

**Value Behavioral Health  
Summer Therapeutic Activities Program  
Performance Standards**

**Definition:** Summer Therapeutic Activities Program (STAP) is a site based program for children under the age of 21, with serious emotional disturbances based on both the individualized needs of the child and medical necessity justification for the services using the DSM IV Axis I-V. Core services for the Summer Therapeutic Activities Program (STAP) include child centered interventions, structured therapeutic activities and community integrated activities. These services are generally provided in an outdoor environment for the purpose of furthering individualized therapeutic goals as described in the individualized treatment plan. Summer therapeutic activities programs are expected to be integrated into the overall mental health treatment of the child. The site for the summer therapeutic activities program must be appropriate to the age and development needs of the children served, and must meet all applicable federal, state and local requirements for safety, fire and health.

Summer Therapeutic Activities programs may be provided for a minimum of 3 hours and a maximum of six hours per day, at a maximum of 5 days per week, depending upon the needs of the child. The service period is a minimum of two weeks and a maximum of 5 weeks per calendar year. Exceptions to these time frames are only possible upon county and state approval for specific providers, such as those using programs based on the evidence based Pelham model approved as an eight week program.

**Services Offered:** Core Services include the following:

- A range of appropriate specialized therapies and structured therapeutic activities which are experiential therapies supported through but not limited to: arts and crafts, music, dance and movement, drama, pet therapy, play therapy, recreational and occupational therapy. These should also include socialization, social language activities, decision making, life skills, feelings identification, cognitive behavioral therapy, problem solving, coping skills, anger control, conflict resolution and self esteem building.
- Child centered interventions, including individual and group therapy using a strength-based approach, which vary according to the individualized needs of the child;
- Community integration activities, which may occur in neighborhood centers, recreational areas, local businesses and volunteer agencies. These activities may include picnics, awards ceremonies, friendship practice assignments, career exploration, etc. The purpose of the community integration activities is to assist in the child developing appropriate behaviors and responses in the community context. Some programs will focus more on the community coming into the camp setting in order to integrate the program participants into these activities.
- The program should include both indoor and outdoor activities to further individualize therapeutic goals as described in the child's treatment plan.

- Parent involvement and participation is very important and is recommended to occur throughout the camp experience in order to provide collaboration with family, focus on attainment of treatment goals, to inform parents on the skills that their child is being taught and to encourage transfer of these skills to the parents and the home environment.
- Programs should make appropriate arrangements for time for lunch and for snacks when the program is 3 hours or more in duration per day. Parents or caregivers should be advised as to what the arrangements are for lunches and/or snacks. If the parent/guardian is responsible, arrangements should be made to provide an appropriate lunch or snack for a child who may forget their lunch.
- Transportation to and from the program must be arranged prior to the start date of the camp and may include transportation from any of the following: provider, parent, Medical Assistance Transportation Program (MATP), school district, public transportation, or any other appropriate arrangement.
- Providers must have a policy for medication administration in place for STAP programs. The policy must specify the procedures for labeling, safe storage, administration, and documentation of medication. Parents/guardians should be educated on this policy prior to a child beginning a STAP program. Medications will be made available to children as per the program policy.
- Specialized needs will be addressed on an individual basis with the STAP staff, parent/guardian, and the child.

#### **Access Standards:**

As in all BHRS services STAP must be prescribed by a licensed psychologist, psychiatrist, or, a Developmental Pediatrician, or a Pediatric Neurologist (in the case of a child with an Autism Spectrum Diagnosis). They will prescribe STAP in one of the following ways:

- For children without a current BHRS authorization, STAP is prescribed using a brief evaluation format.
- For children with a diagnosis on the autism spectrum with authorizations longer than 120 days, who do not otherwise require a new evaluation, STAP may be added to the existing prescription with a face to face addendum by the original prescriber.
- For children currently receiving BHRS but without a STAP prescription, the prescriber collaboration form (final prescription) may be used to add STAP during the ISPT meeting.

#### **Referral Process:**

A structured program is suggested for the summer months by the parents, Psychologist, Mobile Therapist, Behavioral Specialist Consultant, Teacher, Camp Staff, Intermediate Unit, Case Manager, Blended Case Manager, Therapist, Psychiatrist, Primary Care Physician, Children and Youth Services, County CASSP system, and or County Mental Health/Mental Retardation system.

