

Annual Agency Service Plan

FY 2026

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Plan for Provision of Client Care

Introduction:

The purpose of Family Life Counseling & Psychiatric Services' (Family Life's) Annual Agency Service Plan is to describe the framework by which the leadership of the agency will plan, direct, coordinate, and improve the services provided to the community. The Agency Service Plan is supported by the agency strategic plan, annual budgets and referenced administrative policies. This Agency Service Plan is revised and updated annually as appropriate to accurately reflect Family Life's purpose, goals, objectives and values in relation to the needs of the Richland County and surrounding Counties for North Central Ohio Community. This plan shall be available for review by persons served, their family, significant others and the public.

History:

Family Life was organized and opened under the direction of Dr. Steven Burggraf in 1999. With very small beginnings, Dr. Burggraf established a working relationship with Richland County Children Services and Richland County Juvenile Court. His primary focus was that of providing mental health evaluations and adolescent treatment services. Family Life added Substance Use Disorder treatment services in 2000, Multisystem Therapy Best Practice Model services in 2002, Parenting with Love and Limits program in 2003, and Seven Challenges Drug & Alcohol Best Practice Model in 2006. In 2014, Family Life began regionalizing and providing offices in the Millersburg area. It then continued expanding, selected communities where it had a client base coming to Mansfield for treatment services, and opened offices in Shelby, Danville, Loudonville, Galion, Willard, Norwalk and Bellevue. As a result of this regionalization, Family Life has incurred rapid growth to servicing over 4500 families/individuals in the past year, and employing around 145 persons. Much of the clinical programing has expanded to include, but not limited to Child Play Therapy, Older Adult treatment services, an Impact Program for treating adolescents with sexual abuse issues, Domestic Violence Perpetrator and Victim treatment services, Sexual Abuse Victim treatment services, Intensive In-Home treatment for adolescents, Christian Counseling, Drug Court treatment services, Restorative Practices services, Addiction Intervention, and Coaching services. This past year, Family Life has expanded its services to children, opening a Children's Behavioral Health Center in Norwalk, and provision of on-site services in many local and surrounding area school systems. Family Life has also been overseeing operations of a men's House of Hope, a residential facility for recovering persons.

Family Life is in process of training all of its clinical staff to be proficient in whole family-focused approach. Family Life is committed to the holistic approach for family systems health. Family Life Counseling has had as its goal and motto to provide ***Counseling that Makes a Difference***, and counts it as a privilege to service the north central regions of Ohio.

I. Agency Purpose, Goals, Objectives and Values

- A. **Purpose:** There are many families in Richland County and other surrounding counties facing desperate situations that involve alcohol and substance abuse, anger, fear, sexual and physical abuse, failure and frustration. For these people, there is a place of hope: Family Life Counseling & Psychiatric Services. As a private non-profit mental health and substance abuse counseling agency, Family Life, with its caring staff and innovative programs, are dedicated to one common goal – *helping emotionally troubled youth, adults and families lead fuller, happier lives.*
- B. **Goals & Objectives:** Our vision is to operate a mental health and substance abuse counseling system of care dedicated to excellence, innovation, and personalized service for the individuals and communities we serve.

Family Life, in recognition of its mission and purpose, will strive:

- To be a respected provider of mental health and substance abuse recovery services recognized for excellence and exceptional service;
- To provide quality services needed by the community and to be a leader in mental health and substance abuse recovery treatment issues;
- To develop a system of mental health and substance abuse recovery services in partnership with the community in order to provide the most appropriate level of care to the greatest members of people in need;
- To maintain an environment that promotes satisfaction and opportunity for the employee and the patient;
- To provide quality mental health and substance abuse recovery care at a reasonable cost, in accordance with community needs and regulatory authority;
- To demonstrate by actions and results the commitment to continuous quality improvement.

- C. **Values:** These values represent FLC & PS beliefs and principles, which guide our actions to fulfill our goals and objectives and achieve our purpose:

COMPASSION	Fostering a friendly, caring environment in which the patient comes first.
INTEGRITY	Conducting ourselves in an ethical and honest manner.
EXCELLENCE	Meeting and exceeding expectations of those we serve. We value listening, caring, and being sensitive to the needs of others. We respond to patients, family members, each member of the agency team and whomever else we may serve in a manner that clearly indicates our desire not only to meet their needs, but also to exceed their expectations.
COMMITMENT	Accepting ownership and involvement in the common goals of the agency that we value all people – those with whom we work. We encourage people to express ideas and consider suggestions from other. We work together as a team and treat each other with respect.
STAFF	Recognizing and respecting our most valuable asset and resource.
TEAMWORK	Achieving a cooperative spirit among agency staff, and the community. We value continuously improving effective communication within the organization and with all the publics served by members of our team.
RESOURCEFULNESS	Responding to challenges and opportunities with innovation, creativity, and efficient management of resources. We value our resources and recognize that we will fulfill our mission only if we successfully manage our financial and other resources.
IMPROVEMENT	We value continuously improving upon everything we do to achieve excellence in performance. This continuous improvement applies to people as well; we encourage personal growth and learning from all members of our team.

II. Scope of Service

In accordance with federal and state regulations, professional practice standard and codes, Family Life provides the community with mental health care and substance abuse recovery services including:

- Outpatient Mental Health and Substance Abuse Recovery Counseling Services
- Intensive Home Based Therapy Program
- Crisis Intervention Services
- Mental Health & Substance Abuse Assessment Services
- Community Psychiatric Supportive Treatment Services
- Intensive Outpatient Substance Abuse Recovery Services
- Mobile Response and Stabilization Services

All major agency functions and services (budget, staffing, and performance assessment) are planned, implemented, and approved annually. The administrative staff plans and evaluates agency performance in conjunction with the governing board. This is done through data collection, information management, analysis, and communication with agency staff. An agency wide plan is developed to provide direction for the year.

III. Communication

We encourage information about agency performance to flow throughout the organization to accomplish the agency mission. Communication flows through the organization for employees via the organizational chart. The agency staff information flows from the executive director to the governing board. Agency staff and the governing board are encouraged to meet as needed. The governing board meets every other month to evaluate and analyze all pertinent issues related to agency services. Standing committees and the performance improvement program team serve as the primary vehicles for planning, development and evaluation.

IV. Contribution to the Development and Implementation of Community Support Services

- A. Family Life was established as a result of a close collaborative working relationship with Richland County Children's Services & Juvenile Court. The purpose of this close collaboration is for the provision of much needed mental health and substance abuse recovery services to adults, youth and their families.
- B. Family Life has expanded its collaboration with surrounding counties school systems, mental health boards, and community based services.
- C. Family Life's contribution to the development and implementation of community support services in direct correlation with the agency's involvement and commitment to the Richland, Wayne, Huron, Holmes, Sandusky, and Knox County Communities. Services have been developed and are implemented in cooperation with the Mental Health and Recovery Services Boards in these areas. Services were developed and implemented in collaboration with community leaders of the various sites we have.

V. Referral Sources: Referral sources vary by location, and are not limited to the following:

- Word of mouth
- Self-referral
- Child protective services
- Juvenile courts
- Domestic courts
- County courts
- Local schools
- Physician offices
- Local mental health boards

VI. Core Program Descriptions: For each core service provided the following information is given:

- Narrative description of service
- Program Philosophy
- Program Goals
- Description of Service Modalities
- Identification of Population to be Served
- Provision of Services
- Funding Sources
- Referral Process
- Hours of Operations

ASSESSMENT SERVICES

- I. **Program Description:** Mental health and Substance Abuse Recovery Assessment is a clinical evaluation provided by an appropriately licensed individual either at specified times or in response to treatment, or when significant changes occur. It is a process of gathering information to assess client needs and functioning in order to determine appropriate service/treatment based on identification of the presenting problem, evaluation of mental status, and formulation of a diagnostic impression. The outcome of mental health and substance recovery assessment is to determine the need for care, and recommend appropriate services/treatment and/or the need for further assessment. Results of the mental health assessment shall be shared with the client
- II. **Program Philosophy:** Our philosophy is to operate a mental health and substance recovery assessment system dedicated to excellence, innovation, and personalized service for the individuals we serve.
- III. **Program Goals:** The goal of mental health and substance recovery assessment is to determine the need for care, and recommend appropriate services/treatment and/or the need for further assessment. **Services are designed and implemented to:**
 - A. Support the recovery or well-being of the persons or families served.
 - B. Enhance the quality of life of the persons served.
 - C. Reduce symptoms or needs and build resilience.

- D. Restore and/or improve functioning.
- E. Support the integration of the persons served into the community.

IV. Description of Service Modalities: Provided on face-to-face basis. An initial mental health and substance abuse recovery assessment must be completed prior to the initiation of any mental health or substance abuse recovery services. The only exceptions to this would be the delivery of crisis intervention mental health/ substance abuse recovery services or pharmacologic management services as the least restrictive alternative in an emergency situation.

- A. The initial mental health assessment/substance abuse recovery assessment must, and subsequent mental health/substance abuse recovery assessments may, include at minimum:
 1. An age appropriate psychosocial history and assessment, to include consideration of multicultural/ethnic influences;
 2. The presenting problem;
 3. A diagnostic impression and treatment recommendations;
 4. As determined by Family Life, any other clinically indicated areas.

Such areas may include, but are not limited to:

- a. Age appropriate areas of assessment such as for children, e.g., growth and development, family effect on child and child effect on family, and play and daily activities;
- b. Use of alcohol/drugs;
- c. Behavioral/cognitive/emotional functioning;
- d. Mental status exam;
- e. Environment and home;
- f. Leisure and recreation;
- g. Childhood history;
- h. Military service history;
- i. Financial status;
- j. Usual social, peer-group and environmental setting, (to include involvement in consumer-operated or peer services);
- k. Sexual orientation/history/issues;
- l. Family circumstances/custody status;
- m. Vocational assessment;
- n. Educational assessment;
- o. Legal assessment;
- p. Early detection of mental illness that is life-threatening to self or others;
- q. Nutritional status;
- r. Maladaptive or problem behaviors;
- s. Psychiatric evaluation;
- t. Psychological assessment including intellectual, projective, neuropsychological, and personality testing;
- u. Evaluations of language, self-care, visual-motor, and cognitive functioning;
- v. Current level of functioning/functional status;
- w. Strengths;
- x. Relationships with family/significant others;
- y. Spirituality;
- z. Health/Medical history, including current health and dental status as well as the presence of any physical
 - aa. disabilities; and
 - bb. Indications of abuse and/or neglect.

- B. Family Life may accept mental health/substance abuse assessments from prior evaluations. The clinical record shall reflect that such assessments have been reviewed and updated when appropriate prior to the initiation of any mental health services.

V. Identification of Population to be Served: Conducted, for children and youth and adults with appropriate and timely collateral contacts with family, parent or guardian, and/or other agencies or individuals providing services to the child, adult or family.

Criteria for Admission: Individuals, children, youth and adults who are referred to Family Life by self-referral or a social service agency in the community who for justifiable reasons, require an evaluation to determine the nature and extent of their emotional problems, mental health symptoms, substance abuse, substance misuse or addiction to alcohol or other drugs. The diagnostic assessment is used to determine an individual's eligibility for services and our ability to provide the needed services. The assessment is used to gather historical and current information as well as a person's strengths, needs, abilities and preferences. Assessments are completed within the first couple of visits and your eligibility for services is determined at that time with the person conducting the assessment and/or their supervisor, when applicable.

Criteria for Transition and/or Discharge: Once an assessment is complete, the need for on-going services for MH and SUD clients will be determine based on client/family reports and ASAM level of care (for SUD clients). Clients will be referred to the appropriate services, frequency of those services, and possible referrals within or outside of the agency. Clients will transition and move toward discharge as they make progress toward their goals and display a decrease of symptoms in verbal and written report. Once goals are met and symptoms have stabilized for 4 consecutive weeks, sessions will decrease until time for discharge.

VI. Provision of Services: The following identifies those individuals who are eligible to provide and supervise the mental health assessment service. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:

A. To provide the service:

1. Medical doctor or doctor of osteopathic medicine;
2. Physician assistant
3. Registered nurse;
4. Master of science in nursing;
5. Clinical nurse specialist;
6. Nurse practitioner;
7. Licensed occupational therapist;
8. Social worker;
9. Independent social worker;
10. Counselor trainee;
11. Professional counselor;
12. Professional clinical counselor;
13. Licensed school psychology assistant;
14. Licensed school psychologist;
15. Psychology intern/fellow;
16. Psychology assistant/assistant; or
17. Psychologist.
18. CDCA, LCDCI, LCDCI, LICDC, LICDC-CS (Substance Abuse Services Only)
19. Social Work Assistant

B. To supervise the service:

1. Medical doctor or doctor of osteopathic medicine;
2. Master of science in nursing;
3. Clinical nurse specialist;
4. Nurse practitioner;
5. Independent social worker;
6. Professional clinical counselor;
7. Licensed school psychologist; or
8. Psychologist.
9. LICDC-CS (Substance Abuse Services Only)

C. Location of Services:

1. The Primary Offices of Family Life Counseling & Psychiatric Service located at 151 Marion Avenue, Mansfield, Ohio. 44903. ** Additional sites of services are offered as well. See addendum
2. Assessment Services may also be provided in the natural environment of the person served, and regardless of the location shall be provided in such a way as to ensure privacy.

VII. Funding Sources

- Medicaid

- Medicare
- Insurance
- Self-pay
- Grant Funding where applicable
- Sliding Fee scale for those who are eligible.
- School Systems

VIII. Referral Process: To make a referral for Mental Health/Substance Abuse Recovery Assessment Services, call **419-774-9969**.

IX. Hours of Operations: Hours of operation are 9 a.m. to 5 p.m., Monday through Friday, excluding national holidays. Assessment Services may be provided during evening and on Saturdays by appointment.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE COUNSELING AND THERAPY SERVICES

I. Program Description: Family Life's Outpatient Treatment Programs provide services that include, but are not limited to, individual, group, and family counseling and psychoeducation. Family Life's outpatient programs offer comprehensive, coordinated services that may vary in level of intensity. This program addresses a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma. When the person served is a child or adolescent, the interaction may also be with the family members and/or parent, guardian and significant others when the intended outcome is improved functioning of the child or adolescent and when such interventions are part of the ISP. When appropriate, and with the consent of the person served, the program coordinates treatment with other services such as primary health care, pastoral counseling, peer support groups, vocational services, medication management and social services.

II. Program Philosophy: Our philosophy is to operate outpatient treatment programs dedicated to excellence, innovation, and personalized service for the individuals we serve.

III. Program Goals: Services are designed and implemented to:

- A. Support the recovery or well-being of the persons or families served.
- B. Enhance the quality of life of the persons served.
- C. Reduce symptoms or needs and build resilience.
- D. Restore and/or improve functioning.
- E. Support the integration of the persons served into the community

IV. Description of Service Modalities: Family Life's Outpatient Treatment Programs have the capacity to provide:

- A. Individual counseling/therapy,
- B. Family counseling/therapy,
- C. Group counseling/therapy,
- D. Psychoeducation.
- E. Crisis Intervention Services
- F. Community Psychiatric Supportive Treatment
- G. Substance Abuse Recovery Case Management Services
- H. Substance Abuse Intensive Outpatient Recovery Services

V. Identification of Population to be Served: Conducted, for children and youth and adults with appropriate and timely collateral contacts with family, parent or guardian, and/or other agencies or individuals providing services to the child, adult or family.

Criteria for Admission: Assessments are completed within the first couple of visits and your eligibility for services is determined at that time with the person conducting the assessment and/or their supervisor, when applicable. Clients will be eligible for services based on their presenting problems and Family Life's ability to provide the needed services. Referrals will be made if necessary. A client would be ineligible for services if they do not have a presenting diagnosis or the services needed are not available.

Criteria for Mental Health Services: Children, Youth and adults that exhibit mild to severe disturbance, which interferes with adequate functioning as evidenced by:

- Minimal to severe impairment in familial, educational, and other age-appropriate levels of functioning due to the symptoms of an emotional / mental disorder and or substance abuse disorder.
- Significant subjective distresses such that therapeutic intervention is warranted.
- Ability to participate in the treatment planning and process in an age-appropriate manner to dissipate the presence of symptoms and subjective distress.

Criteria for Admission for Substance Abuse Recovery Services: The client must meet diagnostic criteria for psychoactive substance use disorder as defined by DSM-5 manual and meet up to Level 2.1 criteria for intensive outpatient/outpatient services according to ASAM. Youth and adults who meet the diagnostic criteria for psychoactive substance use disorder as defined by DSM-5 manual.

Criteria for Transition and/or Discharge: Once an assessment is complete, the need for on-going services for MH and SUD clients will be determine based on client/family reports and ASAM level of care (for SUD clients). Clients will be referred to the appropriate services, frequency of those services, and possible referrals within or outside of the agency. Clients will transition and move toward discharge as they make progress toward their goals and display a decrease of symptoms in verbal and written report. Once goals are met and symptoms have stabilized for 4 consecutive weeks, sessions will decrease until time for discharge.

VI. Provision of Services: The following identifies those individuals who are eligible to provide and supervise the mental health assessment service. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:

A. To provide the service:

1. Medical doctor or doctor of osteopathic medicine;
2. Registered nurse;
3. Master of science in nursing;
4. Clinical nurse specialist;
5. Nurse practitioner;
6. Social worker;
7. Independent social worker;
8. Counselor trainee;
9. Professional counselor;
10. Professional clinical counselor;
11. Psychology intern/fellow;
12. Psychology assistant/assistant; or
13. Psychologist.
14. CDCA, LCDCI, LCDCIII, LICDC, LICDC-CS (Substance Abuse Services Only)
(Substance Abuse Services Only)
15. Registered Candidate (Substance Abuse Services Only)
16. LICDC-CS (Substance Abuse Services Only)
17. Social Work Assistant

B. To supervise the service:

1. Medical doctor or doctor of osteopathic medicine;
2. Master of Science in nursing;
3. Clinical nurse specialist;
4. Nurse practitioner;
5. Independent social worker;
6. Professional clinical counselor; or
7. Psychologist.
8. LICDC-CS (Substance abuse services)

C. Location of Services: The Primary Offices of Family Life Counseling & Psychiatric Service located at 151 Marion Avenue Mansfield, Ohio. 44903. Outpatient Treatment Program Services may include residences, schools, correctional settings, shelters, community resource sites, hospitals, nursing homes, and medical and behavioral health sites. Regardless of the location shall be provided in such a way as to ensure privacy. ** Additional sites of services are offered as well. See addendum.

VII. Funding Sources

*Family Life Counseling & Psychiatric Services
Annual Agency Service Plan*

- Medicaid
- Medicare
- Insurance
- Self-pay
- Grant Funding where applicable
- Sliding Fee scale for those who are eligible.
- School Systems

VIII. Referral Process: To make a referral for Mental Health Assessment Services, call 419-774-9969.

IX. Hours of Operations: Business office hours of operation are 9 a.m. to 5 p.m., Monday through Friday, excluding national holidays. Outpatient Counseling Services may be provided day time hours, during the evening and on Saturdays by appointment. Crisis Intervention Services are available 24 hours a day, 7 days a week and may be accessed by calling **419-631-6862**.

X. Specialty Mental Health Services Include:

- Impact Program – treatment for adolescent sex offenders
- Raphah Program – treatment for sexual abuse victims
- Restorative Practices – Assisting restoration between offenders and victims
- Christian Counseling services upon request
- Older adult in-home counseling services
- Child Play Therapy; Filial Play Therapy
- PTSD- military & civilian

COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (CPST) SERVICES

I. Program Description

- A. Family Life’s Community Psychiatric Supportive Treatment (CPST) Services provides an array of services delivered by community based, mobile individuals, or multidisciplinary teams of professionals and trained others. Services address the individualized mental health needs of the client. They are directed towards adults, children, adolescents and families and will vary with respect to hours, type, and intensity of services, depending on the changing needs of each individual. The purpose/intent of CPST services is to provide specific, measurable, and individualized services to each person served. CPST services are focused on the individual's ability to succeed in the community, to identify and access needed services, and to show improvement in school, work, and family and integration and contributions within the community.
- B. Activities of Family Life’s CPST services consist of one or more of the following:
1. Ongoing assessment of needs;
 2. Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian;
 3. Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian;
 4. Coordination of the Individualized Service Plan (ISP), including:
 - (a) Services identified in the ISP;
 - (b) Assistance with accessing natural support systems in the community; and
 - (c) Linkages to formal community services/systems;
 5. Symptom monitoring;
 6. Coordination and/or assistance in crisis management and stabilization as needed;
 7. Advocacy and outreach;
 8. As appropriate to the care provided to individuals, and when appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn;
 9. Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist an individual in eliminating barriers to seeking or maintaining education and employment; and
 10. Activities that increase the individual's capacity to positively impact his/her own environment.

- II. Program Philosophy:** Our philosophy is to operate outpatient treatment programs dedicated to excellence, innovation, and personalized service for the individuals we serve.
- III. