

# Taking Charge of Your Child's Mental Health - A Parent's Guide



## **Allegheny County Department of Human Services Office of Behavioral Health Bureau of Child and Adolescent Mental Health Services**

The Allegheny County Department of Human Services seeks to create an accessible, culturally competent, integrated and comprehensive human services system that ensures individually tailored, seamless, and holistic services to Allegheny County residents, in particular, the County's vulnerable populations.

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## Introduction

As a parent who cares deeply about the life and well-being of your child, you have taken the first steps toward seeking help with challenging emotional and/or behavioral issues he/she is having. This guide was developed to provide your family with important information about what is available to you, who can provide it, and what your rights are in the process.

## Child and Adolescent Services System Program (CASSP Principles)

The following principles are at the heart of all programs and services offered by the Allegheny County Department of Human Services to a child or adolescent with serious emotional disturbances:

- **Child-Centered** – ensuring that services meet the unique needs of each individual child
- **Family-Focused** – focusing on the strengths and capabilities of each individual family
- **Community-Based** – recognizing the importance of both formal and informal community resources in the delivery of services
- **Multi-System Involvement** – understanding that a child/family may be dealing with multiple organizations or institutions and that it is the responsibility of these systems to coordinate their services
- **Culturally Competent** – demonstrating respect for individuals, their preferences, attitudes, values, beliefs, and traditions
- **Least-Restrictive** – providing high-quality treatment and support service in the most natural environment that is available and appropriate

## The Allegheny County Coalition for Recovery (ACCR) - Recovery Principles

ACCR has been working since 2001 to increase the public's recognition that people can and frequently do recover from serious emotional disturbances and substance use disorders. The following principles of recovery from serious emotional disturbances were developed through ACCR and are embraced by Allegheny County Department of Human Services.

- Recovery is an on-going process that continues through life, and is about restoration and personal growth.
- Recovery allows the renewal of purpose, meaning and hope in life.
- Recovery is about revelation, acceptance, self-awareness.
- Recovery is about dignity and self-respect.
- Recovery means independence, personal responsibility, and productivity.
- Recovery involves tolerance, forgiveness, and adaptability.
- Recovery is about connecting in a fulfilling way with a community of other people.
- Recovery is about establishing meaningful relationships.
- Recovery is a universal concept that can be used by anyone.
- Recovery is about overcoming stigma.



## What is Mental Health?

In order to understand serious emotional disturbances, it is important, first, to understand mental health. Mental health is how we think, feel and act in order to face life's situations. It is how we look at ourselves, our lives, and the people we care about and know. It also helps to determine how we handle stress, relate to others, evaluate our options and make choices.

### How can I tell if my child has a serious emotional disturbance?

It is easy for a parent to recognize when a child has a fever. A fever is a symptom that something is physically wrong. There are also symptoms that could indicate that your child has a serious emotional disturbance. As a parent, you know your child best. Ask yourself the following questions or look for these symptoms:

What is your child saying to you and to others? Is he or she troubled by feeling:

- Really sad, irritable, or "down?"
- Very angry most of the time?
- Worthless?
- Anxious, worried, or fearful a lot more than others his or her age?
- Constantly concerned about physical problems or physical appearance?
- Frightened that his or her mind is controlled or out of control?
- That life is too hard to handle or that life seems hopeless?

Have you noticed a "big change" in your child? For example, is he or she:

- Doing much worse in school?
- Losing interest in things that he or she used to enjoy?
- Sleeping or eating much more or less than usual?
- Avoiding friends or family and wanting to be alone all of the time?
- Daydreaming too much, and can't get things done?
- Hearing voices that cannot be explained?
- Unable to get over a loss or death of someone important?

Is your child limited at home, in school or in social situations by:

- Poor concentration; can't seem to think straight or to make up his or her mind?
- The inability to sit still?
- Thoughts that race almost too fast to follow?
- Worries about being harmed, hurting others, or about doing something "bad?"
- The need to wash, clean, or perform certain routines many times a day?
- Persistent nightmares?

Does your child behave in ways that cause problems? For example, does he or she:

- Use alcohol or other drugs?
- Eat large amounts of food, then vomit; abuse laxatives?
- Continue to diet and to lose weight even though very thin?
- Do things that can be life threatening?

### Here are some other things to consider:

- Does anyone in your child's family have a history of serious emotional disturbances? This would include parents, grandparents, brothers, sisters and extended family.
- Is your child a girl or a boy? Be sure to consider possible symptoms in relation to your child's

gender. Symptoms are occasionally overlooked because it is socially acceptable for boys or girls to act in a certain way.

- What is your child's age? Behavior that is alarming at one age may be perfectly normal at another age.
- Has your child been physically ill or in an accident? Physical problems can sometimes lead to serious emotional disturbances.
- Have your child's symptoms lasted for a period of time? Some symptoms may appear and then disappear quickly.

Your observations are important. If you are concerned by your answers to the above questions, it may be important to have your child evaluated. Serious emotional disturbances can be recognized and treated before your child is in a crisis situation. Caring parents and professionals working together can make the difference.

### **What causes serious emotional disturbances? Am I to blame?**

It is natural for both the parent and the child to want to find a reason for serious emotional disturbances. As a parent, you may blame yourself for your lack of parenting skills, your job, your style of discipline or even your lack of consistency. You may wonder, "If only I had done this or that differently, would my son/daughter be fine?" On the other hand, children want to know why they do the things that they do, or feel the way that they feel. If no answers are available, your child may start believing that the situation is hopeless.

It is important to realize that blaming yourself, or your child, is not the answer. All of the causes of serious emotional disturbances are not yet known, however, great strides in understanding serious emotional disturbances have been made in the past ten years, and a great deal more is being learned every day. It is known that both biology and environment play a part.

Biological causes include genetics, chemical imbalances, and damage to the central nervous system. The medical profession refers to these as "neurobiological brain disorders." Researchers continue to advance in understanding the biological links to serious emotional disturbances, and treatment today is much more effective than it was in the recent past.

Environmental factors can put children at risk or make existing biological factors even worse. Children exposed to violence, abuse, neglect, loss of a loved one, or to substances such as lead, are more at risk of developing serious emotional disturbances. Other risk factors include rejection due to race, religion, sexual orientation or poverty. Fortunately, treatment options for children experiencing unfavorable environmental factors have also improved. Therapy and a wide range of community based services are available to help children and their families deal with serious emotional disturbances and issues.

**If you suspect that your child has a serious emotional disturbance, your willingness to seek help for your child in working through his or her problems is a major part of the solution.**

## How do I find out if my child has a serious emotional disturbance?

### Where Do I Start?

In Allegheny County there are many “starting points” from which you can choose in order to have your child’s symptoms evaluated. Where you start is often a matter of personal preference, insurance coverage, existing relationships you may have with a family doctor or other professionals, or the severity of your child’s symptoms. Occasionally, someone else (such as the school, police, or your family doctor) may recommend that you have your child evaluated, and may provide you with a referral.

Here are some suggested starting points:

**Your family doctor or pediatrician** - You may be surprised to know that there are a number of physical conditions that can mimic or lead to serious emotional disturbances. If your child has a family doctor or pediatrician, this is a good place to start. Schedule an appointment with your doctor and be prepared to talk openly and honestly about your child’s symptoms. Your doctor will examine your child and may order some tests. This doctor is making sure that there aren’t any known physical reasons why your child is experiencing mental health symptoms.

**Neurologist** - If no apparent physical causes are found by your family doctor, your child may be referred to a neurologist. A neurologist is a specialist who can check brain structure or brain functioning by using a variety of tests.

**Psychiatrist** - You may be referred to a psychiatrist, or you may choose to select a psychiatrist without a referral. A psychiatrist is a medical doctor who will use a variety of psychological tests and techniques in order to evaluate your child’s mental health symptoms. A psychiatrist can prescribe medicine, if necessary.

**Psychologist** - You may be referred to a psychologist, or you may choose to select a psychologist without a referral. A clinical psychologist is licensed to diagnose and treat serious emotional disturbances. He/she may use a variety of psychological tests and techniques to evaluate your child, much like a psychiatrist. However, a psychologist cannot prescribe medication.

**Note:** If you don’t have a family doctor or don’t know how to select a psychiatrist or psychologist, there are a number of resources that can help you. They are:

- Ask your health insurance provider to furnish you with a list of physician names, specialties and office locations.
- Call Community Care Behavioral Health at 1-800-553-7499 if your child currently receives Medical Assistance (CHIP) through the Department of Public Welfare and currently lives in Allegheny County.
- Call the Physician Referral Service at your local hospital.
- Call the Allegheny County Medical Society for a list of physician choices. Their phone number is 412-321-5030.

