



# *The Department of Services for Children, Youth, and their Families*

## *Division of Prevention & Behavioral Health Service*



## **Child & Family Handbook**

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

Division of Prevention and Behavioral Health Services

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

Care Coordinator: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Office hours: \_\_\_\_\_

**May 2026**

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

**Mission:** Engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment, and rehabilitative services.

**Vision:** Safe and healthy children, resilient families, strong communities.

**Core Values:** Safety, Compassion, Respect, Collaboration - S.C.R.C.

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

- Division of Prevention & Behavioral Health Services (DPBHS) <http://www.kids.delaware.gov/pbhs/pbhs.shtml>
- Division of Family Services (DFS) <http://www.kids.delaware.gov/fs/fs.shtml>
- Division of Management Support Services (DMSS) <http://www.kids.delaware.gov/mss/mss.shtml>
- Division of Youth Rehabilitative Services (DYRS) <http://www.kids.delaware.gov/yrs/yrs.shtml>

## 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 with many needs. You and your Team will create a Safety/Targeted Intervention Plan. This Plan will help you and all those involved to know what to do if there is a crisis. **Please follow the Safety/Targeted Intervention Plan/Crisis Plan that your Child & Family 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)

## Mobile Response Stabilization Services (MRSS)

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 child's home/school/community and short-term supervised crisis bed for clinical observations and safety when indicated.



## 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 Medicaid and uninsured children/youth who are experiencing mental health or substance use challenges and are in need of a higher level of care. DPBHS supports **System of Care (SOC)** core values and principles. Most of our behavioral health services are offered by local community providers who contract with DPBHS. Children and youth whose behavioral health needs necessitate services greater than outpatient and are found eligible may be referred to our unit of **Child and Family Care Coordination (CFCC)**.

This handbook will help you understand your Child and Family Care Coordination Team. Please read this over. Your Care Coordinator is available to talk with you about this handbook.

### **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 Core Values and Principles**

### Core values

- Family driven (family has primary role in decision making)
- Youth guided (youth will have a voice in best interest of their treatment)
- Individualized and community based (services are tailored to each child and family)
- Culturally and linguistically competent (the diversity of the family is considered in treatment)
- Evidenced based (the integration of the best available researched clinical interventions will be used)

## Principles

- All children who need services should receive the same accessibility to services.
- Availability and access to a broad, flexible array of community-based services and support for children, and their families and caregivers, to address their emotional, social, educational, and physical needs, should be ensured.
- Services should be individualized in accordance with the unique needs of each child and family.
- Some families will be eligible for hi fidelity wrap around service principles.
- Services should be guided by a strength-based process and a service plan that is developed in true partnership with the child and family.
- Services should be delivered in the least restrictive settings that are clinically appropriate.
- Treatment outcomes for children and families should be measurable.

## **DPBHS Service Eligibility Criteria**

DPBHS service eligibility criteria for mental health and substance use services and supports 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 18<sup>th</sup> 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. Children/adolescents who are uninsured or covered by Delaware Medicaid or both private insurance and Medicaid.
4. Service Eligibility: Service Eligibility is established by clinical review by a licensed behavioral health professional.
5. Categorical Eligibility: By CASI score (with exceptions) and mental health diagnosis.

**Please Refer to DPBHS Service Eligibility Policy: PBHS-CS101**

[https://kids.delaware.gov/policies/policy\\_pbh.shtml](https://kids.delaware.gov/policies/policy_pbh.shtml)

## Rights of Person Served

DPBHS is committed to supporting and protecting all of the fundamental human, civil, constitutional, and statutory rights of each person it serves, in a manner that nurtures and protects the dignity and respect of the persons served.

### **All persons served have the right to:**

- be treated fairly and respectfully;
- privacy;
- confidentiality of information;
- freedom from abuse, exploitation, retaliation, humiliation, and neglect;
- a clear, supported complaint process;
- refuse services from DPBHS;
- receive services in a manner that is non-coercive and respectful of the right to self-determination;
- access or referral to legal entities;
- adherence to research guidelines and ethics when persons served are involved,
- children/adolescents who are uninsured or covered by Delaware Medicaid or both private insurance and Medicaid investigation and resolution of alleged infringement of rights, and
- Other legal rights

**All persons served have the right to *NOT* be denied services on the basis of race, religion, national origin, sex, age, disability, marital status, or funding.**

In working with persons served, DPBHS will respect and acknowledge individual diversity such as (but not limited to):

- culture
- gender
- sexual orientation
- spiritual beliefs
- socioeconomic status
- language

# Confidentiality

DPBHS appreciates the opportunity to provide behavioral healthcare services to you and your child. 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 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 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 DPBHS staff member or contracted provider 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 DPBHS has a computerized client information system (FOCUS). 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: Division of Management Support Services, Varina Marshall Churchman’s Corp. Center, 92 Christiana Road, New Castle, DE, (302) 683-8475.

