

**DRAFT JOINT BULLETIN/BEC
MANDATING INTERAGENCY PLANNING FOR CHILDREN IN
PARTIAL HOSPITALIZATION PROGRAMS**

SCOPE:

County MH/MR Administrators, Base Service Units, OMHSAS Regional Staff, County MH/MR Programs, County Mental Health Providers, Licensed Partial Hospitalization Programs, Managed Care Organizations (HMOs), Local Education Agencies (LEAs), Psychiatrists, Psychologists, MH/MR Case Management Units, PA Education Law Center, PA. Protection and Advocacy, PA. Community Providers Association, parents, advocates and stakeholders.

PURPOSE:

The purpose of this bulletin is to clarify the roles and responsibilities of County Mental Health /Mental Retardation Programs, contract provider agencies and Local Education Agencies in the placement, treatment planning process, the Individualized Education Plan (IEP) development process (if applicable), discharge and transition planning for children in partial hospitalization programs that operate during the school day.

BACKGROUND:

Serious examination of educational components of children's partial hospitalization programs was initiated by the Education Law Center (ELC), Pennsylvania Protection and Advocacy (PP&A), Pennsylvania Community Providers Association (PCPA), parents, and other stakeholders in 2003. The Department of Public Welfare (DPW) and the Pennsylvania Department of Education (PDE) committed to work jointly and in partnership with these communities to develop policy and practices to ensure that children attending partial hospitalization programs are afforded the opportunity to learn. When partial hospitalization programs were developed to serve children, the regulatory design focused on treatment concerns, not the educational needs of children placed in those programs. Likewise, the Public School Code was silent on the situation of children removed from school for long periods of time for behavioral/mental health treatment. Claims and survey data indicate that many children stay in partial hospitalization programs for 3 months or longer. It is essential that serious attention be given to the coordination of treatment and education for children enrolled for extended periods of time in partial hospitalization programs. This is consistent with Department policy in the Joint Bulletin from the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Mental Retardation (OMR) OMHSAS 00-04, The Roles and Responsibilities of County Mental Health/Mental Retardation Programs in the Development of a Child's Individual Education Program that assigns the County MH/MR program, or its representative, the responsibility for collaborating with the local educational agency when requested, to participate in IEP meetings and to assist with the coordination of recommended treatment services.

Appendix T of the HealthChoices, Request For Proposal (RFP) and the HealthChoices Standards and Requirements Document provides criteria for admission, continued stay, and discharge planning for behavioral health services. These criteria include an interagency team process that brings together the child/family, relevant mental health professionals, and representatives from the local education agency and other relevant agencies to evaluate whether partial hospitalization is an appropriate treatment modality for a child.

DISCUSSION:

PDE changed the school code to assign fiscal and programmatic responsibility to the district of residence for children in partial hospitalization programs that operate during the school day. The school code has been changed to limit the long-term use of homebound instruction and to require that children receive 5 to 5.5 hours of education per day, depending on their assigned grade level. These requirements are intended to enable providers and educators to work together to provide integrated, intensive treatment in partial hospitalization settings, and to ensure that children are educated while receiving treatment.

POLICY

Letters of Agreements

55 PA. Code, 5210 requires providers of partial hospitalization programs to have written letters of agreement with the County MH/MR Program and with other services including acute inpatient psychiatric units, emergency services, providers of outpatient mental health services and vocational rehabilitation services. Partial hospitalization programs should also have letters of agreement with other community mental health/behavioral health provider agencies such as those providing family based and behavioral health rehabilitation services. To facilitate collaboration, providers of partial hospitalization services will be expected to develop letters of agreement with local education agencies that are responsible for the education of all children that receive services in the program.

Referral Process

When a child is referred for a partial hospitalization service, the referring agency or person should contact the County Mental Health Program, Child and Adolescent Service System Program (CASSP), Care Manager, Case Manager or other mental health representative who will, with the written permission of the parent or legal guardian, engage relevant representatives to participate in an interagency team meeting. When a referral is made directly to a partial hospitalization program, program staff should contact a mental health representative to begin the interagency team process.

