

# CBH Continuum of Child and Adolescent Services

Services marked (\*) require pre-authorization

Service	Ages	Elements of Treatment	Clinical Considerations	Specialty teams and Evidence Based Practices** (available at some providers)
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Community Treatment Supports				
<b>Blended Case Management (BCM)*</b>	Ages 4 to 21	A community based service which is designed to assist members to gain access to community agencies, services and professionals whose functions are to provide the support, training and assistance required for a stable, safe and healthy community life. These programs work in a team model and have the ability to adjust the intensity of the services provided to meet the individual needs of the client without changing service providers.	<p>BCM is designed to support access and coordination of services</p> <p>Eligibility is based on mental health diagnosis, mental health treatment history and global level of functioning.</p>	<b>Specialty Teams:</b> Specialized Blended Case Management is provided for children with Autism Spectrum Disorders (ASD) through the Centers of Excellence for Autism Services
<b>Enhanced Case Management (ECM)*</b>	Ages 4 to 21	Specialized case management program that partners with the child's community and family in a time of crisis and/or transition to ensure that adequate support is provided. Services are provided for a period of 3-6 months to ensure stabilization and connection to services. It is expected that the case manager will make contact with the family within 24 hours of receiving the referral and will assess the family's needs in all domains, and develop a comprehensive procedure for ensuring that community based treatment and non-treatment	<p>ECM is appropriate for children who have:</p> <ul style="list-style-type: none"> <li>Been diverted from acute inpatient hospitalization who present at the CRC for an evaluation but are not currently receiving behavioral health services</li> <li>Present with high-risk behaviors, but whose families have not followed through with referral to mental health services</li> <li>Been discharged from acute inpatient while awaiting the commencement of services such as BHRS and FBS</li> </ul>	

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		resources are explored and accessed to meet those needs.	<p>A history of multiple inpatient hospital admissions within the past six (6) months</p> <p>Been discharged from residential treatment providers with a history of DHS placement and/or multiple residential placements and limited supports</p> <p>Have complex medical needs which need to be managed and coordinated with mental health services</p>	
<i>Continuity of Care Team (COC)*</i>	All ages	Intense, short term and assertive case management available 24 hours per day. Services include outreach, engagement, assessment, linkages to community resources, intervention and advocacy	<p>For members frequently using inpatient levels of care who do not have active case management services. Works to connect members to appropriate services to prevent unnecessary hospitalizations.</p> <p>COC will work with members who are not yet CBH eligible or who have lost eligibility and will assist with the enrollment process.</p> <p>COC is able to work with members with complex medical needs and ensure adequate follow up with physical health appointments.</p>	
<i>Hifidelity Wraparound/ Joint Planning Team*</i>	Ages 10 to 17 with a history of or current behavioral	<p>Strengths based team planning approach</p> <p>Highlights Family Voice and Choice</p> <p>Focuses on linking to and mobilizing natural</p>	Currently used only as a diversion program through the Juvenile Justice Services Center	<b>Evidence Based Practices:</b> Hifidelity Wraparound is an evidence based

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[Redacted]	health services and involved in the juvenile justice system	supports for youth and family  4 phases: Engagement, Plan Development Implementation, Transition  Includes use of peer support for youth and family  <i>Service Length:</i> 12-18 months  <i>Team Composition:</i> 1 coach, 1 facilitator, 1 family support partner, 1 youth support partner		model

