Pennsylvania
Department of Human Services

Pennsylvania Behavioral Health Managed Care Organization Services & Evidence-Based Practices

Carelon Community Services

Narrative Summary of Community-Based Services

Pennsylvania children and youth under the age of 21 who are adjudicated dependent and have diagnosed mental health disabilities often require a comprehensive array of services to support their needs in the least restrictive setting. Consistent with best practice and federal and state guidance, service delivery should prioritize community-based interventions that promote family preservation, stability, and permanency while minimizing the need for congregate care or institutional placement.

A continuum of community services is available to support this population. Outpatient (OPT) mental health services provide individual, group, and family therapy to address a wide range of behavioral health conditions. These services are often supplemented by school-based mental health programs, which deliver therapeutic supports within the educational setting to improve functioning and reduce disruptions to learning. For children and young people with more intensive needs, Intensive Behavioral Health Services (IBHS) offers structured therapeutic interventions delivered directly in the home. These services are designed to stabilize the family environment, improve caregiver capacity, and prevent placement disruptions.

Additionally, IBHS services provide individualized, team-based support, including behavioral consultants, mobile therapy, and behavior analysts. IBHS also includes ABA services for individual therapy, and group therapy. Blended Case Management (BCM) or Intensive Case Management (ICM) services play a critical role in coordinating care across systems, including child welfare, behavioral health, education, and juvenile justice. These services ensure that youth and families can access necessary resources and that care plans are implemented effectively. For youth at risk of out-of-home placement or involvement in the juvenile justice system, family-based interventions such as home-based therapy and multisystemic approaches are essential. These services address the environmental and relational factors contributing to behavioral challenges. In addition, crisis intervention services, including mobile crisis teams and crisis stabilization, provide immediate support during periods of acute need, helping to prevent unnecessary hospitalizations or placements.

Peer support services and family advocacy programs further enhance engagement by incorporating lived experience and empowering caregivers to actively participate in treatment planning. For older youth, transition-age services, including supported employment and independent living programs, promote long-term stability and successful transition to adulthood.

In addition, specialized outpatient services are critical to addressing specific clinical needs within this population. Trauma-focused services utilize evidence-based approaches such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and other trauma-informed interventions to address the impact of abuse, neglect, and other adverse experiences. Specialized treatment for sexual maladaptive behaviors incorporates structured, evidence-based models such as Problematic Sexual Behavior–Cognitive Behavioral Therapy (PSB-CBT) and Multisystemic Therapy for Problem Sexual Behaviors (MST-PSB), emphasizing safety planning, caregiver involvement, and skill development.

Eating disorder treatment in outpatient settings includes multidisciplinary approaches with therapy, nutritional counseling, and medical monitoring, often utilizing models such as Cognitive Behavioral Therapy for Eating Disorders (CBT-E) and Family-Based Treatment (FBMHS).

These specialized services ensure that youth with complex and high-risk needs receive targeted, developmentally appropriate care while remaining in the least restrictive, community-based settings whenever clinically appropriate. Collectively, these community-based services form a comprehensive, least restrictive continuum of care that aligns with the needs of class members and supports positive outcomes across behavioral health, educational, and social domains.

Evidence-Based and Promising Practices Aligned with Community Services

Below shows key Evidence-Based Practices (EBPs) and Promising Practices (PPs), along with the community service settings in which they are commonly implemented.

Cognitive Behavioral Therapy EBP (CBT): Structured therapy addressing maladaptive thoughts and behaviors.

- *Associated Community Service(s): Outpatient therapy, school-based services, Community Residential Rehab (CRR), IBHS, Acute Psychiatric Inpatient Hospitalization, Psychiatric Intensive Outpatient Program, Partial Hospitalization Outpatient therapy, IBHS*

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): Trauma-specific intervention for children and adolescents.

- *Associated Community Service(s): Outpatient therapy, IBHS, school-based services, FBMHS, Acute Psychiatric Inpatient Hospitalization, Psychiatric Outpatient Program, Partial Hospitalization, CRP*

Dialectical Behavior Therapy (DBT): Skills-based therapy for emotional regulation and high-risk behavior.

- *Associated Community Service(s): Intensive outpatient IOP, Outpatient OPT, IBHS, community mental health centers, Acute Psychiatric Inpatient Hospitalization, Psychiatric Intensive Outpatient Program, Partial Hospitalization, CRR*

Multisystemic Therapy (MST): Intensive family- and community-based treatment addressing multiple systems.

- *Associated Community Service(s): Intensive in-home services, IBHS, FBMHS, juvenile justice diversion services, Psychiatric Intensive Outpatient Program, CRR*

Multi-Systemic Therapy-Psychiatric: Intensive family and community-based treatment to reduce psychiatric symptoms and high-risk behaviors.

- *Associated Community Service(s): IBHS, FBMHS, JPO diversion programs, child welfare and family preservation services, community behavioral/mental health services, CRR*

Multi-Systemic Therapy- Problematic Sexual Behaviors (PSB): Specifically designed to treat youth who have engaged in problematic sexual behaviors and co-occurring behavioral health issues (PSB) ages 10-17.

Associated Community Service(s): IBHS, FBMHS, Child welfare systems, JPO systems and community behavioral/mental health services, Psychiatric Intensive Outpatient Program, CRR.

Functional Family Therapy (FFT): Family-focused intervention to improve communication and reduce conflict.

- *Associated Community Service(s): Family-based services (FBMHS), child welfare programs, Psychiatric Intensive Outpatient Program, Partial Hospitalization, CRR.*

Parent-Child Interaction Therapy (PCIT): Strengthens caregiver-child relationships and behavior management.

- *Associated Community Service(s): Outpatient therapy (OPT), Family Based Mental Health (FBMHS), early childhood programs, Psychiatric Intensive Outpatient Program, CRR.*

Motivational Interviewing (MI): Enhances readiness for behavioral change

- *Associated Community Service(s): Case management, substance use services, outpatient (OPT), IOP, FBMHS, IBHS, Acute Psychiatric Inpatient Hospitalization, Psychiatric Intensive Outpatient Program, Partial Hospitalization, CRR, Psych Rehab*

Assertive Community Treatment (ACT) (adapted for youth): Team-based, intensive community support model.

- *Associated Community Service(s): Community /behavioral mental health services, Psychiatric outpatient program*

Multidimensional Family Therapy (MDFT): Intensive substance abuse service provided in home and other locations.

- *Associated Community Service(s): IBHS, FBMHS, community behavioral/mental health services, CRR*

Applied Behavior Analysis (ABA): Behavioral intervention for skill development.

- *Associated Community Service(s): Autism services (IBHS), some Family Based Teams (FBMHS)*

Eye Movement Desensitization and Reprocessing (EMDR): Trauma processing intervention.

- *Associated Community Service(s): Outpatient therapy (OPT), trauma-focused programs*

Psychosocial Rehabilitation (PSR): Skill-building for community functioning.

- *Associated Community Service(s): Day programs, community-based services*

Specialized Treatment of Sexual Maladaptive Behaviors: Specialized treatment of sexual maladaptive behaviors refers to targeted, clinically structured interventions designed to address problematic or harmful sexual behaviors, particularly in children and adolescents. These behaviors may include inappropriate sexual actions, boundary violations, or behaviors that pose a risk to self or others.

- *Associated Community Service(s): Outpatient, Intensive Outpatient Program, specialized community-based programs*

Peer Support Services: Support provided by individuals with lived experience.

- *Associated Community Service(s): Community-based programs, recovery services*

Trauma-Informed Care (TIC): Organizational framework recognizing impact of trauma.

- *Associated Community Service(s): All service settings (child welfare, schools, healthcare, community behavioral/mental health services*

Comprehensive Level of Care Assessment for SUD Services: It is a multidimensional assessment process that evaluates an individual's substance use, mental health, physical health, and social factors to match them with the least restrictive, clinically appropriate level of care.

- *Associated Community Service(s): Early Intervention, Outpatient, Intensive Outpatient, Partial Hospitalization*

Mobile Crisis Response: Community-based crisis intervention and stabilization.