**School Guidance Counselor** - Your child’s guidance counselor can be very helpful in referring you to local resources and professionals, especially if your child’s symptoms have caused your child to have problems at school. You can talk to the guidance counselor by phone or in person. Call your child’s



school district, and they will help you contact the appropriate guidance counselor.

**Faith-Based Leader** - The clergy or religious leaders at your church, synagogue, mosque or other place of worship can provide a wealth of information about services that are available to you and your child. Some families are more comfortable talking with someone they know.

**Service Coordination Units** - You may choose to go to a Service Coordination Unit, which generally is a part of a community mental health center. There are a number of public and private mental health centers in Allegheny County. Each one operates a little differently, but, in general, these centers are full-service mental health programs. Psychiatrists, psychologists, social workers and many other professionals staff these facilities. They evaluate needs, plan a comprehensive treatment program with you and your child, and make the necessary services available on a continuing basis. They are also responsible for making sure that your child gets the services he or she may need and for coordinating the services that are being provided.

The Allegheny County Department of Human Services contracts with a number of Service Coordination Units (community mental health centers). These are located throughout Allegheny County, and you have the choice of where you go to have your child evaluated. These Service Coordination Units and their phone numbers are listed on page 9.

A list of providers that contract with the Allegheny County Department of Human Services and serve the needs of children and adolescents with mental health issues can be found in a separate publication called the *Where to Call* directory. You can get a copy of this publication by calling Information, Referral and Emergency Services at 412-350-4456/TTY, 412-350-3467.

In addition, the names and phone numbers of many private mental health centers can be found in the business section of your phone book under the heading of "Mental Health." You can also find a number of listings in the Blue Pages of your phone book in the "Guide to Human Services" under "Mental Health Programs."

**Crisis Services** - If your child's symptoms are severe, and you feel that your child may be a threat to himself or herself or to others, you may not have time to schedule an appointment with one of the professionals listed above. If this is the case, call:

- Resolve Crisis Network 1-888-7-YOU CAN (1-888-796-8226). This service operates 24 hours a day, 7 days a week, and provides telephone crisis counseling, emergency care, and referrals for all residents of Allegheny County in crisis situations. This program is staffed by trained clinicians able to handle crisis telephone calls and requests for services. They will also respond onsite to crisis situations, if needed.
- Information, Referral and Emergency Services (IRES) 1-412-350-4457 (emergency and after hours number) 1-412-350-4456 (non-emergency daytime number) 1-412-350-3467 (TTY). This service operates 24 hours a day, 7 days a week, and puts you in touch with Allegheny County staff that can provide information, find someone to provide ongoing help, or help you arrange involuntary examination and treatment when needed.



## List of Allegheny County Service Coordination Units

### **Chartiers MH/MR Center, Inc.**

437 Railroad Street  
Bridgeville, PA 15017  
412-221-3302

### **Family Links**

2644 Banksville Road  
Pittsburgh, PA 15216  
412-343-7166

### **Family Services of Western Pennsylvania**

3230 William Pitt Way  
Pittsburgh, PA 15238  
1-888-222-4200

### **Human Services Administration Organization**

2801 Custer Avenue  
Pittsburgh PA 15227  
412-884-4500

### **Mercy Behavioral Health**

1200 Reedsdale Street  
Pittsburgh, PA 15212  
1-877-637-2924

### **Milestone Centers, Inc.**

600 Ross Avenue  
Pittsburgh, PA 15221  
412-243-3400

### **Mon Yough Community Services**

500 Walnut Street  
McKeesport, PA 15132  
412-675-8300

### **Pressley Ridge**

530 Marshall Avenue  
Pittsburgh, PA 15214  
1-888-777-0820

### **Staunton Clinic**

720 Blackburn Road  
Sewickley, PA 15143  
412-741-6600

### **Turtle Creek Valley MH/MR**

723 Braddock Avenue  
Braddock, Pa. 15104  
412-351-0222

### **UPMC Western Psychiatric Institute and Clinic**

3811 O'Hara Street  
Pittsburgh, PA 15213  
412-624-1000

**\*MH/MR = Mental Health/Mental Retardation**

## Seeking Professional Help

### Preparing for your first visit to a mental health professional

Unfortunately, you may hesitate to seek help for your child. You may be afraid about what will happen during your first visit to a professional, or about what the professional might say is wrong with your child. You may be afraid about what others may think or say. After all, there are many myths and misconceptions about serious emotional disturbances. But, if you are reading this information, you have already taken the first step in realizing that your child might need help (and in preparing to get that help).

Between 80 and 90 percent of all children with serious emotional disturbances will respond very well to treatment.

At your first visit, you will be asked questions about your child and your family history. You will also be asked about your child's mental health symptoms. This information is **confidential**, meaning that it will not be shared with anyone else unless you give written permission for it to be shared. You will have an opportunity to ask questions, and will want to be prepared to do so.

Some therapists treat the child individually, while others involve the parents and other family members in the process. You need to be comfortable with the level of family involvement. If you aren't, talk to the therapist about this. If you are not comfortable with the therapist after a reasonable amount of time, get a second opinion. Remember that you are an advocate for your child, and you should be comfortable with the professionals who are providing services.

Some information that you will want to have available for the first visit includes:

- Your child's birth certificate (a copy is fine)
- Your child's Social Security number
- Your child's health insurance information
- Knowledge of your child's medical history (any illness or injuries)
- Knowledge of your child's developmental milestones (when your child walked, talked, etc.)
- Knowledge of your child's mental health symptoms
- Knowledge of your child's strengths, skills, and talents

**At the end of your first visit, you should be glad that you went. You have taken the first step!**

Your doctor or therapist will present you with treatment options for your child. You will be able to make choices about the services that you and your child may receive. Mental health services are voluntary. Ideally, you will work in partnership with your child's doctor or therapist in restoring your child to good health.

### How Do I Advocate for my Child?

To initiate mental health services and find the resources your child needs, you must be able to adequately represent your child. This requires that you act as an **advocate** for your child, making sure that your child's needs are met and his or her rights are protected. To become an effective advocate, you can:

- Identify the needs of your child and note the areas in which he or she might need help.
- Gather information on available resources.
- Start keeping your own records including notes on your observations.
- Prepare in advance for meetings or telephone calls with agencies or therapists. Know which questions you want to ask and which concerns you want to discuss.
- Follow up to make sure that things occur when promised or services agreed to have actually been

delivered.

- Monitor your child's progress and express yourself if you have concerns.
- Learn about and understand the rights of your child and family.

You know your child best. You will want to make sure that the needs of your child and your family are being met.

### **Understanding and Dealing with Stigma**

Despite advocacy efforts, there continues to be myths and misunderstandings around serious emotional disturbances. Your initial decision to see a mental health professional is a great first step. However, you may feel hesitant to talk to others about the situation because you don't know how they will react. Too often, results of the stigma surrounding serious emotional disturbances may create consequences worse than the illness itself. Here are some ways you can cope with and help end stigma:

- Get appropriate treatment - Don't let the fear of being stigmatized prevent you from seeking treatment.
- Surround yourself with supportive people - Because stigma can lead to withdrawal, it's important to stay in touch with understanding friends and family.
- Make your expectations known - Friends and family may not know how to help you. Offer them specific suggestions and, if you are comfortable, remind people of appropriate language.
- Don't equate your child with his/her illness - Your child is not an illness. Instead of saying that your child is depressed, say that your child has depression.

## Ongoing Evaluation, Diagnosis and Treatment

### Evaluation

It may take several visits and a number of tests for the doctor or therapist to decide on a “working diagnosis” for your child. An accurate diagnosis, in combination with other factors, is vital to your child’s well being, because this will determine the best treatment options. However, diagnosing a child’s serious emotional disturbances is sometimes difficult. There are no blood tests or X-rays that will pinpoint a diagnosis like there are with many physical conditions. **It may take time and patience before all symptoms and behaviors are evaluated and understood. Be aware that, as your child grows older and develops, his or her symptoms may change, causing the diagnosis to change.**

### Diagnosis

Some of the more common child and adolescent mental health diagnoses that you may hear are:

**Anorexia/Bulimia** - These are eating disorders. In Anorexia Nervosa, the child believes that he or she is overweight despite evidence to the contrary. This results in continuous efforts to lose weight, even to the point of starvation in the most serious cases. Bulimia is when the child eats large quantities of food and deliberately vomits immediately after eating.

**Anxiety Disorder** - A disorder that causes the child to be so afraid, worried or uneasy that it becomes difficult for them to function.

**Attention Deficit Hyperactivity Disorder (ADHD)** - This disorder is characterized by greater than normal periods of inattention, impulsivity and/or hyperactivity. These symptoms often cause significant problems in social situations, at home and at school (or work).