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## Assessment Services

<b>Crisis Response Centers (CRC)</b>	All ages	Crisis Response Centers provide emergency assessment, referrals and resource linkage to individuals experiencing a behavioral health crisis. These Centers are open 24 hours a day, 7 days a week.	To be used only during a behavioral health crisis	
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<b>Comprehensive Biopsychosocial Evaluation/ Re-evaluation (CBE/CBR)</b>	All ages	A complete gathering of ecological information through client interview, discussion with family members and/or caretakers, review of clinical records, and contact with collaborating agencies that leads to a biopsychosocial formulation, diagnoses, and treatment plan. Structured tools are utilized to clarify diagnosis and behaviors	The CBE should consider the comprehensive service needs of the child and family.	<b>Specialty Teams:</b> Psychosexual Evaluations
<b>Extended Assessment Service (EAS)</b>	Children with a possible diagnosis of Autism Spectrum Disorder	A 60 day assessment process which includes observation across settings (home school community), structured diagnostic tools, including the Autism Treatment Evaluation Checklist (ATEC), Autism Diagnostic Observation Schedule (ADOS) and a Functional Behavioral Assessment (FBA) to aid diagnosis and treatment planning.  Can provide diagnostic clarification and/or develop appropriate specialized treatment recommendations	Only for children needing diagnostic clarification to rule in/out Autism Spectrum Disorders (ASD) or for children with a confirmed diagnosis of ASD in need of specialized treatment recommendations	<b>Specialty Teams:</b> Provided only by the Centers of Excellence for Autism Services

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<b>Functional Behavior Assessment (FBA)*</b>	All ages	<p>A systematic set of strategies that is used to determine the underlying function or purpose of a behavior, so that an effective intervention plan can be developed.</p> <p>Describes the interfering or problem behavior, identifying antecedent or consequent events that control the behavior, developing a hypothesis of the behavior, and testing the hypothesis. Data collection, structured tools, and direct and indirect measures of behavior are key elements.</p>	To be considered when new behaviors emerge, behaviors are deteriorating, or to clarify targeted interventions.	<p><b>Specialty Teams:</b>                      Provided by the Centers of Excellence for Autism Services</p> <p><b>Evidence Based Practices:</b>                      FBA is an evidence based assessment rooted in the principals of Applied Behavioral Analysis</p>

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## Community Based Child and Family Services- Outpatient Treatment Interventions

Outpatient Therapy	All ages	<p>Individual, Family and Group Therapy</p> <p>A variety of treatment modalities can be used. Modalities should be tailored to the individual needs of the child and family.</p>	<p>Outpatient therapy is the least restrictive community based treatment</p> <p>Mobile Therapy, Partial Hospitalization, and Family levels of care are considered to be a duplication of services with outpatient individual therapy. However, specialized trauma therapy can be done concurrently with other levels of care.</p>	<p><b>Specialty Teams:</b> Trauma, Sexual Trauma</p> <p><b>Evidence Based Practices:</b> Parent Child Interaction Therapy (PCIT), Trauma-Focused CBT (TF-CBT) Cognitive Behavioral Therapy (CBT), Ecosystemic Structural Family Therapy (ESFT) Child and Family Traumatic Stress Intervention (CFTSI), Child Parent Psychotherapy (CPP)</p>
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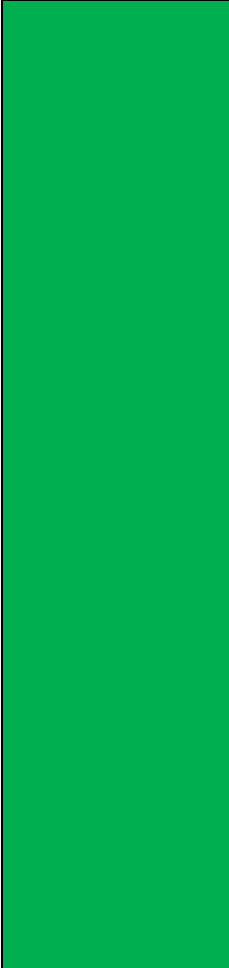
## Community Based Child and Family Services- Community Based Treatment Interventions

