



UPMC

University of Pittsburgh
Medical Center

Children's Case Management Module 1

Overview of Mental Health Services for Children and Adolescents



Program Description

This module provides an overview of children and adolescent mental health treatment services.

Special consideration will be given to Behavioral Health Rehabilitation Services (BHRS) and its interface with other child/adolescent services.

Educational Objectives

Upon completion of this module, participants should be able to:

- Become familiar with the variety of mental health treatment services available to children and adolescents and their families
- Increase knowledge of BHRS services and their interface with other treatment services

Description of Services

- The next several slides are taken from “Taking Charge of your Child’s Mental Health,” Allegheny County Dept of Human Services, 2003.
- They describe the continuum of services for children/adolescents and their families in a manner that is “family friendly.”
- You may wish to use these descriptions in discussing treatment services with families.

Continuum of Care Treatment Services Description

The following treatment services are available to you and your child:

- All mental health services (with the exception of an involuntary commitment to a hospital) are voluntary, and you and your child are able to choose the best provider for you and your family.
- All treatment services must be prescribed by a doctor or psychologist.

1. Outpatient Services

- This is the least restrictive way to get help for your child.
- Many children with emotional/behavioral health problems will never need any additional treatment or support services.
- You will want to work closely with your doctor or counselor/therapist in order to get your child the services he or she needs.

2. Behavioral Health Rehabilitation Services – Children and Adolescents

Behavioral Health Rehabilitation Services for Children and Adolescents (BHRSCA)

- Also known as Wraparound Services, these home and community based services provide focused therapeutic and behavioral support to your child, focusing on his or her strengths and needs.
- These services are designed to develop stability, improve functioning in the family, at school, and within the community, and to help your child receive services in the least restrictive setting possible.

2. BHRSCA (continued)

Services may be provided by:

- A Behavioral Specialist Consultant (BSC) who writes the treatment plans and supervises the team
- A Mobile Therapist (MT) who provides counseling services
- And/or a Therapeutic Staff Support (TSS) who works directly with your child providing support and redirection, as well as working with you and your child's caregivers.

3. Family Based Mental Health

- **(FBMH)** These comprehensive services are designed to assist families in caring for their child or adolescent at home.
- Services may include treatment for the child and other family members, case management and family support services.
- Services are available twenty-four hours a day, seven days a week and are provided by a team of mental health professionals in the family's home.

4. Partial Hospital Program

- A nonresidential form of intensive treatment provided in a freestanding or special school-based program for 3-6 hours per day.
- Structured treatment and support services include group and individual therapy, continuation of education, medication management, social interaction, pre-vocational instruction and crisis counseling.

4. Partial Hospital Program (continued)

- As their mental health improves, the goal is to return the child to his or her regular school and to more stable functioning within the family.
- This option is often recommended for a child who is transitioning from inpatient hospital treatment or as an alternative to hospitalization.

5. Community Treatment Team

(CTT) Teams made up of a psychiatrist, nurse, therapist, case manager and vocational specialist provide comprehensive and intensive services to transition age adolescents (age 16-25) in the community where they live.

This treatment approach is intended for individuals who require assistance in achieving and maintaining mental health stability in the community, and who would continue to experience hospitalizations, incarcerations, psychiatric emergencies or homelessness without these services.

6. Community Residential Rehabilitation/Host Home

Some children (approximately 1% of children with mental health problems) are not able to live at home. There are many reasons why this may happen, including:

- The child's mental health symptoms being severe
- The family not being able to provide the appropriate level of care for the child
- No family unit

6. Rehabilitation/Host Home (continued)

- If a child cannot live at home, he or she may receive services in a Community Residential Rehabilitation/Host Home.
- This option provides a transitional residential program in a foster family setting. A host home provides therapeutic services 24 hours per day, 7 days per week.

7. Residential Treatment Facility

- **(RTF)** This is another option for a child who cannot live at home.
- A Residential Treatment Facility provides intensive, structured treatment and support services for children who have emotional/behavioral health problems and require continuous treatment and supervision.

7. Residential Treatment Facility (continued)

As with all mental health treatment, the goal for children in residential treatment is to enable the child to succeed in eventually returning home or to a less restrictive treatment setting.

8. Inpatient Hospital

- Children who are a danger to themselves or others may need to be hospitalized until their condition is stable.
- An inpatient hospital stay usually lasts from a few days to several weeks.
- As with all mental health treatment, the goal is to stabilize the child and continue treatment and support services in a less restrictive setting.