The current behavioral health provider or case manager reviews the potential options for summer camp with the child and family and school (if the school has made the referral).

- Can the child attend a community based camp on his/her own without support?
- Is the child in need of an extended school year (ESY) program?
- Does the child require the support of behavioral health staff in a community based camp?
- Is the child in need of a self-contained behavioral health camp, i.e., STAP?

If STAP is recommended, the current behavioral health provider or case manager makes the referral to a licensed psychologist or psychiatrist (a Developmental Pediatrician or Pediatric Neurologist in the case of a child with Autism Spectrum Disorder ) to prescribe this service. In Counties where an Independent Prescriber (IP) model is used, the STAP prescription must be completed by an IP who is In Network for that County. If a family needs assistance obtaining a name of an IP, they can contact Value Behavioral Health.

- An ISPT is held to address the addition of STAP to the treatment plan.
- A STAP Provider is chosen by the family and the camp slot is secured.
- A Treatment plan is developed or updated to include STAP.
- A complete STAP Packet is sent to Value Behavioral Health for all children in the program. A complete STAP packet is comprised of: Plan of Care Summary, Family Choice Form, ISPT Sign-In Sheet, psychological evaluation and a treatment plan. The Act 62 cover sheet should be included if applicable.

**Initial Authorizations:** STAP is authorized following an ISPT meeting where it has been determined that Summer Therapeutic Activities Program is the appropriate level of care.

- Value Behavioral Health (VBH) determines medical necessity and will enter authorizations.

**Admission Criteria:** Value Behavioral Health's Medical necessity standards for Summer Therapeutic Activity Programs will be used to determine eligibility for this level of care.

STAP providers should only admit children who meet to the admission criteria of the program that they will attend. Providers are expected to only admit children who are appropriate for their program description and can benefit from the services that are offered, and are within the boundaries of the approved program description.

**Clinical Exclusions:**

- A child who is actively suicidal or homicidal and/or actively psychotic;

- A child who is extremely aggressive or destructive or would create safety risks for others, such as a child with a known risk of sexually offending behaviors;
- Children with an uncontrolled medical conditions (seizures, diabetes, etc.) who cannot be adequately monitored outside of a medical setting;
- Children who are successful in a lesser level of care;
- Children who choose not to participate;
- A child who does not have an Axis I diagnosis

**Staffing Requirements:**

A summer therapeutic activities program unit of one to twelve children must have the following clinical staff.

- One mental health professional with a graduate degree in a mental health field, and one year of experience in a CASSP system. If specialized therapies are to be provided, the mental health professional must meet the qualifications as defined below.
- One mental health worker with a bachelor's degree and one year experience in a CASSP system.

A summer therapeutic activities program unit of 13 to 18 children must have the following clinical staff:

- One mental health professional with a graduate degree in a mental health field, and one year of experience in a CASSP system. If specialized therapies are to be provided, the mental health professional must meet the qualifications as defined below.
- Two mental health workers with a bachelor's degree and one year experience in a CASSP system.

The summer therapeutic activities program must be a separate, identifiable organizational entity with a director/supervisor and staff assigned to the program unit during the hours of operation. The organizational structure of the program shall be described in an organizational chart. When this summer program is a component of a larger organizational structure, the director/supervisor of the program shall be identified and his or her responsibilities clearly defined.

The STAP director/supervisor may direct multiple STAP units and/or other Behavioral Health programs within a larger organizational structure. The unit director/supervisor must be a mental health professional with a Master's degree in a behavioral health field and 2 years of clinical experience, including 1 year of clinical supervision and 1 year experience in a CASSP System. The one year of clinical supervision may be concurrent with the one year of CASSP experience. A unit director/supervisor may also serve as the clinical staff mental health professional if this individual meets the criteria for both the unit director/supervisor and the mental health professional.