## 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 determine appropriate services.
- Provide care coordination for you and your family while receiving DPBHS services. 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 help children and youth remain in their homes and communities.
- Provide contact information for informal and formal community resources and support that may be helpful to the family.
- Review client rights with the individual/family.

## Child/Youth and Family Responsibilities & Rights

### Responsibilities:

- Provide current telephone number and address.
- Provide current information about family, school, health, clinical issues, 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 service plan.

### Rights:

- Receive services 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 provided in the least intense setting possible.
- Help make decisions about your child's services and to file an appeal or make a complaint at any step of the way.
- 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 and family.
- All services are voluntary (unless court ordered), and the parent/custodian may decline or withdraw from recommended services at any time (unless court ordered).

## Getting Started

### Child and Family Care Coordination (CFCC)

CFCC generally consists of:

- Treatment Team Leader - a Licensed Behavioral Healthcare Professional
- Care Coordinator
- Family Services Assistant
- Family & Youth

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

Your Care Coordinator will call to set up the first meeting to set up a meeting and discuss their role. This meeting, and all future meetings, should be scheduled at a time and place that works best for you.

### System of Care Approach

DPBHS Child and Family Care Coordination unit is guided by System of Care values and principles. Providers are expected to share Systems-of-Care philosophy and to work with the Division's care coordinators and each other in supporting children and their families. Families can expect that their Care Coordinator and provider(s):

- Believe that families know their children best!
- Will meet your child's needs will be met in your neighborhood, community, school, and surrounding area.
- Deliver culturally competent services that are responsive to the child and family's cultural and linguistic needs.
- Include family and community resources such as relatives, neighbors, friends, and churches.
- Provide child-centered and family focused service delivery with the needs of the child and family informing the types of services provided.
- Understand that services are individualized and include strength-based solutions.
- Orchestrate services are appropriate in type and duration.
- Inform parents / guardians of children with emotional needs about their child's diagnosis and individual needs.
- Act as facilitators and strategic interventionists for the family and guide them through the process.
- Recognize that chances of success are better when ALL the Team members work together

## The Plan

1. The "Plan" guides your Child & Family Care Coordinators in how everyone will work together to meet the needs of your child and how to support your family.
2. The Child & Family Care Coordinators will then talk about what can be done to help you meet your child's needs. This may be through seeking services from provider(s) in the DPBHS network and/or use of informal or formal community-based services and supports available to your family in the community.
3. Together, we will put the Plan into action. Your Child & Family Care Coordinators will all be partnering closely together to see how the plan is working. Changes to the Plan can be made as often as needed and there will be periodic reviews.
4. It is, therefore, **very important that you take part in these meetings. Child and Family Care Coordinators will not take place without a parent or guardian.** Please ask your Care Coordinator any questions you may have about your Plan.



## Child/Youth and Family Participation

DPBHS/CFCC requests that you and your child/youth stay involved in all parts of the program. Research says that children who succeed in mental health treatment have high levels of family/ caretaker involvement. As such, your participation and input are highly valued and critical to this process.



## Appeal Procedure

If at any point, guardians or parents (or child/youth 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 DPBHS services, they may inform their Care Coordinator of their wish to appeal. However, we recommend that efforts be made to resolve the concern with your CFCC team.

The child/youth/ family with Medicaid may also appeal directly to the Medicaid office if their concern is with the type of service authorized. Parents/guardians 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.

## 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 Quality Improvement Unit at (302) 304-0795 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 or PBHS Staff Member:**

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

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

**Step #3** - Complaint is presented to the Regional Supervisor for the county in which they live. For New Castle County the Regional Supervisor may be contacted at (302) 781-6142 and for Kent and Sussex counties you may call the Regional Supervisor at (302) 781-6142. If your issue is not settled, go to #4.

**Step #4** - Complaint is presented to the CFCC Psychology Manager of the Child & Family Care Coordination Unit at (302) 781-6145. If your issue is not resolved with the CFCC Psychology Manager, contact the Constituent Concerns Liaison in the DPBHS Quality Improvement and Consultation Unit (CQICU) at (302) 304-0795. The liaison will document the concerns in writing and escalate them to the Division Director for review and resolution. See the DPBHS website below for policy and procedure or ask your Care Coordinator. **Please Refer to DPBHS Appeals Policy: PBHS-CS105**

[https://kids.delaware.gov/policies/policy\\_pbh.shtml](https://kids.delaware.gov/policies/policy_pbh.shtml) for a copy.