- *Associated Community Service(s): Crisis services*

Community Health Worker (CHW) Model: Outreach, engagement, and care navigation support.

- *Associated Community Service(s): Community-based organizations, care coordination*

Peer Recovery Coaching: Mentorship and recovery support.

- *Associated Community Service(s): Community recovery programs*

Forensic Assertive Community Treatment (FACT): Adapted ACT model with flexible intensity.

- *Associated Community Service(s): Community mental health systems.*

Integrated Dual Disorder Treatment (IDDT): Integrated treatment for co-occurring disorders.

- *Associated Community Service(s): Outpatient and community mental health programs*

Eco-Systemic Structural Family Therapy: An intensive family treatment approach grounded in systems theory with a trauma-informed and attachment-focused approach.

- *Associated Community Service(s): Family Based Mental Health (FBMH)*

Narrative Summary of Community-Based Services

A robust continuum of community-based services, combined with the strategic implementation of evidence-based and promising practices, is essential to meeting the needs of Pennsylvania's dependent youth with complex behavioral health conditions. Prioritizing least restrictive, family-centered, and trauma-informed approaches ensures that members receive effective, coordinated care while remaining in their homes and communities whenever safely possible.

CBH Community Based Services

Emergency Services: Crisis Intervention

Children's Mobile Crisis Team (CMCT):

- Provided in the community for up to 72 hours for a child aged 21 and under experiencing a behavioral health crisis, helping to stabilize the situation and reduce immediate risk of danger.
- Services available 24 hours per day
- Services may include:
  - Crisis Assessment and Safety Planning
  - Engagement with Member and Family
  - Referral and Linkages to Behavioral Health Services

Crisis Walk-in (Crisis Response Center/CRC):

- Delivered at a CRC
- Includes an emergency crisis evaluation to determine what service may be most helpful

Urgent Services: Crisis Intervention (Non-Emergency)

Children's Mobile Crisis Team (CMCT):

- Resolution-focused, short-term crisis management services provided in the home for children up to age 21 following a CMCT assessment or discharge from the CRC

- CMIS teams include a master's level therapist, case manager, and a psychiatrist or certified nurse practitioner to provide the following services two or more times weekly:
  - Assessments and Evaluations
  - Case Management
  - Medication Management
  - Family Therapy
  - 24/7 On-Call Support

Non-Urgent Services

Mental Health Outpatient Services (MHOP): Provided for children under age 18 in an office setting, often one time per week

- Services may include:
  - Assessments and Evaluations
  - Medication Management
  - Individual, Group, and Family Therapy

Acute Partial Hospitalization Program: Short-term services provided for children ages 5-17 in a hospital setting during daytime hours to assist with stabilization

- Services may include:
  - Medication Management
  - Individual, Family, and Group Therapy
  - Aftercare Planning
  - Educational Services

Psychological Testing: Psychological testing is provided by a psychologist to assist with determining diagnosis, intelligence, and level of functioning.

Psychosexual Evaluation: A psychosexual evaluation gathers information about a member's history of sexual behavior in order to identify treatment needs and determine if there is a risk of problematic sexual behavior.

Substance Use Disorder (SUD) Outpatient Services

SUD Outpatient Services (ASAM 1.0): Provided for children up to age 18 in an office setting, often one time per week, to help with alcohol or other substance use challenges.

- Services may include:
  - Assessments and Evaluations
  - Individual, Group, and Family Therapy
  - Medication Management

SUD Intensive Outpatient Services (ASAM 2.1): Provided for children up to age 18 in an office setting at least six hours per week for a higher level of support with alcohol or substance use challenges.

- Services may include:
  - Individual and Group Therapy
  - Medication Management

Case Management Services

Blended Case Management:

- A community-based service which is designed to assist members to gain access to community agencies, services, and professionals whose functions are to provide the support, training and assistance required for a stable, safe and healthy community life.
- These programs work in a team model and have the ability to adjust the intensity of the services provided to meet the needs of the member without changing service providers.
- Blended Case Management is designed to support access and coordination of services.

FOCUSED Blended Case Management:

- FOCUS is an evidence-informed (or promising practice) method of providing care coordination to families whose child(ren) have intermediate behavioral health needs.
- FOCUS was designed to modernize case management practices and provide a right-sized approach to families who need extra support but do not need the entire High-Fidelity Wraparound process.
- The process is anchored in the family's perspective and is designed to transfer skills and support self-efficacy to reduce system involvement and "help families get back to the business of being families."
- Monthly family meetings are held to build and update the Plan of Care based on the reason for referral behavior and the factors that contributed to that behavior.
- Families are encouraged to identify their strengths and resources/supports and include them in their Plan of Care strategies.
- Short-term process, lasting approximately 9-12 months.
- The identified member's behavioral health care is managed longitudinally by CBH during the member's enrollment in FOCUS.

Other Care Coordination Services

High-Fidelity Wraparound:

- High-Fidelity Wraparound is an evidence-based method of care coordination which relies upon building a team of support, which includes the family, their professional supports and their natural supports.
- High-Fidelity Wraparound is a team-based planning process which is centered on the family's own future vision, strengths and culture. The team meets monthly to review and update the Plan of Care based on the family's self-identified strengths, culture and preferences.
- There is a Youth Support Partner assigned to the identified member, this person is a young adult who has lived experience being involved in child-serving systems themselves. The YSP's role is to help the youth understand the perspective of their team; to engage their natural supports, and to help the member and their natural supports complete their assigned Action Steps on the Plan of Care.
- There is a Family Support Partner assigned to the identified member's caregiver(s), this is a parent who has lived experience raising a child who was involved in child-serving systems. The FSP's role is to help the caregiver understand the perspective of the identified member and their team; to engage the caregiver(s)' natural supports and to help the caregiver(s) and their natural supports complete their assigned Action Steps on the Plan of Care.

- Designed to transfer skills to the member and their family, increasing self-efficacy and making the member and their family the drivers of their own care. The process lasts approximately 12-24 months depending on the members' stability and the family's progress on their Plans of Care.

Intensive Behavioral Health Services (IBHS)

IBHS Services: Provided in the community for a child up to age 21.

Clinical Transition and Stabilization Services (CTSS): Provided in the community for a maximum of 90 days to address the mental health and stabilization needs of children in foster care.

- Services Include:
  - In-Home Individual and Family Therapy
  - Crisis Intervention
  - Medication Management
  - Coordination of Needed Services

IBHS Individual Services:

- Helps the member in the home, school, or community setting
- Therapy and support used to achieve treatment goals, increase coping strategies, and support skill building
- Can be delivered using Behavior Consultation (BC), Mobile Therapy (MT), and/or Behavioral Health Technician (BHT) services
- BC services include creation and updates to the individual treatment plan (ITP) and oversight of the ITP process with the treatment team
- MT services consist of individual and family therapy, creation and updates to the ITP, assistance with crisis stabilization, and assistance with addressing needs of the member
- BHTs work with the member on treatment plan goals

IBHS Group Services: Can be provided in a school, community setting, or community-like setting.

- Services Include:
  - Therapy
  - Structured Activities
  - Community Activities (addressing the Member's treatment goals)

IBHS Applied Behavior Analysis (ABA) Services: Used to develop behavioral, social, communication, and practical skills by using reinforcement, prompting, review of tasks, or other methods for a member to achieve a goal.

- Can be delivered through Behavior Analytic (BA), Behavior Consultation – ABA (BC-ABA), Assistant Behavior Consultation – ABA (Asst. BC-ABA), Behavioral Health Technician – ABA (BHT-ABA) services, or ABA Early Childhood Intensive Treatment (ABA-ECIT)
  - BA and BC-ABA services include creation and updates to the individual treatment plan (ITP) and oversight of the ITP process with the treatment team. BA services also include functional analysis.
  - Asst. BC-ABA services consist of assisting the individual who provides BA or BC-ABA services and providing face-to-face support.
  - A BHT-ABA works with the member on treatment plan goals.
  - ABA-ECIT is for children ages 2-5 who have not yet entered kindergarten and includes an ITP with at least one active parent training goal.

