	MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN **COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE**		
	NUMBER: **OMHSAS-08-01**	**ISSUE DATE**: **1-04-08**	**EFFECTIVE DATE**: **Immediately**
SUBJECT: Guidelines for Interagency Planning for Children in Need of Behavioral Health Rehabilitation Services or Partial Hospitalization Services During the School Day	**BY :** **Joan L. Erney, J.D.** **Deputy Secretary for Office of Mental Health and Substance Abuse Services**		

SCOPE:

This bulletin applies to Mental Health/Mental Retardation (MH/MR) Administrators, providers of partial hospitalization services, providers of school-based behavioral health rehabilitation services, CASSP Coordinators, HealthChoices Managed Care Organizations (MCOs), Local Education Agencies (LEAs) and Student Assistance Programs.

PURPOSE:

The purpose of this bulletin is to provide guidance for effective interagency collaboration for partial hospitalization programs and behavioral health rehabilitation services for children with serious emotional or behavioral disorders in need of these services during the school day.

BACKGROUND:

In 2004, the Department of Public Welfare and the Department of Education formed a committee that included representatives from the Education Law Center, the Disability Rights Network, the Pennsylvania Community Providers Association, parents, provider agencies and other stakeholders to examine issues relating to education in partial hospitalization programs. Among the issues addressed were the over utilization of partial hospitalization services for children who could appropriately be educated in their local schools; extended lengths of stay in partial hospitalization programs for some children; and lack of coordinated planning between school districts and partial hospitalization programs for reentry into schools when children are discharged from partial programs. The purpose of the group was to develop policies and practice guidelines to address these issues to ensure that children who attend partial hospitalization programs during the school day receive education services. Many of the same issues that affect the education of students in partial hospitalization programs may also affect the education of students who receive behavioral health rehabilitation services during the school day.

DISCUSSION:

The Department of Public Welfare (Department) supports the need for multi-systemic collaboration for thorough and comprehensive service planning for children who need either partial hospitalization or behavioral health rehabilitation services during the school day. To facilitate such collaborative service planning, the Department is clarifying the roles and responsibilities of County MH/MR Programs, providers and LEAs in the referral and placement process, treatment and education planning, including development of the Individualized Education Plan (IEP), any other required type of team process (if applicable), discharge and transition planning for children in need of partial hospitalization programs or behavioral health rehabilitation services during the school day.

The Department is committed to provide an array of behavioral health services and supports, from universal prevention to intensive treatment, to children and families in their natural environment. The availability of partial hospitalization programs and behavioral health rehabilitation services in school settings increases the probability that children will achieve personal and academic achievement and success. At the same time, it is in the best interest of children to ensure that educational opportunities are not disrupted as a result of treatment programs or services that occur during the school day. The Department's objective is to expand services and supports in school settings and to utilize out-of-school options only when necessary. Standardizing a process for interagency collaboration and planning helps ensure that services and interventions take place in settings that are the least restrictive and intrusive necessary to meet the needs of children and families, consistent with Child and Adolescent Service System Program (CASSP) principles.

PROCEDURE:

The Department believes that partial hospitalization programs, particularly those not located in a school, are primarily a short-term option to help children with severe emotional disturbance recover from a crisis, or as a step-down from a hospital setting. A short-term placement is usually defined as not exceeding three school weeks. However, for many reasons children sometimes remain in partial hospitalization programs for longer periods. The process outlined below is intended to apply to partial hospitalization programs expected to last more than three school weeks as well as to all behavioral health rehabilitation services. It is designed to ensure that students are admitted to and remain in such programs and services only to the extent that such services are the least restrictive available to meet their needs; that students receive necessary education and special education during their placements; and that coordinated discharge planning takes place without interruption of needed behavioral health and educational services.

All activities described below, including whether and the extent to which agency staff may participate in interagency team meetings, are governed by Act 2004-147, 35 P.S. §§ 10101.1 - .2 (relating to mental health treatment and release of medical records), and the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g (relating to family educational and privacy rights).

