

BHRS Providers in Mercer County

Associates in Counseling and Child Guidance

272 East Connelly Blvd.
Sharon, PA 16146
Phone: (724) 983-1381

Community Counseling Center (CCC)

406 North Buhl Farm Drive
Hermitage, PA 16148
Phone: (724) 981-6264

Comprehensive Children and Family Services (CCFS)

194 East State St.
Sharon, PA 16146
Phone: (724) 981-9900

Family Counseling and Children Services (FCCS)

1392 State St. or PO Box 958
Sharon, PA 16146
Phone: (724) 983-1401

M.G.C. Services, Inc.

100 Ridge Ave., Suite F
Sharpsville, PA 16150
Phone: (724) 962-9099

Paoletta's Psychological Services

Paoletta's Positive Solution for Kids
456 North Pitt St.
Mercer, PA 16137

Fred P. Gallo & Associates Psychological Services

Hickory Medical and Professional Building
40 Snyder Rd.
Hermitage, PA 16148
Phone: (724) 346-3838

Sharon Regional Health System/Behavioral Health Services: Connections & Foundations

2375 Garden Way
Hermitage, PA 16148
Phone: (724) 983-5454

St. Anthony's Point

87 Stambaugh Avenue
P.O. Box 840
Sharon, PA 16146
Phone: (724) 982-0414

Vocational & Psychological Services, Inc.

72 Strawbridge Avenue
Sharon, PA 16146
Phone: (724) 982-4790

Youth Advocate Program

7 West State St., Suite 201
Sharon, PA 16146
Phone: (724) 342-1455

Behavioral Health Rehabilitation Services

**A Guide Book for
Parents, Families and
Teachers**

**Mercer County
Behavioral Health Commission, Inc.
8406 Sharon-Mercer Road
Mercer, PA 16137**



**Brochure Provided by the
Mercer County Behavioral Health
Commission, Inc.**

What is BHRS?

Behavioral Health Rehabilitation Services (BHRS), otherwise known as “wraparound”, is a program intended to provide non-traditional mental health services to children with emotional and/or behavioral health needs. These services are intended to “wrap around” the child by being provided in the child’s home, school, and community. These services are funded through Medical Assistance and can include any or all of the following:

- Therapeutic Staff Support (TSS)
- Mobile Therapy (MT)
- Behavioral Specialist Consultant (BSC)

BHRS services are required to follow the principles established by Child & Adolescent Service System Program (CASSP). (Listed on Page 6).



Therapeutic Staff Support

Therapeutic staff support services provide one-to-one interventions to a child or adolescent as outlined in their treatment plan.

The specific interventions used by the therapeutic staff member include:

- ◆ Crisis intervention techniques
- ◆ Immediate behavioral reinforcements
- ◆ Emotional support
- ◆ Time-structuring activities
- ◆ Time-out strategies
- ◆ Restraints (only when necessary and not by all BHRS providers)
- ◆ Additional psychosocial rehabilitation activities as prescribed on the treatment plan.

TSS Ethical Practices

- Maintain professional/therapeutic boundaries with child & family.
- Support classroom teacher by providing supervision & therapeutic structure for identified child only.
- ALL staff are mandated reporters of suspected abuse.
- Promote CASSP Principles, including family involvement.
- Dress professionally.
- Maintain confidentiality.
- Paperwork must be complete and accurate before asking for signatures.
- Being responsible, reliable, and on time for scheduled appointments.
- Active & therapeutic participation with child and/or family is required for ALL prescribed hours.

TSS Unethical Practices

- Taking child to staff home or the home of staff’s friends and family.
- Providing services not included or specified in the child’s treatment plan.
- Performing the duties of school personnel such as teacher or teacher’s aide.
- Academic tutoring.
- Substituting for parent, community program staff or other adult responsible for providing care.
- General child care or housekeeping activities in the presence or absence of the parent/ caretaker.
- Therapy or counseling rather than supportive and clarifying interactions with child and family, consistent with the child’s treatment plan.
- Developing relationships with the purpose of providing a role model (i.e., Big Brother/Big Sister, time spent with the child providing no mental health interventions).
- Continued observation of a child’s behavior without any planned follow-up intervention. The behavior patterns observed should be discussed with the mental health professional in order to plan an intervention for that behavior.
- Adding time with the TSS worker as a reward for good behavior or as a reward for the child controlling his or her outbursts.
- Providing services to children without the knowledge and/or permission of the parent(s) or primary care giver(s).
- Providing TSS services without appropriate supervision.
- Providing socialization activities, which are not described specifically in the treatment plan. (Note that the word “socialization” in the treatment plan is inadequate to justify a wraparound service.)
- Respite care.
- Transportation for the child and/or his or her family
- Billing for time spent in travel, paperwork, and meetings even if the child is present and it is case specific time.
- Time spent interacting with family and friends of TSS worker.
- Dispensing medications
- Accepting or giving monetary or material items.

