

JUDICIAL GUIDE TO EVALUATIONS & RESOURCES

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TABLE OF CONTENTS

I.	Evaluations Provided in Dependency Court.....	4-15
	A. The Comprehensive Biopsychosocial Evaluation (CBE).....	4
	B. The Psychological Evaluation.....	6
	C. The Psychiatric Evaluation.....	8
	D. The Family Evaluation.....	10
	E. Psychological Testing.....	12
	F. The Forensic Evaluation.....	14
II.	Evaluations Provided in Delinquency Court.....	16-27
	A. The Comprehensive Biopsychosocial Evaluation (CBE).....	16
	B. The Psychological Evaluation.....	18
	C. The Psychiatric Evaluation.....	20
	D. Psychoeducational Testing.....	22
	E. The Neuropsychological Evaluation.....	24
	F. The Forensic Evaluation.....	26
III.	The V-Axis Clinical Diagnosis.....	28
IV.	Resource Listing.....	29-44
	A. Mental Health Services.....	29-34
	1. Outpatient Treatment.....	29
	2. Acute Partial Hospital Program.....	29
	3. Maintenance Partial Program.....	30
	4. Family Based Services.....	30
	5. Behavioral Health Rehabilitation Services.....	31
	6. Resource Coordination.....	32
	7. Intensive Case Management.....	32
	8. Acute Psychiatric Hospitalization.....	33
	9. Residential Treatment Facility.....	33
	B. Drug & Alcohol Services.....	34-36
	1. Outpatient Treatment.....	34
	2. Intensive Outpatient Treatment (IOP).....	35
	3. Detoxification Program.....	35
	4. Short-Term Residential Rehabilitation Program.....	36
	5. Long-Term Residential Rehabilitation Program.....	36

C. Support Services.....	36-38
1. Continuity of Care Team (COC).....	36
2. SCOH Services (Serving Children in their Own Homes).....	37
3. Mentoring Programs.....	38
D. Juvenile Justice Community Based Services.....	38-39
1. Delinquency Day Treatment Programs.....	38
2. Aftercare Services.....	39
E. Placements – Alternatives to Living Home.....	39-44
1. Kinship Care.....	39
2. Foster Care.....	39
3. Treatment Foster Care.....	40
4. CRR Host Home.....	41
5. Group Home.....	41
6. Non-Behavioral Health Delinquent Residential Facility....	42
7. Residential Treatment Facility (RTF).....	42
8. Supported Independent Living.....	43
9. Community Residential Rehabilitation (CRR).....	43
10. Long Term Structured Residence (LTSR).....	44
11. State YDC/YFC Placement.....	44

I. Evaluations Provided in Dependency Court

A. *The Comprehensive Biopsychosocial Evaluation (CBE)*

1. Definition:

- A CBE is a comprehensive diagnostic interview completed by a psychologist or a psychiatrist.
- It is interchangeable with the terms “Psychiatric” or “Psychological” Evaluation.
- This evaluation looks at the child’s strengths and weaknesses across multiple domains: home, school, the larger community.
- This evaluation determines what interventions, if any, are indicated.
- Clinical diagnoses and recommendations are provided.

2. How is a Comprehensive Biopsychosocial Evaluation arranged for and who will complete it?

- a) A staff person from the Office of Behavioral Health (OBH)-Family Court Unit will make a referral the same day of the court hearing. However, the scheduled appointment will not occur until sometime thereafter.
- b) Arrangements are made for this type of evaluation by referral to a preferred behavioral health provider.

3. When would asking for a Comprehensive Biopsychosocial Evaluation be appropriate?

- a) If the OBH-Clinician has recommended that a client have this type of evaluation at a Pre-Hearing Conference or Facilitation Conference.
- b) An OBH-Family Court Unit referral or consultation may be requested if the client has a history of questionable or known behavioral health issues.

- c) If there is a history of trauma or abuse that may be leading to behavioral health issues and treatment may be required.

4. When is it NOT appropriate to request a referral for a CBE?

- a) When prior behavioral health evaluations (CBE, Psychiatric, Psychological) have been completed within a 120-day time frame WITHOUT PRIOR CONSULTATION FROM THE OBH-FAMILY COURT UNIT.

B. The Psychological Evaluation

****Whenever an attorney, social worker or case manager asks for this type of evaluation without prior recommendation from the OBH-Family Court Unit, the order should NOT request a specific assessment or evaluation. If possible, the language of the order should read, “OBH-Family Court Unit to arrange for appropriate behavioral health interventions, as needed”. ****

1. Definition:

- This type of evaluation is performed by a psychologist.
- A psychologist may be a Doctor of Philosophy (Ph.D.), a Doctor of Psychology (Psy.D.), a Master of Arts or Sciences in Psychology who is licensed or a Certified School Psychologist. This specialist is not to be confused with a psychiatrist who is a physician (MD or DO).
- During a Psychological Evaluation, a psychologist gathers information via clinical interview of the client, family and collateral sources.
- The information obtained is integrated into a biopsychosocial formulation and a report is written.
- Treatment recommendations reflect therapeutic modalities based upon biopsychosocial thinking.
- A psychologist is not a physician, therefore, cannot prescribe medication, make recommendations for the use of medications or other types of medical treatment modalities.

2. How is the Psychological Evaluation arranged for and who provides it?

- a) The purpose of the Psychological Evaluation is to make treatment recommendations for clients that have behavioral health issues.
- b) A referral is made by a staff person of the OBH-Family Court Unit the same day of the court hearing. However, the scheduled appointment will not occur until sometime thereafter.

- c) Arrangements are made for this type of evaluation by referral to a preferred behavioral health provider.

3. When would it be appropriate to request a Psychological Evaluation?

- a) If the OBH-Clinician has recommended that a client have this type of evaluation at a Pre-Hearing Conference or Facilitation Conference.
- b) An OBH-Family Court Unit referral or consultation may be requested if the client has a history of questionable or known behavioral health issues.
- c) If there is a history of trauma or abuse that may be leading to behavioral health issues and treatment may be required.

