

# Mental Health & Behavioral Services for Children in Pennsylvania

| Behavioral Health Service Category | Behavioral Health Service Name          | *Behavioral Health Fee-For-Service Funded | Behavioral Health Managed Care Funded* |  |
|------------------------------------|-----------------------------------------|-------------------------------------------|----------------------------------------|--|
| Inpatient Treatment                | Mental Health Inpatient Hospitalization | X                                         | X                                      |  |
|                                    | Residential Treatment Facilities        | X                                         | X                                      |  |
| Assertive Community Treatment      |                                         |                                           | X                                      |  |
| Case Management Services           | Administrative Case Management          |                                           |                                        |  |
|                                    | Blended Case Management                 | X                                         | X                                      |  |
|                                    | Intensive Case Management               | X                                         | X                                      |  |
|                                    | Resource Coordination                   | X                                         | X                                      |  |
| Crisis Intervention                | Telephone                               | X                                         | X                                      |  |
|                                    | Mobile Crisis                           | X                                         | X                                      |  |
|                                    | Residential Crisis                      | X                                         | X                                      |  |
|                                    | Medical Mobile Intervention             | X                                         | X                                      |  |

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| Outpatient Individual/<br>Family/Group<br>Treatment Services | Crisis Walk-In                                         | X                                         | X                                      |
|                                                              | Psychiatric Services (Including Medication Management) | X                                         | X                                      |
|                                                              | Clozapine (Clozaril) Support Services                  | X                                         | X                                      |
|                                                              | School Based Behavioral Health                         | X                                         | X                                      |
|                                                              | Mental Health Screening/Evaluation                     | X                                         | X                                      |
|                                                              | Mobile Mental Health Treatment                         | X                                         | X                                      |
|                                                              | Parent Child Interaction Therapy                       | X                                         | X                                      |
| Multidimensional Family Therapy (MDFT)                       |                                                        |                                           | X                                      |

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| Dual Diagnosis Treatment Team (DDTT)      | Ages 18-21                     |                                           | X                                      |
| Partial Hospitalization                   |                                | X                                         | X                                      |
| Certified Peer Support                    | Ages 14-21                     | X                                         | X                                      |
| Psychiatric Rehabilitation Services (PRS) | Clubhouse (ages 18-21)         | X                                         | X                                      |
|                                           | Site-Based, Ages 14-21         | X                                         | X                                      |
|                                           | Mobile, Ages 14-21             | X                                         | X                                      |
| Student Assistance Program (SAP)          |                                |                                           |                                        |
| Drop - In Center                          |                                |                                           |                                        |

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| Family Based Mental Health Services         |                                                | X                                         | X                                      |
| Intensive Behavioral Health Services (IBHS) | Applied Behavior Analysis (ABA) Services       | X                                         | X                                      |
|                                             | Individual IBHS Services                       | X                                         | X                                      |
|                                             | Group IBHS Services                            | X                                         | X                                      |
|                                             | Multi-Systemic Therapy (MST)                   | X                                         | X                                      |
|                                             | Functional Family Therapy (FFT)                |                                           | X                                      |
|                                             | Parent-Child Interaction Therapy (PCIT)        |                                           | X                                      |
|                                             | MST - Problem Sexual Behavior                  | X                                         | X                                      |
| Community Residential Rehabilitation (CRR)  | Community Residential Rehabilitation Host Home | X                                         | X                                      |
| Behavioral Health Bridge                    |                                                |                                           | X                                      |

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| Electroconvulsive Treatment                          |                                |                                           | X                                      |
| Enhanced Community-Based Intensive Treatment (ECBIT) |                                |                                           | X                                      |
| Family Focused Solutions Based                       |                                |                                           | X                                      |
| First Episode Psychosis                              |                                |                                           | X                                      |
| Healing Hurt People - Trauma Response Program        |                                |                                           | X                                      |
| Intensive Case Conference                            |                                |                                           | X                                      |
| Transition Age Youth Mobile Mental Health Team       |                                |                                           | X                                      |
| Case Coordination                                    |                                |                                           | X                                      |
| Certified Recovery Specialist Support                |                                |                                           | X                                      |

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| Level 4 Inpatient/Detox              |                                | X                                         | X                                      |
| Intensive Outpatient                 |                                |                                           | X                                      |
| Level 3 Inpatient/Detox              |                                |                                           | X                                      |
| Medication-Assisted Treatment        |                                |                                           |                                        |
| Mobile Drug & Alcohol Family Therapy |                                |                                           | X                                      |
| Outpatient                           |                                | X                                         | X                                      |
| Partial Hospitalization              |                                | X                                         | X                                      |
| SUD Level of Care Assessment         |                                |                                           | X                                      |
| Targeted Case Management             |                                |                                           | X                                      |



*\* If a family has Private Insurance the Private Insurance must be utilized first as Medicaid is a payer of last resort.*

*\*Availability varies by geographic area and funding source. Please check with the BH-MCO if you're a Medicaid enrollee for availability of services within your area.*

*\*Are you currently uninsured or under-insured? Contact the appropriate County Mental Health/Intellectual Disability Administrator or Single County Authority regarding service funding and availability.*

## **Resources:**

- **ATLAS for Drug and Alcohol**
  - <https://treatmentatlas.org/>
- **SCA (County D&A Contacts)**
  - <https://www.pa.gov/agencies/ddap/treatment-and-support/county-drug-and-alcohol-offices>
- **MH/ID (County MH Contacts)**
  - <https://www.pa.gov/agencies/dhs/contact/county-mh-id-offices>
- **BH-MCO Contacts**
  - <https://www.pa.gov/agencies/dhs/resources/medicaid/bhc/bhc-mcos>
- **DHS Provider Directory**
  - [https://www.humanservices.dhs.pa.gov/human\\_service\\_provider\\_directory/](https://www.humanservices.dhs.pa.gov/human_service_provider_directory/)
- **DDAP Resources Page**
  - <https://www.pa.gov/agencies/ddap/treatment-and-support/support-services>