

Children and Family Treatment and Support Services: Understanding 3 new CFTSS

Other Licensed Practitioner (OLP)

Psychosocial Rehabilitation (PSR)

Community Psychiatric Supports and Treatment (CPST)

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Overview of CFTSS: OLP, PSR, and CPST



Other Licensed Practitioner (OLP)

What is OLP?

- ▶ OLP is a term that refers to non-physician licensed behavioral health practitioners (NP-LBHP) delivering services.
- ▶ OLP services do not require a DSM diagnosis in order for the services to be delivered.
- ▶ NP-LBHP's are licensed clinicians who are able to practice independently and seek reimbursement for services under OLP authority
 - This allows services provided by NP-LBHPs to be reimbursable when delivered in nontraditional settings (as permissible under state practice law)
 - The delivery of services must be within the practitioner's scope of practice

Who can provide OLP Service Components?

- ▶ **NP-LBHPs include the following:**
 - Licensed Psychoanalysts
 - Licensed Clinical Social Workers (LCSW)
 - Licensed Marriage and Family Therapists
 - Licensed Mental Health Counselors
 - Licensed Masters Social Workers (LMSW) when under the supervision of LCSWs, Licensed Psychologists, or Psychiatrists

Why Offer OLP?

- ▶ Providers are able to more effectively engage those children, youth and families/caregivers who may have difficulty engaging in traditional clinic based settings.
- ▶ Prevent the progression of behavioral health needs through early identification and intervention.
- ▶ OLP services may be provided to children/youth without a behavioral health diagnosis that are in need of assessment.

OLP Service Components

Licensed
Evaluation/Assessment

Treatment Planning

Psychotherapy

Crisis Intervention
Activities

OLP: Licensed Evaluation Assessment

Purpose: Establishing a diagnosis when needed and treatment plan for the child/youth within the context of self-identified needs, goals, and ethnic, religious and cultural identities. Assessment should result in the identification of services medically necessary to meet the child/youth's behavioral health needs.

Service Component: Process of identifying a child/youth individual's behavioral strengths, weaknesses and needs through observation and a comprehensive evaluation of the child/youth's past and present mental, physical and behavioral condition

OLP: Treatment Planning

Purpose: Treatment plans serve as blueprints to guide services provided. Plans are strength-based, collaborative, and reflect the goals, and interests of the child/family. Treatment Plans must include:

- Scope/practices to be provided
- Expected outcome
- Expected frequency/duration of treatment for each provider

Service Component: Process of describing the child/youth's condition and services needed for the current episode of care.

OLP Example

Four year old Raymond is struggling with social skills and anxiety in preschool and his family has had difficulty attending school meetings to address the concerns. Raymond's teacher is concerned that his symptoms are increasing. She recently attended an information session and learned about the CFTSS that could work with Raymond in his home. Raymond's teacher referred the family to a local mental health provider agency.

Psychosocial Rehabilitation (PSR)



What is Psychosocial Rehabilitation (PSR)

- ▶ PSR services are designed to assist with implementing interventions outlined in the child's treatment plan to compensate for or eliminate functional deficits, interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs.
- ▶ PSR aims to **restore**, **rehabilitate**, and **support** a child's/youth's developmentally appropriate functioning as necessary for the integration of the child/youth as an active and productive member of their family and community.
- ▶ To receive PSR a child must have a documented behavioral health diagnosis. If the child is not yet diagnosed, a referral must be made to a Licensed Practitioner who has the ability to diagnose in the scope of their practice.

What is Psychosocial Rehabilitation (PSR)

- ▶ PSR activities are “hands on” and task oriented in order to achieve the identified goals/objectives in a child/youth’s individualized treatment plan.
- ▶ Activities may be provided in coordination with treatment interventions by a licensed provider.
- ▶ Services are to be delivered in a trauma-informed, culturally and linguistically competent matter.
- ▶ PSR’s goal is to achieve minimal ongoing professional intervention.

Why Offer PSR?

