



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

DIVISION OF CHILD MENTAL HEALTH SERVICES PROGRAM DESCRIPTIONS

OVERVIEW

The Division of Child Mental Health Services provides both mental health and substance abuse treatment. They have graduated levels of intensity and restrictiveness. Mental health and substance abuse assessments and therapy (individual/family/group) are routine outpatient services and can be accessed directly at the provider level for children and families. For services more intensive than routine outpatient, children and families should be referred to DCMHS.

CRISIS SERVICES – CHILD PRIORITY RESPONSE

Crisis Response and Intervention Services are 7-day per week, 24-hours per day coverage with in-person crisis assessment and intensive intervention and case management for youth in behavioral health crises. A supervised crisis bed is also available for youth who present minimal risk but whose safety cannot be assured with supervision available in his/her usual residence. The purpose of the crisis program is to enhance the client's/families coping skills and to identify and strengthen its natural helping network as support during the period of crisis. Program components include:

- Crisis Response - first contact response with a youth experiencing a mental health emergency involving up to three contacts (face to face interactions) within a 72 hour period.
- Crisis Bed - temporary (1-3 night target) supervised setting which provides for safety and respite for a youth in a crisis situation.
- Crisis Intervention - intensive (up to 20 face-to-face contacts per week, with 24-hour availability), short term (1-4 week target) therapeutic intervention to assist the youth and his/her caretaker(s) to improve coping mechanisms, identify and address the issues that precipitated the crisis, and plan, in conjunction with DCMHS, for further treatment if necessary.

ROUTINE OUTPATIENT SERVICES

Outpatient mental health services include individual and family assessment, psychiatric and psychological services, individual, group, and family counseling, consultation to other child-serving agencies and case management. Services are provided by community based agencies and may occur in both office-based and community-based (in-home, school, or other community locations) settings. These are direct services in which the therapist meets with the child who is the identified client, siblings and/or the parents or legal guardians of the identified client to plan for treatment or work toward achievement of the goals stipulated in the client's treatment plan.

Outpatient community substance abuse treatment services include individual and family assessment, psychiatric and psychological services, individual, group, and family counseling, consultation to other child-serving agencies and case management. In addition individual and family assessment for alcohol and other drug abuse, and/or dependence, drug screening, education about health, nutrition, STD's as they relate to substance abuse, linkages with NA/AA groups, and relapse prevention are provided.

In the Diamond State Health Care Plan, Medicaid (through the Managed Care

Organizations) provides the first 30 units per year of routine outpatient services. DCMHS provides outpatient services for those who require beyond the 30 unit annual benefit, and also serves uninsured and underinsured clients.

INTENSIVE OUTPATIENT SERVICES

Intensive outpatient service is an alternative to psychiatric hospitalization, residential treatment or day treatment. It provides intensive community-based intervention designed to assist the client and the family (especially those who are unable to benefit from insight oriented treatment), the school, and other members of the natural helping network to learn skills to deal with existing problems. Objectives are:

- To reduce the frequency of inpatient psychiatric hospitalization episodes
- To reduce the length of stay of clients admitted to psychiatric hospital or residential treatment
- To reduce the frequency and duration of behaviors that may lead to out-of-community residential treatment and/or psychiatric hospitalization, (symptom reduction)
- To increase the number of days between hospital, residential and crisis episodes.
- To increase the frequency of appropriate social contacts made by the client in his/her community, and/or within the psycho-social group, (increase in functioning)
- To increase the number of consecutive days the client is able to engage in academic, vocational or other training program.

WRAP-AROUND SERVICES

Aide (Wrap-Around) Services are designed to augment mental health/substance abuse treatment provided directly by mental health or substance abuse (MH/SA) providers through the use of a paraprofessional working directly with the client and family to carry out elements of the MH/SA treatment plan developed by the therapist. The aide is available to help generalize treatment to other settings. The service is time-limited, focused on specific goals, and used to aid in transition between levels of care or to facilitate acquisition of specific developmental tasks. Objectives are:

- To provide home/community based services as an adjunct to mental health/substance abuse treatment to children and families who require more than routine outpatient services
- To provide additional therapeutic services as an alternative to a higher level of service provision or to aid in the transition between levels of care
- To transition the client to natural, community based support systems

PART-DAY TREATMENT (SUBSTANCE ABUSE ONLY)

Part-Day Treatment is a 5 day per week intensive program of three (3) hours per day that provides a developmentally approach after-school intervention for substance abusing children and adolescents who are unable to fulfill the functional requirements of this developmental stage without this level of intensive service.