Behavioral Health Rehabilitative Services (BHRS)

Goals for this section:

- Gain an understanding of the funding sources for BHRS services
- Develop a working knowledge of the BHRS services available to children in the state of Pennsylvania
- Develop an understanding of timelines for BHRS service implementation
- Overview of recent regulations and impact on BHRS service delivery

BHRS Philosophy of Service

1. Process of providing a service – Begins with a prescription for service and an interagency service planning team meeting (ISPT) before services begin
2. Process for developing a service plan (Goals developed for all domains – Family, School, Peer, Leisure/Recreation, and Psychiatric/Psychological)
3. Action-Oriented – Everyone important in the child's life should have an explicit role in the treatment plan
4. Holistic – Looks at the whole child, not parts
5. Adopts CASSP Principles

How to Access BHRS Services For a Child

- Case manager or parent should call provider to initiate referral. *Some providers do not keep a waiting list. Ask when to call back to check on status of accepting referrals.*
- Best Practice Evaluation should be scheduled. *Typically within 7-10 days of call. Must be done by a licensed psychologist or psychiatrist.*
- If evaluation recommends BHRS services, an initial interagency meeting should be scheduled and the services should be implemented within 50 days of the evaluation date.

What are BHRS services?

- Behavioral Specialist Consultant (BSC) – Doctoral or Master’s level clinician who has expertise in managing behaviors, and who designs, monitors and implements a plan to manage the child’s behavior in conjunction with the family.
- Mobile Therapist (MT) – Master’s level clinician who provides individual and/or family therapy in the community.
- Therapeutic Staff Support (TSS) – Bachelor’s level clinician or an Associates Degree, (or sixty credits towards a Bachelor’s Degree, with the equivalent of at least 3 years of full-time paid work experience in a job that involved direct contact with children or adolescents) who supports, maintains, and stabilizes the child in the community in accordance with the behavior and/or treatment plan.

Pitfalls of TSS – Substitution v. Support

- It is inappropriate for the TSS to be a babysitter, Big Brother/Big Sister, teacher, taxi driver, or parent.
- The TSS role is critical to the success of the child, and should be seen as a professional. The parent/guardian should be involved with TSS interventions to allow for generalization of skills into the home. There may be exceptions for settings such as daycare, activities, or school.

How are BHRS services paid for?

- **BHRS utilizes Medical Assistance (MA) funding for reimbursement of services.**
- **MA has two systems:** Fee for service and managed care. Your county will drive who is the payer when MA is paying for BHRS services.

How Can a Family Apply for MA to Gain Service Access?

The family should meet the criteria below:

- Medical Assistance eligible – Parent can apply for MA in PA.
- Child must be 0-21 years of age
- Meets medical necessity criteria – having a mental health diagnosis requiring care.
- Child must be at-risk for out-of-home placement, psychiatric hospitalization, and /or a more restrictive educational placement are eligible.
- Services must be prescribed via best practice evaluation recommending this level of care is necessary.
- Services are contingent upon agreement by all involved parties at the periodic interagency meetings.

Recent BHRS Changes

- **Kirk T. Lawsuit:** Resulted in reporting and training requirements for providers. Increased accountability of providers to provide prescribed hours.
- **Specific guidelines and prescription:** Each service (MT, BSC, TSS) must be prescribed by hours per week. Provider agrees to contract for these hours by accepting referral to provide service.

Recent BHRS Changes (Continued)

- **Family/provider commitment to service:** Family should be committed to service level. Keep in mind service is in the home and can be seen as intrusive by some families/children.
- **Reporting documentation requirements:** Initial report sent to payer for date of service prescribed and initiated. Ongoing reports sent by providers of compliance in meeting prescribed hours per child.

Diversion and Stabilization

- The Diversion and Acute Stabilization Unit is a temporary residential unit for children and adolescents which provide an alternative to inpatient hospitalization.
- It can be used as a transition back into the community from inpatient, or as a step-down unit for RTF.
- The focus is to reduce acute symptomatology, stabilize medication, avert inpatient hospitalization and divert from long term RTF.

Diversion and Stabilization, continued

- Children in the middle of an acute crisis can receive the care they need in a temporary residential environment.
- The primary goal of this program is to stabilize a psychiatric crisis.
- An Adolescent Diversion and Stabilization Unit can help a child manage symptoms and learn coping skills for problems by providing medication adjustments, individual assessments, a therapeutic classroom environment, individual and small group counseling, and therapeutic recreational activities.
- Programs typically last for 28 days and the child resides on the unit. Family involvement is encouraged, family therapy is provided.
- DAS is voluntary and unlocked, a child must be willing to attend.

School Based Therapy

- The child will see a therapist in school
- School based follows the rules of outpatient therapy
- Medical Assistance is billed and if there is commercial insurance and the provider is in network, the commercial insurance is billed

Two ways that school based is initiated:

- through the student assistance program or
- The school feels the child needs further evaluation and paperwork is sent home with the child for parents to sign

Transitional Age Youth

- The term “Transitional Age” generally refers to an individual between the ages of 16 and 25
- Individuals in this age range experience changing needs and stressors as they transition into adulthood

Transitional Age Youth, continued

Individuals may need assistance in the following domains:

- Mental Health
- Health insurance and Income Assistance or Social Security
- Housing- Furniture or Utility Assistance
- Employment
- Education

Transitional Age Youth, continued

Changing Mental Health Services

- As children mature and their mental health needs change, so do the services available to them
- Services that may end by age 21 include Family Based and Wrap Around Services; also, many child and adolescent therapist and psychiatrists will discontinue services to an individual by the age of 18 or 21.
- Individuals receiving child or adolescent service coordination services will often transition to adult service coordination by the age of 25 if it is determined that they continue to require the service.