- ▶ The delivery of services in natural settings expands the range of treatment options by allowing greater flexibility and choice based on the needs of the child or youth and family and caregivers.
- ▶ Services can assist the child/youth in developing and applying skills in natural settings.
- ▶ Assists the child/youth to practice and operationalize skills that have been identified as deficient on the treatment plan.

PSR Service Components

Personal & Community Competence

Social &
Interpersonal
skills

Daily Living
Skills

Community
Integration

PSR: Personal & Community Competence

Purpose:

- Promote personal independence, autonomy, and mutual supports
- Develop and strengthen independent community living skills and integration into the community
- Goal is to restore, rehabilitate and support.

Service Component: Rehabilitative interventions and individualized, collaborative, hands on training to build developmentally appropriate skills.

PSR: Social & Interpersonal Skills

Goal: Restore, rehabilitate, and support the following:

- Increasing community tenure and avoiding more restrictive treatment settings
- Building and enhancing personal relationships
- Establishing support networks
- Increasing community awareness
- Developing coping strategies and effective functioning in the individual's social environment, including home, work, and school locations.

PSR: Social & Interpersonal Skills Continued

Goal: Restore, rehabilitate, and support learning to manage:

- Stress
- Unexpected daily events and disruptions
- Behavioral health and physical health symptoms with confidence
- Establish and maintain friendship/supportive social networks
- Improve interpersonal skills such as social etiquette and anger management.

PSR: Daily Living Skills

Goal: Restore, rehabilitate, and re-establish daily functioning skills.

Service Components:

- ▶ Improving self-management of the effects of psychiatric, emotional, physical health, developmental, and/or substance use symptoms that interfere with a person's daily living.
- ▶ Support the individual with the development and implementation of daily living skills and daily routines necessary to remain in the home, school, work, and community.
- ▶ Activities that will build personal autonomy skills.

PSR Example

Ava is a seventeen year old in foster care diagnosed with depression and has a history of trauma. She has diabetes and struggles with obesity caused by her anti-depression medication.

Ava was recently enrolled in a Health Home due to her chronic conditions and need for service coordination. The HH Care Manager noted that Ava had difficulty managing her medication and made a referral to a Non-Physician Licensed Behavioral Health Provider (NP-LBHP) to assess on going treatment needs, establish medical necessity and make a recommendation for Children & Family Treatment Support Services. (The NP-LBHP may be Ava's current mental clinician, physician, or another provided.)

Community Psychiatric Supports and Treatment (CPST)



What is Community Psychiatric Supports and Treatment (CPST)

CPST services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need identified in the child/youth's treatment plan. The family/caregivers is expected to have an integral role.

CPST is intended to assist the child/youth and family/caregivers to:

- Achieve stability and functional improvement in daily living
- Improve family and interpersonal relationships
- Support community integration
- Aid in personal recovery

For a child to access CPST services, the child/youth must be at risk for the development of or have a behavioral health diagnosis.

Why Offer CPST?

To provide services to children and families who may have difficulty engaging in formal office settings but can benefit from home and community based rehabilitative services.

Can be easily complemented by the integration of additional new CFTSS services, such as Psychosocial Rehabilitation.

Can be coordinated with clinical treatment services, such as OLP, to address identified rehabilitative needs within a comprehensive treatment plan.

What are the CPST Service Components?

Intensive Interventions

Crisis Avoidance

Intermediate Term Crisis Management

Rehabilitative Psychoeducation

Strengths Based Service Planning

Rehabilitative Supports

CPST Intensive Interventions (Counseling)

Goal: Assist with developing and implementing social, interpersonal, self-care, daily living and independent living skills to restore stability, support functional gains, and to adapt to community living.

State Mandated Provider Qualification:

May only be provided by practitioners with a master's level in social work, psychology, or related human services and one year of applicable experience or practitioners who have been certified in an Evidence Based Practice

CPST Intensive Interventions (Counseling) Continued

CPST Intensive Interventions includes:

- ▶ Individual counseling
- ▶ Family and relationship based counseling
- ▶ Supportive counseling
- ▶ Solution focused interventions
- ▶ Emotional and behavioral management
- ▶ Problem behavior analysis with the individual

CPST Crisis Avoidance (Counseling)

Goal: Assist the child and family to develop the capacity to prevent a crisis episode from occurring, or reducing the intensity and duration of the crisis.