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  - and includes an ITP with at least one active parent training goal.

Family-Based Services (FBMHS)

Family-Based Services (FBMHS): Delivered to families to help them care for children ages 3-21 with challenging needs and behaviors in their own home.

- Services May Include:
  - Case Management
  - Family Support
  - Individual and Family Therapy
  - Crisis Support 24/7

Functional Family Therapy (FFT)

- Short-term treatment program with an average of 12 to 14 sessions over three to five months
- Works mostly with 11- to 18-year-olds who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school, or child welfare systems
- Conducted in both office and home settings and can also be provided at schools

Multi-Systemic Therapy: Problem-Sexual Behaviors (MST-PSB), Risky Sexual Behavior (MST-RSB), and Traditional (MST)

- MST-PSB is an adaptation of the evidence-based treatment model multisystemic therapy (MST) that is specifically targeted to adolescents who have engaged in problematic sexual behavior that resulted in the victimization of another individual.

Community Residential Rehabilitation (CRR)

CRR Host Home: Provided to children ages 6-18 in a host family setting goal is for the child to return to their natural supports in the community

- Services may include:
  - Mobile, Individual, and Family Therapy
  - Medication Management
  - Case Management

CCBH: Benefit Plan & Evidence-Based Practices for Children

Certified Registered Nurse Practitioners: A Certified Registered Nurse Practitioner (CRNP) certified in mental health, also known as a Psychiatric Mental Health Nurse Practitioner (PMHNP), is an advanced practice registered nurse with specialized training in the assessment, diagnosis, and treatment of mental health conditions across the lifespan. Mental health CRNPs provide psychiatric evaluations, medication management, treatment planning, and therapeutic interventions, and may deliver psychotherapy and care coordination. They practice under state nursing regulations and often collaborate with physicians and other behavioral health providers as part of an integrated care team.

Methadone Maintenance Clinic: A DDAP-licensed and SAMHSA-certified Opioid Treatment Program (OTP) provides medication-assisted treatment (MAT) for opioid use disorder using methadone and other FDA-approved medications, combined with medical evaluation, supervised medication dispensing, individual and group counseling, treatment planning, relapse-prevention education, drug screening, and care coordination/referral services. These outpatient programs are designed to reduce withdrawal symptoms and cravings, stabilize individuals, and support long-term recovery.

Federally Qualified Health Center: A Federally Qualified Health Center (FQHC) is a community-based outpatient health care organization certified by the Health Resources and Services Administration (HRSA) that provides comprehensive primary and preventive health services to medically underserved populations, regardless of a patient's ability to pay. FQHCs operate under Section 330 of the Public Health Service Act, offer services on a sliding fee scale, and are governed by a consumer-majority board of directors. They may provide medical, dental, behavioral health, and supportive services, either directly or through referral arrangements.

Licensed, Master's Level Therapists (LSW, LCSW, LPC, LMFT): A licensed master's level therapist is a state-licensed behavioral health professional who provides assessment, counseling, and therapeutic interventions to individuals, families, and groups to address mental, emotional, and behavioral concerns. Services commonly include mental health assessments, individual and group therapy, crisis intervention, treatment planning, and support for coping with stress, trauma, and life challenges. Licensed mental health counselors practice within a defined scope of care and often collaborate with physicians and other healthcare professionals as part of a treatment team.

Licensed Psychologists: A licensed psychologist is a state-licensed mental health professional with a doctoral degree (Ph.D. or Psy.D.) who is trained in the assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders. Psychologists provide psychological testing and evaluation, psychotherapy, and evidence-based therapeutic interventions to individuals, families, and groups. In Pennsylvania, they do not prescribe medication and frequently collaborate with psychiatrists and other healthcare providers as part of a comprehensive treatment team.

Outpatient Mental Health Clinic: A Pennsylvania DDAP-licensed outpatient clinic provides treatment designed for individuals who can remain in the community while receiving care. These services typically include intake and assessment, individual and group counseling, development and ongoing review of an individualized treatment plan, relapse-prevention services, medication-assisted treatment (when authorized), care coordination, and referral to higher or lower levels of care as clinically indicated.

Outpatient Mental Health Clinic: A Pennsylvania-licensed outpatient mental health clinic is a nonresidential treatment facility licensed by the Pennsylvania Department of Human Services through the Office of Mental Health and Substance Abuse Services (OMHSAS) to provide evaluation, diagnosis, and treatment of individuals with mental illness or emotional disturbance on an outpatient basis. These clinics deliver psychiatric, psychological, and therapeutic services under medical supervision and must operate in compliance with 55 Pa. Code Chapter 5200, which establishes staffing, treatment, and operational standards for licensed psychiatric outpatient programs.

Licensed Psychiatrists: A psychiatrist is a medical doctor specializing in the diagnosis, treatment, and management of mental, emotional, and behavioral disorders. Psychiatrist services commonly include psychiatric evaluations and diagnosis, medication management, treatment planning, and ongoing monitoring of mental health conditions. Psychiatrists may also provide psychotherapy, coordinate care with other health professionals, and address the interaction between mental health conditions and physical health.

Rural Health Clinic: A Rural Health Clinic (RHC) is a Medicare- and Medicaid-certified outpatient clinic regulated by the Centers for Medicare & Medicaid Services (CMS) that is located in a designated rural and health professional shortage area. RHCs are designed to increase access to primary care and preventive health services in underserved communities and must use a team-based care model, with nurse practitioners, physician assistants, or certified nurse midwives providing care on-site at least 50% of clinic operating hours, under physician oversight.

Abuse Resolution & Recovery Treatment Services (ARRTS): Abuse Resolution & Recovery Services (ARRS) are specialized, trauma-focused behavioral health services in Pennsylvania designed to support children and adolescents who have experienced physical, emotional, or sexual abuse or other significant trauma. These services provide intensive outpatient therapy that helps individuals process traumatic experiences, reduce trauma-related emotional or behavioral distress, and build healthy coping skills. ARRS typically use evidence-based, trauma-informed therapeutic approaches and may include individual and family therapy, with a focus on safety, stabilization, and long-term recovery while supporting the child's functioning at home, school, and in the community.

Acute Partial Mental Health - Adult and Child: Acute partial hospitalization services for mental health provide an OMHSAS-licensed, structured, nonresidential treatment service. It is an intensive level of outpatient psychiatric care for individuals experiencing acute mental health symptoms who do not require 24-hour inpatient hospitalization. Services are delivered during the day without overnight stay and are designed to stabilize symptoms, reduce crisis risk, and improve functioning. Acute partial hospitalization typically includes psychiatric evaluation, medication management, individual and group therapy, and treatment planning, and may serve as a step-down from inpatient care or a step-up from traditional outpatient treatment.

Art Therapy: Art Therapy is a clinical, evidence-based mental health service in which a certified art therapist uses visual artmaking within a therapeutic relationship to help individuals express emotions, process experiences, and build coping skills. Art therapy is especially helpful when thoughts or feelings are difficult to put into words and is used across behavioral health settings to reduce stress and anxiety, improve emotional regulation, support trauma recovery, and promote overall mental health and well-being.

Assertive Community Treatment: Assertive Community Treatment (ACT) is an evidence-based, intensive, team-based mental health service for adults with severe and persistent mental illness who have difficulty engaging in traditional outpatient care. ACT provides comprehensive, individualized treatment and support directly in the community, delivered by a multidisciplinary team that may include psychiatry, nursing, therapy, substance-use services, employment support, and peer support. The model emphasizes frequent outreach, 24/7 crisis response, medication management, and rehabilitation supports to help individuals reduce hospitalizations, maintain housing, and achieve stability and recovery in community settings.

Behavioral Health Bridge Program: Behavioral Health Bridge programs provide short-term, transitional support for individuals following discharge from inpatient psychiatric care, crisis services, residential treatment, or other high-intensity behavioral health settings.

