



BH Fellows Target Service Areas

Service Descriptions¹

Service Coordination

Mental Health Service Coordination (also known as blended or targeted case management) helps individuals find and connect to supports in their communities to support them during their recovery journey. Service Coordinators assist referred adults and children to gain access to medical, social, educational, and other services in various, life domains. Examples include: applying for benefits such as Social Security, finding affordable housing, returning to the workforce, continuing education, finding spiritual supports, volunteering, coordinating care with the primary care physician, registering to vote, or maintaining wellness. Once connected, Service Coordinators also monitor service delivery.

Service Coordination may be delivered in an office or within the community. Service Coordinators are advocates, linking people to services and supports to address health-related social needs and ameliorate the impact of social determinants of health. They use a person-centered planning approach to assess for individual needs and develop service plans.

Service Coordinators also help with informal support-building and effective use of community resources.

An additional purpose of Service Coordination is to provide help to individuals in times of crisis or during an emergency. Service Coordinators actively assist in finding a resolution, including providing access to other crisis services beyond the Service Coordinators direct role in such situations.

Family Based Mental Health Services

Family Based Mental Health Services (FBMHS) for children and adolescents are team-delivered services rendered in the home and community, designed to integrate mental health treatment, family support services and case management, so that families may continue to care for their children and adolescents with serious mental illnesses or emotional disturbances, at home.

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FBMHS are provided to the child/adolescent, caregivers, and family in the family's natural setting. Services at this level of care are intended to comprehensively address the intensive treatment needs of children and adolescents and increase a positive relationship with the community.

As substance use disorders (SUD) affect the entire family unit, treatment should address family life affected by substance use, as well. FBMHS are intended to reduce the need for psychiatric hospitalizations and out-of-home placements by providing services that enable families to maintain their role as primary caregivers for their children and adolescents. These services have been developed based on the principles and objectives of the Child and Adolescent Service System Program (CASSP), which recognize that children, adolescents, and primary caregivers are a part of the family unit.

All FBMHS staff participate in an extensive, intensive three-year clinical training program in family systems as a theoretical foundation. The FBMHS program is a comprehensive program offering intensive psychotherapeutic interventions, crisis intervention services with availability 24 hours per day/seven days per week, family support services, and case management to children and adolescents along with their families. FBMHS are primarily team-delivered services, with two clinicians assigned to each family. FBMHS emphasize the importance of the treatment team meeting process. The teams and family work to identify and include all people important to the family who may be sources of support throughout the course of treatment. As a result, the Family Based team ensures that services are well coordinated and delivered in an integrated manner.

Crisis Intervention Services

Mental Health Crisis Intervention Services are immediate, crisis-oriented services provided to an individual who exhibits an acute problem or disturbed thought, behavior, mood, or social relationships, and are designed to ameliorate or resolve precipitating stress.

Crisis Intervention Services staff are expected to function within and collaborate with Allegheny County's emergency behavioral health services continuum. These services are provided to individuals and their natural supports who are experiencing an acute onset or exacerbation of general conflict and stressors, mental health symptoms, mental health symptoms derived from substance use and/or any self-defined crisis by the person that needs immediate intervention. Crisis Intervention services can be provided by telephone, walk-in, mobile, or in the home.

These services are designed to provide an immediate response that includes the following interventions:

- Suicide Prevention
- Homicide and self-harm risk assessment
- Crisis intervention
- Conflict resolution
- Verbal de-escalation
- Information and referral
- Linkage to community resources
- Disposition planning to include individualized crisis/safety planning and recovery planning
- Coordination of services and follow up

Crisis Intervention Services provide 24-hour support to individuals within their community. Services are provided within community settings, including: member homes, crisis centers, community centers, police departments, hospital emergency rooms, schools, and wherever the crisis services may be needed.

Crisis workers receive intense training before starting to work in the field. This includes didactic training coupled with shadowing of an individual who is working in crisis intervention. There is no standard way to address a crisis as every situation poses its own challenges. Therefore, crisis workers will also require intense supervision from someone with extensive crisis experience. Before a crisis worker is put into the working rotation, the following are just some of the trainings that prepare a new crisis worker to face any situation with confidence.