If a summer therapeutic activities program or unit uses specialized therapies, e.g. art, music, dance and movement, play, recreational, or occupational therapies, clinical staff must have appropriate qualifications in those therapy areas. The services descriptions must demonstrate that clinical staff is qualified to provide the activities and/or therapies which will be included in the summer therapeutic activities program or unit. Appropriate qualifications include: a nationally credentialed art, music, dance and movement, play, recreational or occupational therapist, or a mental health professional with 12 credit hours in the specialized therapies and at least one year of supervised experience in the use of specialized therapies, or a mental health professional supervised by a nationally credentialed activities therapist, or any other comparable combination of education, training and/or experience.

Based on specific clinical program descriptions, the following full time or part time clinical staff may be required.

- Nationally credentialed art, music, dance and movement, play, recreational, or occupational therapists.
- A psychologist and/or psychiatrist.
- Therapeutic aides.
- Behavioral Staff Support

All staff working with the children must have Act 33 /34 clearances as well as FBI clearances. A minimum of a 1:4 or 1:5 staff to child ratio is recommended as best practice for safety and therapeutic coverage. Programs serving children with more specialized needs are expected to have appropriate staffing ratios in order to meet these individualized needs.

All programs will have policies delineating responsibilities regarding attending to medical needs and medical emergencies. When specific staffs are trained to care for children with specific health care needs, policies and procedures will be developed to manage the child's needs when the specific staff member is not present.

### **STAP Staff Training:**

Master's Level Staff: Agencies typically utilize master's level staff from already existing behavioral health programs, i.e., Mobile Therapists (MT), Behavioral Specialist Consultants (BSC), and outpatient therapists for the STAP director, supervisor and/or mental health professional positions. If an M.A. level staff is newly hired for a camp position, a minimum of 1 week of training and orientation including the following topics is recommended:

- Professional ethics, conduct, and legal issues, including child protective services and mandated reporting, and confidentiality
- Understanding CASSP principles and implementing and supporting those principles in actual clinical practice

- The use of community resources to support the child/adolescent/family
- Crisis intervention, behavior management, and safety, including methods of de-escalation and the use of restraint.
- Overview of serious emotional disturbance and other behavioral needs in children and adolescents
- Collaboration with families
- Normal child/adolescent development
- Behavior management skills
- CPR, First Aid, Universal Precautions and safety
- Documentation skills
- Psychotropic medications, including common side effects
- Leadership
- Team building
- Group therapy skills
- Policies and procedures specific to the agency
- Cultural Competency
- Communication Skills (this can include the use of specific communication devices or language)

Bachelor's level staff and therapeutic aides: must have a minimum of 1 week of orientation/training including topics such as:

- Leadership
- Team Building
- Group therapeutic skills;
- Policies and procedures specific to the agency
- CPR, First Aid, Universal Precautions and safety
- Other training topics as identified in the July 1, 2001 MA Bulletin for TSS staff, including but not limited to:
  - Professional ethics
  - Conduct and legal issues, including child protective services and mandated reporting, and confidentiality
  - Understanding CASSP principles and implementing and supporting those principles in actual clinical practice
  - The use of community resources to support the child/adolescent family

#### CRISIS INTERVENTION:

Every provider will have policies and procedures regarding the use of restrictive procedures and all staff will be trained in the following areas:

- Crisis intervention, behavior management, and safety, including methods of de-escalation and the use of restraint, including:
  - Overview of serious emotional disturbance and other behavioral needs in children and adolescent (with particular emphasis on the

specific diagnoses of the children/adolescents with whom the BA and TA staff may be working)

- Collaboration with families and outside treatment providers
- Normal child/adolescent development
- Behavior management skills
- Documentation skills
- Psychotropic medications, including common side effects
- Protocols relating to the use of restrictive procedures, including education on approved restraint techniques and appropriate documentation of these events.

### **Staff Supervision:**

- Master's level staff will receive weekly supervision with the unit director.
- BA level staff must receive weekly face-to-face individual supervision with the master's level supervisor; weekly team meetings, ongoing coaching and mentoring by the MA level therapist and other MA or BA staff in the program.
- Therapeutic Aides must receive weekly individual supervision with the master's level supervisor or BA level primary counselor; weekly team meetings, ongoing coaching and mentoring by the MA level therapist and other MA or BA staff in the program.