Transitional Age Youth, continued

Mental Health Disorders that are most commonly diagnosed in transitional aged individuals

- **Borderline Personality Disorder-** Most commonly diagnosed in early adulthood, this disorder is characterized by disturbed and unstable interpersonal relationships and self image, along with impulsive, reckless and often self destructive behavior.
- **Schizophrenia-** most commonly diagnosed between the late teen years and early 30's, this disorder is characterized by the presence of hallucinations, delusions, paranoia, and disorganized thoughts.

Transitional Age Youth, continued

Services specifically designed for Transitional aged Individuals:

- **CTT (Community Treatment Team)** - CTT teams provide a full continuum of clinical services and community based support to transitional aged individuals who are dealing with serious mental health concerns. The treatment team consists of a team leader, psychiatrist, registered nurse, drug and alcohol counselor, case manager, and mental health associate. The team will provide 24 hour crisis and on call service in addition to multiple contacts per week as needed.
- **PYT- (Partnership for Youth Transition)** - a part of the system of care initiative that supports families and children ages 14-25. Services offered include” support groups, advocacy support, support in accessing community resources, and families can receive support through open discussions with Family Support Partners

Transitional Age Youth, continued

Medical Assistance/SSI

- Individuals who are currently receiving MA and or SSI may risk losing their benefits at the age of 19 if the necessary paperwork to continue is not completed
- Individuals are able to apply for benefits on their own at the age of 18.

For more information:

- PA DPW-1-800-692-7462 or <http://www.dhs.pa.gov>
- PA SSI- 1-800-772-1213 or <https://www.ssa.gov/benefits/disability>
- Individuals who receive health insurance under their parents' plans may be eligible to continue to receive insurance up until age 26 due to recent federal changes.

Transitional Age Youth, continued

Community housing is available for individuals who are unable to live independently.

Options include:

- Supportive Housing
- CRR-Community Residential Rehabilitation
- CMHPCH- Comprehensive Mental Health Personal Care Home
- LTSR- Long Term Structured Residence
- Personal Care Home
- Mental Health Group Home
- Mental Illness/Substance Abuse (MISA)Group Home
- Domiciliary Care Home
- 24/7 Supportive Housing
- Specialized Supportive Housing
- County Personal Care home

Transitional Age Youth-Employment

The following services can assist with finding employment:

- **The Office of Vocational Rehabilitation (OVR)**- A state agency designed to help persons with disabilities help themselves to prepare for, start and maintain a career.
- **Goodwill Industries**- can assist youth and those with disabilities to locate a job by assigning them a mentor, helping them to develop a career plan, obtain job training, improve daily living and financial skills.
- **Career Link**- Can assist individuals to search for a job, build a resume, and explore career options. Internet job searches are available as well as personalized aptitude and skills testing or www.careerlinkpittsburgh.com

Educational Financial Support

- Federal Application for free student aid (FASFA). This is a very important application that determines the amount of federal assistance an individual is qualified to receive. The FASFA must be completed once per year while the individual is involved in a course of study. <https://studentaid.gov/h/apply-for-aid/fafsa>
- Another website, <https://studentaid.gov/understand-aid/types/grants> has a free scholarship search for additional funding.
- The Pennsylvania Office of Postsecondary and Higher Education may be able to provide information about additional funding available through the state 717-787-5041

References

The following is a list of references that can assist you in your role as a case manager. Further references are provided throughout the additional modules.

References

Resources

The following are several websites which can provide you with valuable information in performing your duties as a case manager. Please feel free to review them at your convenience:

- <https://pealcenter.org/>
- <http://www.dhs.pa.gov/>
- <http://www.cms.hhs.gov/>
- <http://www.nami.org>
- <http://www.namikeystonepa.org/>
- <http://www.pmhca.org>
- <http://www.samhsa.gov/>
- <http://www.grants.gov/>
- <https://www.samhsa.gov/disorders/co-occurring>
- <https://www.dhs.pa.gov/contact/DHS-Offices/Pages/OMSHAS-Childrens%20Behavioral%20Health%20Services.aspx>

Summary

You have completed Module 1 – Children’s Case Management Overview.

- Please continue by completing the following quiz:

<https://www.oerp.pitt.edu/wp-content/uploads/2019/04/TEST-Child-Module-1.pdf>

- Return the completed quiz to your supervisor. You or your supervisor will need to complete a Registration Form to send in to OERP when all your tests are completed and scored.
- Please complete an evaluation when you have completed the training at: www.surveymonkey.com/r/CM-eval

Comments

Please refer any comments or questions regarding this training to:

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You have completed Module 1. Please click here to return to the

Main Menu: <https://www.oerp.pitt.edu/child-case-management-training/>