

**Community Care Behavioral Health Organization**  
**SCHOOL-BASED BEHAVIORAL HEALTH SERVICES**  
**FOR CHILDREN AND ADOLESCENTS**

**SERVICE DESCRIPTION**

9/18/09

1) PROVIDER TYPE

(Name of agency) is currently enrolled with the Pennsylvania Office of Medical Assistance Programs and is credentialed with the Community Care Behavioral Health Organization (Community Care) to provide Behavioral Health Rehabilitation Services (BHRS):

(Name of agency) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Underlying mental health license Number: \_\_\_\_\_

BHRS PROMISe Number: \_\_\_\_\_

2) COPY OF LICENSE

Copies of underlying mental health licenses for outpatient clinic, family-based mental health (FBMH) or partial hospitalization (partial) services, OMHSAS BHRS approval form, as well as PROMISe Enrollment numbers are enclosed. The applicant needs to be contracted with Community Care to provide BHRS services in (enter County name) County in which services will be performed.

3) NAME OF SERVICE

School-Based Behavioral Health Team Services for Children and Adolescents (SBBH TEAM)

4) SUBCONTRACTING

Staff for the SBBH TEAM program will either be full-time or part-time employees who must be salaried with benefits. There will be no subcontracting for the SBBH TEAM program, except to fill gaps in staffing on a temporary basis while active recruitment is occurring by provider to hire full-time or part-time employees.

5) SERVICES TO BE PROVIDED IN WHICH COUNTY

SBBH TEAM program will be provided in \_\_\_\_\_ County and reimbursed through Community Care.

6) COLLABORATION WITH \_\_\_\_\_ COUNTY TO DEVELOP SERVICE

Community Care developed the SBBH TEAM model with the participation and cooperation of the local School Districts, (Name of County), Office of Mental Health and Substance Abuse Services (OMHSAS), Northeast Behavioral Health Care Consortium (NBHCC) and other stakeholders. (Name of agency) was selected to provide SBBH TEAM services by Community Care and provides SBBH TEAM services at (School Names), each jointly determined by Community Care and the School District of \_\_\_\_\_, beginning in (Month) 2010.

Community Care and (County Name) acknowledge and appreciate the previous work of Philadelphia's Department of Behavioral Health whose successful implementation of school-based behavioral health teams through the SBBH and CARE models significantly informed our efforts.

7) TARGET POPULATION

For ease of reading in the text which follows "child" will refer to both child and adolescent unless otherwise stated.

SBBH TEAM services will be provided during the hours of operation of school to \_\_\_\_\_ School District children, ages (5-18) years, who demonstrate serious emotional or behavioral disturbance and such illness/condition is having a negative impact on his/her ability to be educated and function in home and community settings. Emotional and behavioral disturbance may be manifest in any of the

following domains of function: judgment, thought, mood, affect, impulse control, psychosocial, psychomotor retardation/ excitation, physiological functioning and/or cognitive/perceptual abilities.

SBBH TEAM services will be provided outside of school hours, during evenings and weekends, in home and community settings to meet the needs of youth and families in an integrated and coordinated fashion.

Children must be a Community Care member and eligible for Pennsylvania Medical Assistance. (Name of agency) will implement clinical criteria that are appropriate for Community Care to determine that SBBH TEAM services are medically necessary for children and adolescents and their families. Submission for service requests must include the following documentation: Evidence a master's prepared Mental Health Professional completed a comprehensive assessment to assess clinical need and which resulted in a recommendation for SBBH TEAM services; confirmation an interagency service planning team meeting (ISPT) including family members, educators and other appropriate stakeholders as indicated, was held and a licensed Psychologist or Psychiatrist was present at the meeting and confirmed the need for SBBH TEAM services; an initial treatment plan and a plan of care (POC) summary. Services will be authorized for up to a 6 month period (or academic semester).

Community Care will determine medical necessity using clinical criteria consistent with Appendix T Part B (2) for Behavioral Health Rehabilitation Services (BHRS) of the HealthChoices contract between the County of \_\_\_\_\_ and the Pennsylvania Department of Public Welfare.

The premise for the provision of SBBH TEAM services is that family/caregiver involvement is essential and the Child and Adolescent Service System Program ("CASSP"), Resiliency and Recovery principles must be followed. Promoting resiliency in youth is predicated upon identifying strengths and supporting success while identifying needed areas of growth and intervention. The Pennsylvania Department of Education (PDE) has a state-wide Wellness and Resiliency initiative and framework to support its efforts. Integrating general resiliency and CASSP principles and an understanding of the PDE initiatives is essential.

SBBH TEAM services complement school-district interventions (i.e., SAP CORE team processes, the School District's educationally-based emotional and

behavioral support program, School-wide Positive Behavioral Support (SWPBS), other Response to Intervention (RtI) initiatives and other types of community services (including prevention, early intervention and/or case management services provided through the Office of Children, Youth and Families and/or the Office of Mental Health and Mental Retardation Services (OMH/MR)).