Behavioral Health Bridge Program Continued: The program is designed to bridge the gap between acute care and ongoing community-based services, helping individuals stabilize, engage in outpatient treatment, adhere to discharge plans, and reduce readmission risk. Services commonly emphasize care coordination, connection to providers, recovery support, and system navigation during a critical transition period.

Blended Case Management: Blended Case Management (BCM) combines Resource Coordination and Intensive Case Management into a single, flexible service model that allows an individual to remain with the same case manager while the intensity of services adjusts over time based on changing needs. BCM offers 24/7 telephone on-call support to participants. BCM improves continuity of care by coordinating referrals and ensuring connection to BH services, provides case management services and supports in the home, school, and community based on the individual's needs and goals.

Common Ground: Common Ground is a recovery-oriented peer support program offered by Community Care Behavioral Health Organization that provides safe, supportive opportunities for members to connect with others who have lived experience with mental health recovery. The program emphasizes mutual support, shared understanding, and hope, offering an alternative, non-clinical space where individuals can talk openly, reduce isolation, and build connection as part of their recovery journey. The Common Ground model provides peer support in outpatient treatment programs to empower individuals to use shared decision-making with their psychiatrist and outpatient treatment team to realize their recovery and wellness goals.

Community and School Based Behavioral Health Services (CSBBH): Community and School-Based Behavioral Health (CSBBH) is a team-based, child-focused service model designed to support children and adolescents with serious emotional or behavioral health needs that interfere with functioning at school, home, or in the community. CSBBH creates an accountable clinical “home” by delivering coordinated mental health services across school, home, and community settings, in close partnership with families, school staff, and community providers. Services commonly include assessment, treatment planning, individual, family and group therapy, school consultation, crisis intervention, and care coordination, with an emphasis on keeping youth stable, engaged in school, and connected to their natural supports.

Community Based Adolescent Drug & Alcohol Service (CBDA): Community-Based Adolescent Drug and Alcohol (CBDA) services provide outpatient, community-focused substance use treatment for adolescents with drug and/or alcohol use disorders. Services are delivered in natural settings—such as the home, school, or community—and emphasize a family-centered, developmentally appropriate approach.

Community Based Adolescent Drug & Alcohol Service (CBDA) Continued: FFT works by strengthening family relationships, improving communication and problem-solving skills, and reducing patterns of conflict and blame. Services are short-term, highly structured, and delivered in home or community settings, helping families support lasting positive change and prevent more restrictive placements.

Intensive Behavioral Health Services: Intensive Behavioral Health Services (IBHS) provide medically necessary, home-, school-, and community-based behavioral health treatment for children, youth, and young adults (up to age 21) with mental, emotional, or behavioral health needs. IBHS is delivered under a written order and is designed to reduce symptoms, build skills, and support functioning in natural environments. Services are provided through three primary modalities. Individual IBHS services provide one-to-one therapeutic interventions tailored to the child's identified needs. These services may include behavior consultation, mobile therapy (individual and family therapy), and behavioral health technician supports, focusing on skill development, emotional regulation, and behavior management. Applied Behavioral Analysis (ABA) is a specialized behavioral treatment modality delivered to an individual using data-driven, evidence-based behavioral interventions. ABA services focus on skill acquisition, behavior reduction, and functional improvement, and are commonly used for individuals with autism spectrum disorder or other developmental and behavioral needs. Group IBHS services provide intensive therapeutic interventions to multiple children in a shared setting, such as school-based programs, after-school programs, or other community-like environments. Group services may use ABA or non-ABA approaches and emphasize social skills, emotional regulation, peer interaction, and behavioral functioning, while maintaining an individualized treatment plan for each participant.

Intensive Case Management: Intensive Case Management is for individuals with serious and persistent mental illness who experience significant functional impairment and require frequent, ongoing, and proactive case management involvement. ICM provides higher contact frequency, smaller caseloads, and more intensive coordination to help individuals remain stable in the community. ICM offers 24/7 telephone on-call support to participants. ICM improves continuity of care by coordinating referrals and insuring connection to BH services, provides case management services and supports in the home, school and community based on the individual's needs and goals.

Intensive Family Coaching: Intensive Family Coaching is a short-term, in-home behavioral health intervention designed to help families strengthen parent-child relationships and address challenging child behaviors. The service provides hands-on coaching to caregivers, often using evidence-based approaches to build effective discipline strategies, improve communication, and increase positive interactions. Coaching is highly individualized, occurs in the family's natural environment, and focuses on empowering caregivers with practical skills that promote long-term family stability and improved child functioning at home and in the community.

Medical Mobile Crisis: Medical mobile crisis services are community-based crisis interventions that combine behavioral health and medical expertise to respond to individuals experiencing acute mental health or substance-related crises with significant medical or safety concerns. These services involve clinically trained teams—often including licensed clinicians and medical personnel—who travel to the individual's location (such as a home, school, or public setting) to provide on-site assessment, medical screening, crisis stabilization, de-escalation, and coordination with emergency or ongoing care as needed. Medical mobile crisis services are available 24/7 and are designed to reduce unnecessary emergency department use, support safety, and connect individuals to appropriate follow-up care within Pennsylvania's behavioral health crisis continuum.

Mobile Crisis: Mobile crisis services deploy behavioral health professionals into the community—such as homes, schools, or public locations—to assess, de-escalate, stabilize individuals experiencing a mental health crisis and connect individuals to appropriate care, often avoiding emergency department or law-enforcement involvement.

Multidimensional Family Therapy (MDFT): Multidimensional Family Therapy (MDFT) is an evidence-based, family-centered treatment for adolescents and young adults with substance use, behavioral, and co-occurring mental health problems. MDFT works across multiple life domains—the youth, parents/caregivers, family relationships, and community systems (such as schools or juvenile justice)—to reduce problem behaviors, improve family functioning, and strengthen coping, communication, and problem-solving skills. Treatment is individualized and delivered through a combination of individual, parent, and family sessions, often in home and community settings.

Multi-Systemic Therapy: Multisystemic Therapy (MST) is an intensive, evidence-based, family- and community-based treatment model for youth ages 12–17 with serious behavioral problems, such as delinquency, substance use, school issues, or risk of out-of-home placement. MST works by addressing the multiple systems that influence a youth's behavior—family, peers, school, and community—while empowering caregivers to manage current challenges and prevent future problems. Services are time-limited, highly individualized, delivered in the home and community, and include 24/7 crisis support to promote sustained positive outcomes.

Music Therapy: Music Therapy is a clinical, evidence-based therapeutic service in which a certified music therapist uses music-based interventions to support emotional, cognitive, social, and behavioral health goals within a therapeutic relationship. Music therapy is tailored to individual needs and is used across mental health and healthcare settings to reduce stress and anxiety, improve mood and self-expression, strengthen coping skills, and support recovery and overall well-being.

Non-Acute Partial Mental Health - Adult and Child: Non-acute partial hospitalization services for mental health are OMHSAS-licensed, nonresidential treatment services provided to individuals with moderate to serious mental illness who require a structured and intensive level of care greater than traditional outpatient services, but who are not experiencing an acute psychiatric crisis requiring inpatient hospitalization. Delivered on a planned, regularly scheduled daytime basis, non-acute partial hospitalization includes psychiatric oversight, individualized treatment planning, therapeutic interventions, and psychosocial rehabilitation aimed at maintaining clinical stability, improving functioning, and supporting recovery and community integration. These services are often used to prevent symptom escalation, sustain gains following acute treatment, or support individuals with chronic mental illness who require ongoing structured support.

Parenting with Love and Limits: Parenting with Love and Limits (PLL) is an evidence-based, family-focused intervention designed for youth ages 10–18 with severe emotional or behavioral challenges, such as oppositional, defiant, or conduct-related behaviors. PLL helps families re-establish healthy parental authority while strengthening caring, respectful relationships by teaching consistent limit-setting, effective communication, and problem-solving skills. The model integrates multi-family group sessions with individual family coaching, supporting parents and youth in applying skills at home and reducing the need for more restrictive, out-of-home placements.