### **Responsibilities of Clinical Staff:**

- Master's level staff responsibilities include: facilitating groups; conducting individual sessions with children as needed; development of treatment plans; assisting the team with the implementation of the treatment process; supervision of BA staff and therapeutic aides; conducting functional behavioral assessments of children; (a staff member who is a Behavioral Specialist Consultant and has been trained in Functional Behavioral Assessments are the only staff who are qualified to complete a Functional Behavioral Assessment), weekly contact with each child's parent/guardian; feedback to family concerning child's progress; leading the ISPT's; developing an after care plan for each child, and implementing behavioral interventions.
- Bachelor level staff responsibilities include; planning and implementing the therapeutic group activities, co-leading group therapy, implementing behavioral interventions, facilitating the therapeutic milieu, maintaining safety of the milieu, documentation in progress notes, contacting families as directed by the supervisor, and oversight of the therapeutic aides.
- Therapeutic Aides are to assist in the implementation of therapeutic activities, implementation of behavioral interventions, assisting in the facilitation of the therapeutic milieu, assisting in maintaining safety of the milieu, documentation in progress notes, and contacting families as indicated by the supervisor.
- Adverse Incident Reporting will be reported in compliance with the regulations as outlined in the ValueOptions Provider Handbook. Providers are also expected to comply with all applicable State and Federal laws and legal requirements

regarding the reporting of these incidents. All staff are responsible to insure that the appropriate person/persons are made aware of Adverse Incidents to ensure that incidents are both reported and measures taken to review and prevent further incidents.

**Documentation/Treatment Planning Process:**

The provider must develop an individualized treatment plan based on an assessment of the strengths and therapeutic needs of the child and family. The assessment should include active listening, asking questions and exchanging information goals and objectives (in measurable terms) to be achieved by the child in the summer therapeutic activities program experience. These goals and objectives must be coordinated with the overall treatment goals and service plan for the child. The treatment plan must identify the involvement of other child-serving agencies, other treatment staff, the lead clinician, and the lead case manager. The treatment plan also must demonstrate how this service is integrated into the overall interagency service plan for the child and family.

- A. The provider must include the parents or other caretakers as members of the treatment team and as partners in the treatment team process. Such inclusion requires that the family actively participate in the formulation, development, implementation and monitoring of the treatment efforts; and presumes the family's broad knowledge about the child and the family's intention to contribute constructively to the positive outcomes.
- B. The provider will make every effort to involve significant family members in the program experience and activities, which may require some accommodation to parent or family member work to participate in the treatment team activities or other program activities should not preclude the participation of the child in the summer therapeutic activities program. Thorough documentation of the efforts to involve the parents or family members and the reason for their non-participation must be included in the case record.
- C. The provider must maintain a case record that includes referral information, medication regimen, and the psychiatric or psychological evaluation that substantiates the medical need for the summer therapeutic activities program, and the recommendation of the interagency treatment team (including the list of participants, plan of care summary, and treatment plan) and legible progress notes. The progress notes must detail the child's response to the therapeutic activities and the relationship of that response to the treatment goals for the child. The mental health professional and/or the mental health worker who is assigned primary responsibility for the child must write, date and legibly sign the progress notes.
- D. Essential information must be available on site to the staff who is working with the children, including treatment plans and treatment goals, emergency medical contact information and medication information. Information on allergies and specific medical needs must also be included in the materials that are maintained at the camp site.

- E. Treatment plans will include any specific communication needs, and the methods that the staff will use to provide individualized adaptation for the specific functional communication that is used by the child.

**Safety Issues:** The STAP program will have written procedures regarding safety risks that include elopements and medical emergencies. Providers will establish methods to ensure safety in relation to transportation issues while the children are on community outings. This will include policies on notification of parents/guardians, obtaining emergency medical evaluations, and procedures for managing the remaining children in the group when an untoward event occurs.

**Quality Improvement:** Satisfaction Surveys are sent to all families following the Camp experience. Surveys are also given to clients ages 14 and over. Efforts will be made to communicate with families in order to allow them to have extra opportunity to provide feedback on the Summer Therapeutic Activities Program experience. This feedback could include things like a suggestion box for the campers; outcome measures and outcome assessments; contact and feedback from referral sources.