

## **Child and Adolescent Service Descriptions**

*The following are descriptions of the various levels of care most often recommended for children, adolescents, and/or their families where Value Behavioral Health of Pennsylvania coordinates behavioral health services. Services in the HealthChoices Program depend on eligible individuals receiving Medical Necessity Evaluations for assessment purposes and to determine the appropriate level of care that will best meet their needs. Please note that there are some services listed that may not be available in all counties.*

### **Outpatient Mental Health Treatment**

- Outpatient mental health treatment is usually an individualized treatment which occurs in a clinic setting or in the offices of a private practitioner and involves the interaction between a therapist and child/adolescent in order to resolve concrete problems in daily living or symptoms resulting from thoughts, feelings, interpersonal disturbances, and /or experiences.
- The approach is often educational in nature and directed toward identifying and utilizing available resources. It is also intended to restore and enhance the child/adolescent's capacity to find solutions.
- In addition to the child/adolescent, family members or other caregivers may participate in this level of care.
- Typically, problems and symptoms are the treatment focus, with discharge when the child/adolescent is stable.
- In the clinic setting, many other services may be utilized in coordination with the individual therapy to compliment the effect of the individual therapy (for example: medication management).

### **Family-Based Mental Health**

- Family Based Mental Health Services (FBMH) is a service provided by a team composed of either two child mental health professionals or one child mental health professional and a child mental health worker.
- FBMH incorporates intensive home therapy, casework services, family support services, and 24 hour, 7 day availability for crisis stabilization.
- FBMH is guided by the recognition of the normal growth and development of children at different ages, and supports family caretaking and functioning through collaborative, conjoint family meetings, which can include different combinations of family members and community members as indicated.
- Due to its commitment to support both the development of children and the integrity of the family, FBMH, while primarily treatment, also serves a preventative function. The needs of all the children within a family, not just the child in response to who services were initiated, are actively considered and included as part of the treatment process.

- Services offered by the FBMH program include formal individual and family therapy sessions with the child and/or family. In addition, program service requirements include the following: ongoing information gathering in support of active treatment; collaborative development and modification of the treatment plan; clinical intervention by each team member with the child in attaining identified treatment goals and objectives within the treatment plan; support for the parents in implementing effective behavior management and parenting approaches specific to the presenting problems of their child; school-based consultation and intervention as needed; referral, coordination, and linkage to other agencies, social services, and community services, as appropriate.

## **Behavioral Health Rehabilitation Services**

- Behavioral Health Rehabilitation Services (BHRS) is a service which promotes developmentally appropriate behavior, activities, skills, and social skills for the child in his/her natural settings through focusing on his/her individualized strengths and needs.
- BHRS promotes the opportunity for family independence from professional treatment and therapeutic supports.
- BHRS assists families in learning about, and coping with managing their children's special needs and may be fostered through skill development and assisting the family in the development of their own informal support network.
- An understanding of all the social aspects of the child or adolescent, including school and community as well as home, is essential to determining the appropriate sites for interventions and the resources available.
- The service(s) are focused on accomplishing a set of goals, and incorporate into the planning, the appropriate tapering of the service or the replacement of the service with informal and other non-behavioral health therapeutic supports when appropriate.
- Services include psychological evaluation, Therapeutic Staff Support (TSS), Mobile Therapy (MT), and Behavioral Specialist Consultant (BSC) services. The BSC, a member of the treatment team, primarily provides assessment, program design, and monitoring rather than direct therapy. The MT provides intensive therapeutic services to a child and child's family in home, school, or community settings. TSS provides one-on-one service. For instance, the child's therapist may instruct a child in how to take turns using cards, a worksheet, games, checklists, scripts, and other strategies. The TSS may then prompt the child to practice that skill in natural settings such as circle-time, recess, or during a play date. This instruction may occur in home and be practiced there, and at some point with other children. The TSS takes data and records treatment notes to measure the child's progress toward independent use of the skill. The BSC regularly reviews these notes to adjust treatment and goals as needed.

## **Strength-Based Treatment Model**

- Strength Based Treatment (SBT) services are designed to provide in-home brief therapeutic intervention services for children/adolescents that are at risk of out-of-home placement or as a step down from a more intensive level of care.
- SBT includes the initiation of Mobile Therapy (MT) services only (or BSC in some instances) as a means to provide immediate intervention or continuity of care. Therapeutic Staff Support (TSS) services are not in the SBT model.