**Autism** - A disorder, usually appearing by age three years, characterized by a lack of communication, lack of social skills, withdrawal and development delays.

**Bipolar Disorder** - Also called manic-depression, bipolar disorder generally involves cycles of depression and elevated mood. Mood switches can occur rapidly or can be more gradual.

**Conduct Disorder** - Children with this disorder have serious delinquent and antisocial behaviors, including burglary, vandalism, intimidation of people, and using weapons with the intention of causing serious harm.

**Depression** - This disorder refers to a combination of emotional and physical symptoms that affect a child’s ability to sleep, eat, concentrate and enjoy life.

**Obsessive-Compulsive Disorder (OCD)** - A disorder where the child becomes trapped in a pattern of repetitive thoughts and/or behaviors. Obsessive thoughts may include thoughts, words or pictures that keep coming into his or her head, without the ability to get rid of them. Compulsive behaviors may include repeated hand washing, counting, or rearranging objects.

**Oppositional Defiant Disorder (ODD)** - This disorder is defined as a recurring pattern of negative, disobedient and hostile behavior most often toward adults that persist for a long period of time.

**Pervasive Developmental Disorder (PDD)** - A disorder characterized by extreme distortions or delays in the development of social behavior and communication skills.



**Post-Traumatic Stress Disorder (PTSD)** - This disorder can develop in children after they have personally experienced or witnessed a serious traumatic event.

### **Treatment**

Treatment options for children with serious emotional disturbances may include a combination of:

- Therapy
- Medications
- Hospitalization (rare)

Most treatment options for children with serious emotional disturbances can only be prescribed by a doctor or psychologist. Remember that most children with serious emotional disturbances respond well to treatment. You and your doctor or therapist will work together to decide what type of treatment will work best for your child and your family.

### **Therapy**

There are many different types of therapy. Part of your child's treatment plan may include:

- Individual Therapy - This involves an ongoing discussion between your child and the therapist. As you might suspect, the older the child, the more beneficial this type of treatment may be, although some therapists specialize in providing therapy to very young children.

Generally speaking, the goals of therapy will be to improve self esteem, social skills, and interpersonal relationships. Therapists also teach a variety of techniques such as anger management, relaxation, problem solving and self-control -- to help change problem behaviors.

- Group Therapy - Occasionally, a child may be involved in group therapy. This involves one or more therapists and several children with similar serious emotional disturbances. This type of group can provide a safe environment for your child to develop, learn and practice new skills.
- Family Therapy - Children with serious emotional disturbances impact everyone around them. Family members learn how to interact and deal more successfully with their child who is experiencing serious emotional disturbances.
- Play Therapy - Play therapy is often an appropriate approach to counseling young children because most children under the age of 10 have not yet developed the reasoning skills or verbal abilities to express their thoughts and feelings. A therapist will use toys and play to assist a child in expressing his or her feelings.

### **Medication**

The medications used today for the treatment of serious emotional disturbances can dramatically improve the quality of a child's life. Just as a pair of glasses can help a person to see better, medication can help a child with serious emotional disturbances see the world more clearly. When medication is effective, the results can be significant.

However, medication is not the solution to all serious emotional disturbances, nor is it the answer for all children. It can be a difficult process to know exactly which medication (and dosage) will work best for any individual child. Often, trial-and-error is the rule, necessitating multiple medication trials until the right combination of drugs is found. This process can be frustrating, and may require time and patience on the part of you and your child.

For those that it does help, medication can make the mental health symptoms less severe, but it does not “cure” the problem. Medication should only be used under close medical supervision, and only as a part of a comprehensive treatment program that includes a careful diagnostic evaluation, education and therapy.

There are many types of medications used to treat serious emotional disturbances. There are too many to list them here. But, like any medication, for any condition, you will want to become very familiar with the benefits and side effects. Work with your doctor, and observe and monitor your child closely whenever a medication is started or stopped, or if the dosage is adjusted. Be sure that your child takes all medications correctly, the right dose at the right time.

To find out more about any medication that may be prescribed for your child, the following resources are available:

- Your pharmacist
- Your local library
- On the Internet
  - “Guide to Psychiatric Medications for Children and Adolescents” by the NYU Child Study Center  
[www.aboutourkids.org/articles/guide\\_psychiatric\\_medications\\_children\\_adolescents](http://www.aboutourkids.org/articles/guide_psychiatric_medications_children_adolescents)
  - “Facts for Families”, a series of informative fact sheets that include information on medications for children by the Academy of Child and Adolescent Psychiatry.  
[www.aacap.org/cs/root/facts\\_for\\_families/psychiatric\\_medication\\_for\\_children\\_and\\_adolescents\\_part\\_ii\\_types\\_of\\_medications](http://www.aacap.org/cs/root/facts_for_families/psychiatric_medication_for_children_and_adolescents_part_ii_types_of_medications)

### **Hospitalization**

It is always best to treat a child’s serious emotional disturbances in the “least restrictive” setting. This means that your child will most often receive treatment in the most natural environment available, such as in the office of a doctor, therapist, a Service Coordination Unit, or even at home. However, there are some situations when your child may need the most intensive treatment available. Generally speaking, a child would only be admitted to a hospital or the psychiatric unit of a full service hospital if:

- He or she is a clear danger to himself or herself (threatening or trying to commit suicide).
- He or she is a danger to others (threatening or trying to hurt someone else).

**If you observe the above behaviors, call your child’s doctor or therapist immediately. If you don’t have a doctor or therapist or if you can’t reach them, take your child to the nearest emergency room, call an ambulance, or call Re:solve Crisis Network 1-888-7-YOU CAN (1-888-796-8226).**

Again, you know your child best. The decision to hospitalize a child should not be taken lightly, but it may be the best option at a given time in order to keep your child safe.

## What other treatment and support services are available for my child?

### Treatment and Support Services

After your child has been evaluated, diagnosed, and treatment has begun, your mental health professional will work with you and your child to help you decide which services you want and need, based on your family's strengths, culture and values. Your child's treatment may be as simple as receiving outpatient therapy once or twice a month. Or your child's treatment may be more complex if it is suggested that a variety of treatment and support services are needed to help your child succeed. Whatever course is recommended, remember that you are an advocate for your child. You will want to make sure that your child receives the best possible services available. You know:

- How your child responds to different situations
- What your child's strengths and needs are
- What your child likes and dislikes
- What has worked and what has not worked

### Treatment

#### Continuum of Care - Overview

In Allegheny County, there is a wide range of treatment and support services available to you and your child. The following may be used to determine the level of treatment and support services that your child may need:

- Your child's diagnosis
- How he or she is responding to treatment
- How he or she is doing in school and in the community
- How he or she is interacting within your family.

The goal is always to provide services in the least-restrictive setting, the safest and most natural environment that is available and appropriate in meeting the needs of your child. In rare situations, services may have to be provided in a more-restrictive setting such as a hospital. While the duration of services provided in more restrictive environments varies, the goal is to return your child home to continue treatment. As your child's needs change, he or she may require services that are less restrictive in some cases or, in other cases, more restrictive. You should be involved in making sure that the level of care is right for you and your child. This range of treatment and support services is referred to as a **continuum of care**. It is designed to provide the right level of treatment service at the right time for your child.

#### Continuum of Care - Treatment Services - Description

The following treatment services are available to you and your child. All mental health services (with the exception of an involuntary commitment to a hospital) are voluntary, and you and your child are able to choose the best provider for you and your family. All treatment services must be prescribed by a doctor or psychologist.

- Outpatient Services - We have already talked about how to access a mental health professional. (See pages 7 - 10). This is the least restrictive way to get help for your child. Many children with serious emotional disturbances will never need any additional treatment or support services. You will want to work closely with your doctor or psychologist in order to get your child the services he or she needs.
- Behavioral Health Rehabilitation Services – Children and Adolescents (BHRSCA) - Also known as wraparound services, these in-home services provide focused, therapeutic and behavioral support to your child, focusing on his or her strengths and needs. These services are designed to develop



stability; improve functioning in the family, at school, and within the community; and help your child to receive services in the least restrictive setting possible. Services are generally provided by: a Behavioral Specialist Consultant (BSC) who writes the treatment plans and supervises the team; a Mobile Therapist (MT) who provides counseling services; and/or a Therapeutic Staff Support (TSS) who works directly with your child, providing support and redirection, as well as working with you and your child's caregivers.

- Family Focused Solution Based (FFSB) - FFSB is an in-home intervention structured to meet the treatment/support services needs of both parent and child. Services can include treatment for the entire family unit, including the child, parents, and siblings. Services are available 24 hours a day, seven days a week and are provided by a team of mental health professionals. This service differs from Family Based Mental Health in that the adult/ caregiver can serve as the identified consumer.
- Multi-Systemic Therapy (MST) - This is a multi-faceted, short-term, home and community-based intervention for families of youth with severe behavioral problems. Services are delivered by a single therapist, with team support. Treatment duration is limited to four to six months and targets children between the ages of 12-17 years with disruptive behavior disorders. Services are also available 24 hours a day and seven days a week.
- Family Based Mental Health (FBMH) - These comprehensive services are designed to assist families in caring for their child or adolescent at home. Services may include treatment for the child and other family members, service coordination and family support services. Services are available 24 hours a day, seven days a week and are provided by a team of mental health professionals in the family's home.
- Community Treatment Team (CTT) - Teams made up of a psychiatrist, nurse, therapist, service coordinator and vocational specialist provide comprehensive and intensive services to transition age adolescents (age 16 to 25 years) in the community where they live. This treatment approach is intended for individuals who require assistance in achieving and maintaining mental health stability in the community, and who would continue to experience hospitalizations, incarcerations, psychiatric emergencies or homelessness without these services.
- Partial Hospital Program - A non-residential form of intensive treatment provided in a freestanding or special school-based program for three to six hours per day. Structured treatment and support services include group and individual therapy, continuation of education, medication management, social interaction, pre-vocational instruction and crisis counseling. As their mental health improves, the goal is to return the child to his or her regular school and to more stable functioning within the family. This option is often recommended for a child who is transitioning from inpatient hospital treatment or as an alternative to hospitalization.
- Diversion and Stabilization Unit (DAS) - Some children (approximately one percent of children with serious emotional disturbances) are not able to live at home. There are many reasons why this may happen, including:
  - The child's mental health symptoms are severe
  - The family is not able to provide the appropriate level of care for the child
  - There is no family unit

The least restrictive service available for children in these circumstances is the DAS Units. These out-of-home units offer respite/treatment services to children either being diverted from inpatient



care or who are stepping down from inpatient care. A child's stay at a DAS Unit will not typically exceed 28 days and a referral can be made from anybody on the child's treatment team.

- Community Residential Rehabilitation Host Home (CRR) - If a child cannot live at home, he or she may receive services in a Community Residential Rehabilitation/Host Home. This option provides a transitional residential program either in a foster family setting or a small group home. A host home provides therapeutic services 24 hours per day seven days per week.
- Residential Treatment Facility (RTF) - This is another option for a child who cannot live at home. A Residential Treatment Facility provides intensive, structured treatment and support services for children who have severe serious emotional disturbances and require continuous treatment and supervision. As with all mental health treatment, the goal for children in residential treatment is to enable the child to succeed in eventually returning home or to a less restrictive treatment setting.
- Inpatient Hospital Services - Children who are a danger to themselves or others may need to be hospitalized until their condition is stable. An in-patient hospital stay usually lasts from a day to several weeks. As with all mental health treatment, the goal is to stabilize the child and to continue treatment and support services in a less restrictive setting.

## How Do I Choose a Provider of Treatment Services?

In Allegheny County, there are many different providers of the treatment services listed above. If your child's doctor recommends that your child may benefit from these services, you will be able to select the provider(s) who best meets your needs. The best way to find out who the providers are, and how to contact them, is to get a copy of the *Where to Call* directory by calling Information, Referral and Emergency Services at 412-350-4457/TTY, 412-350-3467. The *Where to Call* directory is also available on the DHS website at [www.alleghenycounty.us/dhs/mhservices.aspx](http://www.alleghenycounty.us/dhs/mhservices.aspx).

To select a provider, call and ask questions. Find out what services are offered and what will be expected of you and your child. Ask for written information. Talk to other parents who are involved with the agency. It is your right to get the best treatment possible for your child. You will want to make an informed choice when selecting where your child receives treatment and who will provide the services.

## What Supportive Services are Available?

There are a number of mental health support services that are available, in addition to treatment services, to help you and your child.

### Service Coordination

Some children with serious emotional disturbances will require a variety of treatment services. Coordination of these services can quickly become complicated, confusing, and time-consuming for the family. Service Coordinators know the mental health system. They can ease the burden and help to coordinate services for you and your child. Children qualify for service coordination support based on their diagnosis and how well they are able to interact at home, in school, and in the community. Any child in Allegheny County with a diagnosed serious emotional disturbance is eligible for service coordination, regardless of their family income or insurance coverage. In fact, many health insurance providers require service coordination. **You will have a choice of who will provide service coordination services.**

There are two levels of service. They are:

- Administrative Service Coordination - This is usually a starting point for most families. If your child receives treatment from any Service Coordination Unit in Allegheny County, an administrative service coordinator will help to assure that an assessment is done, a treatment and service plan is written, referrals are made, and that your child receives the treatment and support services that are needed.
- Blended Service Coordination - If your child is experiencing more significant serious emotional disturbances that interfere with his or her ability to function at home and he or she needs to receive treatment from two or more mental health providers or publicly funded systems (such as Education, Child Welfare or Juvenile Justice), a blended service coordinator would assist you and your child in coordinating these services. A blended service coordinator will also serve as a link and an advocate between multiple systems to ensure that your child gets the services that he or she needs.

**Enhanced Service Coordination** – There are also three separately funded, unique service coordination programs in Allegheny County. They are:

**The Alliance for Infants and Toddlers** – This program coordinates services for children (up to three years of age) who have a diagnosis or condition that has a high probability of leading to a

developmental delay. "At risk" children include

- o Children whose birth weight is less than three pounds, five ounces.
- o Children who were cared for in the hospital's Neonatal Intensive Care Unit.
- o Children born to chemically dependent mothers.
- o Children involved with Children, Youth, and Families (CYF).
- o Children with confirmed lead poisoning.

NOTE: Any child in Allegheny County who is under age three can have a developmental screening and evaluation, even if he or she does not fall into one of the above categories.

Services may include developmental screening and assessment; coordination of specialized early intervention services; and parent education and support. All services are provided in the home or in a community setting. Services are voluntary and free of charge. For more information, call 412-885-6000.

**The Life Project** – This program is for children between the ages of two and 21 years who have serious emotional or behavioral problems and are considered to be at high risk for placement outside of the family home. The Life Project plans, implements and coordinates:

- o Enhanced service coordination with a focus on multiple system involvement
- o Intensive mental health treatment
- o Advocacy for the needs of the child and family
- o Linking families with community and other natural supports
- o Streamlined funding, offering opportunities for unique and creative treatment and support services

All services are voluntary and free of charge. For more information, call 412-884-4500.

**Shuman Center Project** – This program is for children/adolescents with serious emotional disturbances who are being detained at Shuman Detention Center. The Shuman Center Project provides:

- o A service coordinator who will coordinate mental health services to ensure that services will be in place for the child/adolescent upon release from the detention center
- o Linkages to the probation officer
- o Advocacy for the child/adolescent
- o This service is voluntary and is provided free of charge. For more information, call 412-665-4144.

**Mobile Crisis Services** – The goal of this support service is to work with the child with serious emotional disturbances during a crisis (in the home, at school, or in the community) in order to prevent injury or hospitalization. When called, a crisis intervention team will come to the child to assess, coordinate, treat and refer, if necessary. This service is voluntary and provided free of charge. Allegheny County residents should call re:solve Crisis Network 1-888-7-YOU CAN (1-888-796-8226) for more information.

**Student Assistance Program (SAP)** – This is a prevention program provided in every middle and senior high school in Allegheny County. Through this program, school personnel are trained to identify potential emotional or behavioral issues that may be causing a child to experience barriers to learning. In collaboration with the family and school personnel, a SAP Liaison will provide treatment suggestions and offer assistance in obtaining mental health services, if needed. The goal of the program is to improve the child's success at school. If you want more information, contact your child's school or the



Allegheny County SAP Coordinator who can be reached at 412-350-3374.

**Liaison Services** – There are a number of professionals in Allegheny County who are specifically trained to recognize that serious emotional disturbances can impact a child in a variety of settings and situations. The following professional liaisons help to identify “at risk” children and work in partnership with the family and outside agencies to link the child to mental health services he or she may need. To contact any one of the following liaisons, call 412-350-5746 or 412-350-4978.

- Education Liaison - This professional helps families and educators resolve educational concerns. This professional also serves as an advocate for families by providing information to assure that appropriate educational plans are developed to meet your child’s needs. This service is free of charge. Additional information about educational issues and services can be found on page 19.
- Children, Youth and Families (CYF)/Interagency Liaison - This professional works with CYF to identify children who may be “at risk” for serious emotional disturbances, and acts as a link between the two systems. This professional also attends and follows up on Allegheny County Interagency Reviews. (See page 23 for more information.)
- Allegheny Intermediate Unit Liaison - This professional works with the Allegheny Intermediate Unit to identify children who may have serious emotional disturbances. This liaison acts as a link between the mental health and mental retardation systems.

