

Holcomb Behavioral Health Systems
Service Description
School-based Outpatient Program (SBOP)

1. Provider Information:

Holcomb Behavioral Health Systems
225 S. 69th Street
Upper Darby, PA 19082
610-352-8943

Provider Type: 08
PROMISe number: 100772735

2. Name of the service: Psychiatric Clinic, 55 Pa. Code. Chapter 5200 *et seq.*

3. No aspects of service will be subcontracted.

4. Service locations specifically for the purpose of mental health counseling will occur in Interboro School District's four elementary school locations:

- **Interboro High School**
500 16th Ave
Prospect Park, PA 19076
610-237-6410

- Services may also be held at Holcomb Behavioral Health Systems' Upper Darby Outpatient Program 225 S. 69th Street Upper Darby, Pa. 19082 610-352-8943

5. Target population for this SBOP service:

- Specific age range: All ages at the elementary and high school levels.
- Nature of problems to be addressed by this service: Mental and/or Behavioral Health illness, and Co-occurring Disorders.
- Clients must have at least one active, billable DSM-V diagnosis.
- Clients must have active funding through Medicaid.

7. Description of goals, service design, and hours of operation

- Mission
 - i. To provide a full range of outpatient psychiatric clinic services to children and their families in a clinically effective and culturally competent manner. The following services will be provided in the school: individual, group, and family therapy—when need is indicated. Psychiatric (including pharmacology) and psychological services (i.e. psychiatric and psychological evaluations) will be

provided at Holcomb Behavioral Health Systems' Upper Darby office. Therapy services will also be held in the Upper Darby office during school breaks or for additional support when school is not in session and/or school buildings are not accessible.

- Service Design

- i. Screening and Admission Criterion:

1. Holcomb staff (clinicians assigned to each school) will receive referrals from school staff (i.e. administrators, psychologists, special education teachers, and guidance counselors, or directly from the Student Assistance Program, SAP). Holcomb Clinical staff will work cooperatively with the Clinical Support Services department for processing and enrollment of new referrals. Individuals eligible for School-based Outpatient Program treatment include individuals with mental/behavioral health difficulties, substance use problems, and relationship/family problems who are funded through Medical Assistance.

- ii. Admission Process

1. Referrals may be made directly by the client, family, human service system, school staff, or through his/her funding source. If the referral is not received directly from the client, the client will be contacted by the Clinical Support Services department within 24 hours and offered an appointment within 5 working days for routine referrals. Those clients experiencing a mental health emergency and in need of immediate services will be offered to meet with a clinician the same day. Urgent referrals are accommodated within 24 hours, unless otherwise agreed to by the referred client. The admission process includes a comprehensive evaluation conducted by a mental health professional. For those clients utilizing outpatient services in the school setting, Consent for Release of Information will be obtained to allow open communication between Holcomb and School staff for the purpose of collaboration and continuity of care, and to ensure accommodations for students in obtaining counseling services during school hours.
2. All referrals for outpatient treatment will be screened for the presence of a Co-Occurring Disorder. Should an individual meet criteria for a co-occurring mental health and substance use issue, he or she will be referred to a co-occurring competent Holcomb clinician. Additionally, all Holcomb consumers are screened for suicide risk using the mnemonic device, SAD PERSONS, as a screening instrument. Any client with a screening score of 6 or higher must have a comprehensive Risk Assessment completed within 48 hours of admission. The score on this screener is not the sole determining factor for having a formal Risk Assessment completed. If a client reports any current suicidal ideation, regardless of the frequency or intensity, a formal Risk Assessment must

be completed immediately regardless of the client's suicide screening score.

iii. Assessment and Evaluation:

1. A comprehensive evaluation (including a detailed biopsychosocial history, diagnosis and mental status assessment) is completed at the initial meeting by a mental health professional. Clinical impressions and recommendations of each assessment are reviewed with the client and their funding source to determine level of care and to develop the client's initial treatment plan. Admission criteria includes that the client has at least one active, billable DSM-V diagnosis and can be adequately maintained at an outpatient level of care. Otherwise, the agency does not maintain any standardized exclusionary criteria for outpatient services. All clients will be offered treatment services if the appropriately qualified staff are available to meet the client's clinical needs, based upon consultation with the Outpatient Coordinator or the Clinical Director.

iv. Service Delivery System:

1. The professional staff utilizes various treatment modalities including individual, family, marital and group counseling, case management and crisis intervention. The agency's outpatient services have the ability to provide short-term intensive counseling several times per week for stabilization purposes. Services are provided at the school. Psychiatric back-up at the Outpatient Clinic in Upper Darby is available for consultation during regular service hours.
2. Holcomb staff is well trained in using research-supported approaches such as Cognitive Behavioral Therapy and evidenced based models such as Dialectical Behavior Therapy, Trauma Recovery Empowerment Model (TREM), and Trauma-Focused CBT. Co-occurring disorder services will be available for clients presenting with both mental health and drug and alcohol issues. Staff members are trained to utilize Safety Plans and Crisis Plans for clients who are experiencing difficulty maintaining emotional and behavioral stability.

v. Continued Stay Criteria:

1. Clients are eligible to continue with outpatient services as long as they continue to actively participate in services, working on appropriate treatment goals as defined in their individualized treatment plan, demonstrating adequate progress toward treatment objectives.

vi. Outcomes and Methods for Measuring Progress:

1. Monitoring progress and outcomes is viewed as essential in Holcomb program services. Anticipated outcomes include a measurable decrease in

symptoms from admission to discharge and increase in client's self-management of illness—measured by client's community integration (activities and school) and personal satisfaction. Progress is measured in conjunction with the client by evaluating his/her current status at regular intervals in regard to measurable behavioral treatment goals and objectives, which are developed by mutual consent within 15 days of admission. Treatment plans are reviewed and updated, at minimum, every 120 days or 15 sessions. Length of stay and type of discharge are also used to assess treatment effectiveness.