To insure that other types of school-based, non-behavioral health services are linked to and integrated with the provision of SBBH TEAM services, the children and families referred or receiving SBBH TEAM services should be referred to the School District's SAP Core team. A SAP Core team referral, however, is not required to access service as it is intended to facilitate collaborative and coordinated care before and after service initiation, as is clinically appropriate.

Each public school participating in this program has a SAP Core team process that reviews any school-based issues and can be initiated by a teacher, counselor, school psychologist, other school personnel, peer, or by the student and/or caregiver. The SAP Core team first reviews classroom-focused interventions (i.e. helping the teacher meet the child's needs). This is then followed by discussions regarding individual student-focused interventions (i.e., through instructional support teams (IST), special education/psychoeducational testing, IEP, etc.). (Name of agency) SBBH TEAM services' Mental Health Professionals will be available to provide client-specific clinical consultation to the SAP Core team, as needed, for youth receiving SBBH team services. Caregivers are invited to SAP Core team meetings. Community Care representatives, SBBH TEAM representatives and school-based case managers, if available, also attend SAP Core team meetings.

Last, SBBH TEAM services were developed as an alternative for the majority of children who currently receive the traditional BHRS during school hours, typically a Therapeutic Staff Support worker (TSS) in the classroom. School district officials across the districts shared common concerns that the frequency and intensity of behavioral health needs of their students are increasing relative to increasing societal problems, that current behavioral health services are not fully effective, in part due to insufficient training and supervision of TSS, that communication among school staff, outside behavioral health providers and families is deficient resulting in fragmentation and inconsistency of interventions and that there are inadequate supports to assist students in transitioning back to school from inpatient or partial hospital stays, residential treatment or out of home placements. In addition, they expressed a desire for a model of behavioral health

intervention that could provide more flexibility than current classroom TSS service.

SBBH Team services are designed to be more flexible than traditional BHRS by providing service to the identified child only during specific times of clinical need. SBBH Team interventions may also be delivered to groups of eligible children, unlike BHRS where services must be delivered to a single eligible child. SBBH Team services, which are considered the behavioral health home for children and their families, are provided not only in the school but also in the home/community settings as well. Therefore, it is the expectation that the SBBH Team delivers services in a highly flexible manner to meet the needs of youth and families.

For some children and adolescents, the traditional BHRS will continue to be recommended and authorized while attending the School District schools but it is believed that for most children, SBBH TEAM will replace or be used as an alternative for such services.

## 8) SERVICES

The SBBH TEAM service is a voluntary service, available to schools and or school districts as an alternative to existing school-based services. Through its base in the school district, the SBBH Team serves to provide youth and their families with a behavioral health home. The Team will function as the single point of contact for SBBH enrolled youth and families and assume full clinical responsibility for treatment interventions, coordination of care and case management activities. Services are provided in both school and community settings. While based in the school with the opportunity to coordinate closely with educational faculty, the Team is capable of and expected to work closely with parents/caregivers in home and community settings to address family issues and to support efforts in the school setting. SBBH serves to enhance the spectrum of services currently available to youth and their families through its enhanced training of staff in family-focused, trauma-sensitive and social/emotional and behaviorally informed clinical principles. SBBH TEAM services support the flexible provision of services as needed and in a developmentally appropriate manner. Ongoing consultation and monitoring of the clinical program is provided by Community Care's children's services clinical transformation team.

All youth eligible for services who meet clinical criteria for care will have access to the service in areas where it is provided. If a family sanctions delivery of services but chooses not to participate in SBBH team services, other school and community-

based behavioral health services will be available and provided.

SBBH TEAM services have been developed based on CASSP principles and objectives. These services provide access to behavioral health services in the school building and during the operation of school and in the home and community as needed and prescribed. SBBH TEAM services are intensive services.

The Strengths and Difficulties Questionnaire (SDQ) will be completed by parents and teachers on admission, quarterly and at the completion of services. In addition, (Name of agency) must utilize the Community Care's Child Outcomes Survey (COS) on a monthly basis and at completion of services to maximize communication between families, children, educators, and clinicians, to inform clinical decision-making and to monitor improvement in the student during the period of service provision.

Each SBBH TEAM is comprised of (1.5 or 2.0 FTE) Mental Health Professionals and (4.0 or 5.0 FTE) Behavioral Health Workers. Operational support for the program is provided by the BHRS provider agency implementing the team. The Agency Clinical Director will have overall responsibility for the clinical integrity of the SBBH TEAM services. Each team must have a dedicated psychologist or psychiatrist who is available to provide consultation to the team for a minimum of 4.0 hours weekly. Consultation activities will include client-centered case consultation, system-focused consultation and participation, either in person or telephonically, in all ISPTs for youth referred to/or SBBH enrolled who have been assessed by a SBBH MHP.

Each SBBH TEAM may serve a caseload of approximately 20 children at a time.

SBBH TEAM services provided by the SBBH TEAM may include but not be limited to individual, family and/or group psychotherapy provided to youth and/or parents/caregivers, behavioral modification and coping skills, modeling, one-to-one and/or group rehabilitation, assessments, crisis intervention, case management, client-centered case consultation with teachers and other school personnel for children, who are served by the SBBH TEAM, training to teachers and school personnel, participation in meetings regarding the individual child, including but not limited to SAP CORE team, IST, IEP and ISPT meetings, assertiveness training, planning, family support, service linkage and service referral.