**Family Support Programs in Allegheny County** – Family Support Programs are based on the philosophy that the most effective way to ensure the healthy development and growth of small children (up to 5 years of age) is by supporting families in the community where they live. These programs are designed to:

- Increase the strengths and stability of families
- Increase parents’ confidence and competence in their parenting abilities
- Afford children a stable and supportive family environment
- Chart the progress of the child and family

Services offered by the Family Support Programs include:

- Child development
- Parenting education
- Infant and toddler groups
- Parent support groups
- Service coordination
- Resource center
- Parent leadership and advocacy

**Natural Supports** – A solid system of natural supports for your child can make a positive difference in his/her life. Natural supports are the relationships that occur in everyday life. These may include family members, friends, and mentors. There are various ways to build up a network of natural supports. Some of these are:

- Participating in community activities and projects
- Joining groups and clubs
- Socializing with immediate and extended family and neighbors



## What else might I need to know?

### Teams, Team Meetings, and Treatment Plans

#### Teams

Depending on your child's diagnosis and the treatment recommended, you may be dealing with a number of providers and/or agencies. A service coordinator may be working with you and others to coordinate services for your child.

A **team** is formed when a number of people representing different providers or agencies work together with you, your child (if appropriate), and other members who you may want to attend to make sure that services are planned, coordinated and implemented.

If your child is receiving services from several different mental health providers, or if your child is receiving services from two or more publicly funded agencies (such as Mental Health and Education), a team called an "interagency team" will be formed.

#### Team Meeting(s)

Part of the coordination process is to bring you and your child (if appropriate) together with representatives from the providers or agencies that you are working with. This is called a **team meeting** or an **interagency team meeting**.

Members of a team meeting will include you, your child (if appropriate), and representative from the following:

- The county mental health program(s)
- Community Care Behavioral Health (if applicable)
- Children, Youth and Families (CYF) (if applicable)
- Juvenile Justice (if applicable)
- Your child's school district (if applicable)
- Any other agencies providing services
- Your child's psychologist or psychiatrist (if available)
- Other individuals that the family wishes to participate

Because you know your child and family situation best, it is very important that you attend these meetings and that you voice your opinion. The other team members need to hear directly from you. You will have the final say about the services that your child and family will receive.

#### Getting Ready for a Team Meeting

Everyone on your team will be helpful and supportive, but the first few meetings may seem overwhelming to you. Keep in mind that there is no such thing as a "dumb" or "stupid" question. Request information and ask anything that you want to know more about, or that you do not understand. Write down questions before you go to a meeting. Here are a few examples of questions you may want to ask:

- What do I need to do to help my child?
- What treatment and support services would best help my child?
- What has helped other children like mine?
- What do I do in a crisis?
- Who can I call in the evening or on weekends?
- Will these services improve my child's mental health?
- What should I expect?

- Can I see my child's records and reports?
- What are my rights?

You know your child and family situation best. Be clear about your child's strengths, your needs, your concerns, and what you think will help your child and family the most.

### **Treatment Plans**

At the team meeting, you, your child (if appropriate) and your team will:

- Set goals for your child.
- Develop a **treatment plan** to meet these goals.

The treatment plan will:

- Identify the strengths of your child and family
- List the issues that are being addressed
- Identify treatment goals
- Outline treatment and support services that will be needed and
- Determine how often the treatment will occur

Your team will also decide how often it should meet in order to make sure that your child is making progress.

## What If the Treatment Plan Isn't Working?

It can take some time for all of the parts of a treatment plan to be put in place. It will also take some time to determine if the treatment and support services are making things better for your child. **This will require patience on the part of you and your family.** However, sometimes things change, and even the best plan doesn't work as expected. If some part of your child's treatment plan isn't working, tell your case manager or service coordinator. He or she will work with you and the other members of your team to determine if alternative plans are needed.

For some children, treatment plans based on traditional methods of intervention are not successful. Sometimes there is conflict or disagreement between team members; sometimes there is competition for scarce resources; and sometimes a special service or accommodation is needed that does not currently exist in the system.

### Allegheny County Interagency Review

In cases where every other route to success has been tried and been unproductive, the Allegheny County Interagency Review Team is convened to bring together the family and all providers and systems interacting with the child. A discussion is held to determine:

- The reason for the problem or issue
- The needs of the child
- What can be done or changed to resolve the problem

A plan of action is developed at this review process, and a 30-day follow-up is made to determine progress.

If you wish to request an Allegheny County Interagency Review, call 412-350-3374, or notify your service coordinator who will start the review process for you.

### Health Insurance Maze

Fortunately, you live in Allegheny County, Pennsylvania. To date, Pennsylvania has been one of the most progressive states in understanding that a child with serious emotional disturbances must have access to the services they need, regardless of insurance coverage and the family's ability to pay for them. The services your child may need can be very expensive. Ongoing therapy, medications, treatment and support services could very quickly financially ruin a family if they were required to pay for these services out-of-pocket. Here is some information that you need to know about health insurance:

#### Private Health Insurance

If your child's health care coverage is provided by a private health insurance plan that you receive as a benefit through your employer, it is important for you to get a description of the mental health coverage (also called behavioral health coverage) that your plan provides. In most health plans, general health care coverage is different than the mental health coverage. Insurance companies typically set a limit on the services that can be used in a year, or even during a lifetime. There are often higher co pays or deductibles, and a care manager may be assigned by the insurance plan to help and coordinate coverage for services that have been recommended for your child. Most private health insurers also develop "networks" of doctors, therapists and service providers that you can select to treat your child. Usually these networks are fairly comprehensive, but you may find that the doctor or hospital you want to use is not in the network. The key is to learn about and understand what your health insurance plan does and does not cover, and to understand your appeal rights.

Call your health insurance company and ask for information about your child's mental health coverage.

### **Public Health Insurance (Medical Assistance)**

In Pennsylvania, your child (up to 18 years) may be eligible for Medical Assistance coverage for mental health services **regardless of your family income**. Medical Assistance coverage is extensive and comprehensive for children with serious emotional disturbances.

To apply for Medical Assistance for your child with serious emotional disturbances, call the Department of Public Welfare at 412-565-2146 and ask for an "advocate" to help you through the application process.

If your child receives Medical Assistance coverage, and lives in Allegheny County, your child is automatically a member of Community Care Behavioral Health (also known as Community Care). This organization manages the health insurance coverage for Medical Assistance recipients in Allegheny County, and covers treatment and support services related to mental health, as well as drug and alcohol problems.

To learn more about the Community Care Behavioral Health and the services it covers, call 1-800-553-7499.

### **Allegheny Health Choices, Inc. (AHC) and Ombudsman Services**

Allegheny Health Choices, Inc. is an organization that monitors the service provided by Community Care. They work to assure that children with serious emotional disturbances receive the services they need.

If you are a member of Community Care and are having problems getting the services your child needs, or with the care your child is receiving, or if you need help in filing a complaint or grievance, an "ombudsman" can help you. An ombudsman is a person who helps solve problems. To contact the ombudsman at Allegheny Health Choice, Inc., call 1-877-787-2424.

### **Supplemental Security Income (SSI).**

Depending on your income, resources, and family size, your child may be eligible for Supplemental Security Income (SSI). This is a federal income assistance program through the Social Security Administration for qualified disabled individuals (including infants and children). Your child does not have to be permanently disabled to receive help. For more information, call the Social Security Administration at 1-800-772-1213.



## What Are My Legal Rights?

Mental health law guarantees rights to you and your child.

**The Child and Adolescent Services System Program (CASSP) has adopted the following Client/Family Bill of Rights:**

- The Right to be treated with respect.
- The Right to an individualized treatment plan that takes into consideration the needs of the child, the family and significant others.
- The Right to an assessment and treatment plan that is developed to focus on the strengths of your child and your family.
- The Right to receive services that are sensitive and respectful of your culture.
- The Right to receive services which use community resources and develops your child's ability to function within his or her own community.
- The Right of your family to be kept informed of your child's progress and included in all decisions regarding treatment.
- The Right to receive the finest treatment possible to safely address your child's needs.
- The Right to express concerns/grievances and have them addressed quickly.
- The Right to regularly scheduled treatment team meetings in order to ensure open communication related to your child's treatment.
- The Right to privacy and confidentiality in accordance with the most recent laws and policies.
- The Right to be informed of the billing process and treatment costs.
- The Right to make an informed choice when selecting where your child receives treatment and the type of treatment provided.
- The Right to request a change of treatment professionals.
- The Right to refuse treatment. A parent can do this until your child is 14 years old. However, your child is able to make this decision once he or she turns 14 years of age.
- The Right to know the names, roles and credentials of all of the treatment team members.

