

**Washington County Department of Health & Human Services
333 E Washington St., Ste 3100, West Bend WI 53095**

**Behavioral Health & Child Welfare
Collaborative Case Staffing
Policy & Procedure**

Section: BH/CW
Section #:

**Effective Date:
2/13/2025**

Reviewed by: PDSA Team
Reviewed Date: 2/13/2025

POLICY

The Children & Families and Behavioral Health Divisions are intricately connected by the families they both serve. All youth treatment services are housed within behavioral health but are accessed regularly by families who are receiving services from child welfare. The intent of this policy is to codify a shared process between the two divisions and seeks to increase communication and improve collaboration in order to provide effective service delivery to co-enrolled families and individuals.

Impact:

The child welfare and behavioral health systems have been seeing an increase in the complexity of mental health needs for children and youth who enter for both involuntary and voluntary services. Many times, services were not previously accessed by the family, and children are far behind in their language and/or emotional development. If experiences such as neglect or abuse are also present, development is compounded by trauma which only increases the need for timely connections to services. These systems also have a responsibility to repair and rebuild familial relationships within the family system in order to prevent out of home placement and/ or to support family reunifications. Additionally, when teams support one another, work satisfaction increases, self-care improves, reflective practices are utilized, and outcomes are improved.

Shared Principles:

1. Services should be tailored to the specific needs of the individual and/or family.
2. Ensure physical and emotional safety for all clients.
3. Collaboration requires strong communication between all team members to provide coordinated interventions.

Expected Outcomes:

1. Improved inter-system communication as it relates to information sharing (i.e., what can be shared and when) to best coordinate services for families while considering HIPAA and confidentiality.
2. Employ guiding principles of family centered treatment to service families involved in multiple systems.
3. Enhanced processes, collaboration, and teaming so that families experience streamlined access to services that improve their well-being.

PROCEDURE

Information sharing

Information sharing between the two divisions is guided by the *WCHSD Information Sharing Policy and Procedure dated August 2016* (attached). Department staff will explain to clients and/or their families how and with whom their protected health information and other confidential information may be shared as outlined in the Department's Release of Information form. Staff will present a Release of Information (Authorization) form

to their client for signature. If the client declines to sign the Authorization (the client's refusal shall be documented), information may be shared if necessary to enable an employee to perform his or her duties or to coordinate the delivery of services to the client.

Case Selection & Referral

Case selection for this process can be determined by any program providing services to the family or identified client within the family. The case should be approved for staffing by that program's supervisor and then added by the supervisor to the spreadsheet within the shared folder. Referrals include the case name, identified client, other family members, referring program and staff, and will list other programs providing service to the family and who should be invited to the staffing.

If there are no cases scheduled to review, supervisors should meet to determine possible future cases to propose for staffing.

Meeting Process

A meeting room is reserved for the fourth Tuesday of the month and is scheduled for one hour. Supervisors are required to send the meeting invite to relevant members of their team who should attend. The agenda is included in the meeting invite so team members can prepare any necessary information.

The meeting is facilitated by a neutral party or division manager whenever possible.

Participants have an option to schedule additional meetings, including a 30-day follow up, if desired.

Meeting Documentation

The staff who will document the meeting for each program should be determined at the beginning of the meeting to ensure all necessary information is captured.

Behavioral health staff will document the meeting in a progress note in Avatar.

Child Welfare will document the meeting in a case note in Ewisacwis as follows:
Ongoing Services/Collateral/Coordinated Service Team

Data Collection

Data will be collected at each initial collaboration meeting using the *Data Collection Survey*. The following areas will be rated on a 1-5 Likert scale 1-Strongly Disagree; 2-Disagree; 3- Neutral; 4-Agree; 5-Strongly Agree. The data will be compiled and reported to the PDSA Team biannually. The meeting facilitator is responsible for distributing, collecting, and tabulating the survey.

1. I understand the other teams' definition of family/client success.
2. We have shared goals and outcomes for family/clients.
3. We have a coordinated services plan with identified objectives for the family/client.
4. My collaborating partner(s) respects my professional judgement.
5. I trust my collaborating partner(s) professional judgement.
6. I found this process helpful.