Specialized Behavioral Health Services for Children and Youth

Kristin Savicki, Ph.D.
Office of Behavioral Health
Services by other licensed practitioners (OLP)
Outpatient Therapy by licensed practitioners
Psychiatric Services

Rehab Services
Community Psychiatric Support and Treatment (CPST)
Psychosocial Rehabilitation (PSR)

Intensive In-Home EBPs
(Sub-type of CPST)
Multisystemic Therapy (MST)
Functional Family Therapy (FFT)
Homebuilders (HB)
Assertive Community Treatment (ACT) age 18+

Coordinated System of Care
Wraparound Care
Coordination
Specialized Services

Crisis Services
Crisis Intervention

Specialized Behavioral Health Services for Children

Residential Treatment
TGH
PRTF

Acute Hospitalization

CSoC Specialized Services:
- Crisis Stabilization
- Independent Living Skills
- Short-term Respite
- Parent Support and Training
- Youth Support and Training

Residential:
TGH: Therapeutic Group Home
PRTF: Psychiatric Residential Facility

DEPARTMENT OF HEALTH AND HOSPITALS
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Coordinated System of Care
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Medicaid Child Members Served: February 2015

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<th>CPST</th>
<th>PSR</th>
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Acute Hospitalization
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Crisis Intervention Crisis Stabilization

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Residential:
TGH: Therapeutic Group Home
PRTF: Psychiatric Residential Facility
Individual, family, group outpatient psychotherapy and mental health assessment, evaluation and testing.

- Provided by LMHPs
  - Licensed Psychologist, LCSW, LMFT, LAC, APRN
  - Some limitations depending on licensure type and scope of practice
- Current practice: Individual therapy, family therapy, and group therapy are authorized for 24 sessions combined per calendar year per member.
- Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery.
**Specialized OLP services: Early Childhood EBPs**

• Evidence-based services for young children, provided by licensed therapists.
• Currently being billed by licensed professionals as individual or family therapy.
• Priority area for DHH’s ADHD Initiative: improve alignment with best practices for ADHD treatment, by increasing access to evidence-based behavioral therapy decrease medication use in this age group.

Magellan’s Early Childhood Initiative: collaboration with LSU and Tulane to train therapists in all LA parishes in:
  - Child-Parent Psychotherapy (CPP): addresses trauma in children ages birth to 5.
  - Parent Management Training (PMT) and Parent-Child Interaction Therapy (PCIT): address disruptive behavior in children ages 2-7.
Rehab Services
Community Psychiatric Support and Treatment (CPST)
Psychosocial Rehabilitation (PSR)

- Higher intensity services.
- Increased frequency and duration.
- Often delivered within a youth’s home and community.
- May be subject to pre-authorization.

Psychosocial rehabilitation (PSR):
*Assist the individual with compensating for or eliminating functional deficits/barriers associated with their mental illness, to restore the fullest possible integration of the individual as a member family and community.*
- PSR is a face-to-face intervention with the individual present.
- Delivered by unlicensed professionals with regularly scheduled supervision by an LMHP.
- Initial authorization of up to 750 hours of PSR per calendar year. This authorization can be exceeded when medically necessary through prior authorization for children under EPSDT.
- Services may be provided individually or in a group setting.
- A minimum of 51% of PSR contacts must occur in community locations.
Rehab Services
Community Psychiatric Support and Treatment (CPST)
Psychosocial Rehabilitation (PSR)

- Higher intensity services.
- Increased frequency and duration.
- Often delivered within a youth’s home and community.
- May be subject to pre-authorization.

Community Psychiatric Support and Treatment (CPST):
*Goal-directed supports and solution-focused interventions intended to develop skills to restore stability, support functional gains and adapt to community living.*
- CPST is a face-to-face intervention with the individual present, and may include family/collaterals as well.
- Practitioners with a master’s degree in SW, counseling, psychology etc. may provide all aspects of CPST, including counseling. Other aspects of CPST may be performed by an individual with a bachelor’s degree in SW, counseling, psychology etc. or four years of equivalent education/experience.
- Must have regularly scheduled supervision by an LMHP.
- A minimum of 51% of CPST contacts must occur in community locations.
**Specialized CPST: EBPs for high-risk youth**

- Legacy EBPs: Prior to the LBHP, funded by OJJ and DCFS; the child-serving agencies maintain a particular interest in these services.
- Youth with high needs, at-risk for out of home placement.
- Services engage youth and families within the home.
- Evidence-based for outcomes such as reducing symptoms (including substance use), improving family functioning, and preserving home and community placement.
- Providers must be part of a team/agency that has received specialized training and certification in the evidence-based practice.
- Fidelity is assessed.

**Intensive In-Home EBPs**
*Sub-type of CPST*
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Homebuilders (HB)
Multi-systemic therapy (MST): intensive home/family and community-based treatment for youth who are at risk for/returning home from out-of-home placement.