- SBT would be indicated in an evaluation documenting that traditional outpatient service would be insufficient to meet the behavioral health needs of the child/adolescent.
- Situations that may warrant SBT include, but are not limited to: the need for an extended evaluation, step-up from outpatient services but not in need of full BHRS, step-down from a residential placement or family-based services, for child/adolescent having difficulty leaving their home environment, or those persons resistant to or having difficulty maintaining clinic based appointments.
- The treatment model is designed to be delivered in a 32 week module.

## **Site-Based Autism**

- Site-based Autism programs are designed to meet the mental health needs and social skills deficits of children diagnosed on the autism spectrum or other pronounced developmental disorders.
- Core Skills for Social Development include: Establishing a Social Connection, Communication Basics, and Self-Regulation
- These programs are typically offered as evening program but hours of operation can vary by provider
- Program structure and targeted age groups can also vary by provider
- Participation in a site-based program can be independent of other services or utilized in conjunction with other therapeutic services.

## **Functional Family Therapy**

- Functional Family Therapy (FFT) is a nationally recognized approach for working with at-risk youth and their families. It is a highly structured / intensive process that assists the entire family of the referred youth with identifying, achieving, and maintaining desired changes.
- Services are delivered by a specially trained FFT therapist. The target population is youth between the ages of 12-18 with both behavioral health and mental health issues and their families.
- Appropriate referrals to the program include youth who are transitioning home from a residential setting or youth identified for being at risk for out of home placement.
- The FFT therapist works with the youth and family in a multi-phase process directed at achieving long-term change. The FFT process takes an average of 16 weeks, but can be completed in less or more time depending on the needs of each family. Ninety (90) minute sessions are typically scheduled weekly, but often in the early phase of the process two sessions may be scheduled in one week. In the last phase of the program, sessions become less frequent. The FFT therapist determines the number of sessions that are scheduled each week.
- Through consultation with the FFT supervisor, cases are reviewed each week to ensure that families are moving through the process at the appropriate pace. Clinical supervision and training for therapists is provided on a weekly basis.
- Interagency Service Planning Team (ISPT) meetings are held which includes the family, the child (if appropriate), representatives from Base Service Unit, FFT clinical team member, Children and Youth and/or Juvenile Probation, the evaluator (when possible), and VBH-PA to ensure an integrated delivery of service.

## **Multi-Systemic Therapy**

- Multi-Systemic Therapy (MST) is an intensive family and community-based treatment that addresses serious behavior issues.
- MST is provided using a home-based model of services delivery targeting chronic, violent, or substance abusing adolescents, ages 12-17, at high risk of out-of-home placement and their families.
- Referrals for MST are generally made by the county Children and Youth Services or Juvenile Probation agencies.
- MST interventions typically aim to improve caregiver discipline practices, enhance family relations, increase youth ability to avoid negative peer interactions, increase youth association with pro-social peers, improve youth school or vocational performance, engage youth in pro-social recreational outlets, and develop a support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes.
- Services are typically delivered from 5-20 hours per week, last from 4-6 months, and include on-call crisis availability 24 hours, 7 days a week.

## **Child/Adolescent Partial Hospitalization Programs**

- Partial Hospitalization Programs are site-based, time-limited, intensive multi-disciplinary therapeutic programs.
- Appropriate referrals to this service are children/adolescents with a DSM-IV diagnosis requiring a more intensive level of care than outpatient, but less intensive than inpatient hospitalization.
- Severity of presenting problems are such that the individual requires routine medical/nursing observation and behavioral intervention to maximize functioning and minimize risk to self, others, and property.
- This level of care can be utilized as a crisis stabilization/diversion from inpatient hospitalization or as a “step-down” from a higher level of care to shorten the stay.
- Individuals receive psychiatric oversight and supervision to provide stabilization and treatment in a highly structured environment.
- The level of participation in a partial program is a minimum of 3 hours of clinical service per day with the expectation that services are provided no less than 3.5 days per week.

