Levels of Care
in Children's Behavioral Health

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UR MEDICINE | GOLISANO CHILDREN'S HOSPITAL

MEDICINE *of* THE HIGHEST ORDER

There is no "system"

- Statements such as "the mental health system" refer to whatever services are available by whatever diverse group of agencies and individuals who provide them, which may or may not be acting in coordination at any given time.
- There are multiple regulating and accrediting bodies involved in and these are arranged in arbitrary "silos" which are not and do not attempt to be holistic or comprehensive (DOH, OMH, OASAS, OPWDD, OCFS, etc), all of which have well intended and generally skilled and caring persons working for them.

The Alphabet Soup

- OMH= Office of Mental Health
- DOH= Department of Health
- OPWDD= Office of Persons With Developmental Disabilities
- OASAS= Office of Alcohol & Substance Abuse Svs
- OCFS= Office of Children and Family Services

Levels of Care

- Primary Care, Education, and Community Supports
- Outpatient / “Ambulatory”
- Partial Hospital
- Inpatient
- Residential

Communication at all levels

- Consents/releases of information will generally be necessary
  - Consider processes to get these done routinely or "automatically" when you become aware of care.
- The limit of confidentiality is safety.
  - If you have critical information to relay to providers believed to impact safety imminently, a release is not required.

Primary Care, Education, and Community Supports

- "The De Facto Mental Health System"
  - Every child in NYS should have a primary care provider (or be able to have one) and attend school.
- Primary Care Providers (Physicians, NP's, etc) may provide screening and initial assessment and interventions.
  - Supported in NYS by Project Teach www.projectteachny.org
- Schools may provide a wide variety of education, support, and direct services depending on needs and situations
- Community agencies, faith communities, and other formal and informal supports.

Outpatient / "Ambulatory"

- Service provided in clinics or private practices
- May include individual, group, family psychotherapies and psychiatric medication services
- May include specific diagnosis based or acuity based treatment options
  - The Healing Connection (Eating Disorders)
  - Crisis Intervention Services (part of PBHW)
- Includes integrated and co-located services in primary care or school settings

Outpatient / "Ambulatory"

- Purpose: Treat to remission or resolution
  - This is the "level" where majority of evidenced based care for defined problems occurs.
- Referrals from any clinician or "self referral" (actual intake processes vary, with some sites having "walk in" access)
- Schools can play a role as critical collaborators to help children and families:
  - Case identification and referral
  - Provide critical information in assessment
  - Monitoring progress and impact of interventions
  - Providing accommodations when appropriate/indicated

Outpatient / "Ambulatory"

- Communication tips:
  - Recognize not all psychotherapies and outpatient services are the same – be curious and don't hesitate to ask what type of therapy someone is providing and what one might expect at what timeline.
  - Patients should have a therapist or "primary clinician" even in multi-disciplinary team based care and that person should be the primary communication contact for discussions of actual care.

(Intensive Outpatient Program)

- Does not exist in our region at this time, but stay tuned…
- Essentially outpatient interventions (group, individual, medication services, etc) provided at a frequency more often than traditional outpatient care based on short term acute increased need.

Partial Hospitalization Service

- Intensive treatment program, 5 days/week, including:
  - Individual therapy
  - Group therapy
  - Family therapy
  - Psychiatric medication service
  - Education services (at UR, RCSD teachers part of team)
- Purpose: to address acute mental health issues, (eg suicidality, anxiety interfering with functioning) to get youht to point they can return safely to everyday life with outpatient level of care support
- Accessed through therapist, CPEP, MCT referral
- Average length of stay is approx 3 weeks

Partial Hospitalization Service

- Facilitating PHP
  - It only helps if the kids are there.
  - Most districts provide transportation in our region if needed.
- Communication
  - Communication with school is essential and should be routine.
  - If there are concerns about adequacy of communication during or after care, don't hesitate to bring it to the attention of the Program Director or Division Chief.

Inpatient (Acute)

- Locked unit providing intensive treatment and safe environment for situations of imminent risk or profound impairment for which a short term admission will reduce risk/improve functioning.
  - Individual, group, family, and medication interventions
  - School programing provided, but less robust than PHP
- UR only child unit in region; accessed through CPEP
- Focus is on immediate/acute safety
- Average length of stay 7-10 days
- Communication with schools should be expected, but pace and focus on immediate safety make specifics variable

Inpatient (Intermediate)

- Locked unit providing intensive services over longer period for youth who can not be stabilized during an acute admission and are likely to benefit from this level of care (not just long term safe place, such as residential)
- Accessed form acute inpatient or community or court
- Western New York Children's Psychiatric Center in our region
- Allow for longer period of care, less restrictive environment than acute inpatient.
- School programing provided and communication with school essential component of discharge planning.

Residential

- Residential Treatment Facility (RTF) – OMH
- Residential Treatment Center (RTC) – OCFS
- Highly structured, therapeutic, group living experience
- Unlocked units, less restrictive, home visits common and encouraged
- Mental health care and education programs included
- Accessed by a variety of means, generally referral from clinician/clinical service, agency, or court
- All have goal of return to home.

Emergency Services

- NOT a level of care
- Crisis phone lines (UR Crisis Line 585-275-8686, Lifeline, 911)
  - Telephone crisis management, problem solving, referrals
- Mobile Crisis Team (585-529-3721)
  - Emergency assessment focused on immediate needs, sometimes with immediate intervention, referrals to "best fit" level of care (including inpatient via CPEP)
- CPEP (Comprehensive Psychiatric Emergency Program)
  - Same types of evals as Mobile Crisis, but in emergency room setting, capable of "hands on" interventions
  - Only access point for inpatient currently

Other services and supports

- "In-home services"
- Case management/Care Coordination
- Respite services
- Navigators
- Support groups