Letters of Agreement

To facilitate collaboration between educational and behavioral health services, providers of behavioral health rehabilitation services and partial hospitalization programs as well as, when appropriate, Behavioral Health MCOs should have letters of agreement with providers and programs, including the LEAs, that are responsible for the education of all children. The letters of agreement should clearly define the roles and responsibilities of each entity. When an educational entity is not willing to sign a letter of agreement, the provider should document efforts made to execute the letter of agreement and the rationale for the education entity's refusal to sign the agreement and should forward that information to the Department.

Referral Process

When a child is in need of a partial hospitalization program or a Behavioral Health Rehabilitation Service, the parent or other referring entity, including the provider, should contact the County Mental Health (MH) Program. It is the responsibility of the County MH representative (that is, the CASSP Coordinator, Care Manager, Case Manager, or other MH representative) to initiate an evaluation or assessment if needed, and to assemble all interested parties to participate as members of the child's interagency team. (For behavioral health rehabilitation services, the interagency team is more commonly known as the Interagency Service Planning Team.)

If the County MH representative or parent believes that the child is in need of emergency or urgent services, a decision may be made to refer the child directly for an evaluation or assessment and treatment without assembling the interagency team. In such circumstances, an evaluation and interagency team meeting should occur as soon as possible following admission to an emergency service.

When it is not practical for an interagency team to meet prior to admission to a partial hospitalization program, the team should make every effort to convene no later than ten days after the date of admission to the program. In such a situation, the school district in which the child is living should be notified and invited to participate.

Evaluation Process

When a child is referred for a partial hospitalization program or a Behavioral Health Rehabilitation Service, an assessment or evaluation is completed to

formulate a diagnosis and to make treatment and, when appropriate, education recommendations, based on the child's needs, including in appropriate cases a recommendation to the parent that the child be referred for an evaluation for special education services or services under section 504 of the Rehabilitation Act, 29 U.S.C. § 794 (relating to nondiscrimination in federal grants and programs) (Section 504).

Interagency Team Meeting Process

The interagency team should include the child, the parent(s) or legal guardian(s), a representative from the County MH/MR program, the Behavioral Health MCO, if applicable, providers who are providing or will provide services to the child, a representative from the school district in which the child is living and any other child-serving agencies that are providing services to the child or the family. A parent may invite an advocate or other individual or agency identified as a resource to attend and participate in the interagency team meeting. Interagency team meetings should take place in person when possible, but may also occur via teleconference or videoconference. Documentation of interagency team meetings should include a summary of the discussion and meeting outcomes. A signature sheet documenting the attendance of all participants should be maintained in the child's record.

The Department recommends that, whenever possible, a joint meeting occur that integrates the treatment team, interagency team, IEP team, or any other required team for a comprehensive planning and assessment process. Time frames for these meetings should occur on a regular basis as dictated by any existing requirements or by the team and based on the needs of the child and family.

It is the responsibility of the County MH representative on the child's team to facilitate collaboration with the LEA and other relevant child-serving agencies to initiate referrals for treatment and support services and to monitor service delivery.

The purpose of the initial interagency team meeting is to discuss, appraise and document whether less restrictive and less intensive services were considered or implemented before the child was referred for treatment in a partial hospitalization program or for a Behavioral Health Rehabilitation Service; that every attempt is made to provide both the educational and behavioral health services that will maintain the child in his or her regular classroom or school; and why the child cannot be served in the regular classroom or school with supportive educational services or school-based behavioral health services.

At each meeting, the interagency team should review and discuss clinical evaluations and recommendations and, if relevant, the child's IEP. The interagency team process should include a discussion of information relevant to the child's level of functioning in all life domains, exploring service options that are strength based and child and family focused, identify areas of need and barriers to success and develop a comprehensive service plan.