This program is available to clients for 12 months. Clients receive the same clinical services as are provided in full day treatment except for the academic component. Substance abuse programs also focus on client and family education regarding a variety of topics related to substance abuse, e.g., AIDS prevention, 12-Step activities, and relapse prevention.

DAY TREATMENT

Day Treatment is a 5-full-day intensive program that provides developmentally appropriate intervention for seriously disturbed children or adolescents who are unable to fulfill the functional requirements of their developmental stage without this level of

intensive service.

The program is available to clients for 12 months of the year and is open approximately 225 days per year and provides no less than 5 hours of direct service per day. Activities are also provided in afternoons and/or evenings to assure that working parents are able to participate in treatment. Activities occur both on-site at the program and in the client's natural environment. They include but are not be limited to:

- Professional diagnostic and therapeutic services, e.g., psychological and psychiatric services, individual and family and family assessment, individual, group and family treatment, medication evaluation/monitoring and case management
- Activities provided within a therapeutic milieu, e.g., individual and group therapeutic recreation, field trips, parent and school consultation, behavior management, and other psycho-social education activities
- Crisis response for active clients. This may be in collaboration with the DCMHS crisis unit
- Transportation to and from program activities
- Educational program, appropriate to the level and individual educational needs of the client, with instruction provided by certified teachers. (The DEPARTMENT'S Division of Management Services provides educational staff, for cost-reimbursable contracts)
- Substance abuse programs also focus on client and family education regarding a variety of topics related to substance abuse, e.g., AIDS prevention 12-Step activities, and relapse prevention

DAY HOSPITAL SERVICES

Day Hospital Treatment is a milieu-based, medically managed, full-day intensive treatment program that provides intensive clinical services under psychiatric supervision, integrated with an educational component that permits the program to be used as an alternative to school attendance for emotionally disturbed and mentally ill children and adolescents who are unable to function safely in a normal school environment. The program functions on a five hour per day, five day per week basis, and is specifically designed to accommodate the ongoing treatment and developmental needs of severely disturbed clients. Direct psychiatric supervision of treatment is required due to the acuity of the mental illness presented by these clients.

The program is available to clients for 12 months a year. Usually days coincide with the school calendar with a summer program also being offered. An educational program is provided to assist the client to keep up with the class in which he/she is enrolled (home-bound Instruction). Clients receive the same clinical services as are provided in the psychiatric hospital.

INDIVIDUALIZED RESIDENTIAL TREATMENT

The Individualized Residential Treatment services are characterized by the use of highly trained professional treatment parents, who implement individualized treatment in their own homes on a continuous basis (24 hours per day, seven days per week) under the clinical supervision of licensed mental health professionals. One of the trained parents must commit as a full-time treatment parent, available to provide consistent, ongoing interventions and support to the youth in home, school and community. Professional treatment parents are recruited and trained to serve as the primary therapeutic interventionist, responsible for providing services to an assigned youth under the direction of a licensed mental health therapist. The professional treatment parents:

- Participate in the development of, and implement their roles in treatment/educational/vocational plans;
- Act as agents of behavioral change by implementing specific behavior modification programs based upon principals of positive reinforcement;

- Provide positive role modeling, guidance and counseling to assist the youth in managing the demands of everyday living, and in ameliorating specific behavioral deficits and problems;
- Teach and otherwise foster the development of adaptive living skills by the youth;
- Provide general care and supervision of the youth, consistent with their role as surrogate parents;
- Manage emotional and behavioral crises, with clinical supervision and support, in accord with the youth's treatment plan, and with Divisional protocols for crisis management and intervention;
- In conjunction with biological or adoptive parents, advocate for the youth, making contact with schools and collateral service providers as necessary to support the youth;
- Maintain a therapeutic living environment that is well structured, and designed to nurture and support the youth;
- Arrange for appropriate ancillary services (e.g. transportation, etc.) needed to implement the youth's treatment plan;
- Work directly, under clinical supervision with biological or adoptive families, as indicated in the treatment plan, to teach and model appropriate social, interpersonal, and parenting skills;
- Participate in meetings with the DCMHS Clinical Services Management Teams for the purpose of planning treatment, and monitoring client progress in treatment.