Services may be provided to individual children or to eligible children in pairs and/or in groups. The SBBH TEAM services may be provided in person or by telephone (to the family and other persons involved with the child) if needed and may be provided by one or more members of the SBBH TEAM at the same time to the same eligible child.

SBBH TEAM staff members will have rotating schedules allowing them to serve children and families during days, evenings and weekends in school, home and community settings as needed. (Name of agency) will develop and ensure an on-call capability to allow families enrolled in the program telephonic access to staff to provide crisis intervention triage as needed during night and weekend hours.

#### 9) INDIVIDUALIZED TREATMENT WITH TRAUMA-SENSITIVE AND FAMILY-FOCUSED CARE

An individualized treatment plan will be developed for each child which will address personal needs, goals, strengths and interventions specifically for his/her functioning and succeeding in the school, home and community settings. Such treatment plan will be developed in cooperation with and in coordination with any other treatment and/or behavioral plans for the particular child. The treatment plan will be developed pursuant to an interagency team meeting that will consist of, at a minimum, the family/caregivers and the child (if appropriate), the school, the treatment team and Community Care, as well as a representative from the referring agency and all other agencies providing services to the child and the caregivers. Each child will have a treatment plan individualized to his/her needs, with measurable and obtainable goals. The SBBH TEAM will review each child's treatment plan and the child's treatment goals on a monthly basis through the concurrent review process to insure that they are being met and, if not, to amend the treatment plan to meet the child's needs.

#### 10) CULTURAL COMPETENCY

SBBH TEAM staff will be culturally competent and will reflect the children and families being served. Staff will be respectful of the needs of children and the families from all cultures and backgrounds and will attend training sessions (as needed) that address issues related to cultural competency and broaden awareness of culturally diverse populations.

## 11) COMMUNITY INTEGRATION

SBBH TEAM services will be provided in the child's public school and home or community. Wherever the child receives his/her educational services, SBBH TEAM services will be provided in that public school.

## 12) STAFF COMPOSITION AND QUALIFICATIONS

Each SBBH TEAM, serving approximately twenty (20) children, will be comprised of:

- Licensed Master's Prepared Clinician, meeting the credentialing requirements of a Mental Health Professional, will conduct assessments as needed, design behavioral interventions in collaboration with the treatment team, education team and the family; provide family liaison and treatment planning and linkage with other service stakeholders; conduct client-centered case consultation, in-service training, supervision and implementation of the care plan; and will provide individual, family and group treatment and crisis intervention services in school, home and community settings. Clinicians will also serve as liaisons to school staff and provide clinical supervision to Behavioral Health Workers. It is highly preferred to engage clinicians who have family-therapy training and experience. (1.5 or 2.0 FTEs)
  
- Bachelor's Prepared Behavioral Health Workers to implement specific school and community-based behavioral plans, track measurable objectives, communicate progress through reports and attend clinical team meetings at the Clinician's discretion. They will also serve to provide care coordination and linkage. It is highly preferred to engage Behavioral Health Workers with two or more years of experience in clinical settings. (4.0 or 5.0 FTEs)

### 13) TRAINING AND SUPERVISION

#### TRAINING

Community Care will provide intensive training to SBBH TEAM service staff for the providers awarded the opportunity to implement school-based behavioral health teams to support program implementation and will monitor the program's fidelity to the model throughout operation. Training will include the following modules with emphasis on principles and practices: Structural family therapy, Positive behavioral support and Sanctuary trauma-informed care. Provider agencies will commit up to 10 days of training annually for all SBBH TEAM members. Providers must also demonstrate an understanding of these issues and be prepared to commit to using identified principles and tools throughout program operation.

#### SUPERVISION

The Licensed Master's Prepared Clinicians will provide clinical supervision of the SBBH TEAM services provided by the Behavioral Health Workers. Each Behavioral Health Worker will receive a minimum of 1.0 hour of supervision weekly. The SBBH TEAM program will be a part of (name of agency) and all services will be ultimately supervised by the Medical Director and/or Clinical Director of (name of agency). The Medical Director and/or Clinical Director will devote a minimum of 4.0 hours monthly to onsite monitoring of the program.

### 14) MONITORING AND ASSESSMENT BY AGENCY

The Licensed Master's Prepared Clinicians will be responsible for the day-to-day monitoring of the SBBH TEAM services program. They will work in conjunction with the agency's Medical Director and/or Clinical Director, and pursuant to the agency's Compliance Program.

### 15) MONITORING AND ASSESSMENT BY COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION

Community Care will monitor and (name of agency) will provide a report for each child on performance indicators on a 3 months basis during service provision and for 6 months following the discontinuation of SBBH TEAM services. (Name of agency) will utilize Community Care's performance indicators and tools.

## 16) BUDGET

Community Care requires submission of a budget representing costs related to the delivery of SBBH TEAM services. The participating provider will be reimbursed by Community Care using a payment arrangement which incorporates the information submitted.

It is anticipated that SBBH TEAM will be maintained at an approximate census of twenty (20) youth.