

Referring Patients to the Appropriate Level of Behavioral Health Care



Cincinnati Children's Hospital Medical Center and community-based providers offer the full continuum of care for children and adolescents with behavioral health concerns. Services include:

- **Prevention and Early Intervention Services**
- **Intensive Outpatient Services**
- **Outpatient Behavioral Health Treatment**
- **Intensive Behavioral and Mental Health Services**

This resource serves as a guide to inform providers about available services and help them make decisions about which level of care is appropriate for patients who present with behavioral health needs.

SUPPORT FOR PROVIDERS

Deciding which level of care is appropriate for patients who present with behavioral health needs can be challenging. But it's important to get it right. If the level of care is not high enough for a child's clinical needs, symptoms may worsen or safety may be compromised. If the level of care is too high for the child's clinical needs, access to effective evidence-based treatment interventions may be delayed.

For additional information, contact:

- Behavioral Medicine and Clinical Psychology Department at **513-636-8107**
- Psychiatry Department at **513-636-4124**
- Cincinnati Children's Psychiatric Intake Response Center (PIRC) at **513-636-4124**

PREVENTION AND EARLY INTERVENTION SERVICES

For no symptoms to mild symptoms

Prevention and early intervention services include:

- Community-based programs
- School-based therapy programs
- Integrated behavioral health in primary care practices

Community-based programs

Local agencies, places of worship, daycare centers and other organizations offer effective prevention and early intervention programs. These programs are:

- Appropriate for families with infants and young children
- Available weekly or bi-weekly for a set time period

Examples include [Moving Beyond Depression](#) and [Parents on Point](#).

School-based therapy programs

Local schools offer therapy for specific behavioral health concerns with therapists embedded into the schools. Families can access these resources by contacting the child's school directly.

For more information: Visit MindpeaceCincinnati.com to learn which providers are located at specific schools.

Integrated behavioral health in primary care practices

Pediatric primary care practices are on the front lines for identifying and treating emerging behavioral health concerns. A number of community primary care practices, Cincinnati Children's practices and community behavioral health organizations use a model of care called "integrated behavioral health" (IBH).

Integrated behavioral health:

- Embeds a behavioral health provider in the pediatric primary care practice
- Is appropriate for screening, assessing, diagnosing and triaging behavioral health concerns
- Offers brief, focused, evidence-based interventions within the medical home

For more information about IBH: Contact jessica.mcclure@cchmc.org

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OUTPATIENT BEHAVIORAL HEALTH THERAPY

For mild to moderate symptoms

Outpatient behavioral health (therapy and medication management) is for pediatric patients with mild to moderate symptoms and is available from:

- The Cincinnati Children's Behavioral Medicine and Clinical Psychology Department
- The Cincinnati Children's Child and Adolescent Psychiatry Department
- Community-based outpatient therapy practices, agencies and schools

Outpatient behavioral health therapy

- Focuses on symptom reduction and skill building, using a range of approaches (evidence-based treatment, supportive counseling, etc.)
- Is a good first intervention for new diagnoses
- Should be used when there is not urgency to the referral
For example:
 - The patient is attending school and engaging in some expected activities, although perhaps with resistance or difficulty
 - There is not an immediate concern for the patient's safety

Frequency/intensity: Typically, weekly to every two weeks until symptoms improve. For most common behavioral health conditions, the course of treatment ranges from six to 16 visits.

If outpatient behavioral health treatment is not effective in reducing symptoms, pediatricians should:

- Gather more information about the type of treatment being provided
- Increase access to evidence-based interventions
- And/or consider whether a higher level of care is needed

For more information or to refer:

- Call the **Division of Behavioral Medicine and Clinical Psychology at 513-636-8107** for a referral to a psychologist. Or use Epic Link (BMCP Individual Therapy).
- Call the **Division of Child and Adolescent Psychiatry at 513-6363-4124** for a referral to a clinical counselor, social worker, APRN or psychiatrist. Or use Epic Link (Psychiatry Referral)
- Families and providers can directly contact community-based organizations, therapists and prescribers as well

For concerns about autism spectrum disorders or other developmental issues, contact the Division of Developmental and Behavioral Pediatrics at 513-636-4611. Or use Epic Link (DDBP referral).

INTENSIVE OUTPATIENT SERVICES

For moderate to severe symptoms

Intensive outpatient services are for patients with moderate to severe symptoms. These services are available through Cincinnati Children's.

- Intensive Outpatient Program at Outpatient Norwood
- Bridge Clinics (multiple locations)
- Emergency Departments at Cincinnati Children's Burnet and Liberty Campuses

Some community behavioral health organizations also offer similar programs.