4. When would it NOT be appropriate to request a Psychological Evaluation?

- a) When prior behavioral health evaluations (Family, Psychiatric, Psychological) have been completed within a 120-day time frame WITHOUT PRIOR CONSULTATION FROM THE OBH-FAMILY COURT UNIT.

****THIS TYPE OF EVALUATION SHOULD NEVER BE ORDERED SIMULTANEOUSLY WITH A PSYCHIATRIC EVALUATION!!!****

C. The Psychiatric Evaluation

*Whenever an attorney, social worker or case manager asks for this type of evaluation without prior recommendation from the OBH-Family Court Unit, the order should NOT request a specific assessment or evaluation. If possible, the language of the order should read, **“OBH-Family Court Unit to arrange for appropriate behavioral health interventions, as needed.”**

1. Definition:

- This type of evaluation is performed by a physician (MD or DO) who specializes in the field of psychiatry.
- A psychiatrist is not to be confused with a psychologist who is a person with the degree of Doctor of Psychology (PsyD) or Doctor of Philosophy in Psychology (Ph.D.).
- The psychiatrist gathers information via a clinical interview of the patient, family and collateral sources.
- Special attention is paid to the relationship between the biological, psychological and sociological (biopsychosocial) factors in the formulation of a psychiatric report and in making treatment recommendations.
- Since the psychiatrist is a physician, treatment recommendations may reflect the need for medically based interventions, treatment with medications or the prescription of medications, as well as, other behavioral health modalities.

2. How is the Psychiatric Evaluation arranged for and who provides it?

- a) Arrangements are made for this type of evaluation by referral to a preferred behavioral health provider.
- b) A referral is made by the OBH-Family Court Unit the same day of the court hearing. However, the scheduled appointment will not occur until sometime thereafter.

- c) Psychiatric evaluations are good for determining the needs of clients that may present with more complicated behavioral health issues or for clients that may have medical complications, as well as, behavioral health concerns.
- d) The purpose of the psychiatric evaluation is to provide recommendations for further treatment of the client who was evaluated.

3. When is it appropriate to request a referral for a Psychiatric Evaluation?

- a) If the OBH-Clinician has recommended that a client have this type of evaluation at a Pre-Hearing Conference or Facilitation Conference.
- b) An OBH-Family Court Unit referral or consultation may be requested if the client has a history of complicated behavioral health issues.
- c) An OBH-Family Court Unit referral or consultation may be requested if the client is currently being prescribed psychiatric medication.
- d) If placement in a Residential Treatment Facility appears to be the most likely option for a youth involved within the court system.

4. When is it NOT appropriate to request a referral for a Psychiatric Evaluation?

- a) When prior behavioral health evaluations (Family, Psychiatric, Psychological) have been completed within a 120-day time frame WITHOUT PRIOR CONSULTATION FROM THE OBH-FAMILY COURT UNIT.

D. The Family Evaluation

****Whenever an attorney, social worker or case manager asks for this type of evaluation without prior recommendation from the OBH-Family Court Unit, the order should NOT request a specific assessment or evaluation. If possible, the language of the order should read, “OBH-Family Court Unit to arrange for appropriate behavioral health interventions, as needed.”****

1. Definition:

- An evaluation that looks at the needs of individual people that comprise a family, as well as, how they interact with each other as part of a family system.
- This type of evaluation helps the reader understand if there are individual issues that need to be addressed by treatment.
- It helps the reader understand if there are family issues that may be addressed by behavioral health treatment or support interventions.
- This evaluation may be performed by a family therapist or a psychologist with expertise in family systems.
- Individual and family strengths and weaknesses are identified and appropriate recommendations are made for further treatment of individuals and/or the family, as needed.

2. How is the Family Evaluation arranged for and who will complete it?

- a) Arrangements are made for this type of evaluation by referral to a preferred behavioral health provider.
- b) A referral is made by the OBH-Family Court Unit the same day of the court hearing. However, the scheduled appointment will not occur until sometime thereafter.

- c) Treatment of individuals and the entire family can be arranged once recommendations are received from the evaluation.

3. When would asking for a Family Evaluation be appropriate?

- a) When individuals in the family may be causing problems for everyone or if family functioning may be causing problems for individuals.

4. When would asking for a Family Evaluation NOT be appropriate?

- a) When prior behavioral health evaluations (Family, Psychiatric, Psychological) have been completed within a 120-day time frame WITHOUT PRIOR CONSULTATION FROM THE OBH-FAMILY COURT UNIT.

E. Psychological Testing

****Whenever an attorney, social worker or case manager asks for this type of service without prior recommendation from the OBH-Family Court Unit, the order should NOT request Psychological Testing. If possible, the language of the order should read, “OBH-Family Court Unit to arrange for appropriate behavioral health interventions, as needed”.****

1. Definition:

- Performed by a qualified professional, this type of testing employs professionally recognized standardized instruments that have been determined to be useful for a variety of diagnostic and treatment planning purposes.
- Vendors of psychological tests regulate the administration and interpretation of such instruments, the code of ethics of the mental health professions and state professional licensing laws.
- Psychological testing is performed by or under the supervision of a credentialed psychologist.

2. How is Psychological Testing arranged for and who provides it?

- a) Psychological Testing is a VERY specialized service. It is meant to be completed when there is question of diagnosis that a standard Psychiatric or Psychological Evaluation CANNOT answer.
- b) **PSYCHOLOGICAL TESTING IS USED FOR VERY SPECIALIZED TREATMENT PLANNING.** If a client is experiencing difficulty with his/her treatment after specific treatment has been implemented, it may be necessary to perform testing to better understand the needs of the client.
- c) **REGARDING IQ TESTING, A NUMBER IN ISOLATION DOES NOT MEAN ANYTHING!!!** If a person is sad, anxious or feeling any kind of highly charged emotional feeling, it can affect his/her ability to perform accurately on a test.

d) Psychological Testing will **NOT** provide the Court with useful information for basic interpretation. It is a clinical tool to assist clinicians with better understanding an extremely complicated case.

3. When would it be appropriate to request Psychological Testing?

a) Psychological Testing is a **VERY** valuable resource. It is time consuming to perform and expensive. There must be special circumstances that would warrant a referral for Psychological Testing.