### **Other legal rights you may want to know more about include:**

- If your child is under the age of 14 years, you must give your permission for him or her to receive mental health treatment.
- If your child is 14 years of age or older, he or she has the legal right to make certain decisions about receiving care.
  - He/she must agree (consent) to mental health treatment.
  - He/she may obtain mental health treatment without your permission.
- No matter what the age, your child or teenager can get help for a drug or alcohol problem without your permission.
- If your child is over 14 years and requires treatment, but is unwilling to agree to it, you must get a judge to order the treatment.

### **Federal and State Laws That Affect Your Child's Rights**

**The Mental Health/Mental Retardation Act of 1966** requires counties to develop community-based services and outlines the general provisions relating to mental health/mental retardation facilities, admissions and involuntary commitments.

**The Mental Health Procedures Act of 1976** establishes safeguards for the treatment and rights of individuals with serious emotional disturbances, and establishes criteria for people in need of

involuntary mental health treatment.

**Section 504 of the Rehabilitation Act** prohibits discrimination against any individual, by any agency that receives federal funds, on the basis of disability (including serious emotional disturbances).

**The American Disabilities Act (ADA)** is an antidiscrimination law that protects the civil rights of individuals with disabilities.

**Pennsylvania Act 68** provides a patient's bill of rights.

**Individuals with Disabilities Education Act (IDEA)** assures that children with disabilities will have a free, appropriate public education that emphasizes special education and related services designed to meet their unique needs.

### **Other Legal Resources**

Statewide resources are available to you if you run into problems concerning your rights or your child's rights. These resources can also provide you with a copy of any law that you are interested in understanding better. For information, call:

- Disabilities Law Project at 412-391-5225
- Education Law Center at 412-391-5225
- Mental Health America (MHA) at 412-391-3820
- National Alliance on Mental Illness (NAMI) at 412-366-3788
- Pennsylvania Health Law Project at 412-434-5637
- Pennsylvania Office of Mental Health at 1-717-783-8335
- Pennsylvania Protection and Advocacy at 1-800-692-7443

### **Grievance Policy and Procedure**

If you are unhappy or dissatisfied, in any way, with the services being provided by any mental health provider or agency, you have the right to file a formal grievance. Each provider or agency will have its own grievance process, and you should request a copy of their policy. With mutually respectful communications, your grievance(s) will be resolved quickly and to your satisfaction.

### **The Public School System – Special Education**

Children spend half of their waking hours in school, a place that demands concentration, proper behavior, the ability to process information quickly, and a host of complicated social interactions with peers and adults. Some children with serious emotional disturbances have symptoms or behaviors that make participation in regular school classrooms difficult. If you have concerns about your child's behavior, learning or emotional state, you may want to consider special education services. Special education services are specifically tailored to meet the needs of your child while allowing your child to continue to learn. Special education services can be helpful to children who are very bright, as well as children who may have learning disabilities. In general, special education classes are small, and the teachers have been specially trained to teach children with emotional or learning disabilities.

In order to investigate this option for your child, you should:

- Meet with your child's teacher(s) to discuss your concerns
- Meet with your child's guidance counselor for assistance in exploring special education
- Request, in writing, that the principal order an assessment of your child for special education services

In order to determine if your child is eligible for special education services, the school may recommend an evaluation. This evaluation may include psychological testing and a review of your child's educational progress. There is no cost to the family for this evaluation.

- Based upon the results of this evaluation, an **Individualized Education Plan (IEP)** may be developed by the school with input provided by you, your child (if appropriate), your child's teacher(s), the school guidance counselor, and service providers (if appropriate). An IEP describes the barriers to your child's learning and how these barriers will be addressed. For an information and resource guide about special education services, call The Education Law Center at 412-391-5225. If you need help in working with your child's school, call the Education Liaison at 412-350-5476 or 412-350-4978. Also, you may call the Mental Health Association at 412-391-3820.

**Children, Youth and Families (CYF)** - CYF is mandated by state law to protect children from abuse and neglect. By law, CYF must protect children and provide services to the family when:

- Children have been injured, abused or sexually molested by their parent(s) or caretaker(s)
- Children are not adequately cared for or watched
- Parents are not able to care for children and no other responsible adult is available
- Parents need help to meet their challenges or the challenges of their children

CYF assists families in effectively resolving issues or concerns that put a child at risk of being harmed. They do this by supporting and empowering families in creating a safe and nurturing environment for the children. CYF helps coordinate services including:

- Parenting classes
- Counseling
- Assistance with housing applications
- Transportation
- Drug and alcohol rehabilitation
- Training in homemaking and/or home budgeting
- Respite
- Assistance with obtaining material goods (such as food and clothing)
- Referrals to community resources

Some children involved with Children, Youth and Families may have serious emotional disturbances. In order to assure that a child receives the appropriate services, a CYF/Interagency Liaison acts as a link between the two systems. For more information about the services provided by CYF, call 412-473-2000 or 1-800-932-0313. To report abuse, call 412-473-2000 or 1-800-932-0313. The phone answers 24 hours a day, seven days a week, and you may remain anonymous if you wish.

### **Juvenile Justice System**

Occasionally, children with serious emotional disturbances break the law and may be arrested. The Juvenile Justice System handles the supervision of youths between the ages of 10 and 18 years who have participated in some form of delinquent activity as reported by the police.

After a child is referred to Juvenile Court by a police report, a probation officer will be assigned to you and your child. A probation officer is assigned to all cases prior to the scheduling of a court hearing. This officer will ask you for basic information about your child and any outstanding issues which might need to be addressed. **It is important to inform the probation officer of your child's involvement with Mental Health Services.** This information will be important if your child is found to be delinquent, and services are needed for your child to assist him/her in maintaining a more positive



lifestyle.

At each stage of the Juvenile Court process, your child must be represented by legal counsel. You may obtain your own lawyer, or a public defender will be provided. If your child is receiving services from the mental health or drug and alcohol systems, a representative from these agencies may attend your child's court hearing if you and your lawyer feel that is important to your child's case.

If your child is found guilty of committing a delinquent act, a judge will determine the consequences. The conditions of supervision (consequences) will be specific to your child based on his or her offense. Some conditions may be – but are not limited to – a curfew, community service, counseling, restitution, or placement in a day treatment program, a residential placement (out-of-home), or a state facility.

Phone numbers and contact information that you may need if you are dealing with the Juvenile Justice System are: Shuman Detention Center at 412-350-0170 and the Public Defenders' Office-Juvenile at 412-350-3504. If you have not been contacted by a probation officer prior to a court hearing, call the Intake/Investigations Department at 412-350-0170.

### **Drug and Alcohol Services Unit**

Children with serious emotional disturbances are more likely to abuse drugs and/or alcohol than other children especially during the teenage years. The Allegheny County Department of Human Services, Bureau of Drug and Alcohol Services, provides information and referral services to assist any Allegheny County resident requesting help for a child with a suspected or identified drug or alcohol problem. If you need information about prevention, intervention, or treatment for your child, call the Allegheny County Bureau of Drug and Alcohol Services at 412-350-3328/TDD 412-350-3467. If you suspect that your child is using drugs, that there is a crisis situation, or you are concerned for his or her immediate well-being or the well-being of those around him or her, call 1-800-553-7499. This toll-free number is staffed by professional behavioral health counselors who can assist with accessing drug and alcohol services 24 hours/day, 7 days/week. Community Care Behavioral Health is the behavioral health managed care organization for Allegheny County Medical Assistance recipients and can also assist uninsured Allegheny County residents with information about available services and offer referrals to a wide continuum of drug and alcohol treatment services and providers.



## And Finally ... *Your Mental Health!*

Parenting is a tough job under the best of circumstances. Parenting a child with serious emotional disturbances will challenge you beyond every expectation. At some point, during the course of your child's treatment, you will experience:

- Guilt
- Fear
- Anger
- Frustration
- Embarrassment
- Disappointment
- Hopelessness
- Hope

Here are some things that you can do for yourself.

**Become an advocate for your child.** Many parents feel better if they feel like they are doing something to help their child. Learn all that you can about your child's illness. Talk to other parents who have children with serious emotional disturbances. Find out what works and what doesn't work. Make sure that the services your child needs are provided in a timely fashion. Arrange for meetings if you have concerns.

**Love your child.** Sometimes it is very difficult to like a child whose behavior is out of control. But always keep in mind that, no matter how difficult it is for you, your child feels bad, too. Tell your child often that you love him or her, even if it appears that your love is rejected – it isn't.

**Eat right, get some rest, and exercise.** Life goes on around a child with serious emotional disturbances. You will need to be physically healthy in order to have the stamina to deal with your child. Taking care of yourself may fall to the bottom of the list, so take the time to realize how important it is for you to stay healthy.