Crisis Residential: Pennsylvania crisis residential services are short-term, community-based residential programs that provide 24-hour supervision, support, and stabilization for individuals experiencing an acute mental health crisis who do not require inpatient psychiatric hospitalization. These voluntary services offer a safe, home-like environment where individuals receive assessment, crisis counseling, medication support (as appropriate), and linkage to ongoing community services, serving as a less restrictive alternative to hospitalization and an integral part of Pennsylvania's behavioral health crisis continuum.

Opioid Use Disorder Certificate of Excellence: Pennsylvania Opioid Use Disorder Centers of Excellence (OUD-COEs) are DHS-designated provider sites that deliver coordinated, whole-person care for individuals with opioid use disorder, with a strong emphasis on access to Medication for Opioid Use Disorder (MOUD) and community-based care management. COEs integrate physical health, behavioral health, substance use treatment, peer recovery support, and care coordination to help individuals engage in, remain in, and successfully navigate treatment and recovery, addressing both clinical needs and social determinants such as housing, transportation, and employment.

Peer Support Services: Pennsylvania-approved Peer Support Services (PSS) are recovery-oriented mental health services provided by Certified Peer Specialists–individuals with lived experience of mental health challenges–who are trained and certified to support others through mentoring, advocacy, skill-building, and service coordination, with a focus on hope...

Peer Support Services Continued: empowerment, self-determination, and community integration, in accordance with OMHSAS and Medicaid HealthChoices standards. Peer Support Services are delivered in home and community settings based on the individuals needs and recovery goals.

Psychiatric Rehabilitation - (Site Based/Clubhouse/Mobile): Psychiatric Rehabilitation Services (PRS) are recovery-oriented, skill-building services that support individuals with serious mental illness in developing and maintaining the functional skills needed for successful living, learning, working, and social participation in the community. Services are person-directed and focus on community integration, independence, and achievement of individualized recovery goals. PRS may be delivered through clubhouse programs, which emphasize member participation, peer support, and meaningful work; site-based services, provided at a licensed location through structured group and individual activities; or mobile services, delivered in the individual's home or community to support real-world skill application. Services may be provided in individual or group formats, depending on clinical need and recovery goals.

Resource Coordination: Resource Coordination is the least intensive level of OMHSAS case management and is designed for individuals who require assistance accessing and coordinating services but are generally able to function with periodic support. RC emphasizes service linkage, monitoring, and advocacy. RC services are provided in the home, school and community based on the individual's needs and goals.

Respond Program: RESPOND delivers intensive, multidisciplinary assessment, clinical oversight, and coordinated care planning for youth with complex, multi-system involvement whose needs exceed traditional behavioral health or IDD services. The program uses an individualized wraparound approach, integrating behavioral health, intellectual disability, child welfare, and educational supports to stabilize youth, prevent or step down from restrictive placements, and improve outcomes in community-based settings.

School Based Partial (Approved Private School): School-Based Partial Hospital services provide a structured, intensive behavioral health treatment program delivered within a school or school-like setting for children and adolescents whose mental health needs cannot be met through outpatient services alone. Programs integrate academic instruction with therapeutic interventions, including individual, group, and family therapy, psychiatric services, and behavioral supports, delivered by a multidisciplinary team. This level of care allows students to receive daily mental health treatment while continuing their education, supports stability and skill development, and promotes a successful transition back to a less intensive level of care when clinically appropriate

Sexual Issues Treatment and Education Program (SITE): Sexual Issues Treatment and Education Programs are specialized, clinically structured behavioral health services designed to support children, adolescents, and their families when a youth exhibits problematic, inappropriate, or harmful sexual behaviors, or requires education related to healthy sexual development and boundaries. These programs provide assessment, treatment, and age-appropriate education to help individuals understand behavior, take responsibility, build healthy coping and relationship skills, and prevent future harm. Services are trauma-informed and family-focused and commonly use evidence-based approaches such as cognitive-behavioral and trauma-focused therapies, while emphasizing safety planning, accountability, and healthy decision-making within the home, school, and community.

Smoking/Tobacco Cessation: Smoking Cessation Services provide evidence-based support to help individuals stop using tobacco and nicotine products. Services typically include behavioral counseling or coaching, education about tobacco dependence, and medications such as nicotine replacement therapy or other FDA-approved treatments, often used together to improve quit success. Smoking cessation services may be offered in person, by phone, or via telehealth, and focus on building motivation, managing cravings and withdrawal, preventing relapse, and supporting long-term health and recovery, including for individuals with co-occurring behavioral health conditions.

Acute Partial Substance Use Disorder: SUD Acute Partial Hospitalization services provide a high-intensity, structured, non-residential level of care (ASAM Level 2.5) for individuals with substance use disorders who require daily, clinically intensive treatment and monitoring but do not need 24-hour inpatient hospitalization. Services typically include 20 or more hours of programming per week and offer comprehensive assessment, group and individual counseling, substance use education, relapse-prevention interventions, and close access to medical and psychiatric services, including treatment for co-occurring mental health conditions. This level of care supports stabilization and recovery while allowing individuals to remain in the community.

Substance Use Disorder Case Coordination: SUD Case Coordination services provide care coordination and system navigation support for individuals with alcohol use disorder to help access, engage, and remain connected to appropriate treatment and recovery supports. Services focus on identifying needs, coordinating referrals, facilitating communication among providers, and reducing barriers to care, while supporting continuity across levels of treatment. SUD Case Coordination is non-clinical in nature and complements clinical services by promoting timely access, service linkage, and ongoing recovery support.

SUD Intensive Case Management: SUD Intensive Case Management services provide enhanced, individualized care coordination for individuals with substance use disorders who have high or complex service needs that require ongoing, frequent support. Services focus on comprehensive assessment, service planning, coordination, and monitoring, including linkage to treatment, medical and behavioral health care, housing, employment, legal, and social supports. Intensive Case Management emphasizes removal of barriers to care, continuity across levels of treatment, and stabilization in the community, and is delivered in collaboration with treatment providers and community partners to support engagement, retention, and long-term recovery.

D&A Intensive Outpatient: SUD Intensive Outpatient Program (IOP) services provide a structured, non-residential level of care (ASAM Level 2.1) for individuals with substance use disorders who require greater clinical intensity than standard outpatient services but do not meet criteria for inpatient or residential treatment. Services generally include multiple treatment days per week and incorporate group counseling, individual therapy, substance use education, relapse-prevention strategies, and care coordination, with attention to co-occurring mental health conditions when present. SUD IOP services support recovery while allowing individuals to remain in the community and maintain work, school, or family responsibilities.

Non-Acute Partial Substance Use Disorder: SUD Non-Acute Partial Hospitalization services provide a high-intensity, structured, non-residential level of care (ASAM Level 2.5) for individuals with substance use disorders who no longer require acute stabilization but continue to need daily, clinically intensive treatment and monitoring. Services typically include 20 or more hours of scheduled programming per week and may consist of group and individual counseling, substance use education, relapse-prevention interventions, and coordination of medical and psychiatric services, including care for co-occurring mental health conditions. This level of care supports continued treatment progress and recovery while allowing individuals to remain in the community and transition appropriately within the HealthChoices continuum of care.

Substance Use Disorder Certified Recovery Specialist: SUD Recovery Specialist services provide non-clinical, recovery-oriented support delivered by a Certified Recovery Specialist (CRS)—an individual with lived experience of substance use disorder recovery who is trained and credentialed through the Pennsylvania Certification Board. Recovery Specialists serve as role models, mentors, advocates, and motivators, helping individuals strengthen engagement in treatment, navigate systems of care, reduce barriers, and build community and natural supports. These services focus on promoting long-term recovery, preventing relapse, and supporting wellness, and are typically offered in the community or alongside treatment services as part of Pennsylvania's recovery-focused continuum of care.

SUD Resource Coordination: SUD Resource Coordination services provide short-term, targeted assistance to help individuals with substance use disorders identify, access, and connect to appropriate treatment, recovery, and community-based resources. Services focus on linkage and referral, including assistance with treatment access, health coverage, housing, transportation, and other supportive services, and may involve communication with providers, Single County Authorities, and other community partners. Resource Coordination is non-clinical in nature and supports timely entry into care.