4. When would it NOT be appropriate to request Psychological Testing?

a) Psychological Testing should NOT be requested without consultation from the OBH-Family Court Unit.

****PSYCHOLOGICAL TESTING IS A LIMITED RESOURCE AND SHOULD ONLY BE RECOMMENDED BY AN EVALUATING OR TREATING CLINICIAN!!!****

F. The Forensic Evaluation

*This type of evaluation **CANNOT** be arranged by the OBH-Family Court Unit. If specific Forensic Evaluations are needed, a referral **MUST** be made through the Behavioral Health & Wellness Center's Psychology Department of the Department of Human Services. If the request is **APPROPRIATE**, the referral will be made.

1. Definition:

- This type of evaluation is performed by an “expert” in a particular field of interest, i.e., sex abuse, childhood development, juvenile crimes, sex offenders, etc..
- The interviewer should be a behavioral health professional who has had no prior treatment relationship with the interviewee. Reason being, former knowledge of the interviewee may limit the objectivity of the evaluation and may cause a conflict of interest.
- The psychiatrist or psychologist may assess the interviewee once or several times.
- Interviewing other people who are knowledgeable of the interviewee becomes extremely important in this type of evaluation because of the need to reach objective conclusions.
- The thorough review of collateral sources is needed to appropriately integrate information into the evaluation.
- At the conclusion of an evaluation, a summary statement may be written that addresses a referral question and recommendations are made based upon the referral question.

2. How is the Forensic Evaluation arranged for and who will complete it?

- a) As noted above, Forensic Evaluation may **ONLY** be arranged through the Psychology Unit of the Department of Human Services when **APPROPRIATE**.

- b) This type of Evaluation is a VERY LIMITED AND VALUABLE RESOURCE. IT SHOULD NOT BE ORDERED WITHOUT CONSULTATION WITH THE PSYCHOLOGY UNIT OF THE DEPARTMENT OF HUMAN SERVICES.
 - c) A specific provider who is contracted with the Department of Human Services will complete the evaluation.
3. When would it be appropriate to request a Forensic Evaluation?
- a) When the Psychology Department of the Department of Human Services is contacted and consulted and agrees that the referral is necessary.
4. When would it NOT be appropriate to request a Forensic Evaluation?
- a) If a PSYCHOLOGIST OR CLINICIAN, from the Department of Human Services, does NOT agree that this type of evaluation is necessary.

****This type of evaluation is NEVER a “first line” evaluation. There should always be consultation with a DHS Psychologist prior to ordering a Forensic Evaluation.****

II. Evaluations Provided in Delinquency Court

A. The Comprehensive Biopsychosocial Evaluation (CBE)

1. Definition:

- A CBE is a comprehensive diagnostic interview completed by a psychologist or a psychiatrist.
- It is interchangeable with the terms “Psychiatric” or “Psychological” Evaluation.
- This evaluation looks at the child’s strengths and weaknesses across multiple areas: home, school, the larger community.
- This evaluation determines what interventions, if any, are indicated.
- Clinical diagnoses and recommendations are provided.

2. How is a Comprehensive Biopsychosocial Evaluation arranged for and who will complete it?

- a) A Master or a Judge issues an order at a court hearing. Subsequently, the Probation Officer makes a referral to the Mental Health Unit of Family Court.
- b) A preferred provider is responsible for completing the evaluation. Every effort is made to provide the court with a completed report by the youth’s next hearing date.

3. When would asking for a Comprehensive Biopsychosocial Evaluation be appropriate?

- a) When a Master or Judge orders the evaluation.
- b) The youth has a history of questionable or known behavioral health issues.

- c) If there is a history of trauma or abuse that may be leading to behavioral health issues and treatment may be required.

4. When is it NOT appropriate to request a referral for a CBE?

- a) When prior behavioral health evaluations (CBE, Psychiatric, Psychological) have been recently completed and the Mental Health Unit Clinical Reviewer deems it inappropriate.

B. The Psychological Evaluation

1. Definition:

- This type of evaluation is performed by a psychologist.
- A psychologist may be a Doctor of Philosophy (Ph.D.), a Doctor of Psychology (Psy.D.), a Master of Arts or Sciences in Psychology who is licensed or a Certified School Psychologist.
- This specialist is not to be confused with a psychiatrist who is a physician (MD or DO).
- During a Psychological Evaluation, a psychologist gathers information via clinical interview of the client, family and collateral sources.
- The information obtained is integrated into a biopsychosocial formulation and a report is written.
- Treatment recommendations reflect therapeutic modalities based upon biopsychosocial thinking.
- A psychologist is not a physician, therefore, cannot prescribe medication, make recommendations for the use of medications or other types of medical treatment modalities.

2. How is the Psychological Evaluation arranged for and who provides it?

- a) A Master or Judge issues an order at a court hearing. Subsequently, the Probation Officer makes a referral to the Mental Health Unit of Family Court.
- b) A preferred provider is responsible for completing the evaluation. Every effort is made to provide the court with a completed report by the youth's next hearing date.

3. When would it be appropriate to request a Psychological Evaluation?

- a) When a Master or Judge orders the evaluation.
 - b) The youth has a history of questionable or known behavioral health issues.
 - c) If there is a history of trauma or abuse that may be leading to behavioral health issues and treatment may be required.
4. When would it NOT be appropriate to request a Psychological Evaluation?
- a) When prior behavioral health evaluations (CBE, Psychiatric, Psychological) have been recently completed and the Mental Health Unit Clinical Reviewer deems it inappropriate.
5. What a Psychological Evaluation CAN or CANNOT do:
- a) A psychological evaluation can recommend residential placement but **NOT** placement in a residential treatment facility (RTF).
 - b) A psychological evaluation can determine the need for inpatient or outpatient drug and alcohol treatment.
 - c) A psychological evaluation can recommend the placement of a youth in a state secure facility.
 - d) A psychological evaluation can determine the need for and level of wrap around services.
 - e) A psychological evaluation can determine the need for different modalities of outpatient services.
 - f) A psychological evaluation can be used for referral to an educational or vocational program.

****THIS TYPE OF EVALUATION SHOULD NEVER BE ORDERED SIMULTANEOUSLY WITH A PSYCHIATRIC EVALUATION!!!****

C. The Psychiatric Evaluation

1. Definition:

- This type of evaluation is performed by a physician (MD or DO) who specializes in the field of psychiatry.
- A psychiatrist is not to be confused with a psychologist who is a person with the degree of Doctor of Psychology (PsyD) or Doctor of Philosophy in Psychology (Ph.D.).
- The psychiatrist gathers information via a clinical interview of the patient, family and collateral sources.
- Special attention is paid to the relationship between the biological, psychological and sociological (biopsychosocial) factors in the formulation of a psychiatric report and in making treatment recommendations.
- Since the psychiatrist is a physician, treatment recommendations may reflect the need for medically based interventions, opinions about treatment with medications and/or other behavioral health modalities.
- Psychiatrists completing evaluations for Family Court **CANNOT** provide prescriptions for medication to youth.

2. How is the Psychiatric Evaluation arranged for and who provides it?

- a) A Master or a Judge issues an order the day of the court hearing. Subsequently, the Probation Officer makes a referral to the Mental Health Unit of Family Court.
- b) A preferred provider is responsible for completing the evaluation. Every effort is made to provide the court with a completed report by the youth's next hearing date.

3. When would it be appropriate to request a Psychiatric Evaluation?

- a) When a Master or Judge orders the evaluation.
- b) The youth has a history of questionable or known behavioral health issues.
- c) If there is a history of trauma or abuse that may be leading to behavioral health issues and treatment may be required.

4. When would it NOT be appropriate to request a Psychiatric Evaluation?

- a) When prior behavioral health evaluations (CBE, Psychiatric, Psychological) have been recently completed and the Mental Health Unit Clinical Reviewer deems it inappropriate.

****THIS TYPE OF EVALUATION SHOULD NEVER BE ORDERED SIMULTANEOUSLY WITH A PSYCHOLOGICAL EVALUATION!!!****

D. Psychoeducational Testing

1. Definition:

- Performed by a qualified professional, this type of testing employs professionally recognized standardized instruments that determine intellectual (I.Q.) and academic (Achievement Scores) functioning.
- The vendors of the tests regulate the administration and interpretation of such instruments, the code of ethics of the mental health professions and state professional licensing laws.
- These instruments should be interpreted and supervised by a licensed psychologist or school psychologist.

2. How is Psychoeducational Testing arranged for and who provides it?

- a) Psychoeducational Testing is a specialized service. It is meant to be provided when there is question about a youth's intellectual or academic functioning.
- b) IQ and Achievement Scores may be completed for admission into certain programs that require a specific level of functioning for successful participation (e.g., De La Salle, etc.).
- c) **REGARDING IQ TESTING, A NUMBER IN ISOLATION DOES NOT MEAN ANYTHING!!!** If a person is sad, anxious or feeling any kind of highly charged emotion, it can affect his/her ability to perform accurately on a test.
- d) Psychological Testing will NOT provide the Court with useful information for basic interpretation.

3. When would it be appropriate to request Psychoeducational Testing?

- a) Psychoeducational Testing may be considered if there is a question regarding a youth's ability to succeed, academically or otherwise, in a structured program.

4. When would it NOT be appropriate to request Psychoeducational Testing?

- a) Psychoeducational Testing is a limited resource. There must be special circumstances that would warrant a referral.

B. The Neuropsychological Evaluation

1. Definition:

- A highly specialized evaluation that can only be performed by clinical psychologist with specialized training in neuropsychology.
- Looks at the study of brain-behavior relationships.
- Scores on measures of intellectual functioning, language skills, spatial reasoning, memory, academics, and sensorimotor functioning are obtained.
- Provides extensive information about a youth's functioning across multiple domains.

2. How is the Neuropsychological Evaluation arranged for?

- a) A Master or a Judge issues an order during a court hearing. Subsequently, the Probation Officer completes a referral and submits it to the Mental Health Unit of Family Court.
- b) If there is a history of head injury, trauma or abuse that may be leading to behavioral health issues and treatment may be required.

3. When would it be appropriate to request a Neuropsychological Evaluation?

- a) When there is a question or confusion about the youth's presentation that cannot be explained by a less complicated evaluation.
- b) When insights need to be gained about whole brain functioning and/or cognitive or language strengths and weaknesses.
- c) To rule out the effects of brain insults on current delinquent behaviors.

4. When would it NOT be appropriate to request a Neuropsychological Evaluation?

- a) When the referral question can be answered by a less complicated evaluation.
- b) When a comprehensive neuropsychological evaluation has been completed within the past 18 months and the youth has not had a head trauma during that time.

****This type of evaluation is NEVER a “first line” evaluation. There should always be consultation with a clinician prior to ordering a Neuropsychological Evaluation.****

C. The Forensic Evaluation

1. Definition:

- This type of evaluation is performed by an “expert” in a particular field of interest, i.e., sex abuse, childhood development, juvenile crimes, sex offenders, etc..
- The interviewer should be a psychologist or psychiatrist who have had no prior treatment relationship with the interviewee. Reason being, former knowledge of the interviewee may limit the objectivity of the evaluation and may cause a conflict of interest.
- The psychiatrist or psychologist may assess the interviewee once or several times.
- A thorough review of collateral sources is needed to appropriately integrate information into the evaluation.
- At the conclusion of an evaluation, a summary statement may be written that addresses a referral question and recommendations are made based upon the referral question.
- Types of forensic evaluations include: psychosexual evaluations, competency evaluations, risk assessment of sexual offenders, etc.

2. How is the Forensic Evaluation arranged for and who will complete it?

- a) When a Master or Judge orders the evaluation. The Probation Officer completes a referral and submits it to the Mental Health Unit of Family Court.
- b) A clinician who has had specialized training in a specific area that will address the court’s concerns.

3. When would it be appropriate to request a Forensic Evaluation?
 - a) If the court has identified concerns about the youth and generates specific questions (e.g., competency to participate in defense or stand trial, risk of sexual reoffending, special needs for sexual trauma/abuse, etc.) that need to be addressed.

4. When would it NOT be appropriate to request a Forensic Evaluation?
 - a) If another type of general evaluation can address the area of concern.

****This type of evaluation is NEVER a “first line” evaluation. There should always be consultation with a clinician prior to ordering a Forensic Evaluation.****

III. The V-Axis Clinical Diagnosis

- Clinical diagnoses are provided through the use of the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition, Text Revision (DSM-IV TR)*.
- DSM-IV TR is used to provide a clinical guide for and classification of behavioral and emotional disorders in children, adolescents, and adults.
- There are clear criteria that must be met for a clinical diagnosis to be granted.
- There is a five axial system describing diagnoses.
- Each axis refers to a different domain of information that may help the clinician plan treatment interventions and may also inform the court of the child's, adolescent's, or young adult's current level of functioning.

Axis I – Clinical Disorders; Other conditions that may be a focus of clinical attention

Axis II – Mental Retardation/Borderline Intellectual Functioning; Personality Disorders

Axis III - General Medical Conditions (e.g., head injury, diabetes, prenatal exposure to drugs)

Axis IV - Psychosocial or Environmental Problems (e.g., frequent contact with the judicial system, parental divorce, poverty, truancy)

Axis V - Global Assessment of Functioning (GAF; 0-100 with scores above 70 indicating generally secure functioning)

IV. Resource Listing

A. MENTAL HEALTH SERVICES

1. **Outpatient Treatment:** Encompasses a wide range of therapeutic modalities usually rendered in an office setting. Some common services provided in an outpatient setting include:

- a) Evaluations
- b) Individual Psychotherapy
- c) Group Therapy
- d) Family Therapy
- e) Medication Management

- This list of services is not exhaustive. Individuals engaged in this treatment setting are in no imminent danger to themselves or others and are generally functional. Issues addressed in treatment may be of a focal nature and time limited, be addressed in long-term psychotherapy or psychopharmacological maintenance.

When recommending this level of care, include specific appropriate modalities to be used. Justification should define the problems to be address. The overarching goals of treatment and the frequency of the service should be well defined, i.e., 1 hour of individual therapy per week and 2 hours of family therapy per week, etc.

2. **Acute Partial Hospital Program:** This is a treatment program that combines elements of the inpatient AND outpatient settings in a structured, therapeutically intensive program. In this type of treatment, clinical services are coordinated to achieve a stable, therapeutic milieu. Partial hospitalization offers an alternative to hospitalization for individuals who represent no imminent danger to themselves or others. These programs are used for individuals discharged from inpatient or in lieu of inpatient treatment.

Recommendation for Acute Partial Hospital Program need not include frequency of service, specific treatment modalities to be used or duration of treatment. The service provider will define frequency, duration and treatment modality. However, justification and goals for this level of care must be included within the recommendations.

3. **Maintenance Partial Program:** Maintenance Partial Program is a non-hospital based program that provides less than 24 hour care for individuals who are stabilized, post-crisis, but require ongoing, non-acute support than that available in traditional outpatient or aftercare programs. These programs provide an array of services that include medical, psychological, social, cultural, behavioral, familial, educational, vocational and developmental services. Unlike the acute partial, this array of services is offered on a longer-term basis and is more related to psychosocial rehabilitation.

****Recommendation for this level of care will, most likely, be made by an agency providing Acute Partial Hospital Program services. These programs are currently limited in number.****

4. **Family Based Services (FBMHS):** The Family Based Mental Health Program provides behavioral health services to children and adolescents with emotional disorders and their families. The primary goal of the Family Based program is to enable parents to care for their children who have serious behavioral health problems and are at risk for psychiatric hospitalization. The goal is reduce out-home-placement and to strengthen and maintain families through therapeutic interventions. Those interventions include traditional therapy services, assessment, planning and family support. Family-based staff is also responsible for linking families with other service systems and community resources. The program services children who are at risk of psychiatric hospitalization or out-of-home placement. This is a **short-term** program and provides transition to other community based services.

A recommendation may be made for this level of care. A referral form is completed and submitted to the Office of Mental Health. A probation officer may complete the referral form, attach the evaluation and return to the Office of Mental Health for review. As with other levels of care, justification for this service and the overarching goals of treatment must be included within the recommendation.

5. **Behavioral Health Rehabilitative Services (BHRS) – “wrap around”**: The coordination of service delivery to children and their families that is individually tailored to each case. The goal is to keep the family together in the community and for the youth to be able to function appropriately in all domains. BHR Services include:

- a) Therapeutic Support Staff (TSS)
- b) Behavioral Specialist Consultant (BSC)
- c) Mobile Therapy (MT)
- d) BHRS Case Management

- The range of treatment modalities offered through this program include individual and family therapy within the home setting; behavioral interventions defined by a Behavioral Specialist Consultant and implementations of those interventions by the Therapeutic Support Staff either in the home or at school. The goal is to provide short-term interventions to prevent placement into residential treatment, if appropriate, and to prevent psychiatric hospitalization.

When prescribing any or all of these treatment modalities, specific information must be included. **Any treatment modality recommended must be individually prescribed**, i.e., TSS, BSC, MT, BHRS case management. The number of hours prescribed for each service must be included, as well the treatment goals to be accomplished by each specific service modality. Overarching goals for specific treatment modalities should be included in the recommendations.

6. **Resource Coordination (RC)**: RC is a service for persons with a major mental illness who may also have substance abuse problems and who may have mild to moderate difficulty in social, school-related or daily living skills. Resource coordinators typically meet with clients anywhere from 2-3 times per month to every other month, depending upon need, but are also available during weekday business hours in the event of difficulty. They generally assist clients to coordinate and obtain community resources, and to provide training, support and assistance in living safely in the community and maintaining stable relationships, housing and employment.

Regarding recommendation for this level of care, no prescription is needed to arrange for this service. However, a referral form is completed and submitted to the Office of Mental Health. A probation officer may complete the referral form, attach the evaluation and return it to the Office of Mental Health for review. As with other levels of care, justification for this service and overarching goals of the service must be included within the recommendation.

