

POLICY # 202	SUBJECT: DEPARTMENT COLLABORATIVE CONSULTATION AND RESOURCE TEAM
EFFECTIVE DATE: September 1, 2011 REVISION DATES: 2/1/2013; 5/3/2016; 6/16/2020	Page 1 of 4
AUTHORIZED SIGNATURE: 	

I. PURPOSE

The Children's Department recognizes that finding resources for youth who are abused/neglected, dependent, delinquent and/or in need of mental health or substance abuse services may be challenging. The case management teams will work together to ensure service decisions are made in a timely manner and youth are served in the most appropriate setting, utilizing the least restrictive, effective services at the lowest level, consistent with division policy and procedure.

If team planning regarding service options is unsuccessful and reasonable efforts to identify resources within the Department's continuum of services have been documented or there is a dispute about the appropriate level of service, a referral may be made to the Collaborative Consultation and Resource Team (CCRT) for consultation and review. The purpose of the CCRT is to bring representatives from each division together regularly to review the needs of youth who have significant behavioral health needs and assist case management teams in identifying the best available resources that match the youth and family needs. The CCRT will help the case management teams to problem solve, identify, and/or connect to appropriate resources. Case management responsibilities remain with the assigned division case managers during the CCRT process.

This policy establishes the referral requirements and the Collaborative Consultation and Resource Team (CCRT) consultation and review process.

II. PROCEDURES

When a youth and family are active with more than one service division of the department, team planning should determine the most appropriate services. All team meetings must be documented in the case record to show efforts. If the team planning determines that the youth and/or family have challenges that cannot be addressed with contracted services already included in the Department's service continuum or that other barriers exist in determining or accessing appropriate resources, the case should be referred to the CCRT for consultation and review. In addition, if a youth is referred to the DFS report line pursuant to Department Policy 209, a referral to the CCRT is required.

A. CCRT Referral:

1. The active case manager(s) should complete the CCRT referral form (Attachment 1). This form provides updated information regarding the youth's case including their

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needs, strengths, successes, barriers, service history and service gaps. The form must be completed in its entirety, include documentation of the team’s efforts to identify an appropriate resource (including team meeting notes, and reaching out to provider program managers for each division) and include comment from all active divisions. In addition to the form, the referral should include all service history, relevant service plans, recent assessments, provider service documentation, relevant court orders, level of care information, a list of programs the team has referred the youth to with denial reasons and other applicable documentation. All appropriate resources available in the Department’s continuum of services should be considered and ruled out prior to completing a CCRT referral. Team efforts must include exploring Department-wide resources regardless of division active status.

2. If a dependency referral is made to the DFS report line per Department Policy 209, the assigned case manager will forward the received information to the DFS CCRT representatives, who will then reach out to the case manager to have a full CCRT referral completed and submitted. The referring case manager must copy all active case managers on the referral.
3. Once the referring case manager has completed the referral form and attached all relevant documentation, the referral must be forwarded and approved through the appropriate chain of command to the referring division’s regional leadership (DFS assistant or regional administrator, DPBHS supervisor or DYRS regional manager) for review and signature approval (e-mail endorsement can be substituted for signature).
4. The referring division’s regional leadership (DFS assistant or regional administrator, DPBHS supervisor or DYRS regional manager) must review the referral to ensure reasonable efforts to identify resources and efforts to discuss and plan with other active divisions have been made. Approved CCRT referrals are to be sent from the regional manager (DFS assistant or regional administrator, DPBHS supervisor or DYRS regional manager) to the referring division’s CCRT representative(s).
5. Upon the CCRT representative’s review and agreement that all reasonable efforts have been made and that the referral is appropriate and complete, the referral will be sent to the CCRT co-chair for review and scheduling. The referral will be returned to the referring regional manager if it is incomplete or reasonable efforts to identify resources have not been documented.

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B. CRRT Review:

1. Once the CCRT co-chair has determined that a referral has been completed in full and all relevant supporting documentation has been received, reviews will be scheduled on the next available CCRT meeting date. Interim meetings for cases deemed urgent may be requested by a CCRT representative at any time. The CCRT co-chair will schedule the meetings by sending an electronic invitation to all applicable case managers and supervisors. The youth's active case managers or their supervisor must participate in person or via telephone to provide additional information to the CCRT. A conference line telephone number will be provided in each invitation.
2. During the scheduled meeting, the case management team will provide a brief overview of the youth's history and presenting issues. Following this overview, CCRT members will have an opportunity to provide additional information, offer opinions and ask questions.
3. The CCRT members will review the information presented and provide recommendations to the case management team regarding potential services based on the specified needs of the youth and family.
4. Notes from the meeting will be completed by the CCRT and include the recommendations and suggested next steps. These notes will be provided to the case management team and uploaded to the youth's person detail page in the Department's electronic case management system (FOCUS) by the CCRT co-chair.
5. Until appropriate services are identified, the case management team will continue their efforts to locate appropriate resources. The active divisions' CCRT representatives will provide updates to the CCRT team members at subsequent meetings and may request assistance from the team in locating appropriate service providers.
6. The CCRT will support unique requests for funding services.
7. The CCRT will also be available to department staff for consultation when case management teams are having difficulty identifying appropriate services for a youth or family.

III. IMPLEMENTATION

- A. Any part of this policy which is in conflict with federal or state laws shall be null and void; all other parts shall remain operative.

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IV. RESPONSIBILITY FOR THIS POLICY

CCRT reviews, findings and recommendations will be tracked and maintained by the committee co-chairs. Information regarding referrals and recommendations may be submitted to department leadership as deemed appropriate by the CCRT. CCRT information can be found at the following link: <http://extranet.kids.state.de.us/kids/information/ccrt.shtml>