**Boost your child's self-esteem.** Focus on your child's strengths. There will be a lot of attention paid to your child's weaknesses, and a number of people will be working with your child to change those weaknesses to strengths. You alone know your child best, and you can make sure that your child's strengths become the basis for successful treatment.

**Don't forget about your other child/children.** The brother(s) and/or sister(s) of a child with serious emotional disturbances need you just as much. Spend time with all of your children. Be sure that siblings understand what is going on. Answer questions honestly and openly.

**Remember your spouse.** If you have a live-in partner, take the time to be a couple. Go out to dinner, talk, go for a walk and spend some time alone. In caring for your child, present a unified front. You may disagree or blame each other for your child's behavior, but, hopefully, you know that the situation is no one's fault. Stick together and work things through.

**Laugh.** Even in the middle of chaos, you will find things to laugh about if you look for them. Look for them!

**Find or start a support group.** There are many other parents who have children with serious emotional disturbances. Finding these parents and talking with them will make you realize that you are

not alone.

Any mental health provider can give you information about support groups that you can attend; or call:

- National Alliance for the Mentally Ill (NAMI) at 412-366-3788 or 1-888-264-7972. This is a nonprofit organization that provides education, support groups and information and referral.
- Allegheny Family Network (AFN) at 412-246-2030. This is a non-profit organization that is staffed by persons who have raised or are raising children with emotional and mental health challenges.

**Trust your instincts.** You know your child best. Don't underestimate your own ability to understand your child. Your love and support are the most important elements of successfully treating your son or daughter.

## **Appendix I**

### **Important Telephone Numbers**

#### **Emergency Information and Referral**

The following programs and services provide emergency information and referrals for people in Allegheny County with mental health problems 24 hours a day/7 days a week:

Re:solve Crisis Network

1-888-424-2287

Contact Pittsburgh (terminating service in September 2010)

412-820-4357

Information, Referral and Emergency Services (IRES)

412-350-4456

#### **General Information and Referral**

The following programs and services provide general information and referrals to a broad range of mental health services:

Department of Human Services Office of Behavioral Health

412-350-4457

National Alliance on Mental Illness (NAMI)

412-366-3788

Mental Health America

412-391-3820

United Way Helpline

412-255-1155

Community Care Behavioral Health (CCBH)

1-800-553-7499

## Appendix II

### Respectful Language

Language is powerful. It reflects, reinforces and shapes our perceptions of people and situations. Words which reflect positive attitudes and awareness help develop positive communications. Words which demean or pre-judge prolong negative communications. Historically, the words used to describe persons with disabilities, including serious emotional disturbances, have had negative connotations. Thanks to more enlightened thinking, fresh attitudes have found their way into popular language. Old terminology that reduced persons with disabilities to stereotypes has been replaced with more strengths-based language. In addition, people-first language requires that the noun precedes the adjective that describes it, thereby giving the person ownership of the condition, not the other way around. Thus, “mentally ill child” becomes a “child with serious emotional disturbance.” The table below provides some examples of this change in attitude and language.

Acceptable	Unacceptable
Person with a disability.	Cripple, crippled - the image conveyed is of a twisted, deformed, useless body.
Person (child) with mental illness	Crazy person, schitzo, nuts, wacko – the terms ostracize the person ignoring that the cause of the behavior is a diagnosable illness.
Disability, a general term used for functional limitation that interferes with a person's ability, for example, to walk, hear or lift. It may refer to a physical, mental or sensory condition.	Handicap, handicapped person or handicapped.
Person with cerebral palsy, person with spinal cord injuries.	Cerebral palsied, spinal cord injured, etc. Never identify a person solely by his/her disability.
Person who had a spinal cord injury, polio, a stroke, etc. or a person who has multiple sclerosis, muscular dystrophy, arthritis, etc.	Victim. People with disabilities do not like to be perceived as victims for the rest of their lives, long after any victimization has occurred.
Has a disability, has a condition of (spina bifida, etc.), or born without legs, etc.	Defective, defect, deformed, vegetable. These words are offensive, dehumanizing, degrading and stigmatizing.
Deafness/hearing impairment. Deafness refers to a person who has a total loss of hearing. Hearing impairment refers to a person who has a partial loss of hearing within a range from slight to severe. Hard of hearing describes a hearing-impaired person who communicates through speaking, and who usually has listening and hearing abilities adequate for ordinary telephone communication. Many hard of hearing individuals use a hearing aid.	Deaf and Dumb is as bad as it sounds. The inability to hear or speak does not indicate intelligence.



Person who has an intellectual or developmental disability.	Retarded, moron, imbecile, idiot. These are offensive to people who bear the label.
Uses a wheelchair or crutches; a wheelchair user; walks with crutches.	Confined/restricted to a wheelchair; wheelchair bound. Most people who use a wheelchair or mobility devices do not regard them as confining. They are viewed as liberating; a means of getting around.
Able-bodied; able to walk, see, hear, etc.; person who is not disabled.	Healthy, when used to contrast with "disabled." Healthy implies that the person with a disability is unhealthy. Many people with disabilities have excellent health.
Person who do not have a disability.	Normal. When used as the opposite of disabled, this implies that the person is abnormal. No one wants to be labeled as abnormal.
A person who has (name of disability.) Example: A person who has multiple sclerosis.	Afflicted with, suffers from. Most people with disabilities do not regard themselves as afflicted or suffering continually. Afflicted: a disability is not an affliction.

## Appendix III Acronyms

The human services culture relies on letters to replace words as a way of saving time and paper. “The Allegheny County Department of Human Services” becomes “DHS.” Forty-nine characters instead of three. The problem becomes knowing what all these acronyms stand for. This appendix expands some of the most common **acronyms** and defines some of the most common terms used by mental health professionals.

### Numbers

302 (see Commitment 302)

303 (see Commitment 303)

304 (see Commitment 304)

### A

ASC (see Administrative Service Coordinator)

### B

BHRSCA (see Behavioral Health Rehabilitation Services Child and Adolescent)

BSC (see Behavioral Specialist Consultant)

### C

CASSP (see Child and Adolescent Services System Program)

CCBH (see Community Care Behavioral Health)

CRR (see Community Residential Rehabilitation host home)

CTT (see Community Treatment Team)

CYF (DHS Office of Children, Youth and Families)

### D

D & A (see Drug & Alcohol)

DHS (see Allegheny County Department of Human Services)

DPW (see Department of Public Welfare)

### E

EI (see Early Intervention)

### F

FBMH (see Family-based Mental Health)

### I

IAT (see Interagency Team)  
IEP (see Individualized Education Plan)

## L

LRE (see Least Restrictive Environment)

## M

MA (see Medical Assistance)  
MDT (see Multi-Disciplinary Team)  
MT (see Mobile Therapy)

## O

OBH (see DHS Office of Behavioral Health)

## P

Partial (see Partial Hospitalization Services)  
PCP (see Primary Care Physician)  
PD (see Public Defender)  
PO (see Probation Officer)

## R

RC (see Resource Coordinator)  
RTF (see Residential Treatment Facility)

## S

SAP (see Student Assistance Program)  
SCU (see Service Coordination Unit - formerly called Base Service Units)  
SED (see Serious Emotional Disturbance/Disability or Disorder)

## T

TCM (see Targeted Case Management)  
TSS (see Therapeutic Staff Support)

## Appendix IV Definitions

**302 Commitment** – An involuntary emergency mental health commitment with two steps. (1) The patient is brought for emergency examination involuntarily if specific criteria of clear and present danger to self or others are met. (2) If, upon medical examination, the patient is felt to be a clear and present danger to self or others, admission for up to 120 hours in a designated facility occurs.

**303 Commitment** – This is the means by which a patient is maintained in involuntary hospitalization status for a period not to exceed 20 days. This type of extended involuntary emergency treatment must be certified by a judge or mental health review officer.

**304 Commitment** – This is the means by which a patient is maintained in involuntary hospitalization status for an extended period of time up to 90 days. Often, this is the type of commitment used when a patient is sent to a state hospital.

### A

**Administrative Service Coordination (ASC)** – A Service Coordinator(s) at each Service Coordination Unit who helps to assure that a mental health assessment is done, a treatment and service plan is written, referrals are made and that treatment and support services are received.

**Advocate** – A person who speaks or writes in support of something or someone.

**Allegheny County Department of Human Services (DHS)** – This agency provides and administers human services to county residents through the program offices of Behavioral Health; Community Services; Intellectual Disability; Children, Youth and Families; and Area Agency on Aging.

**Allegheny County interagency review** – This official process is used when all other options have been tried and a child's treatment plan is still not working. This review process brings together the family and all providers and systems to identify the problem(s); determine needs; and resolve issues.

### B

**Behavioral disorder** – A disorder characterized by behaviors which are significantly different, over a long period of time, from the socially acceptable behaviors of others of the same age and situation.

**Behavioral Health Rehabilitation Services Child and Adolescent (BHRSCA)** – Official designation of a treatment program that provides therapeutic and behavioral support services to a child or adolescent in his or her home. These services are also known as wraparound services.

**Behavioral health services** – Both mental health and drug and alcohol rehabilitation services.

**Behavioral Specialist Consultant (BSC)** – A mental health professional who writes the treatment plan and supervises the team that provides Behavioral Health Rehabilitation Services Child and Adolescents (BHRSCA) in the home.

### C

**Case management (See Service Coordination)**



**Child and Adolescent Services System Program (CASSP)** – Created in 1984 by Congress, this program assists all states (through grants, technical assistance and training) in the development of community-based, coordinated service systems to deal with the mental health needs of children and their families.

**Children, Youth and Families (CYF)** – Established by federal and state law, CYF exists to protect children from abuse or neglect.

**Community Care Behavioral Health (CCBH)** – This managed care organization oversees the mental health and drug and alcohol health insurance coverage for Medical Assistance recipients in Allegheny County.

**Community Residential Rehabilitation host home (CRR)** – Transitional residential programs in community settings, either in a therapeutic foster family or small group home. A CRR host home provides services 24 hours per day, 7 days per week.

**Community Treatment Team (CTT)** – This treatment option is intended for adolescents (age 16 to 25 years) who have not achieved and maintained mental health stability in the community. A treatment team of mental health professionals provides comprehensive and intensive services to the adolescents in the community where they live in order to prevent hospitalization and/or incarceration.

**Confidential** – All information provided by the family or child will be private and will not be shared with anyone unless written permission is given by the family or child.

**Consumer/client** – Anyone using services provided by the Department of Human Services or one or more of its contracted providers.

**Continuum of Care** – Refers to the comprehensive and coordinated range of mental health treatment services that are available to a child. It is designed to meet the multiple and changing needs of children with serious emotional disturbances.

**Culturally competent** – Services that demonstrate respect for individuals, their preferences, attitudes, values and beliefs and traditions.

## **D**

### **D & A (see Drug & Alcohol)**

**Department of Public Welfare (DPW)** – The Pa. state agency that oversees numerous program areas. The Department oversees all child welfare, mental health, mental retardation, income maintenance, Medical Assistance and social program issues in the Commonwealth of Pennsylvania.

### **DHS (see Allegheny County Department of Human Services)**

**DHS Office of Behavioral Health (OBH)** – Provides a coordinated set of treatment and support services for people with mental health and/or drug and alcohol problems through a number of contracted agencies.

### **DPW (see Department of Public Welfare)**

**Drug and Alcohol** – Designation often used for services/programs designed to aid in the recovery of persons with substance use disorders.

## E

**Early Intervention (EI)** – Programs which assist children with developmental delays and their families (infants and young children up to six years of age) to develop to their optimal potential.

**Emotional disorder** – Emotional impairment exhibited by a child or adolescent that disrupts his or her academic, family or interpersonal relationships.

**Empowerment** – The ability to exercise influence and control over the services your child receives.

## F

**Family-based Mental Health (FBMH)** – Comprehensive services designed to assist families in caring for their child or adolescent at home. Services may include treatment for the child and other family members, service coordination and family support services.

**Family-focus** – Focusing on the strengths and capabilities of each individual family.

**Family support program** – A program that works to ensure the healthy development and growth of small children by supporting families in the community where they live.

## G

**Grievance** – A wrong considered as grounds for complaint, or something believed to cause distress.

## I

**Individualize Education Plan (IEP)** – An educational plan that outlines the programs and services that a child may need in order to remove barriers to learning. The IEP includes goals, objectives, types of special help that a child will receive in the classroom, and how the child's progress will be measured.

**In-patient hospitalization** – The most intensive and restrictive treatment setting, providing acute treatment interventions, diagnostic evaluations, stabilization and treatment planning.

**InterAgency Team (IAT)** – A group of people (including the family, the child and representatives from providers and/or agencies) who work together to make sure that services are planned, coordinated and implemented.

## J

**Juvenile justice system** – The Allegheny County system that deals with children or adolescents who break the law and are arrested.

## L

**Least Restrictive Environment (LRE)** – High quality treatment and support services provided in the

most natural environment that is available and appropriate.

**Legal guardian** – A person who is court-appointed to make decisions for another person who has been deemed incompetent to make decisions (financial or personal).

**Liaison** – A professional who is specifically trained to work in partnership with children and families, outside agencies and mental health providers.

## M

**Managed care** – A system of providing health care that oversees all services in order to make sure that proper treatment is provided and that services are not duplicated.

**Managed care provider** – A person, firm or corporation who is providing health care to individuals under agreement with a particular managed care plan. In Allegheny County, Community Care Behavioral Health is the Managed Care Provider.

**Medical Assistance (MA)** – The federal program which provides, within restriction, medical (and certain medically supervised) care to those in need. In Pennsylvania, this is administered by the Department of Public Welfare.

**Serious emotional disturbances** – A broad descriptive term that indicates that a child may have signs and symptoms that affect how he or she thinks, feels, or reacts to everyday situations.

**Mental illness** – A general term applied to severe emotional problems or psychiatric disorders.

**Mobile crisis services** – A crisis intervention team of professionals who, when called, go to the child during a crisis (in the home, at school, or in the community) in order to prevent injury or hospitalization.

**Mobile Therapist (MT)** – A mental health professional who provides counseling services in the home.

**Multi-Disciplinary Team (MDT)** – A group of clinical staff made up of representatives from different professions, disciplines or service areas.

## O

**OBH (see DHS Office of Behavioral Health)**

**Office of Behavioral Health (see DHS Office of Behavioral Health)**

**Ombudsman** – A person who helps to solve problems related to the care a person receives.

**Outcome-based** – A focused treatment approach that allows for clear and measurable results.

**Out-patient** – Services provided in freestanding mental health offices or clinics. These services include medical examination, diagnosis, care and treatment.

## P

**Partial hospitalization services (Often referred to as “Partial”)** – A non-residential form of intensive treatment provided in a freestanding or school-based program for three to six hours per day.

**Primary Care Physician (PCP)** – A general medicine, Family Practice or Internal Medicine physician responsible for overseeing the medical care of an individual.

**Probation Officer (PO)** – An officer of the court responsible for ensuring that a client follows the terms of his or her probation.

**Provider** – Qualified individual or agency that provides services.

**Public Defender (PD)** – Provides legal counsel to indigent defendants. When appointed by the court, the PD must also furnish legal counsel to persons subject to commitment under the Mental Health and Mental Retardation Act of 1966.

## R

**Residential Treatment Facility (RTF)** – A 24-hour treatment facility where children and adolescents receive intensive and structured comprehensive mental health services.

## S

**Serious Emotional Disturbance/Disability or Disorder (SED)** - An emotional and/or social impairment that seriously disrupts the child or adolescent’s academic, family or interpersonal relationships.

**Service coordination** – A service that assists the child and family in obtaining and managing services that are needed. A **service coordinator** is the person who provides this service. (formerly called Case Management or Targeted Case Management)

**Service Coordination Unit (SCU)** – Generally, part of a community mental health center, these provide full service mental health services to those in need in Allegheny County (Formerly called Base Service Units (BSU)).

**Specialized service coordination services** – Unique service coordination programs that are targeted toward certain children or adolescents based on their diagnosis and their specific needs.

**Strengths-based** – Treatment and support services that reflect the identified strengths and needs of each child and family.

**Student Assistant Program (SAP)** – An intervention program designed to identify students who are having school problems due to alcohol or drug use, depression or other serious emotional disturbances, and to intervene and refer these students to appropriate community services, if needed.

**Support services** – An array of services designed to enhance a family’s ability to care for a child with serious emotional disturbances and to prevent out-of-home placement.



**T**

**Targeted Case Management (TCM)** – See **Service Coordination**

**Therapeutic Staff Support (TSS)** – A mental health professional who provides behavioral support and guidance to a child in the home and/or school.

**Treatment plan** – A plan that outlines the treatment and support services that are needed to address the serious emotional disturbances of a child and his or her family.

**Treatment services** – Refers to a variety of therapeutic services designed to change behaviors or other conditions related to a child's serious emotional disturbances. Treatment services are also designed to help individuals and/or families cope with a child's behaviors.

**W**

**Wraparound services** – A common term used for treatment services, more formally known as Behavioral Health Rehabilitation Services – Children and Adolescents (BHRSCA). These in-home services provide focused therapeutic and behavioral support to the child.