7. **Intensive Case Management (ICM)**: Intensive Case Management (ICM) is a service that assists children with emotional disorders and their families in gaining access to needed medical, social, educational and other services. Children and adults who have a serious mental illness and have had a history of intensive treatment services are provided ICM services when indicated. ICM provides families with access to ICM staff 24/7 for assistance and for crisis.

Intensive case managers assist children and their families in obtaining services described in treatment and services plans. They also provide crisis intervention to these children and families as needed, coordinate referrals to intensive treatment services and monitor progress in treatment. ICM staff assists families in obtaining entitlements as well. [The intensive case manager can manage the application process and services provided under EPSDT for those children who are enrolled in Medicaid].

A recommendation may be made for this level of care. No prescription is needed to arrange for these services. However, a referral form is completed and submitted to the Office of Mental Health. A probation officer may complete the referral form, attach the evaluation and return to the Office of Mental Health for review. As with other levels of care, justification for this service and overarching goals of treatment must be included within the recommendation.

8. **Acute Psychiatric Hospitalization**: A level of care for individuals who represent an imminent danger to themselves or others and cannot be maintained in a less restrictive environment. This type of facility provides 24/7 supervision. 24 hour monitoring is required by a multidisciplinary team of behavioral health professionals to keep the individual safe, effectively treated and to have the individual progress to a less restrictive level of care. The primary consideration for the selection of this level of care is the type and acuity of symptoms in the individual's clinical presentation. Safety of the individual is of paramount importance. A thorough evaluation of suicidal ideation, homicidal ideation and ability to care for self must be conducted. Individuals whose symptoms place them at acute risk of harm to self or others must be admitted to the acute setting.

Typical care in an acute setting includes:

- a) daily psychiatric nursing evaluations
- b) direct services by a psychiatrist 7 days per week
- c) medication management in a highly structured therapeutic setting
- d) psychotherapeutic interventions as indicated

*****Admission to this level of care requires an evaluation by a psychiatrist.*****

9. **Residential Treatment Facility (RTF)**: A residential setting for youth who require 24-hour supervision and observation. A youth in placement at a residential treatment facility has a psychiatric disorder and presents a risk of harm to self and others requiring continuous supervision. Usually, other levels of care have been tried and do not provide adequate support to maintain the youth in a less restrictive setting.

An evaluator may recommend this level of service. However, to prescribe, a psychiatrist must complete the evaluation. The evaluating agency needs to complete a MA-325, plan of care and certificate of need. Teamings are done at the evaluating agency or, in many cases, at the Department of Human Services or the Youth Study Center. Individuals such as treatment staff, assigned child defense lawyers, probation officers and staff from the OBH attend these meetings to ensure that the recommendation for this level of care is appropriate. These teamings are required by the State to ensure that individuals have choice, that the evaluation includes strengths of children and families, and that the level of care recommended is the least restrictive.

B. DRUG & ALCOHOL SERVICE

1. **Outpatient Treatment:** Encompasses a range of therapeutic modalities, usually rendered in an office setting, to address issues of substance abuse. Generally used for those who are in need of treatment, however, do not require a high level of intensity. Therapeutic modalities that are commonly rendered in such a setting include:

- a) Assessment
- b) Psychiatric Evaluation
- c) Medication Management
- d) Individual Therapy
- e) Group Therapy
- f) Family Therapy

The Adolescent American Society of Addiction Medicine (ASAM) tool provides criteria based upon the information obtained through a comprehensive evaluation and prescribes the level of drug and alcohol services applicable. The ASAM is used to determine levels of drug and alcohol treatment services.

To prescribe, a recommendation is made based on the ASAM criteria mentioned above. There are no other referral requirements.

2. **Intensive Outpatient Treatment (IOP):** IOP is appropriate for persons with alcohol or drug problems who need assistance in beginning or maintaining recovery, but who do not require detoxification or hospitalization. Outpatient Programs may be offered on various schedules, such as days, evenings, weekends and combinations of these. Programs are of varying durations, and may be used as a transitional step between an initial crisis and/or re-entry into daily living activities, depending on need.

Specific placement criteria are used based upon a thorough comprehensive evaluation completed by any behavioral health provider. It is based upon the use and duration of a client's substance use, and is recommended for individuals who require intensive support in an effort to maintain abstinence. IOP treatment can be provided up to nine hours per week based upon the treatment plan. The treatment provider will determine number of hours.

To prescribe, a recommendation is made based on the Adolescent American Society of Addiction Medicine criteria (ASAM). There are no other referral requirements.

3. **Detoxification Program:** A process whereby a drug or alcohol addicted client is assisted through a period of time necessary to eliminate, by metabolic or other means, the presence of intoxicating substances or dependency factors, while keeping the physiological or psychological risk to the client at a minimum.

In many cases, this level of care is the first point of entry into alcohol or other drug treatment by many clients and represents an important point for intervention.

To prescribe, a recommendation is made based on the Adolescent American Society for Addiction Medicine (ASAM). There are no other referral requirements.

4. **Short-Term Residential Rehabilitation Program:** A facility that provides a 24-hour, professionally directed evaluation, care and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupational or school functioning. The goal of short-term residential treatment is

rehabilitation. The length of stay is up to sixty (60) days based upon the Adolescent American Society for Addiction Medicine (ASAM). It provides a range of therapeutic interventions and skill building in all levels of functioning. Many individuals are transitioned into IOP programs and recovery housing to ensure continuity of care.

To prescribe, a recommendation is made based on the Adolescent American Society for Addiction Medicine (ASAM). There are no other referral requirements.

5. **Long-Term Residential Rehabilitation Program:** A facility that provides a 24-hour, professionally directed, evaluation and rehabilitation service to substance abusing/dependent clients. The defining characteristic of this level of care is that they service clients who need and, therefore, are placed in safe and stable living environments in order to develop sufficient recovery skills. The goal of long-term residential treatment is **habilitation**. The length of stay for long-term residential treatment is greater than sixty (60) days.

Clients placed in this level of care are individuals who have chaotic, non-supportive and poor interpersonal relationships, extensive treatment histories and criminal justice histories with risk for continued criminal behavior, little or no work history or educational experience, and/or anti-social value system.

To prescribe, a recommendation is made based on the Adolescent American Society for Addiction Medicine (ASAM). There are no other referral requirements.

C. SUPPORT SERVICES

1. **Continuity of Care Team (COC):** This team is a consumer-focused behavioral health care initiative that provides for a continuum of in-plan and supplemental mental health and substance abuse services that are accessible and individualized. Inherent is the process of multi-disciplinary planning to ensure that all appropriate treatment and supportive services, as well as linkages to other levels of care, are provided.

This team functions on a short-term basis. There are four (4) primary functions of the team:

- a) Outreach/Engagement: Through outreach efforts, the team will immediately engage clients who have been identified as in need of immediate intervention.
- b) Assessment/Linking: The team will use a range of assessment skills to ascertain the need for immediate medical, psychiatric, psychological, substance abuse and environmental interventions. The assessment process is ongoing and moves from immediate stabilization to engagement to treatment and recovery.
- c) Intervention: Through the efforts of the multidisciplinary team, immediate interventions such as referral to medical, psychiatric, substance abuse treatment, etc. This may also include short-term supportive counseling, assisting the client in understanding the need for services.
- d) Advocacy: As an advocate, the team will ensure that clients have access to the array of services and supports needed to be successful.

This service may be recommended on the evaluation. However, **referrals are made through the Behavioral Health System directly**. No outside agencies can refer to this level of intervention. Service notes and authorization histories are attached to a one page referral form and sent to the COC team for review and if indicated, for service.

2. SCOH Services (Serving Children in their Own Homes):

These services are provided by contracted agencies for every family accepted for service and whose children can remain at home. The goals of SCOH are to maintain children safely in their own homes, and to preserve and strengthen the family's capacity to provide appropriate care for their children. Services include:

- a) Monitoring of child safety
- b) Assessment and documentation of safety through face-to-face contact
- c) Structured intervention which promote life skills development
- d) Advocacy for acquiring, coordinating and monitoring of community resources
- e) Service coordination to plan and monitor family participation

****This service may be recommended on the evaluation. However, *The Department of Human Services is the only agency able to refer for this service.*****

- 3. Mentoring Programs:** Provides one to one supportive services to children and youth within the home and community. A mentor may facilitate a youth's development of anger management, social, independent living and educational skills.

A mentor and a youth develop a medium to long-term helping and learning relationship. A mentor shares his/her knowledge, experience and insights with the youth. The goal is that the youth profits by improving his/her level of function.

*****This service may be recommended on the evaluation. The probation officer may refer the youth to a community agency that provides this type of service.*****

D. JUVENILE JUSTICE COMMUNITY BASED SERVICES

- 1. Delinquent Day Treatment Programs:** Delinquent Day Treatment-is a nonresidential service provided by private providers through court orders for delinquent youth. The services may include: an alternative school program; after-school programming with emphasis on academics and pro-social skill-building; counseling; community services; restitution; mentoring by adult advocates; etc. Youth are placed in Day Treatment as a dispositional option, usually in lieu of placement in an out-of-home facility.

A recommendation may be made for this level of care when management **of behavioral health needs is secondary** to the need for structured programming. Justification of the service and the goals to be accomplished should be included in the recommendation.

- 2. Aftercare Services:** Services for youth returning from residential care facilities to their communities. A transition plan is designed that may assist the youth with his/her return from placement. This plan may include a needs assessment, assistance with education and employment searches, individual and/or family counseling and crisis intervention. Aftercare supervision usually includes components such as regular contact with an aftercare counselor, monitoring of school/job attendance and referral to additional support services as needed.

Referral for this type of service will usually be coordinated between the probation officer and the residential facility.

E. PLACEMENTS – ALTERNATIVES TO LIVING HOME

1. **Kinship Care:** When a child's situation requires placement outside of the home, the child may be placed with individuals who have a significant relationship with the child or the child's parents and are willing and able to meet the child's needs including safety and protection. Kinship caregivers are supervised by an assigned private provider agency that provides financial reimbursement or are receiving assistance through other financial resources.

*****There is no referral for this alternative living arrangement.** Kinship care is a placement option recommended by the Department of Human Services. When a youth is involved with Family Court because of dependency issues, this type of alternative placement is most desirable. However, once again, the recommendation for this alternative placement will be made during the dependency court process.***

2. **Foster Care:** Foster care is a planned, goal-directed service that includes the provision of 24 hour care for children in an approved foster home. The goal is to achieve permanency for children through reunification with birth/legal parents, adoption or subsidized legal

custodianship. Adolescents 14 years or older are provided services to help them achieve independent living.

Foster parents must be able to provide care, nurturing, and supervision to the children in their care demonstrated by:

- a) existing family relationships, attitudes and expectations regarding the foster family's own children and parent/child relationships;
- b) ability of the foster family to foster a child's relationship with the biological parents (if applicable);
- c) the ability to care for children with special needs.

A recommendation may be made for this alternative living arrangement when a youth does not have adequate support in his or her home. The youth who is most appropriate for this placement will **NOT** have significant behavioral health needs. The reason for recommending this placement should be well justified.

3. **Treatment Foster Care:** Treatment foster care is designed as an intensive level of family based foster care and as a community-based step down from higher levels of care such as residential treatment or other institutional placements. Children placed in Treatment Foster Care have identifiable needs that cannot be met in their own homes or in general foster care but are not severe enough to warrant institutionalization. The goal of treatment foster care is to achieve the safety, stability and movement towards permanency as in traditional foster care, while also providing behavioral health intervention and treatment through community-based agencies for children with special needs.

***A recommendation may be made for this alternative living arrangement when a youth does not have adequate support in his or her home **AND** has behavioral health needs. Within the recommendation, there should be adequate justification of why this is the most appropriate level of placement. Also, treatment goals should be defined within the recommendation. ***

4. **CRR Host Home:** CRR (Community Residential Rehabilitation) Host Home is similar to treatment foster care that is designed as an intensive level of family-based care. A behavioral health agency recruits families to become a “host home” and directly provides the behavioral health services needed. The goal is to stabilize the child’s behaviors in an effort to transition the child back home, treatment foster care, general foster care or kinship care. Services provided directly to these homes include individual therapy, family therapy, therapeutic support staff and interventions related to behavioral modification.