<b>Behavioral Health Rehabilitative Services (BHRS)*</b>	Children up to age 21	<p>BHRS is a targeted service designed to stabilize a child in their community, support success during transitions, and reintegrate a child when returning home following more intensive treatment. The goal is to provide treatment in the least restrictive environment, while maintaining the child within his or her community. Service Components Include:</p> <p>Behavior Specialist Consultant (BSC): A consultation service delivered by a master's or Ph.D. level professional with expertise in behavioral management utilizing an Applied Behavioral Analysis (ABA) approach. In some cases of stabilization or on-going treatment of the child, specific expertise in behavioral management protocols is needed that the mobile therapist and therapeutic support staff cannot provide. Under such circumstances, and following agreement by child, family, and mental health professionals on the treatment team, a behavioral specialist consultant can be engaged as part of the treatment team if the service is included in the Treatment Plan</p>	<p>BHRS should be considered for children who have a severe psychiatric disorder, or severe behavioral problems, who:</p> <p>May be at high risk for psychiatric hospitalization,</p> <p>May be in a foster care placement which is in jeopardy because of the child's behavior.</p> <p>Are being discharged from a psychiatric hospital or psychiatric residential treatment facility, and who are transitioning back to home and community.</p> <p>The recommendation for services must carefully consider not only treatment for an identified problem, but the child's multi-system involvement, willingness to engage in treatment, and the confidentiality concerns of both the child and family. Community based resources and natural supports should be used to promote resiliency and stability and should be documented in the CBR.</p> <p>Requests for BHRS should include interventions or areas of focus to be considered in the treatment plan. The treatment plan should specify the role and planned</p>	<p><b>Specialty Teams:</b> Deaf and Hard of Hearing</p> <p>BHRS for children with ASD provided by the Centers of Excellence for Autism Services</p> <p><b>Evidence Based Practices:</b> Cognitive Behavioral Therapy (CBT), Ecosystemic Structural Family Therapy (ESFT)</p>
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		<p>Mobile Therapist (MT): The MT is a master's prepared professional who, by definition, provides intensive therapeutic services to a child and family in settings other than a provider agency or office. In cases where a BSC is not indicated, the MT will serve as the lead clinician on the case, and will develop the treatment plan, oversee TSS intervention (if applicable) and provide mobile therapy.</p> <p>Therapeutic Support Staff (TSS) A Bachelor's level professional who works one-on-one with the child in the child's home, school, or community setting where the child is having behavioral difficulties. Provides one-on-one interventions to a child at home, school, or other community setting when the behavior without this intervention would require a more restrictive treatment setting.</p> <p>The TSS's role is to implement the clinical interventions outlined in the child's treatment plan. TSS is not a "stand alone" service and is offered in conjunction with other BHR Services.</p> <p>Staff support can be offered both in and out of</p>	<p>interventions for each service recommended to promote role clarity.</p> <p>When services that can be used across settings, like MT, are recommended, the recommendations should specify where the services should be delivered.</p>	

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		school. "Non School TSS" may be used are camp, daycare, preschool programs, and after-school programs. "School TSS" is used for school age children in kindergarten and higher.		

Community Based Child and Family Services- Community Based Treatment Interventions				
<b>Children's Interim Response Team (CIRT)*</b>	Children up to age 21	CIRT provides support for the child in his/her home, community or school on a short term, emergency basis. CIRT continuously assesses the needs of the child and either agrees with the previously made recommendations or makes new recommendations based on their observations and work with the child. CIRT is comprised of a Master's level Behavior Specialist Consultant and a Bachelor's level crisis specialist, which is similar to Therapeutic Staff Support.	<p>CIRT is an emergency based service that works with children for 30 days, often as a diversion from inpatient or while waiting for another service to start.</p> <p>CIRT does not service children who only need MT services.</p>	

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<b>Clinical Transition and Stabilization Services (CTSS)*</b>	Ages 4-21	A short term program (maximum of 90 days) that addresses the mental health and stabilization needs of children in foster care. The treatment team consists of a master's level clinician and a bachelor's level mental health worker and includes: in-home individual and family therapy, crisis intervention, one to one support and modeling in the home, school and community, evaluation and medication management, psycho education for caregivers, foster care agency staff and school personnel, coordination of needed supports and services.	Service goals include: reducing the number of disruptions in foster care home placements, fostering caregiver acceptance and understanding of children's mental health problems, reducing the need for higher levels of services, building positive relationships between children and their foster and biological families.	<b>Evidence Based Practices:</b> Ecosystemic Structural Family Therapy (ESFT)