- Crisis intervention training
- Evaluation of safety and environmental observation
- Risk assessment and management
- Mental status exams
- Education on specific mental health disorders
- Overview of trauma informed care
- De-escalation techniques
- Overview of mental health levels of care and resources

Diversion and Acute Stabilization (DAS) for Youth

Diversion and Acute Stabilization (DAS) programs are voluntary therapeutic residential facilities in a community setting. DAS for youth and young adults are licensed as short-term Psychiatric Residential Treatment Facilities (ST RTF). The DAS programs alleviate the need for acute inpatient care by providing support to young people experiencing or at risk for an exacerbation of their behavioral health condition. Diversion and Acute Stabilization services may also be used to help individuals succeed in their transition between levels of care, such as the hospital to community residence or community residence to home. Psychiatric and/or drug and alcohol services may occur on-site or be arranged with an external provider and must include coordination of services. Diversion and Acute Stabilization services are short-term in nature, with the length of stay based on individual needs.

DAS providers are expected to provide education, group and individual therapy, and medication management as a core component of the DAS program. The program also facilitates linkages to needed services not included in the program. Because of the intended brief length of stay in DAS programs, plans for services are expected to offer the greatest degree of continuity of care possible. DAS providers are expected to support youth in fully participating in the development of their treatment plan. DAS providers are expected to provide crisis intervention as needed. The role of DAS providers is to facilitate communication among treatment team members and the consumer, including family/significant others as appropriate.

DAS providers are responsible for staff training in the following areas:

Orientation to DAS services

Consumer Rights Training

Confidentiality Training

Cultural Competency
Recovery Principles
Rehabilitation Principles
Crisis Intervention and Suicide Prevention Training
Interface with police and other external agencies
Dual diagnosis
Forensics
Delirium and Dementia
Medication Training
Behavioral Health Training
Harm Reduction Training
C.P.R/First Aid Training
Training to work with individuals with personality disorders

Substance Use Disorder Case Management Services

Substance Use Disorder (SUD) Case Management is an individualized, person-centered support service, targeted to individuals with addictive and co-occurring mental health disorders who present with multiple needs and require advocacy and assistance in accessing needed services and supports.

The purpose of SUD Case Management is to assist the individual with increasing resilience and self-sufficiency toward recovery. The primary goals of case management services are to increase retention in and completion of substance abuse treatment and increase access to ancillary support services to enhance recovery.

SUD Case management activities include assessment; person-centered service planning; linking individuals to services; monitoring their participation in treatment and support services and the outcomes of their participation; assisting an individual to develop a positive support network; advocating for medical services and resources if not readily available; and linking to education and employment, and to other agencies involved with the individual. adults and older adults are eligible for SUD Case Management services.

Integrated Dual Disorder Treatment

The Integrated Dual Disorder Treatment² (IDDT) program is designed with fidelity to the evidence-based practice model that improves the quality of life for people with co-occurring severe mental illness and substance use disorders. The program combines the treatment of substance abuse services with mental health services. It helps people address both disorders at the same time—in the same service by the same team of qualified professionals.

IDDT emphasizes that individuals achieve big changes, such as sobriety, symptom management, and an increase in independent living through a series of small, incremental changes that occur over time. Therefore, IDDT takes

² [Integrated Dual Disorder Treatment | Center for Evidence Based Practices | Case Western Reserve University \(2023\)](#)

a stages-of-change approach to treatment, which is individualized to address the unique circumstances of each person's life.

Integrated Dual Disorder Treatment (IDDT) is composed of a multidisciplinary team and combines pharmacological (medication), psychological, educational, and social interventions to address the needs of clients and family members. IDDT also promotes client and family involvement in service delivery, stable housing as a necessary condition for recovery, and employment as an expectation for many. IDDT is delivered in the home and throughout the community.

The purpose of IDDT is to reduce relapse of substance abuse and mental illness, hospitalization, arrests, incarceration, and duplication of services. IDDT increases continuity of care, quality-of-life outcomes, stable housing, and independent living. IDDT professionals are trained to provide the following core treatment components with fidelity to the IDDT evidence-based practice model. These methods of intervention include but are not limited to the following:

- Multidisciplinary Team operations
- Stage-Wise Interventions (stages of change, stages of treatment)
- Access to Comprehensive Services (e.g., housing, employment, education, food, etc.)
- Time-Unlimited Services
- Assertive Outreach
- Motivational Interventions
- Substance Abuse Counseling
- Group Treatment
- Family Psychoeducation
- Interventions to Promote Health