical Services Management Team will be assigned to work with my child 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 Clinical Services Coordinator. The team may include a psychiatrist and other specialists as necessary.

The team will seek my child and family's input for treatment planning, including planning for the next step after treatment is completed.

PBH or persons contracted with PBH 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 Signature _____

Child Printed Name _____

Date _____

Parent/Custodian/Guardian Signature _____

Parent/Custodian/Guardian Printed Name _____

Date _____

CSMT Coordinator Signature _____

CSMT Coordinator Printed Name _____

Date _____

Division of Prevention and Behavioral Health Service
HIPAA NOTIFICATION
Client/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) 633-2685.

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 Name _____

Date of Birth _____

Understanding between PBH and Parent/Guardian of Child Entering PBH Services DPBHS File Copy

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A Clinical Services Management Team will be assigned to work with my child 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 Clinical Services Coordinator. The team may include a psychiatrist and other specialists as necessary.

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PBH or persons contracted with PBH 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 Signature _____ Date _____

Child Printed Name _____

Parent/Custodian/Guardian Signature _____ Date _____

Parent/Custodian/Guardian Printed Name _____

CSMT Coordinator Signature _____ Date _____

CSMT Coordinator Printed Name _____

Division of Prevention and Behavioral Health Service
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DPBHS File Copy

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Thank you!

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Child Signature _____ Date _____

Child Printed Name _____

Parent/Custodian/Guardian Signature _____ Date _____

Parent/Custodian/Guardian Printed Name _____

CSMT Coordinator Signature _____ Date _____

CSMT Coordinator Printed Name _____

Client Signature for Receipt of the Handbook

I received the Client Handbook on (date) _____

from (PBHS Staff Name) _____

and had any questions answered.

Parent / Custodian Signature: _____

Parent / Custodian Signature: _____