## Community Based Child and Family Services- School Based Interventions

<b>School Therapeutic Services (STS)*</b>	School aged children from Kindergarten through 8 <sup>th</sup> grade	School Therapeutic Services offer interventions within the context of the regular school day to ensure academics remain the primary focus and to reduce the stigma associated with having an individual TSS with the child throughout the school day. STS treatment services include individual and group therapies as well as individual interventions and behavioral	Services are authorized on a level based system with built in program titration. Level of services should be prescribed to match the severity of the prescribing behaviors.  Generally, the STS model does not meet the needs of children with an ID or ASD diagnosis.	<b>Evidence Based Practices:</b> Cognitive Behavioral Therapy (CBT)
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		<p>consultations, as needed, during the school day.</p> <p>Treatment is specific to the strengths and needs of the child while also building resources to develop resiliency. The STS Behavioral Health Worker (BHW) will work with multiple children within the school with support from a Master's Level Lead Clinician (LC) and Group Mobile Therapist (GMT). The LC and GMT provide more specialized therapies such as social skills, anger management, problem solving, conflict resolution and other treatment services, which are delivered at least once a week.</p>		
<b>Therapeutic Emotional Support Classroom (TESC)</b>	School aged children from Kindergarten through 8 <sup>th</sup> grade	Therapeutic Emotional Support Classrooms designed to support a child's academic progress while addressing their individual behavior needs	Only children identified by the School District of Philadelphia on an Individualized Education Plan (IEP) as needing emotional support are eligible for TESC. CBH does not make referrals to this program; students are placed in these programs by the School District. TESC may be accessed via the Interagency Service Planning Team (ISPT) process including the School District of Philadelphia	

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<b>Community and School Support Team (CASST)*</b>	Children in Kindergarten through 8 <sup>th</sup> grade	<p>CASST is a voluntary service for youth and their families. Youths must demonstrate an emotional or behavioral disturbance that interferes with their ability to be educated and function in other settings. CASST is provided in the home, community, and school during the day, evenings, and weekends as needed. The team is based in a school building and is available to support youths only during times of clinical need. Further, the team will function as the single point of contact for enrolled youth and their families. CASST focuses on the family as a whole and has sensitivity to trauma issues.</p> <p>The CASST model includes clinical interventions, case management, consultation to school staff, and crisis intervention (crisis services are available 24/7). Each team includes a number of master's level clinicians, a licensed psychologist, bachelor's level staff, and a family support specialist.</p> <p>The CASST model includes a daily assessment of enrolled youth to consider the service needs for that day. Based on this assessment, the team can rapidly increase or decrease service intensity as needed. The team will maintain regular contact with families to ensure their participation.</p>	<p>The team prioritizes frequent and ongoing contact with families. Families are actively engaged in the development of their child's individualized treatment plan. Family sessions are provided in locations that are most convenient for the family.</p> <p>CASST services are generally not appropriate for treating youth with an Autism Spectrum Disorder (ASD). Youth with an ASD diagnosis, particularly those with high functioning Asperger's Disorder, may be considered on a case-by-case basis.</p> <p>Note that youth enrolled in CASST and their families should have limited concurrent services given that team services are designed to be comprehensive in nature. An exception is psychiatric care, including evaluation and medication management services. Substance abuse treatment that extends beyond drug and alcohol education is also an exception.</p>	

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## Community Based Child and Family Services- Therapeutic Summer and Afterschool Programs

<b>Summer Therapeutic Activities Program (STAP)*</b>	Children up to age 21	Structured Therapeutic Camp which provides group intervention through individual and group therapy, structured therapeutic activities, and community integration activities.	To be considered for children who would not be successful in a community camp with supports and who need more structured, group treatment during the summer months.	<b>Specialty Teams:</b> Provided for children with ASD by the Centers of Excellence for Autism Services
<b>Group Therapeutic Services in Camp (Group TSS)*</b>	Children up to age 21	Group TSS and Lead Clinician (LC) support for children with behavioral health disorders in a community camp setting. BHRS providers are assigned to specific community camps and provide authorized services in the camp setting to meet the behavioral health needs of the children.	Group therapeutic services are offered in an array of community based summer camps in conjunction with Madeline Moore grant funding.	

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After School Programs (ASP)*	Ages 5-21, but age group may vary by provider	Group therapeutic treatment during after school hours	To be considered for children who require group treatment in an extended day structured setting.	<b>Specialty Teams:</b> Provided for children with ASD by the Centers of Excellence for Autism Services

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## Community Based Child and Family Services- Therapeutic Preschools

<b>Therapeutic Preschools*</b>	Between the ages of 3 and 5	<p>Full day, 12 month preschool program for children who have been unsuccessful in other preschool programs due to behavioral problems or observable developmental delays</p> <p>Incorporates Behavioral Health support including individual and family therapy, case management and psychiatric services as needed.</p> <p>Programs incorporate music, movement and art therapies</p>	<p>Criteria for admission varies with each program</p> <p>Early Intervention services can be pushed in</p>	
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## Community Based Child and Family Services- Long Term Partial Program

<b>Long Term Partial Program</b>	Ages 6-11	<p>Long Term Partial Programs provide daily education and therapy.</p> <p>They use a multi-disciplinary team approach including group, individual, and family therapy, educational assessment and planning. The goal is to assist with improving the child's level of functioning within his or her home, school, and community.</p>	Each long term partial program is solely responsible for the intake process.	<b>Specialty Teams:</b> Members with history of sexual abuse and/or sexual acting out. Autism Spectrum Disorders.
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## Community Based Child and Family Services- Family Based Interventions

<b>Family Based Services (FBS)*</b>	<p>Families w/children 3 years old to under 21 with severe emotional or behavioral disturbance</p>	<p>Family Based Services are delivered to the child and family in the home and community.</p> <p>FBS utilizes Eco-Systemic Structural Family Therapy (ESFT) as the primary therapeutic modality.</p> <p>The primary goal of FBS is to enable families to care for a seriously mentally ill child or adolescent in their own home.</p> <p>FBS is a comprehensive treatment, case management &amp; family support service (includes financial support, if related to treatment goals) and a team of clinicians works with the family. Parents or participating adult family members are considered a part of the treatment team. Services are available 24 hours a day, 7 days a week for crisis stabilization.</p>	<p>FBS should be considered when family context issues are significantly contributing to presenting behaviors and when the family expresses readiness and interest in improving family interactions and family structure.</p> <p>Additional school supports may be considered in conjunction with FBS</p>	<p><b>Specialty Teams:</b> Sexual Trauma, Deaf and Hard of Hearing, Youth Empowerment, Spanish Language, Medically Complex FBS for children with ASD provided by the Centers of Excellence for Autism Services</p> <p><b>Evidence Based Practices:</b> Ecosystemic Structural Family Therapy (ESFT),</p>
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## Community Based Child and Family Services- Family Based Interventions

<p><b>Philadelphia Intensive In-Home Child and Adolescent Psychiatric Services (PHIICAPS)*</b></p>	<p>Families w/children and adolescents between the ages of 3-18</p>	<p>PHIICAPS provides family treatment in the home and community.</p> <p>The primary focus of PHIICAPS intervention is on the <b>main problem</b> that contributed to the reason for an acute inpatient level of care</p> <p>Follows a developmental psychopathology model, psychology of motivation, action, and problem solving, and a systems of care philosophy</p> <p>Focuses on 3 phases of intervention: Assessment &amp; Engagement, Work &amp; Therapeutic Action, Ending &amp; Wrap-up</p>	<p>The criteria for referrals to PHIICAPS are very specific and include severe emotional disturbance, multiple psychiatric hospitalizations, and the primary treatment concern must be connected to the family.</p> <p>PHIICAPS is not appropriate as a step down from RTF</p>	<p><b>Evidence Based Practices:</b> PHIICAPS is an evidence based practice.</p>
<p><b>Functional Family Therapy (FFT)*</b></p>	<p>Families w/children between the ages of 11-18. Will consider 10 year olds on a case by case basis.</p>	<p>Short term family therapy delivered in the home and community.</p> <p>Follows a 5 phase strength-based model which focuses on assessing risk and protective factors, and assessing and addressing inter and extra familial factors, and shifting ownership of presenting behaviors from the identified youth to the family system, and working to change family dynamics to address referral behaviors.</p>	<p>FFT can be used with all at risk youth, but is especially appropriate for Juvenile Justice Involved youth or youth who are at risk of Juvenile Justice involvement.</p> <p>Appropriate as step-down from more intensive levels of care, including RTF</p> <p>FFT can be put in place immediately for up to 30 days without an evaluation; however an evaluation must be submitted to CBH for continued authorization.</p>	<p><b>Evidence Based Practices:</b> FFT is an evidence based practice.</p>

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<b>Multi-Systemic Therapy for Problem Sexual Behaviors (MST-PSB)*</b>	Families w/youths between the ages of 11-17 w/sexual problems behaviors.	<p>MST-PSB is an adaptation of MST that is specifically targeted to youths who have committed sexual offenses and demonstrated other problem behaviors.</p> <p>Family treatment is delivered in the home and community. Treatment focuses on maintain the youth safely in the community, and identifying and addressing drivers to the problem sexual behaviors and other referring behaviors.</p>	<p>There must be an offense and victim</p> <p>Family must be willing to participate in treatment, including safety planning.</p>	<p><b>Evidence Based Practices:</b> MST-PSB is an evidence based practice.</p>

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<b>Alcohol and Other Drug Treatment</b>				
<b>Outpatient Therapy</b>	All ages	Individual, Family and Group Therapy  A variety of treatment modalities can be used. Modalities should be tailored to the individual needs of the child and family and target substance abuse, and to achieve permanent changes in an individual's substance using behavior.	Outpatient therapy is the least restrictive community based treatment	<b>Evidence Based Practices:</b> Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
<b>Intensive Outpatient Services (IOP)</b>	All ages	Designed to provide a minimum of 6 hours of structured counseling and educational services per week. Provides comprehensive assessments, individualized treatment plans, and has active affiliations with other levels of care to address a child or adolescent's individual needs.	Psychiatric needs are met by referring to additional services as needed.	
<b>Short and Long Term Residential*</b>	Ages 13 and up	Residential rehabilitation facility that provides a 24-hour, professionally-directed evaluation and rehabilitation services to substance abusing/dependent members. This level of care is for members who suffer from chronic maladjustments in daily life skills/social norms and need intensive treatment to instill positive life changes. The goal of long-term residential		<b>Evidence Based Practices:</b> Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

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<b>Residential Services</b>				
<b>Community Residential Rehabilitation-Host Home (CRR-HH)*</b>	Ages 6-18	<p>CRR-HH provides behavioral health treatment to children who have serious emotional and behavioral problems in a host family setting.</p> <p>The agencies that oversee CRR-HHs offer extensive training and support to the host home parents in order to assist them in managing challenging behaviors and implementing therapeutic techniques.</p> <p>Children receive support from a psychiatrist, social worker, therapist, mental health workers and nurse in the Host Home and when necessary, at the provider agency</p>	<p>It is the expectation that the natural supports who are the identified discharge resource (e.g., legal guardian) remain closely involved in treatment</p> <p>The goal of host home is for the child to return to their natural supports in the community– if needed, the child may also be placed through child welfare.</p> <p>Children with the following presentation are typically not appropriate for CRR-HH: Recent and serious suicidal ideation or gestures, chronic substance abuse, chronic fire setting, adjudicated delinquent with extremely violent and aggressive behaviors, need for PRN medications</p>	
<b>Residential Treatment Facility (RTF)*</b>	Children under age 21	Residential treatment facilities provide comprehensive mental health treatment for children and adolescents who, due to mental illness or severe emotional disturbance, are in need of quality active treatment that can only be provided in a psychiatric residential treatment facility and for whom alternative, less restrictive	Individuals appropriate for this level of care exhibit behaviors that present a significant risks in various life domains, as well as severe impairments in social, communicative and daily living skills. Children and adolescents appropriate for this level of care exhibit behaviors that present a significant risk to the safety of themselves and others, and have not been successful in community based treatments.	<b>Specialty Teams:</b> Deaf and Hard of hearing, Intellectual disability, Juvenile Sex Offender