Telephone Crisis: Telephone crisis services provide immediate, confidential crisis counseling, assessment, and referral through local crisis lines, serving as the primary point of access for support and triage.

Substance Use Disorder Level of Care Assessment: The Pennsylvania Substance Use Disorder (SUD) Level of Care Assessment is a standardized, clinical assessment process used to determine the most appropriate level of SUD treatment for an individual within the HealthChoices system. The assessment is conducted using the American Society of Addiction Medicine (ASAM) Criteria and evaluates the individual across six multidimensional areas (including withdrawal risk, biomedical and mental health conditions, readiness to change, relapse risk, and recovery environment). Findings from the assessment guide recommendations on initial placement, continued stay, and transitions across levels of care, ensuring that services are medically necessary, individualized, and delivered in the least restrictive, clinically appropriate setting.

Transition Age Mobile Mental Health Team: Transition Age Mobile Mental Health Team is a community-based, team-delivered service designed for transition-age young adults (typically ages 16–26) who are managing serious mental health and/or co-occurring substance-use challenges while moving from youth to adult systems of care. Services are provided in the individual's home and community and focus on recovery, skill-building, and engagement, including sup.port with psychiatric treatment, wellness planning, education and employment, independent living skills, and system navigation. The goal is to promote stability, prevent hospitalization, and support successful adult functioning during a critical developmental transition.

Walk-In Crisis: Walk-in crisis services offer face-to-face assessment, crisis counseling, and disposition at designated crisis centers for individuals who need immediate help without an appointment, serving as a community-based alternative to hospital emergency rooms.

Wellness Recovery Team: Wellness Recovery Team is a community-based, recovery-oriented service for adults with serious and persistent mental illness, often co-occurring with chronic physical health conditions.

Wellness Recovery Team Continued: The team provides integrated care coordination and wellness support, helping individuals manage both behavioral and physical health needs through education, health monitoring, self-advocacy, and connection to medical and behavioral health providers. Services are person-centered and holistic, with the goal of improving overall wellness, supporting recovery, and reducing preventable health complications by promoting engagement in care and healthy lifestyle practices.

Measurement-Based Care (MBC): Measurement-Based Care (MBC) is the systematic use of patient-reported progress and outcome instruments to inform treatment decisions. Key Components include routinely collecting patient-reported outcomes throughout treatment, sharing timely feedback with the patient about their progress & trends, and acting on these data in the context of the provider's clinical judgment & the patient's experiences to guide the course of care.

Single Session Consultation (CSS): Single Session Consultation (SSC) is an intervention delivered in a single 30-to-60-minute session to support people when they seek care and identify tools and capabilities to solve the presenting challenge.

Critical Time Intervention (CTI): Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods.

Child-Parent Psychotherapy (CPP): Child-Parent Psychotherapy (CPP) is a trauma-informed treatment for children aged 0-5 who have experienced traumatic events or are facing emotional, behavioral, and attachment challenges. It strengthens the caregiver-child bond, aiming to restore the child's mental health, development, and sense of safety.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a school-based, group and individual intervention designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS has been used with students from 5th - 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.

Support for Students Exposed to Trauma (SSET): Support for Students Exposed to Trauma (SSET) is an adaptation of CBITS designed for non-masters clinicians or counseling staff.

Assertive Community Treatment (ACT): Assertive Community Treatment (ACT) is an evidence-based, intensive, team-based mental health service for adults with severe and persistent mental illness who have difficulty engaging in traditional outpatient care. ACT provides comprehensive, individualized treatment and support directly in the community, delivered by a multidisciplinary team that may include psychiatry, nursing, therapy, substance-use services, employment support, and peer support. The model emphasizes frequent outreach, 24/7 crisis response, medication management, and rehabilitation support to help individuals reduce hospitalizations, maintain housing, and achieve stability and recovery in community settings.

Cognitive Processing Therapy (CPT): Cognitive Processing Therapy (CPT) is a structured, time-limited therapy that helps individuals process trauma by identifying and changing unhelpful trauma-related beliefs.

Comprehensive Dialectical Behavior Therapy (CDBT): Comprehensive DBT (CDBT) is a multi-component treatment combining individual therapy, skills training, and coaching to help individuals manage emotional dysregulation and reduce high-risk behaviors.

Critical Time Intervention (CTI): Critical Time Intervention (CTI) is a time-limited practice that strengthens community supports and continuity of care during periods of major life transitions.

Dialectical Behavior Therapy (DBT): Dialectical Behavior Therapy (DBT) is an evidence-based treatment that teaches skills in emotion regulation, distress tolerance, interpersonal effectiveness, and mindfulness.

Functional Family Therapy (FFT): Functional Family Therapy (FFT) is a family-based intervention that improves communication, parenting practices, and relationships to reduce behavioral and emotional problems in youth.

Measurement-Based Care (MBC): Measurement-Based Care (MBC) is the systematic use of patient-reported measures to track progress and guide treatment decisions throughout care.

Multidimensional Family Therapy (MDFT): Multidimensional Family Therapy (MDFT) is an intensive family-based treatment that addresses adolescent substance use and behavioral issues across individual, family, and community domains.

Multi-Systemic Therapy (MST): Multi-Systemic Therapy (MST) is an intensive, home- and community-based intervention that addresses serious youth behavioral problems by targeting family, school, peer, and community factors.

Parent-Child Interactive Therapy (PCIT): Parent-Child Interactive Therapy (PCIT) is a dyadic intervention that coaches caregivers in real time to strengthen positive interactions and reduce disruptive behaviors in young children.

Seeking Safety: Seeking Safety is a present-focused treatment that helps individuals develop coping skills to address trauma and substance use without requiring trauma narration.

Single Session Consultation (SSC): Single Session Consultation (SSC) is a brief, one-time intervention that supports individuals in clarifying concerns and identifying strategies to address their immediate needs.

Skills for Students Exposed to Trauma (SSET): SSET is a school-based trauma intervention adapted from CBITS that can be delivered by non-clinical staff to help students build coping and emotional regulation skills.

Transition to Independence: Transition to Independence is a recovery-oriented approach that supports adolescents and young adults in developing skills for independent living, education, employment, and community integration.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a structured, short-term treatment that helps children and adolescents process trauma and develop coping skills with caregiver involvement.

Trauma-Focused Care: Trauma-Focused Care refers to clinical services specifically designed to address the psychological and emotional effects of trauma.

Trauma-Informed Care (TIC): Trauma-Informed Care (TIC) is an organizational and clinical approach that recognizes the impact of trauma and emphasizes safety, trust, empowerment, and collaboration.

Magellan Community Serices for Children

Brief narrative summaries of community services that are available to serve class members identified as having complex needs in the least restrictive setting.

Outpatient Services: Includes individual, group and family therapy, and psychiatry care. Generally, the sessions are once per week. School-based outpatient services. Outpatient therapy and medication management in a school setting. Social skills groups. Psychotherapy used to improve social skills. Led by a clinician who can help kids learn conversation, friendship and problem-solving skills.

Parent-Child Interaction Therapy (PCIT): PCIT has two program parts. The first part is relationship enhancement when parents are coached on how to develop supportive communication. The second part is coaching parents on effective discipline skills. Case Management Services: Works to support Magellan members to gain access to resources including: education, health, vocational, transportation, advocacy, respite care, recreational services, and specialized mental health services.

Transition to Independence Program (TIP): An evidence Supported Program. Young adult mental health program which helps overcome any barriers to independence. Ages 16-26 years old. Each youth has an individualized goal plan. Five Key Focus Areas: Living & Housing Support; Educational Opportunities; Employment & Career Advisory ; Community Life Functioning and Personal Effectiveness and Well-Being. Provided through the Blended Case Management Program.

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Transition Age Youth Certified Peer Support (TAY CPS): Provided by self-identified mental health and/or co-occurring individuals who have successfully completed peer certification training. They share their experiences living with behavioral health challenges. This can mean building a circle of support. Getting peer support helps people living with behavioral health and physical health challenges. It helps them live better, healthier lives in the community. Available for persons ages 14-26yrs old need a Mental Health diagnosis.