## **CFCC Unit Office Locations and Contact Information**

If you need to contact an employee within the CFCC Unit and do not have that particular employee's direct phone number, please call the main DPBHS line at (302) 633-2600.

### **New Castle County**

Churchman Corporate Center  
92 Christiana Road  
New Castle, DE 19720

### **Kent County**

Silverlake Professional Plaza  
Barrett Building  
821 Silverlake Boulevard  
Dover, DE 19904

Milford Riverwalk  
253 North East Front Street  
Milford, DE 19963

### **Sussex County**

Georgetown State Service Center  
546 South Bedford Street  
Georgetown, DE 19947

## Advocacy Resources and Information

### Contact Delaware:

A 24-hour help line answered by a crisis 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 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](http://www.dhss.delaware.gov/dhss/dsamh)

### 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

### 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. 10<sup>th</sup> 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 10<sup>th</sup> Street, Suite 600

Wilmington, DE 19801

Phone: (302) 654-6833 Fax: (302) 654-6838 Toll-free (800) 287-6423

Website: [www.mhainde.org](http://www.mhainde.org)

Email: [emily.vera@mhaninde.org](mailto:emily.vera@mhaninde.org) or [information@mhaninde.org](mailto: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](mailto: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

#### Delaware Developmental Disabilities Council

Margaret M. O'Neill Building, 2<sup>nd</sup> Floor

410 Federal Street, Suite 2

Dover, DE 19901

Phone: (302) 739-3333

Fax: (302) 739-2015



## 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](mailto:picofdel@picofdel.org)

#### South Delaware

13 Bridgeville Road  
Georgetown, DE 19947  
Phone: (302) 856-9880  
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. 4<sup>th</sup> 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 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](http://www.mentalhealth.org)
- The National Institute of Mental Health - [www.nimh.nih.gov](http://www.nimh.nih.gov)
- The Bazelon Center for Mental Health Law - [www.bazelon.org](http://www.bazelon.org)
- The Division of Prevention and Behavioral Health Services - <http://kids.delaware.gov/pbhs/pbhs.shtml>
- The American Psychological Association - [www.apa.org](http://www.apa.org)
- The American Academy of Child and Adolescent Psychiatry - [www.jaacap.com](http://www.jaacap.com)
- Public Libraries have staff that can assist you in finding information and have computers to access the websites noted above.

## 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 (if the youth is available):

*This is an annual consent form which will expire one year after the date signed.*

## **Understanding between DPBHS and Parent/Guardian of Child Entering 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 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 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 a psychiatrist and other specialists as necessary.

The team will seek my child 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 (if youth is available) \_\_\_\_\_

Date\_\_\_\_\_

Child/Youth Printed Name (If youth is available)\_\_\_\_\_

Parent/Custodian/Guardian Signature \_\_\_\_\_ Date\_\_\_\_\_

Parent/Custodian/Guardian Printed Name \_\_\_\_\_

CFCC Care Coordinator Signature \_\_\_\_\_ Date\_\_\_\_\_

CFCC Care Coordinator Printed Name: \_\_\_\_\_

**This is an annual consent form which will expire one year after the date signed.**

**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 \_\_\_\_\_

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

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

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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 (If available) \_\_\_\_\_ Date \_\_\_\_\_

Child/Youth Printed Name (if available) \_\_\_\_\_

Parent/Custodian/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Custodian/Guardian Printed Name \_\_\_\_\_

CFCC Care Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

CFCC Care Coordinator Printed Name \_\_\_\_\_

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Child/Youth Signature (If available) \_\_\_\_\_ Date \_\_\_\_\_

Child/Youth Printed Name (if available) \_\_\_\_\_

Parent/Custodian/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Custodian/Guardian Printed Name \_\_\_\_\_

CFCC Care Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

CFCC Care Coordinator Printed Name \_\_\_\_\_

**This is an annual consent form which will expire one year after the date signed.**

**Division of Prevention and Behavioral Health Service**  
**Child/Youth and Family Responsibilities & Rights**  
**Child/Youth and Family Copy**

**Responsibilities:**

- Provide current telephone number and address.
- Provide current information about family, school, health, clinical issues, 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 service plan.

**Rights:**

- Receive services 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 provided in the least intense setting possible.
- Help make decisions about your child's services and to file an appeal or make a complaint at any step of the way.
- 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 and family.
- All services are voluntary, and the parent/custodian may decline or withdraw from recommended services at any time.

On this date I have received a copy of the Child/Youth and Family Responsibilities & Right from the Department of Services for Children, Youth, and Their Families.