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		<p>forms of treatment have been unsuccessful or are not medically indicated. Programs are staffed 24 hours a day, 7 days a week.</p> <p>Treatment at RTFs typically includes:                      Individual and Group Therapy 1 to 4 times per week                      Family Therapy                      Specialized Therapy/Skills Building Sessions 1 to 2 times per week                      Psychiatric Services                      On-grounds schooling or in-unit educational                      A brief, intense, focused treatment program to promote a successful return by the child/adolescent to the community</p>		<p><b>Evidence Based Practices:</b>                      Cognitive Therapy (CT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavior Therapy (DBT)</p>
<p><b>Residential Treatment Facility- Young Adult/Adult (RTF-A)*</b></p>	<p>Individuals over the age of 18 with chronic mental health needs.</p>	<p>This is a transitional level of care for aging out youth in need of a step-down from a more structured setting, who are working toward family reunification, permanency goals, re-entry into the community and/or independent living. The focus is on the development of social, occupational, educational and vocational supports needed to successfully reintegrate into the community.</p>	<p>Appropriate for aging out youth who require ongoing support focused on the development of positive coping skills, anger management skills, life skills, social skills and enhanced problem solving abilities.</p>	<p><b>Evidence Based Practices:</b>                      Dialectical Behavior Therapy (DBT)</p>

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		<p>Treatment at RTFAs typically includes:</p> <ul style="list-style-type: none"> <li>Individual and Group Therapy 1 to 4 times per week</li> <li>Family Therapy</li> <li>Specialized Therapy/Skills Building Sessions 1 to 2 times per week</li> <li>Psychiatric Services</li> </ul> <p>A brief, intense, focused treatment program to promote a successful return by the child/adolescent to the community</p>		

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Acute Services				
<b>Acute Partial Hospital Program (APHP)*</b>	Ages 5-17	<p>Acute Partial Hospitalization Program (APHP) is a day treatment program that operated Monday through Friday and combines elements of the inpatient and outpatient settings in a structured, intensive treatment program.</p> <p>APHP is short term. Children are in the program for less than 20 days.</p>	<p>APHP offers an alternative to hospitalization for children that do not represent an imminent danger to themselves or others.</p> <p>APHP is most commonly utilized as a step down from inpatient units or as a step up from outpatient to prevent further decomposition and/or allow for close monitoring when making medication changes.</p>	
<b>Acute Inpatient Hospital Program (AIP)*</b>	Ages 6-17	<p>Acute inpatient treatment is designed to meet the needs of children and adolescents whose behaviors and thought processes pose a substantial risk to themselves and/or others.</p> <p>The purpose of Acute Inpatient Hospital Program (AIP) is to evaluate, diagnose and stabilize acute symptoms.</p>	<p>Children needing inpatient treatment have typically experienced an acute stressor and are functioning well below their baseline.</p> <p>Admissions and continued stay is based on a psychiatric evaluation and determination of medical necessity.</p>	



# CBH Continuum of Child and Adolescent Services

## Glossary and Index

\* Indicates that this service requires pre-authorization

† Indicates that this is an evidence-based practice

\*\* Providers who offer these Evidence Based Practices have been trained by DBHIDS *and/or* have an active relationship with treatment developers.