CASSP Principles

* CHILD-CENTERED

Services meet the individual needs of the child.

* FAMILY FOCUSED

Services recognize that the family is the primary support system for the child and participates as a full partner in all stages of the decision-making and treatment-planning process.

* COMMUNITY-BASED

Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community.

* MULTI-SYSTEM

Services are planned in collaboration with all the child-serving systems involved in the child's life.

* CULTURALLY COMPETENT

Services recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, and practices characteristic of the child's ethnic group.

* LEAST RESTRICTIVE/INTRUSIVE

Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

Mobile Therapist

The mobile therapist has two primary responsibilities: **clinical functions** and **systemic functions**.

Clinical Functions include:

- Observing and assessing the therapeutic needs of the child in the family
- Developing a treatment plan
- Conducting individual, sibling, and family therapy sessions
- Ensuring family participation throughout treatment
- Providing informal support
- Promoting the development of adaptive skills and relationships
- Coordinating the overall clinical direction of treatment

Systemic Functions consist of:

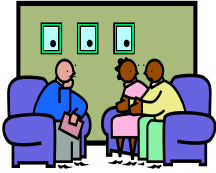
- Assessing the need for services and community support
- Collaborating with other service providers and agencies
- Intervening in conflicts or stalemates involving family and professionals
- Developing a crisis plan
- Facilitating optimal continuity of care
- Participating in Inter-Agency Service Planning Meetings on behalf of the child and family

Behavior Specialist Consultant

The behavioral specialist consultant, working with other staff, designs and directs the implementation of behavior modification intervention plans that are individualized to each child or adolescent and to family needs. The behavioral specialist typically serves as consultant to the mobile therapist and the therapeutic staff support within the treatment team. When questions or conflict around behavioral issues arise in other systems, such as the school, the behavioral specialist consultant may participate in special meetings.

Eligibility Criteria

- Child/adolescent under 21 years of age
- Has a Mental Health diagnosis (DSM IV)
- Is eligible for Medical Assistance
- BHRS services are prescribed medically necessary by a licensed psychiatrist or psychologist.



How To Access Services

1. Parent or guardian can contact Mercer County Behavioral Health Commission at (724) 662-2230 or the BHRS provider of their choice. (List on the back of the brochure.)
2. An appointment will be scheduled for a psychological evaluation to determine medically necessary services.
3. Parent or guardian must obtain an access card through the Department of Public Welfare (via the County Assistance Office) for the child. Qualification for ACCESS is not based on parents' income, but rather on the mental health needs of the identified child.
4. The chosen provider will schedule an Interagency Service Planning Team (ISPT) meeting with the parent/guardian and child if age 14 or older. Other team members can include teachers, guidance counselors, other service providers, and BHRS monitors.
5. After an ISPT is held and necessary paperwork is completed, the application for TSS services is mailed to the Office of Medical Assistance for review and approval.
6. MT and BSC services can begin as prescribed immediately after the ISPT meeting.

How To Access Services (Cont)

7. Approval from Medical Assistance for TSS to begin usually takes 30 days.

* These services are approved in 4 month "waivers". Approximately every 4 months the identified child must be re-evaluated and another ISPT meeting held.

Ideal ISPT Meeting Format

- A. Introductions
- B. BHRS Monitor receives psychological
- C. Review of:
 1. referral source
 2. initial date of referral or services
 3. reasons for referral if initial ISPT (or)
 4. review progress made in last 4 months
 5. review written reports from agencies not present, i.e. schools, case managers
- D. Develop or review and revise the treatment plan
- E. Review the psychological recommendations:
 1. discussion
 2. other recommendations
 3. agreement
- F. Discuss criteria for, and a target discharge date
- G. Signatures and copies