Transition Age Youth Certified Peer Support (TAY CPS) Continued: May be accessed at all levels of care from acute inpatient to outpatient settings. Peer support provides opportunities for individuals receiving services to direct their own recovery and may be provided through a self-help group, a peer run organization, a family/parent run organization, a mental health provider.

Psychiatric Rehabilitation (Psych Rehab): Offered site-based, in community and/or at person's home of their choosing. Focus on full community integration and improved quality of life. Focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, learning, working and social environments of their choice. History or presence of a serious mental illness which has recently expanded to include PTSD, bipolar disorder, major depressive disorder, and anxiety disorders. Ages 14 and older.

I**ntensive Behavioral Health Services (IBHS):** Children and Adolescents ages 0-21 are eligible for IBHS. Behavioral health diagnosis is required. Children who have not benefited from outpatient therapy and children with significant developmental and behavioral issues benefit. Reduce and manage needs that are identified in individualized treatment plan. Help to increase coping strategies and support skill development which promotes positive behaviors. Individualized behavioral health service to address better coping and seek to increase useful or desired behaviors. Services provided where they are needed most: in the home, school or community.

Applied Behavioral Analysis: An evidenced based program. Children and Adolescents ages 0-21 are eligible for ABA. Behavioral health diagnosis is required. Children who have not benefited from outpatient therapy and children with significant developmental and behavioral issues benefit. Reduce and manage needs that are identified in individualized treatment plan. Help to increase coping strategies and support skill development which promotes positive behaviors. Individualized behavioral health service to address better coping and seek to increase useful or desired behaviors. Services provided where they are needed most: in the home, school or community.

Multi-Systemic Therapy (MST): An evidenced Based program for youth 12-17 years old. Member is typically involved with the juvenile justice or child welfare system. Goals for MST: decreasing anti-social behavior; improving relationships; empowering families to build a healthier environment; prevent out-of-home placement; and Improve caregiver discipline practices.

Functional Family Therapy (FFT): An evidenced program for youth at risk of out of home placement. Ages 10-18. Goals for FFT: Reduce family conflict and improve communication skills; Improve parenting skills; and reduce referrals to juvenile justice department.

Family Based Services: For children and adolescents at risk of out of home placement or who have recently returned home from an out of home placement. Based on Structural Family Therapy model and combines Individual Therapy, Family Therapy, and Case Management Services. Goal of FBS is to support the stability of the family and lower the risk that a child or adolescent will be placed outside of their home.

First Episode Psychosis (FEP): Provide early intervention for individuals experiencing their first psychotic episode, aged 15–30. The program focus on comprehensive care, including therapy, medication management, family support, and employment/education assistance to improve long-term outcomes. Includes Case Management, Family Support & Education, Individualized therapy (e.g., CBT), Medication Management, Supported Education and Employment, and Peer Support.

Partial Hospital Program (PHP): A daily treatment program, approximately 3-6 hours day – 5 days a week. This program is focused on managing symptoms and maintaining stability and decreasing a person's risky behaviors. Individual, Group, and Family Therapy and Medication Management

Substance Use Disorder Outpatient: Provided in an office setting. Counseling services provided when it is convenient for the individual. Can include individual and group therapy, and assessment of mental health symptoms

Substance Use Disorder Intensive Outpatient Program (IOP): 3 hr/day, 5 days/wk, some offered in evenings. Usually includes individual, family and group therapies, along with psychiatric assessments.

These 24-hour Level of Care Services are Available:

Residential Treatment: Intensive behavioral health treatment in a 24/7 setting. All inclusive services: everything the individual needs for treatment is provided by the residential program. May be appropriate when a child or adolescent exhibits behaviors or symptoms that create a safety-risk for themselves or others and they cannot be maintained safely in the community. Primary treatment goal is reintegration back into the community.

Inpatient Psychiatric Hospitalization: Inpatient hospitalization is short-term acute stabilization of a psychiatric emergency. Hospitalization may be needed when someone has tried to, or is at risk of, hurting him/herself or others. Doctors, social workers, and nurses work as a team with the individual to address the reason for the hospitalization. Individuals can be admitted to an Inpatient Psychiatric Hospital voluntarily or involuntarily

Evidence-based (EBP) and Promising Practices (PP) that could be used to serve class members with complex needs.

Cognitive Behavioral Therapy: Available across all clinical programs and all levels of care.

Trauma-Focused Cognitive Behavioral Therapy: Available in Outpatient Services, Family Based Services, as well Residential Treatment.

Dialectical Behavioral Therapy: Available in Outpatient Services, Partial Hospital Programs, and Residential Treatment.

Transition to Independence Process (TIP): Available through the Blended Case Management TIP program.

Applied Behavioral Analysis (ABA): Available in IBHS/ABA as well as Residential Services.

Attachment, Regulation and Competency (ACR): Available in outpatient and Family Based Services.

Multi-Systemic Therapy: Available in MST programs.

Functional Family Therapy: Available in FFT programs.

Eye Movement Desensitization and Reprocessing (EMDR): Available in Outpatient Services.

School Based Services: A promising practice delivered through School based Outpatient and school based Partial Hospital programs.

Peer Delivered Services: Delivered through Transition Age Youth Peer Support, TIP, and MY LIFE.

Trauma Informed Care: Delivered through all services.

First Episode Psychosis (FEP): Available through the FEP programs.

Perform Care: Serives for Children Only

All out-of-network services require prior authorization.

Youth Peer Support Services:

- Available to members living in Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
- Serves ages 14 to 18.
- Provides specialized therapeutic interactions conducted by self-identified current (or former) consumers of behavioral health services who have achieved significant recovery.
- Peer Specialists are trained and certified to offer support and assistance in helping others in their recovery and community integration process.
- This is a community-based service.
- This requires prior registration.

Music Therapy:

- Available to Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties.
- Serves ages birth to 21.
- Primarily for Members with ASD diagnoses, can be available to members with other diagnoses on a case-by-case basis.
- Music Therapy is an outpatient service that can be provided either individually or in a group setting, as determined by the provider, based on the developmental level of the Member.
- This requires prior authorization.

Youth Fire-Setter Assessment Consultation Treatment Service (YFACTS):

- Offered in Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties.
- Serves ages up to 21.
- Provides specialized treatment for youth with a history of fire setting or inappropriate use of fire or current fire setting/inappropriate use of fire.
- YFACTS is an outpatient service that is provided individually in an office setting.
- This does not require prior authorization.

Parent Child Interaction Therapy (PCIT)

- Offered in Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties.
- Serves ages 2-7.
- Evidenced-based treatment that addresses behaviors of non-compliance, verbal and physical aggression, property destruction and family conflict with goals of enhancing a positive relationship between a parent and child and promoting effective behavior management and discipline techniques.

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Parent Child Interaction Therapy (PCIT) Continued:

- PCIT is an outpatient service that is provided in an office setting.
- This does not require prior authorization.

IBHS-Individual Behavioral Health Services (IBHS):

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
- Serves ages birth to 21.
- Individual -Behavioral health services: Mobile Therapy (MT), Behavior Consultation (BC) and Behavioral Health Technician (BHT).
- Applied Behavior Analysis (ABA): Behavior Analytic (BA), Behavior Consultation-ABA (BCABA) Assistant Behavior Consultation-ABA (Assist BC-ABA) and Behavioral Health
- Technician-ABA (BHT-ABA).
- This is a community-based service.
- This requires prior authorization.

IBHS-Individual-Multi-Systemic Therapy (MST):

- Available to Cumberland, Dauphin, Franklin, Fulton and Perry counties.
- Serves ages 10-18.
- Evidenced Based intensive family and community-based treatment model for youth with serious behavioral problems, including delinquency aggression, truancy, and other difficult-to-treat behaviors. MST includes training for parents to sustain change.
- This is a community-based service.
- This requires prior authorization.