Target youth:
- Ages 12-17 years
- Significant externalizing behavior, such as chronic or violent juvenile offenses
- Diagnosis of conduct disorder or exhibiting similar symptoms

Goals:
- Increase pro-social behaviors, reduce externalizing behaviors
- Decrease association with deviant peers and increase association with pro-social peers and involvement in positive recreational activities.
- Help caregivers develop effective parenting skills.

Treatment:
- Individualized behavioral interventions that target specific behaviors.
- 3-6 months on average.
- Sessions at least weekly but often multiple times per week, depending on need.
- Average 60 hours of face-to-face treatment over a 4-month period, as well as about 35 hours of non-direct contact provided to the ecology of the youth.
- Services are primarily provided in the home, also in the school and community.
Functional Family Therapy (FFT): Family- and systems-based approach to providing treatment to at-risk youth.

Target youth:
• between the ages of 10 and 18
• exhibiting significant externalizing behaviors

Goals:
• reduce intense/ negative behavioral patterns,
• improve family communication, parenting practices and problem-solving skills, and
• increase the family’s ability to access community resources.

Treatment:
• Conducted for three to five months (on average).
• 12-15 sessions, 1-2 hours in length (up to 30 sessions for youth with more complex needs).
• Services occur in the office, family’s home and/or community at times that are convenient for the family.
**HOMEBUILDERS** is an intensive family preservation services program designed to improve family functioning and children's behavior and to prevent out-of-home placement.

**Target youth/families:**
- Children/youth with serious behavioral and/or emotional problems in the home, school, and/or community;
- Family members with substance use problems, mental health problems, poverty-related concerns (lack of adequate housing, clothing and/or food);
- Children/youth who have experienced abuse, neglect, or exposures to violence or other trauma.

**Goals:**
- improve parenting skills, family functioning, parent/caregiver and children’s behavior and emotion management skill, increase safety of all family members, in order for children/youth to live safely at home.

**Treatment:**
- 4-6 weeks of intensive intervention with up to two “booster sessions”.
- Therapists serve 2 families at a time and provide 80-100 hours of service, with an average of 38 hours of face-to-face contact with the family.
Crisis Services
Crisis Intervention  Crisis Stabilization

- Should be widely available across all non-residential levels of care.
- Intended to reduce ED presentations, inpatient hospitalizations, and residential treatment.

- **Crisis intervention**: Counseling-based, outpatient service
- **Crisis Stabilization**: Out-of-home option (approx. 7 days per episode)
  - Current:
    - Only for CS0C youth, part of 1915c SED waiver.
    - Small referral pool = lack of providers, lack of access.
    - Facility-based only.
  - Proposed to CMS:
    - Expand to all Medicaid youth, to widen referral pool and reduce ED presentations/hospitalizations for all youth.
    - May be facility-based (i.e. DHH licensed Crisis Receiving Center), or
    - May be provided within a Therapeutic Foster Care home (DCFS licensed Child Placing Agency).
CSoC provides family-driven care planning and specialized services for 2400 of the highest-risk youth in Louisiana, who are in or at-risk for out-of-home placement.

**Key Ingredient:** *Wraparound Care Coordination*
- Nationally recognized.
- Effective for youth with high needs, high levels of cross-system involvement.
- Works closely with the family, giving them “voice and choice” in developing a comprehensive plan.
- Plan “wraps around” youth and family with:
  - Formal services
  - Natural supports

**Goal:** *“Whatever it takes” to keep youth safely at home and in their communities.*
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Wraparound Care Coordination

CSoC Specialized Services:
- Crisis Stabilization
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- Parent Support and Training
- Youth Support and Training

Systems
(Schools, Probation, Child Welfare)

Natural Supports
**Goal:** Reduce unnecessary residential treatments. Serve children as much as possible within their homes and communities to:
- Preserve families and permanency
- Increase generalization of skill achievement.
- Reduce costs.

**Goal:** Increase quality of residential programming
- Collaboration vs. Coercion
- Trauma-informed care vs. “managing behaviors”
- Reduce restraints and seclusions
- Deep-level family involvement, family work and preparation.

**Goal:** “Bridge” smoothly back to home and community
- **Extensive,** Wraparound-style discharge planning, concurrent collaboration with aftercare service providers and family.
- Desired outcome = success in-home 6-12 months post-discharge.
Psychiatric Residential Treatment Facility (PRTF)
Highest level of residential treatment
Physician-driven, school and services provided on-site.

**Identified Gaps:**
- Geographic: more needed near population centers
- Specialty programming to serve particular behavioral/diagnostic needs:
  - highly aggressive behaviors,
  - co-occurring developmental disability needs,
  - co-occurring substance use disorder.
Therapeutic Group Home (TGH)

- Lower level of residential treatment
- Goal is community inclusion: “typical house” in a neighborhood, attendance at community schools, participation in “mainstream” community activities.
- Therapeutic services focused on building skills needed for community inclusion and return to family home.
- Medicaid pays clinical portion of rate; federal rules prohibit Medicaid payment for smaller, “room and board” portion of rate.
Questions?