

<b>Service Name</b>	<b>THERAPEUTIC CONSULTATION (YOUTH &amp; ADOLESCENT)</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Approved or accredited schools, licensed childcare centers, afterschool programs, and other child-serving organizations. This may also include the child's home, other natural environments or community settings.
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health

**Basic Definition:**

Therapeutic Consultation provides mental health expertise, training, and technical assistance to assist service providers in supporting an individual experiencing a mental health and/or substance use disorder. An intervention plan is developed and implemented to assist individuals in functioning in their current environment while ensuring their safety and the safety of others. Therapeutic Consultation is necessary to improve the individual's independence and inclusion in their community. Activities may include team consultation, behavioral assessment, intervention plan development, and implementation.

**Service Expectations:**

- A mental health assessment (MHA) must be completed, if one has not been completed within the previous 12 months of admission to the service, within 24 hours of the initiation of treatment interventions. The MHA must establish the need for this service.
  - If the MHA was completed within the previous 12 months of admission to the service, licensed clinician who is able to diagnose and treat major mental illness within their scope of practice, must review the MHA to determine if the diagnosis and treatment, recovery, and rehabilitation plan are still applicable. If there is new information available, including changes in the treatment, recovery, and rehabilitation plan, an update to the MHA must be documented in the form of a MHA addendum. The MHA addendum must reflect the individual's current functional status
- The assessment process is completed in collaboration with the staff, family members (when applicable) and includes assessment of risk levels, strengths, needs, and preferences; review of records, safety planning or recommendations for the development of an intervention plan. Observations where the child participates in activities are conducted at any time of the day or night in person or by Telehealth, depending upon when and where the specific problematic behaviors occur.
- The assessment process leads to the development of an intervention plan to teach acceptable alternative behaviors and strategies to address behavioral health to the served youth and individuals on their support team. The resulting Intervention Plan focuses on teaching a new behavior and/or coping strategies that may require modification to environments, activities, and delivery of intervention and teaching

strategies. This may include educating staff in best methods in interacting with the youth, reduction of behavioral triggers, or diversionary activities to minimize behavioral incidents, best practices in intervention strategies, medical and psychological conditions, and/or environmental impact to service delivery are provided to the individual's team. Behavioral interventions are developed, piloted, implemented, evaluated, and revised, as necessary. The parent or guardian will be expected to sign the plan indicating their agreement and participation in developing the plan.

- Individual strategies must be specific and measurable and the intervention plan will be updated when not indicating progress.
- Providers of this service must be available for consultation with the youth's support team either via telecommunication (phone or Telehealth) or in person for a minimum of two conference meetings per episode of care. More frequent conferences may be necessary based on therapeutic needs. Team consultations must be documented.
- The individual who is the subject of the IP is the identified consumer of the service and must meet eligibility criteria. This service is reimbursed on a 0.5 hour unit. Billable activities include: meeting with the consumer, report writing, collateral contacts and meeting with the individual's support team. Transportation and lodging costs are included in the reimbursement rate. Services are capped at 90 units per fiscal year.
- Services will be culturally sensitive, trauma informed, and sensitive to potential personal safety risks such as suicidal intention.
- Referrals to crisis assistance must be available 24 hours a day, 7 days a week.
- Supervision of service as required by the practitioner's license.
- All psychotherapy and substance use disorder practitioners are to provide services within their scope of practice.

### **Length of Services:**

From initial consultation, until service expectations are met. Typically, consultation, and plan development and written recommendations are completed within 30 days, with any additional referral and follow-up completed within 90 days.

### **Staffing:**

May include:

- Physician
- Advanced Practice Registered Nurse (APRN)
- Licensed Psychologist
- Provisionally Licensed Psychologist
- Licensed Independent Mental Health Practitioner (LIMHP)
- Licensed Mental Health Practitioner (LMHP)

- Provisionally Licensed Mental Health Practitioner (PLMHP)
- Board-Certified Behavior Analyst (BCBA or BCBA-D) supervised by an LIMHP or Psychologist

**IN ADDITION TO ALL OF THE ABOVE THE YOUTH SUBSTANCE USE DISORDER CLINICIANS MAY INCLUDE THE FOLLOWING:**

- Licensed Alcohol and Drug Counselor (LADC) for substance use disorder only.
- Provisionally Licensed Alcohol and Drug Counselor (PLADC) for substance use disorder only.

**Hours of Operation:**

Typical business hours with weekend and evening hours available by appointment. The service provider will assure that the youth, family, or caregiver are educated on accessing crisis services.

**Desired Outcome:**

The child's interdisciplinary team, including the youth and the family or caregiver, have identified and implemented recommendations designed to address and minimize behavioral and emotional challenges related to child's mental health and/or substance misuse; and

Promote social-emotional development, interpersonal growth, and self-management skills necessary for the child to participate and function successfully in their family, school, and community.

## UTILIZATION GUIDELINES:

### **I. Admission Guidelines:**

*Individual must meet all of the following admission guidelines to be admitted to this service.*

1. The Individual must be under 19 years of age.
2. The individual must have a diagnosis from the most recent version of the DSM.
3. A mental health assessment is deemed insufficient to fully identify the root cause of the problematic behaviors and/or mental health symptoms or to develop an intervention plan that may include environmental modification or behavior replacement.
4. The individual's clinical condition causes an absence in critical skills of emotional resilience, self-care, social interaction and/or safety awareness, and the consultation is expected to identify those needs and the treatment recommendations/interventions to support functional improvement and skill development.
5. The recommendation for the consultation is being made by a clinician (e.g. medical or behavioral health professional) who has identified that the individual's clinical presentation need specialized mental health or behavioral assessment, treatment planning and interventions.

### **I. Continued Stay Guidelines:**

*Individual must meet all of the following continued stay guidelines to continue receiving this service.*

1. Admission guidelines continue to be met.
2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
4. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the discharge plan.
5. There is documented active discharge planning.