***A recommendation may be made for this alternative living arrangement when a youth requires an out of home placement **AND** has significant behavioral health needs. Within the recommendation, there should be adequate justification of why this is the most appropriate level of placement. Also, treatment goals should be defined within the recommendation. ***

5. **Group Home:** Group Homes, although therapeutic in nature, will be a supportive residential structure that will provide skill building in the areas of life skills, education and pre-vocational/vocational. Group Homes will consist of 8 -12 individuals depending upon the size of the home available. Group Home placement will occur for children and adolescents stepping down from inpatient, residential treatment or as an alternative to residential treatment due to lack of medical necessity. Behavioral Health Services will be community-based and not provided on site. Treatment providers selected will be expected to provide the array of behavioral health services on an individualized basis.

***A group home may be recommended if the criteria listed above are met. In general, this is often a more appropriate placement for an older adolescent youth who does **NOT** have significant behavioral health issues. With older adolescents, this may be a more preferable living arrangement than placement in a foster care setting. Justification of this level of placement is necessary as well as defining the community based behavioral health treatment, if required. ***

6. **Non Behavioral Health Delinquent Residential Facility:** These facilities are private provider-run institutional residential placements used for "generic" delinquent youth, i.e., youth who don't have specific behavioral health issues, or extreme offense histories. These facilities operate 365 days per year, and are governed by the PA Department of Public Welfare (DPW) 3800 regulations and the operant contracts with DHS. All of these agencies provide counseling, education, recreation, pro-social skill development and a full range of residential services. Delinquent agencies are required by PA law to infuse their programming with Balanced and Restorative Justice (BARJ) principles. This means that the programming must deal with victim's rights, services, community safety and competency development in the youthful offender. Some examples of better known agencies are Glen Mills, St. Gabriel's System, George Jr. Republic and Vision Quest. This list is not inclusive. Some of these agencies have also developed components with specialized services. Often times, these agencies will require an IQ and screening achievement test for admission.

****This recommendation may be made if a youth does not have significant behavioral health issues that require treatment.** Also, this placement level may be recommended if the youth does not have an extreme offense history. Justification for this level of placement should be well defined. **

7. **Residential Treatment Facility:** This level of service was described in the Mental Health Services Section. Please refer to page 3 for description and prescribing information.
8. **Independent Living:** Independent living is when a client is able to live in their own apartment, has the life skills to maintain independent living in the community and receives or has vocational training and opportunities to live independently. Community supports are available as well as transitional living that helps to move clients into true independent living. Often these transitional living programs provide life skills and vocational training and assist with finding job opportunities that enable independent living to occur.

This recommendation may be made if a youth does **NOT** have significant behavioral health issues that require treatment and, also, is in need of developing life skills to function independently as an adult. Justification for this level of placement should be well defined.

9. **Supported Independent Living**: Supported independent living is a residential program that may include clients living in their own apartment or in congregate living. Behavioral health agencies provide an array of treatment services, intensive case management and life skills development and support to assist clients in moving into independent living if possible. In addition, these services focus upon improving a client's level of functioning. As a client's level of functioning improves, behavioral health supports may be reduced. Intensity of services may increase based upon the needs of the client. Supported Independent Living is funded through the Office of Mental Health.

This recommendation may be made if the youth is an older adolescent, has behavioral health needs, and requires additional support. A youth requiring this level of support may or may not progress to independent living depending on their level of function. Justification of this level of placement should be well defined.

10. **Community Residential Rehabilitation (CRR)**: CRR programs are for adults, 18 and older, who have a serious and persistent mental illness and require a 24-hour structured program to address both behavioral health and habilitation needs. This placement should not be confused with a CRR-Host Home. That level of placement specifically focuses upon youth. A CRR is a long-term residential program with varying degrees of expectations depending upon the functional level of the client and varying intensity of supports. CRR also provides educational and vocational training, life skills development, peer support and behavioral health monitoring including the administration of medications. Treatment services are provided in the community. Intensive case management may be a component of the array of services provided.

This level of placement may be recommended for adults with significant behavioral health needs. This level of placement may be thought of as an adult residential treatment facility. Justification of this level of placement should be well defined.

11. **Long Term Structured Residence (LTSR):** Long-term structured residence is a 24-hour intensive residential treatment program for adult clients, 18 years and older, who have serious and persistent mental illness that require ongoing stabilization and treatment for their symptoms. The LTSR is a locked unit that consists of psychiatric, nursing and behavioral health services ranging from evaluation, individual and group therapy, habilitation and rehabilitation skill building, medication management and life skills development. This level of care is for individuals who have extensive inpatient psychiatric treatment hospitalizations and cannot be maintained in a lesser level of care.

*****The evaluator should not recommend this level of placement. Referrals are made by an inpatient psychiatric unit or an extended acute care unit. This placement is for adult clients (18 years old and older).*****

12. **State YDC/YFC Placement:** These are the residential programs run by State Department of Public Welfare (DPW) staff as opposed to private agencies. YDCs are Youth Development Centers and YFCs are Youth Forestry Camps. The YDCs are usually reserved for those youth who require the most secure placement based upon offense history or history of running from placement. Youth may be ordered into YDC secure placements. This will essentially “lock the youth down” for the duration of his/her placement. There are limited or no home passes. There is an enclosed area with vigilant, constant monitoring of the youth. There are also YDC open programs that are not as stringent with their limitations. The YFCs are located in various wooded areas of our state and are similar to private “wilderness programs”. YDCs and YFCs are required to provide a full range of residential services. Some of the YDCs have specialized services targeting youth with specific behavioral health or offense profiles.

*****The evaluator may recommend this type of placement if a youth does **NOT** have significant behavioral health needs and requires a secure, highly structured environment. Justification for this level of placement should be well defined by the evaluator.*****