Child/Youth Signature (if available) \_\_\_\_\_ Date \_\_\_\_\_

Child/Youth Printed Name (if available) \_\_\_\_\_

Parent/Custodian/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Custodian/Guardian Printed Name \_\_\_\_\_

CFCC Care Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

CFCC Care Coordinator Printed Name \_\_\_\_\_

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**Division of Prevention and Behavioral Health Service**  
**Child/Youth and Family Responsibilities & Rights**  
**DPBHS File Copy**

**Responsibilities:**

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Child/Youth Signature(if available)\_\_\_\_\_Date: \_\_\_\_\_

Child/Youth Printed Name (if available) \_\_\_\_\_

Parent/Custodian/Guardian Signature \_\_\_\_\_Date: \_\_\_\_\_

Parent/Custodian/Guardian Printed Name \_\_\_\_\_

CFCC Care Coordinator Signature \_\_\_\_\_Date \_\_\_\_\_

CFCC Care Coordinator Printed Name \_\_\_\_\_Date \_\_\_\_\_

# Division of Prevention and Behavioral Health Service

## Rights of Persons Served

### Child/Youth and Family Copy

DPBHS is committed to supporting and protecting all of the fundamental human, civil, constitutional, and statutory rights of each person it serves, in a manner that nurtures and protects the dignity and respect of the persons served.

**All persons served have the right to:**

- be treated fairly and respectfully;
- privacy;
- confidentiality of information;
- freedom from abuse, exploitation, retaliation, humiliation and neglect;
- a clear, supported complaint process;
- refuse services from DPBHS;
- receive services in a manner that is non-coercive and respectful of the right to self-determination;
- access or referral to legal entities;
- adherence to research guidelines and ethics when persons served are involved, if applicable;
- investigation and resolution of alleged infringement of rights, and
- Other legal rights

**All persons served have the right to NOT be denied services on the basis of race, religion, national origin, sex, age, disability, marital status or funding.**

In working with persons served, DPBHS will respect and acknowledge individual diversity such as (but not limited to):

- culture
- gender
- sexual orientation
- spiritual beliefs
- socioeconomic status
- language

Child/Youth Signature (if available) \_\_\_\_\_ Date \_\_\_\_\_

Child/Youth Printed Name (if available) \_\_\_\_\_

Parent/Custodian/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Custodian/Guardian Printed Name \_\_\_\_\_

CFCC Care Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

CFCC Care Coordinator Printed Name \_\_\_\_\_

# Division of Prevention and Behavioral Health Service

## Rights of Persons Served

### DPBHS Copy

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Child/Youth Printed Name (If available) \_\_\_\_\_

Parent/Custodian/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Custodian/Guardian Printed Name \_\_\_\_\_

CFCC Care Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

CFCC Care Coordinator Printed Name \_\_\_\_\_

**This is an annual consent form which will expire one year after the date signed.**



## **CONFIDENTIALITY NOTICE TO CLIENTS**

We want you to know why we collect information about you and your family, the steps we take to protect your privacy, and your rights to know what we keep in our records.

### **Why do we keep records?**

- Delaware law authorizes the Department to collect and keep information to carry out our duties. This information is used for planning and providing services to you and your family.

### **Will this information be kept confidential?**

- All Department employees sign a Non-Disclosure and Confidentiality Agreement that describes their duty to protect the privacy of client information.

### **Who else may learn this information?**

- Division Case Managers / Service Teams working with you and employees with oversight or administrative duties are permitted to see information about you and your family.
- When you receive services from organizations with contracts with the Department, information will be shared with the provider's case managers.
- Except in certain situations, such as alleged child abuse or neglect, emergencies threatening to health and safety, establishment of service eligibility or recovery of the costs of services, compliance with court orders, your written consent or that of the child client is required for the Department to share information about you or your family with others.

### **Where and how is information stored?**

- All written records are stored in secured files or storage areas when not in use.
- The Department has a computerized client information system on which data is stored. Electronic information is protected by established computer access and security procedures.

### **What are your rights?**

- You have the right to find out what records we have about you or your family, to review these records (with certain exceptions), and to grant or revoke your permission for the Department to share this information with others outside DSCYF.
- If information in our files is erroneous or you disagree with file information, you may state your differences in writing, and we will include your statement in our records.
- You have the right to revoke the authorization for the release of information, in writing, to the DSCYF Privacy Officer (DSCYF\_ADA@delaware.gov), at any time prior to its expiration date. The revocation will not apply to information that has already been released in reliance on this authorization.

### **Do you have other questions?**

- If you have other questions about what is or will be placed in our records about you or your family, please ask them of the Department person working with you.
- Upon request, we will provide you with a copy of our Confidentiality Policy.





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- Upon request, we will provide you with a copy of our Confidentiality Policy.

I have read the Confidentiality Notice to Clients (on the previous page) and I understand my confidentiality rights.

\_\_\_\_\_  
**Child Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature (circle one)**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**