THERAPEUTIC GROUP HOME PROGRAM

This service provides a new level of therapeutic group care within the bed-based service continuum. It offers a six-bed, community-based therapeutic group home program exclusively for a specific population of Departmental clients. Program objectives are:

- To create a new level of therapeutic group care in the service continuum available to the Department's clients within the state of Delaware.
- To provide clinically necessary (and therefore, mandated) services to Department clients in the least restrictive appropriate setting, as specified in their individual treatment and service plans.
- To effect specific improvements in the condition of the clients admitted to the program, as evidenced by the attainment of the objectives of their treatment or service plans, thereby enabling them to move progressively toward increasingly less restrictive living environments.
- To promote more efficient utilization of the Department's system of care and treatment services by providing less restrictive and less costly community-based residential alternatives to institutional treatment for youth who have derived maximum benefits from such treatment.

RESIDENTIAL TREATMENT SERVICES

Services at this level are characterized by the provision of a 24-hour residential living environment which is deliberately designed to create a structured therapeutic milieu, and which forms the basic foundation around which clinical treatment services are organized and integrated. Within the residential treatment level of the DCMHS continuum, programs and services are differentiated along several key dimensions:

- Restrictiveness of the milieu, in terms of both the physical characteristics of the environment and its proximity to the community;
- Nature and extent of clinical resources deployed in support of the milieu;
- Ratios of child care staff-to-clients, and the nature and extent of client supervision and care provided;
- Extent to which educational services are provided within the program, versus reliance upon the public school system.

This service is organized to operate as a graduated step-down level of service for youth who may otherwise require hospitalization. The residential living environments are thoroughly integrated with the clinical and educational services provided in the day treatment component, together constituting a 24-hour therapeutic milieu. A key feature of the program's design allows transition of youth from residential treatment status to day-treatment-only status with no loss of treatment continuity or momentum. The fact that the services are community-based permits treatment of seriously disturbed youth in a non-institutional setting.

INPATIENT HOSPITAL

Inpatient treatment services provide an out-of-home, twenty-four hour psychiatric treatment milieu under the direction of a physician. Within the medical context of an inpatient facility, clients can be safely evaluated, medications can be prescribed and monitored, and treatment interventions can be intensively implemented. Inpatient treatment services represent the most restrictive and intensive intervention available within the DCMHS continuum of services.

A therapeutic milieu with strong psychiatric medical support is central to effective inpatient treatment. Therapeutic interventions, activities, milieu and educational components must be carefully integrated to create a total ecological treatment regime. Components of the service include:

- Independent psychiatric evaluation within 24 hours of admission.
- A thorough assessment of the medical, psychological, social, familial, behavioral and developmental dimensions of the client's situation within the context of the client's precipitating symptoms.
- Focused brief treatment and stabilization as medically necessary, including individual and group approaches and problem-specific approaches.
- Therapeutic stabilization of youth in crisis, including physically aggressive minors, and minors who are a danger to self or others.
- Safe and secure environment for all minors who are involuntarily admitted, including those who are violent and dangerous to themselves and/or others.
 - Involuntary inpatient treatment should be used only in extraordinary circumstances where a minor meets the legal definition for involuntary admission, and a parent or legal guardian's signature for voluntary inpatient treatment is unavailable. Treatment is used primarily for acute crisis resolution to address behavior and symptoms which can not be addressed at other less restrictive levels of care. When the acute crisis is resolved, the client should continue treatment in a less restrictive context.
- Careful monitoring of psychotropic medications and their effects on the client's behavior.
- High degree of structure, order, and predictability with regard to the routines of daily living, the management of behavior and the provision for basic needs.
- Monitoring and management of peer group interaction to promote social learning and minimize the negative effects of peer influence.
- Programmed activities for the amelioration of presenting problems, including skill building, with an emphasis upon interpersonal and problem solving skills; self-care/life skills; activity and recreational programming.
- Brief family therapy with focus upon reintegration into the community within the shortest clinically appropriate time frame.