## **Community Residential Rehabilitation**

- Community Residential Rehabilitation (CRR) is a therapeutic residential care program providing services 24 hours a day for children/adolescents.
- Services are provided by adult caregivers who have been specifically trained to care for individuals with serious emotional disorders.
- Severity of presenting problems is such that the child/adolescent cannot currently remain with their biological or adoptive family and the presenting behaviors are severe enough to warrant specialized behavioral care.
- Stabilization and therapeutic treatment include the following: self-care/daily living skills, healthcare including medication management, interpersonal skills, vocational and educational pursuits, time structuring, and behavioral modification within a living environment.

- When CRR is recommended, an Interagency Service Planning Team (ISPT) meeting will need to be scheduled

## **Residential Treatment Facilities**

- Residential Treatment Facility (RTF) services are 24 hour services for children/adolescents delivered in a licensed facility.
- Residents receive therapeutic intervention and specialized programming in a controlled environment with a high degree of supervision.
- The focus of treatment is on stabilization and therapeutic treatment, medication management, healthcare education, life skills, interpersonal skills, education/vocational pursuits, 24 hour supervision, including nursing services, and individual and group therapies.
- The duration of services is based on periodic medical necessity review and the continued severity of risk that indicates a member cannot be safely treated in a less restrictive environment.

## **Drug and Alcohol Services**

- Drug and Alcohol Services can be delivered in various therapeutic settings and should address the problems associated with substance involvement and with the adolescent's manifestation of a substance use disorder
- Referral to a particular level of care is dependent on the adolescent's severity of use, presence of coexisting disorders, age, level of maturity, and their family and peer environments.
- Recommendations for adolescent DA services are based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria for adolescent DA treatment
- Outpatient DA Services include a professionally directed evaluation and subsequent treatment based on the results of that evaluation. Outpatient DA can be in the form of individual and/or group counseling. All outpatient DA services are conducted in a non-residential setting and include traditional outpatient, intensive outpatient (IOP), and partial hospitalization programs.
- Inpatient DA Services are provided in a residential setting, that consists of a moderate to high level of supervision by professional staff, and if medically necessary, 24 hour medical or psychiatric supervision. This can also include a period of detoxification.
- Detoxification generally lasts between 3-5 days in an inpatient setting, depending upon the drugs of abuse, and involves intense medical monitoring and management of withdrawal symptoms.

## **Blended Case Management**

- Blended Case Management (BCM) is a community-based service which provides assistance in accessing, linking, coordinating, and monitoring services from multiple systems.
- The focus of treatment is to support the child and family by utilizing natural supports available within their own community.
- BCM services should assist the child and family with navigating the mental health system, provide assistance with accessing appropriate/medically necessary services and

## **Summer Therapeutic Activities Program**

- Summer Therapeutic Activities Programs (STAP) are available to children under the age of 21 with serious emotional disturbances based on the individualized needs of the child and the medical justification for the services.
- STAP provide a range of age appropriate specialized therapies (such as art, music, dance, recreational, or occupational) and/or therapeutic activities (such as structured group activities to aid in the development of interpersonal relationship, daily living, decision-making, problem-solving, and coping skills).
- STAP are expected to be integrated into the overall mental health treatment of the child.
- STAP are generally 6-8 weeks in duration during the months of June-August, but schedules vary by provider. The MA Bulletin states that camp is to be a maximum of five weeks per summer for child. The camps that are greater than five weeks are specialized programs / circumstances.

## **Psychological Testing**

- Psychological testing involves the administration and interpretation of standardized tests to assess an individual's psychological or cognitive functioning.
- Testing is viewed as a potentially helpful second opinion when standard diagnostic interviewing or therapeutic procedures are unable to sufficiently address the diagnostic or treatment related issues.
- All requests for psychological testing require pre-certification. Only appropriately credentialed and licensed providers are authorized for psychological/neuropsychological testing services.

## **Community Resources**

- Community resources include involvement in support groups, social groups, community organizations, etc. that provide the child/adolescent and/or their families with valuable information, activities, or services
- Among other things, these resources can be a valuable asset in promoting healthy lifestyles, education/vocational assistance, emergency assistance, and advocacy
- Community resources can also be an integral part in promoting an individual's recovery as part of the therapeutic process