

Behavioral Health Rehabilitation Services: Brief Treatment Model

An Allegheny HealthChoices, Inc. Report

Behavioral Health Rehabilitation Services (BHRS) are intensive, community-based services that provide comprehensive mental health treatment to children in their home, school, and/or community. Traditionally, the service is delivered by several professionals, Behavioral Specialist Consultants (BSCs), Mobile Therapists (MTs), and Therapeutic Staff Support (TSS) working together as a team (see definitions below).

Over time, Allegheny County BHRS providers and Community Care noted that a group of children would benefit from a less intensive form of home and community-based services. As a result, Allegheny County, providers and Community Care developed the BHRS Brief Treatment model, which seeks to:

- Meet the service needs of children who would benefit from time-limited periods of Mobile Therapist-only or Behavioral Specialist Consultant-only services;
- Provide an opportunity for clinicians to work with children in the community to develop a more complete understanding of their treatment needs;
- Ease the transition and provide greater continuity of care for children who no longer need the intensity of traditional BHRS; and
- Provide a service that is quicker and easier to access than traditional BHRS, especially for children in need of immediate home and community-based treatment.

In 2004, Allegheny County became the first county in Pennsylvania to offer BHRS Brief Treatment to children. The table below explains the differences between Brief Treatment and traditional BHRS.

	BHRS Brief Treatment	Traditional BHRS
Service mix	MT-only or BSC-only	MT, BSC, and/or TSS
Establishing medical need for service	Evaluation from a behavioral health provider and a letter of recommendation from a psychiatrist or licensed psychologist	Best practice evaluation by a psychologist or psychiatrist
Service duration	Maximum of 36 weeks	No maximum
Service intensity	Maximum of 6 hours per week	No maximum
Availability of “booster” treatment	Yes (only after discharge from BHRS Brief Treatment)	No

- Master’s or PhD level Behavioral Specialist Consultants (BSC) work with children, family members, and the treatment team to address behavioral problems with non-aversive behavior management plans.
- Master’s or PhD level Mobile Therapists (MT) provide child-centered, family-focused, individual and family-level psychotherapy.
- Therapeutic Staff Support (TSS) work one-on-one with children to address treatment and behavior management plan goals. BSCs and/or MTs supervise TSS services.
- After BHRS Brief Treatment is finished, children and their families can access up to three, two-week Booster Treatment sessions with their BHRS Brief Treatment clinician to help during times of change or crisis.



Between January 1, 2004 and June 30, 2005:

448 children used BHRS Brief Treatment services averaging \$3,033 in paid claims per child. In comparison, approximately 3,000 children used traditional BHRS, averaging almost \$16,000 in paid claims per child. Since children typically receive BHRS Brief Treatment for a shorter period of time and for fewer hours per week than traditional BHRS, a significant difference in paid claims per child is expected.

The most common primary diagnosis for children receiving BHRS Brief Treatment was ADHD, followed by Oppositional Defiant Disorder.

The mean length of service for children receiving Brief Treatment was 20 weeks with an average of 2.7 hours of treatment per week. These averages fall well within the Brief Treatment guidelines.

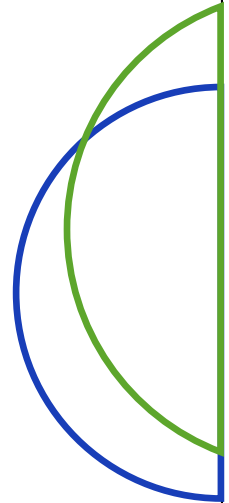
Booster sessions were rarely used. However, providers indicated parents of children receiving BHRS Brief Treatment feel reassured knowing these sessions are available.

Examining the services children used *before* and *after* Brief Treatment shows that children use Brief Treatment in different circumstances:

- About one-third of children started Brief Treatment after receiving outpatient treatment, medication checks, and/or case management in the previous three months. These children were referred to Brief Treatment because they needed more intensive treatment.

- Children also started Brief Treatment after using traditional BHRS (34%), family-based mental health services (12%), and/or partial hospitalization services (12%) in the previous three months. These children were referred to Brief Treatment because they were ready for less-intensive, home and community-based treatment.
- In the three months after Brief Treatment, many children continued to receive support through case management and low-intensity services such as outpatient treatment and medication checks.
- Many children used traditional BHRS services in the three months after Brief Treatment. For most of these children, traditional BHRS was a continuation of the MT or BSC services prescribed under Brief Treatment.
- In the period immediately following BHRS Brief Treatment (90 days), a small percent of children did not receive any Medicaid-funded behavioral health services, indicating either a successful transition to a child's natural support system or a lack of connection to follow-up services.

These patterns indicate that Brief Treatment provides an option on the service continuum for children who need more intensive services than outpatient but less intensive services than family-based or traditional BHRS. BHRS Brief Treatment providers also indicated the simplified authorization process has been working smoothly and believe the service is a valuable addition to the service system.



The full report is available at:
www.ahci.org

For more information, contact:
Maureen Utz at mutz@ahci.org
412-325-1100

AHCI Allegheny HealthChoices, Inc.
444 Liberty Avenue, Pittsburgh, PA 15222
Phone: 412/325-1100 Fax 412/325-1111

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