2. The Child Behavior Checklist, CBCL, (which may include information from the youth, parent, and teacher) is completed upon admission to identify baseline information and re-administered at the end of each school term to monitor progress. The CBCL measures clinical issues in a broad range of domains and is sensitive to clinical change. Therefore, it is an effective tool with respect to detecting symptom reduction and improvement in functioning.
3. Client Satisfaction Questionnaires are distributed twice a year and at discharge to assess a client's subjective sense of benefit received from treatment.

vii. Discharge:

1. Discharge is determined by various criteria including the client's meeting of treatment goals, his/her interest in continued participation in treatment and the continued appropriateness of the level of care. Aftercare planning is an active part of treatment beginning at the time of admission. Coordination is provided with other services and for providers who will continue with treatment at either a higher or lower level of care following discharge. Coordination of services will also occur in collaboration with the client's school staff and SAP representatives to ensure follow through with in-school services and plans (i.e. IEPs and 504s, and/or other agreed upon behavioral and emotional plans). A one-week post-discharge follow-up occurs to ensure that the client has followed up with planned aftercare services, as needed.

viii. Staffing and Supervisory Structure:

1. The Outpatient Coordinator monitors and assesses the delivery of service. The position is required to have a Masters degree in a clinical behavioral health discipline and have three years post-degreed experience in the behavioral health field, with one year of increasing supervisory responsibility. Outpatient services are staffed by psychiatrists, and masters and doctoral level therapists, both licensed and unlicensed, who possess a wide range of professional backgrounds with various specialization and areas of expertise.

2. The Outpatient Coordinator provides clinical supervision to clinicians in the program. Non-licensed clinicians are required to receive a minimum of one hour of individual supervision per week, unless the extent of their direct service work is less than 15 hours/week whereby ½ hour of supervision per week is acceptable (or one hour on a bi-weekly basis). Licensed clinicians receive monthly supervision either individually or through group/peer supervision. Psychiatrists and Psychologists are supervised in clinical matters by the Chief Clinical Officer and in administrative matters by the Regional Director. The Outpatient Coordinator is supervised through monthly and/or weekly individual meetings with his/her respective Regional Director.

ix. Engagement Strategies and Community Establishment:

1. A primary component in Holcomb's establishment in Delaware County will be building relationships among existing resources. Holcomb will reach out to local hospitals; Delaware County Juvenile Probation; Delaware County Children and Youth Services, and other treatment providers such as Delaware County Intermediate Unit.
2. Client and family engagement is a key objective of the program. The Outpatient team will consist of staff representing diversity in racial, ethnic and cultural backgrounds so as to provide consumers with a sense of commonality and comfort. All staff will be trained in Ethnic and Cultural Diversity and will be well-versed in how to best provide services to clients and families with different racial, ethnic and cultural backgrounds. Staff will be trained in how to utilize the client's diversity as a strength in treatment.
3. As a main focus on engagement in Delaware County, Holcomb will start with introducing the program to the community. Contacting school social workers and guidance counselors will be a primary focus. The Program's Clinical Coordinator and the Regional Director will talk to school personnel and parents about the programming. Delaware County daycares and churches offering children and parent programs will also be contacted. Holcomb staff will provide information about the various services provided at our Upper Darby office complete with contact names and phone numbers. Joining forces as a School Based Outpatient Provider, we anticipate, among other things, being able to identify priority health issues and gaps in mental health and substance abuse services; decreasing barriers to accessing services; identifying and implementing evidence-based, culturally appropriate programs; and connecting to other organizations in the community

x. Hours of Operation:

1. It is anticipated that in-school services will be provided Monday through Thursday between the hours of 8:30am and 7pm, and Fridays, 8:30am - 5pm while at least one school staff member is on site. Upper Darby office

hours will be held Monday through Thursday between 8:30 am and 8 pm; Fridays, 8:30 am – 5pm.

- a. Should a clinical emergency arise during normal business hours, the Outpatient Clinician will notify his/her direct supervisor and designated school staff (when in school). After completing a Risk Assessment and determining the need for hospitalization, the clinician will assist the client in contacting and utilizing a natural support to accompany the client to the hospital. If the hospitalization is involuntary, Delaware County Emergency Services will be contacted in order to facilitate a 302 petition.
- b. Clients experiencing a clinical emergency outside of normal business hours will be directed via the Holcomb voicemail system to call 911 and/or Delaware County Emergency Services.