IBHS-Individual- Functional Family Therapy (FFT):

- Offered in Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties.
- Serves ages 10-18.
- Evidenced Based in-home treatment for youths with externalizing behaviors and their caregivers. Target behaviors typically including acting out, aggression, truancy, and substance use.
- This is a community-based service.
- This requires prior authorization.

IBHS-Group-After School Program (ASP):

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
- Ages 5-14.
- The programs offer a therapeutic group environment that focuses on improving social skills, peer interactions, low self-esteem, problem solving skills, and anger management skills.
- This is a group service.
- This requires prior authorization.

IBHS-Group-Stepping Stones:

- Available to Cumberland, Dauphin, Lebanon, and Perry counties.
- Serves ages 3-18.
- The program offers a therapeutic group environment that focuses on improving communication, compliance, social skills, and safety.
- The program operates on a three participant to one staff.
- This is a group service.
- This requires prior authorization.

IBHS-Group -Intensive Day Treatment (IDT):

- Offered in Lancaster County.
- Serves ages 9-15.
- IDT is a center-based, day program that includes school/education and mental health
- therapies. It is geared toward youth who are at risk for placement outside of their home or school district due to behavioral issues. The school district must be in agreement with IDT and frequent communication between home and school is expected.
- This is a group service.
- This requires prior authorization.

IBHS-Group -VISTA Foundation:

- Enhanced Integrated Behavioral Services (EIBS) is available to Cumberland, Dauphin, Franklin, Lancaster, Lebanon, and Perry counties.
- Serves ages 3-21 who have a diagnosis of Autism.
- The program offers support through behavior technician and behavior consultant
- support.
- Applied Behavior Analysis (ABA) is the primary modality of intervention utilized.
- The child/youth/adolescents school district must be in agreement with the educational components as the authorization runs concurrent with the Individualized Education Plan.
- This is a group service.
- This requires prior authorization.

Early Intensive Behavioral Intervention Program (EIBI):

- Available to Cumberland, Dauphin, Lebanon, Lancaster, and Perry counties.
- Serves ages 12 months through age 6 who have a diagnosis of Autism.
- This is a center-based program offering applied behavior analysis (ABA) overseen by a Board-Certified Behavior Analyst (BCBA) and a Registered Behavior
- Technician (RBT) providing direct care and treatment intervention.
- The program also provides parental education and training with an expectation of participation in at least 50% of offered parental sessions.
- This requires prior authorization.

Residential Treatment Facility (RTF):

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry
- counties.
- Serves ages up to 18 (may serve 18 to 21 on case by case).
- Treatment delivered in an intensive residential structured living arrangement that offers individual/family therapy, psychiatric consultation. The youth attend school on RTF campus or in community school district where the RTF is located.
- Treatment should be short term with focus on returning to biological family, foster care, or other discharge setting.
- Regular contact and planned visits in family home/discharge setting are required as part of treatment to transfer skills.
- This is an out-of-home level of care.
- This requires prior authorization.

Family Based Mental Health Services (FBMHS):

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry
- counties.
- Serves ages up to 21.
- FBMHS are geared toward youth who are at risk for out-of-home treatment due to
- behavioral/emotional issues. Services are provided to youth and caregivers in the home and community setting by a two-person team, offering 24/7 crisis intervention support and case management services.
- This is a community-based service.
- This requires prior authorization.

Specialized Family Based Mental Health Services (Problem Sexual Behaviors-FBMHS):

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
- Serves ages up to 21.
- Offers fundamental FBMHS service with a specialized focus on youth with problem sexual behaviors. Addresses committing offense, completes cycle work, psychoeducation, family work and reunification while transitioning Member back into the community setting.
- This requires prior authorization.

Community Residential Rehabilitation-Host Home or Intensive Treatment Program (CRRHH/ CRR-ITP):

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry
- counties.
- CRR-ITP available to Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties only.
- Serves ages up to age 18, and population varies by CRR-HH and CRR-ITP provider.

Community Residential Rehabilitation-Host Home or Intensive Treatment Program (CRRHH/ CRR-ITP) Continued:

- Treatment delivered in a private residence of a family other than the home of the youth's parents/care givers. A structured living arrangement that offers individual/family therapy, psychiatric consultation within the community, while the youth attend school at the local school district where the CRR is located.
- Treatment should be short term with focus on returning to biological family or foster care.
- Regular contact and planned visits in family home/discharge setting are required as part of treatment to transfer skills.
- This is an out-of-home level of care.
- This requires prior authorization.

Services for All Ages

**All out-of-network services require prior authorization.*

Outpatient Adjunct:

- Available to members living in Cumberland, Dauphin, Franklin, Fulton, Lancaster,
- Lebanon, and Perry counties.
- Serves all age groups.
- A request for outpatient treatment that runs concurrently with another behavioral health treatment and therefore may not be medically necessary and considered a duplication of services (i.e. mental health outpatient with FBMHS). Mental Health Outpatient with a substance use disorder treatment or vice versa is not considered adjunct and does not require prior authorization.
- This service requires prior authorization.

Targeted Case Management (TCM):

- Available to members living in Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
- Serves all age groups.
- Community-based service provided to adults or children with serious mental illness or emotional disorders. TCM is designed to ensure that individuals and their families gain access to needed medical, social, and educational services as well as other agencies to support individual needs.
- This service requires prior registration.

Psychological/Neuropsychological Testing:

- Available to members living in Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
- Serves all age groups.

Psychological/Neuropsychological Testing Continued:

- Psychological Testing of personality characteristics, symptom levels, intellectual level or functional capacity is sometimes medically necessary to assist with diagnosis and/or treatment planning for behavioral health disorders and/or psychological factors affecting medical conditions.
- Neuropsychological Testing is typically used for individuals with developmental delays.
- This type of testing is most often used to screen for autistic spectrum disorders; but may be used to determine intellectual disabilities in some cases when prior testing is not available or accessible through other sources.
- This service requires prior authorization.

Mental Health Partial Hospitalization Program (MH PHP):

Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
Child/ Adolescent Partial serves age 7-17, population varies by provider.
Adult Partial serves adults ages 18 and older, population varies by provider.
PHP offers day programming for mental health needs through group therapy, individual and family therapy as needed and psychiatric consultation.
Evidenced based treatment option for adolescents and is designed to address suicidal and non-suicidal self-injurious behavior, while working to solve life's problems in a more adaptive way. DBT includes individual, family, and group therapies.
This service requires prior authorization.

Mental Health Inpatient Hospitalization Program (MH IP):

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
- Serves all age groups, population varies by provider.
- Twenty-four hours residential/hospital program for member at risk to harm self or others and treats mental health needs through group therapy, individual and family therapy as needed and psychiatric consultation.
- Typically, brief length of stay to stabilize symptoms so individual can return to community-based services.
- This service is an out-of-home level of care.
- This service requires prior authorization.

Substance Use Disorder: Intensive Outpatient Services (ASAM 2.1):

- Available to members living in Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.
- Serves all age groups – population varies by provider.
- This service requires prior registration.

Substance Use Disorder: Partial Hospitalization (ASAM 2.5):

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Cumberland,
- Perry counties.
- Serves all age groups, population varies by provider.
- This service requires prior authorization.

SUD Residential:

- Available to Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Cumberland, Perry counties.
- Serves all age groups, population varies by provider.
- This service requires prior authorization.

Substance Use Disorder: Clinically Managed Low-Intensity Residential Services, Halfway House [ASAM 3.1].

Substance Use Disorder: Managed Medium-Intensity Residential Services, Non-Hospital Hospital Based [ASAM:3.5] Non-Hospital Hospital Based Rehab.

Substance Use Disorder: Medically Managed Intensive Inpatient Services, Hospital Based [ASAM: 4] (Hospital Based Rehab).

Substance Use Disorder: Medically Monitored Intensive Inpatient Withdrawal Management [ASAM: 3.7-WM] (Detox).
Substance Use Disorder: Medically Managed Intensive Inpatient Withdrawal Management [ASAM: 4-WM] (Detox).

Substance Use Disorder: Medically Managed Intensive Inpatient Services, Hospital Based [ASAM: 4] (Hospital Based Rehab).