State Mandated Provider Qualification:

May only be provided by practitioners with a master's level in social work, psychology, or related human services and one year of applicable experience or practitioners who have been certified in an Evidence Based Practice

CPST Crisis Avoidance (Counseling) Continued

CPST Crisis Avoidance interventions includes:

- ▶ Assisting child/youth with effective responses to/avoiding identified precursors or triggers that would risk them from remaining in their natural community.
- ▶ Identifying a potential crisis and developing a crisis management plan.
- ▶ Seeking supports as necessary to restore stability and functioning.

CPST Intermediate Term Crisis Management (Counseling)

Goal: Stabilize the child/youth in the home and natural environment, and assist with goal setting. Focus on the issues identified from:

- Mobile crisis
- Emergency room intervention
- Other referral sources

Intended for children in need of longer term crisis management services

State Mandated Provider Qualification:

May only be provided by practitioners with a master's level in social work, psychology, or related human services and one year of applicable experience or practitioners who have been certified in an Evidence Based Practice

CPST Rehabilitative Psychoeducation

Goal: Minimize negative effects of symptoms and promote further community integration

Service Components: Educate child/youth, family members, and collaterals regarding:

- Treatment options
- Environmental stressors interfering with daily living
- Financial management
- Housing
- Academic and/or employment progress
- Personal recovery and resilience
- Family and/or interpersonal relationships
- Community integration

CPST Rehabilitative Supports

Goal: Restoration, rehabilitation, and support to minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the child youth's daily living.

Service Goals: Restoration and recovery improving:

- Life safety skills, basic safety practices, and evacuation
- Physical and behavioral health care
- Recognizing when to contact a physician
- Self-administration of medication for physical, mental, and substance use conditions
- Understanding side effects of prescribed medication, common prescriptions, and non-prescription drugs

CPST Rehabilitative Supports Continued

State Mandated Provider Qualification:

May be provided by the following:

- ▶ Practitioners with a master's level in social work, psychology, or related human services plus one year of applicable experience
- ▶ Practitioners who have been certified in an Evidence Based Practice
- ▶ Individuals with at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice OR who have been certified in an Evidence Based Practice

CPST Example

Henry, a 15 year old boy who is enrolled in Medicaid Managed Care, and his family are experiencing difficulties related to his alcohol and drug use. His difficulties are inhibiting his daily functioning, personal growth, and interpersonal relationships within his natural environments.

Henry attends group sessions for teens who are using drugs and alcohol. These are led by a licensed practitioner at the Hamilton Street Services. The licensed practitioner (LPHA) discusses provider options with the family and based on Henry's goals and the family's need for psychoeducation, the counselor makes a recommendation for CPST services.

CFTSS Service Summary

New Service	Practitioners	Modality	Daily Limit	Billing Interval	Group Size
OLP	Licensed Psychoanalyst, LCSW, LMFT, LMHC, LMSW (under supervision)	Individual/Group /Family	Varies by component- Evaluation: 10, Counseling & Crisis Complex Care: 4, Crisis: 8, Crisis Triage: 2, Off Site: 1	15 Minute Unit	8 Members per group max
CPST	Varies by component service: Counseling – MA in social work, counseling, psych or related human service field Plus one year of applicable experience or certified in EBP Components not involving counseling- BA + 2 years experience	Individual/Group /Family	Varies by component - Professional: 6, Professional Group: 4, Off Site: 1	15 Minute Unit	8 Members per group max
PSR	18 years old High School Diploma, equivalency, SACC or CDOS 3 yrs. Experience in children’s MH, SUD &/or Foster Care	Individual/Group	Varies by component - Professional: 8, Professional Group: 4, Off Site: 1	15 Minute Unit	8 Members per group max

Resources and Links

The [Child and Family Treatment Support Service Manual](#) (Updated as of June 2018) includes additional information in regards to all 6 of the CFTSS services

[DOH Children's Managed Care Home Page](#)

Provider designation information:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf

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Questions