Evaluation Process

When a child is referred for a partial hospitalization service, an evaluation must be completed by a psychiatrist to determine if the child meets the clinical and diagnostic criteria for the service. The evaluation may be completed by a psychiatrist currently treating the child, an independent evaluator or a psychiatrist employed by the partial hospitalization program.

The Interagency Team Meeting Process

The Department of Public Welfare acknowledges and supports the need for multi-systemic collaboration for thorough and comprehensive service planning for children who are in need of an intensive treatment service such as partial hospitalization. The Department will require that an interagency team meeting be conducted: prior to a child being admitted to a partial hospitalization service, when there is a recommendation for a change to the child's service plan and prior to discharge from the partial hospitalization program.

The interagency team should include the child age 14 years and older, the parents or legal guardian, a representative from the County Mental Health agency, the child's home school district, the Managed Care Organization (MCO) if applicable, relevant provider agencies and relevant child-serving agencies. Interagency team meetings should take place in person when possible, but may also occur via teleconference or videoconference. All interagency team meetings must be documented. Documentation should include a summary of the discussion and meeting outcomes. A signature sheet documenting all participants must be maintained in the child's record.

If a member of the interagency team disagrees or if the team cannot reach consensus about the most appropriate plan for the child, the team should seek assistance from the County MH/MR program. Interagency teams may access resources located on the OMHSAS website, i.e. "Making Interagency Team Meetings Effective".

Initial Interagency Team Meeting

The intent of the initial interagency team meeting is to discuss, appraise and document whether less restrictive and less intensive mental health, educational and behavioral interventions have been considered and/or implemented prior to the child being referred for treatment in a partial hospitalization program and that no other educational or behavioral supports could be added to help maintain the child in his/her regular school environment. The interagency team must review and discuss clinical evaluations and recommendations to determine whether the child meets clinical and medical necessity criteria for a partial hospitalization service. The interagency team process should discuss information relevant to the child's level of functioning in all life domains, exploring service options that are strength based and child and family focused, to identify areas of need and barriers to success and to develop a comprehensive service plan. Finally, the interagency team must ensure that the child will receive appropriate educational entitlements and academic supports, as indicated by the child's individualized educational plan (IEP) when applicable, or their general education program.

When it is not practical for an interagency team to meet prior to admission to a partial hospitalization program, the team meeting should convene no later than ten (10) calendar days after the date of admission to the program. In this situation, the home school or local educational authority must be notified and invited to participate or share information.

Subsequent Interagency Team Meetings

The treatment team meetings/interagency team processes should be multifaceted and a conduit for multi-system collaboration. When a child is admitted to a partial hospitalization program, the partial hospitalization treatment team will reconvene every twenty (20) program/school days, or when requested by a member of the team to review the child's treatment plan. The Department will recommend that partial hospitalization staff invite members of the child's interagency team for subsequent meetings, or when appropriate, to review the child's progress in treatment, to review the child's educational program, to discuss other recommendations and to plan for continued treatment and/or discharge from the partial program.

Discharge Planning

Discharge planning begins when a child is admitted to a partial hospitalization program. Discharge planning requires discussion and participation from members of both the treatment and interagency teams. A discharge plan is a comprehensive document that includes multi-system recommendations following treatment in a partial program that are based on the needs of the child and the family. A discharge plan should include follow-up recommendations for mental health/behavioral health treatment, an educational plan, community supports, and other services that may be needed.

A final discharge meeting shall occur at least five (5) weekdays/school days prior to the anticipated discharge date at which time the plan for follow-up treatment must be finalized.

All partial hospitalization programs are required to have a utilization review process to ensure that the most appropriate treatment is delivered to the child. Discharge occurs when goals and objectives identified in the evaluation and in the treatment plan have been met and there is no additional benefit to be gained from partial hospitalization. (PA.Code, 5210)

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