Finally, the interagency team should discuss the child's educational program in light of the child's behavioral health needs, what regular or special education the child needs and who will provide the services. The team's decisions should be included in the child's treatment plan. Whenever possible, the team's discussions should be guided by the principle that the education provided to the child should be sufficient to permit the child to make a successful transition from the program or service without significant interruption in instruction in at least the core subjects necessary for promotion or graduation in the school district in which the child is living. If the child has not been identified as a child with a disability in need of special education services or Section 504 (called a 504 plan or a service agreement), the team should advise the family that it can request an evaluation from the school district in which the child is living.

If a member of the interagency team disagrees or if the team cannot reach consensus about the most appropriate plan for the child, the team should seek assistance from the County MH/MR program to resolve the issues and to discuss options and alternatives with the child and family.

Department regulations require partial hospitalization treatment teams to reconvene every twenty program or school days, or when requested by a member of the team to review the child's treatment plan. The treatment team and interagency team processes serve as a conduit for ongoing multi-system collaboration. The Department recommends that partial hospitalization staff invite members of the interagency team to subsequent meetings or, when appropriate, to review the child's progress in treatment, to review the child's educational program, to discuss other recommendations and to plan for continued treatment or discharge from the partial hospitalization program.

Discharge Planning

Discharge occurs when goals and objectives identified in the evaluation and in the treatment plan have been met, or when the program is no longer the least restrictive setting that meets the child's needs, or when the parent chooses to withdraw the child or when the child, if age appropriate, chooses to withdraw from the program. Discharge planning begins when a child is admitted to a service. A discharge plan is a comprehensive document that includes multi-system recommendations based on the needs of the child following treatment in a partial hospitalization program or a Behavioral Health Rehabilitation Service. Discharge planning should include discussion and participation from members of both the treatment and the interagency teams, including the school district. A discharge plan should also include follow-up recommendations for behavioral health treatment, an educational plan, including a plan for transitioning the child from the partial hospitalization program or the Behavioral Health Rehabilitation Service to the recommended school placement, community supports and other services that may be needed.

The plan for follow-up treatment should be finalized at a final discharge meeting that should occur at least seven days prior to the anticipated discharge date. The plan should specify the role of the treatment team or interagency team members accountable to implement the discharge plan and the child's specific education or special education program upon discharge. However, a child's discharge should not be delayed because of the inability to convene a timely discharge planning meeting, and in such situations the meeting should be held as soon after discharge as is possible. It is the responsibility of the County MH representative on the child's interagency team to ensure that the discharge recommendations are carried out and referrals are made for follow-up services.

When the discharge planning team does not reach consensus on the discharge plan for behavioral health services, the County MH representative should contact the County MH/MR Program to resolve the issues and to discuss options and alternatives with the child and family. When the team does not reach consensus on the discharge plan regarding the education program, the parent should be informed of the options for resolving education and special education disputes, including where the parents can obtain advocacy support.

NOTE: This bulletin is intended to supplement, not supplant, the requirements in Medical Assistance Bulletin (MAB) 01-94-01, 41-94-01, 48-94-01, 49-94-01, 50-94-01, Outpatient Psychiatric Services for Children Under 21 Years of Age (January 1, 1994), MAB 1153-95-01, Accessing Wraparound Mental Health Services Not Currently Included in the Medical Assistance Program Fee Schedule for Eligible Children Under 21 Years of Age (September 8, 1995), and MAB 07-05-01, 08-05-04, 09-05-05, 11-05-03, 19-05-01, 31-05-05, Psychological/Psychiatric/Clinical Re-Evaluations and Re-Authorizations for Behavioral Health Rehabilitation (BHR) Services for Children and Adolescents with Behavioral Health Needs Compounded by Developmental Disorders August 8, 2005), by providing guidance on how to initiate and conduct Interagency Team meetings. The requirements in those bulletins remain in effect.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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