Intensive Outpatient Program

The Intensive Outpatient Program (IOP) at the Cincinnati Children's Outpatient Norwood location offers brief, targeted and intensive interventions aimed at quickly reducing specific symptoms. IOP:

- Is well-suited to patients with obsessive-compulsive disorder and other anxiety disorders, depression, behavior disorders and some trauma
- Is an active approach to treatment that includes learning and practicing skills during sessions and at home
- Is a good option when the family is motivated to engage
- Can be a combination of in-person and telehealth appointments
- Can happen in the individual/family and group therapy setting

This program is appropriate when there is some urgency to the referral. Specifically:

- The patient is exhibiting moderate to severe symptoms (significant functional impairment due to symptoms, such as not attending school)
- The Columbia Suicidal Severity Rating (CSSR) is indicative of lower risk (passive suicidal ideation; vague plan but no intent/ attempts)
- If CSSR and/or risk is higher, a Bridge Clinic referral should occur first

Patients needing more wrap-around services and those with multiple psychosocial needs should be considered for care management. This can occur instead of IOP or before IOP begins.

Frequency/intensity: Two to three times a week for two to five weeks. Sessions can last 45–90 minutes, depending on the presenting concern.

For more information or to refer:

- Families or providers can call the **Behavioral Medicine and Clinical Psychology Department at 513-636-8107** or **Psychiatry Department at 513-636-4124**
- Providers can make a referral through Epic Link (ambulatory request IOP or ambulatory request group IOP)

Bridge Clinics

Bridge Clinics provide:

- Urgent safety assessment and crisis stabilization, including a determination as to whether a higher level of care is needed
- Multidisciplinary care from a team that includes social workers, clinical counselors, psychologists and psychiatric prescribers
- Appointment availability six days a week, including evening hours, at multiple locations

The initial assessment typically occurs within 24–48 hours of referral. The patient can be followed for several visits while the provider works to stabilize the crisis and connect the family with appropriate ongoing behavioral health services.

For more information or to refer:

- Call the **Cincinnati Children’s Psychiatric Intake Response Center (PIRC) at 513-636-4124** to discuss Bridge Clinic options (locations and next-available appointment)

Emergency Department

The Emergency Department (ED) provides a medical assessment *plus* urgent safety assessment and crisis stabilization, including a determination as to whether a higher level of care is needed.

For more information or to refer:

- Call the **Cincinnati Children’s Psychiatric Intake Response Center (PIRC) at 513-636-4124** to alert the staff that the patient is coming to the ED

Bridge Clinics vs. ED: What’s the Difference?

The ED and Bridge Clinics provide the same mental health assessment and intervention.

- A referral to a Bridge Clinic is appropriate if the family can keep the child safe until a Bridge Clinic appointment and the child does not require medical attention
- The ED is appropriate when patients have actively harmed themselves and need a medical evaluation (e.g., patient has taken pills, self-harmed, etc.) or if the child cannot be kept safe while awaiting a Bridge Clinic appointment

To talk through the specifics of a case and determine which option is most appropriate, call the Cincinnati Children’s Psychiatric Intake Response Center (PIRC) at 513-636-4124.

INTENSIVE BEHAVIORAL AND MENTAL HEALTH SERVICES

For high-moderate to severe symptoms

Intensive services are for patients with high-moderate to severe mental health symptoms and include:

- Partial Hospitalization Program
- Inpatient psychiatric hospitalization

Partial Hospitalization Program (PHP)

Partial hospitalization provides:

- Structured, daytime treatment for patients who need a higher level of care but do not need 24-hour psychiatric management
- Treatment to help patients better manage school anxiety, emotions and other behavioral health concerns
- Skill-building groups, family meetings, educational services, psychiatric consultations and recreation

Frequency/intensity:

PHP takes place Monday–Friday from 8:30 am–3:30 pm. Average length of treatment is 7–10 weekdays.

To refer, providers can:

- Call the **Cincinnati Children’s Psychiatric Intake Response Center (PIRC) at 513-636-4124**
- Place an Epic Link referral (ambulatory request for psych day hospital)

Inpatient Psychiatric Hospitalization

- Is primarily a short-term inpatient admission for acute stabilization and crisis management for patients with imminent danger or risks to themselves or others
- Provides a safe environment for youth who present at high risk and need 24-hour psychiatric management
- Helps stabilize patients in an acute crisis who have chronic symptoms/conditions. After an inpatient admission, patients are typically discharged to various outpatient treatments.

Frequency/intensity: The average length of stay is 4–7 days

To request an assessment for an inpatient psychiatric hospitalization:

- Call the **Cincinnati Children’s Psychiatric Intake Response Center (PIRC) at 513-636-4124**. The assessment typically occurs at a Bridge Clinic or ED.

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