<b>AIP:</b> Acute Inpatient Hospital Program *	<b>pg 21</b>	<b>CBE or CBR:</b> Comprehensive Biopsychosocial Evaluation or Comprehensive Biopsychosocial Re-evaluation	<b>pg 3</b>
<b>APHP:</b> Acute Partial Hospital Program *	<b>pg 21</b>	<b>CRC:</b> Crisis Response Center	<b>pg 3</b>
<b>ASP:</b> After School Programs *	<b>pg 11</b>	<b>EI:</b> Early Intervention	
<b>ASD:</b> Autism Spectrum Disorder		<b>ESFT:</b> Ecosystemic Structural Family Therapy †	
<b>BHRS:</b> Behavioral Health Rehabilitative Services*	<b>pg 6/7</b>	<b>ECM:</b> Enhanced Case Management	<b>pg 1</b>
<b>BSC:</b> Behavioral Specialist Consultant * <b>see BHRS, page 6/7</b>		<b>EBP:</b> Evidence- Based Practice	
<b>BCM:</b> Blended Case Management	<b>pg 1</b>	<b>EAS:</b> Extended Assessment Service	<b>pg 4</b>
<b>COE:</b> Centers of Excellence for Autism Services		<b>FBS:</b> Family Based Services *†	<b>pg 13</b>
<b>CFTSI:</b> Child and Family Traumatic Stress Intervention†		<b>FBA:</b> Functional Behavior Assessment *†	<b>pg 4</b>
<b>CIRT:</b> Children’s Interim Response Team*	<b>pg 8</b>	<b>FFT:</b> Functional Family Therapy *†	<b>pg 15</b>
<b>CTSS:</b> Clinical Transition and Stabilization Services*	<b>pg 8</b>	<b>Group TSS:</b> Group Therapeutic Services in Camp*	<b>pg 11</b>
<b>CBT:</b> Cognitive Behavioral Therapy †		<b>Hifidelity Wraparound/Joint Planning Team*†</b>	<b>pg 2</b>
<b>CRR-HH:</b> Community Residential Rehabilitation Host Home*	<b>pg 20</b>	<b>IEP:</b> Individualized Educational Plan	
		<b>ISPT:</b> Interagency Service Planning Team Meeting	

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<b>IOP: Intensive Outpatient Services</b>	<b>pg 17</b>	<b>RTF: Residential Treatment Facility *</b>	<b>pg 18</b>
<b>Long Term Partial Hospital Program (Stepping Stones)</b>	<b>pg 12</b>	<b>RTFA: Residential Treatment Facility –Young Adult *</b>	<b>pg 19</b>
<b>MT: Mobile Therapist *</b>	<b>See BHRS, page 6/7</b>	<b>STS: School Therapeutic Services*</b>	<b>pg 9</b>
<b>MST-PSB: Multi-Systemic Therapy for Problem Sexual Behaviors*†</b>	<b>pg 16</b>	<b>STAP: Summer Therapeutic Activities Program *</b>	<b>pg 10</b>
<b>Outpatient Therapy</b>	<b>pg 5, pg 17</b>	<b>TESC: Therapeutic Emotional Support Classroom</b>	<b>pg 10</b>
<b>PCIT: Parent Child Interaction Therapy†</b>		<b>Therapeutic Preschools*</b>	<b>pg 12</b>
<b>PHICAPS: Philadelphia Intensive In-Home Child and Adolescent Psychiatric Services*†</b>	<b>pg 15</b>	<b>TSS: Therapeutic Support Staff*</b>	<b>See BHRS, page 6/7</b>
<b>Psychosexual Evaluation</b>		<b>TF-CBT: Trauma-Focused Cognitive Behavioral Therapy †</b>	
<b>Residential (Short and Long Term) for Alcohol and Other Drugs*</b>	<b>pg 17</b>		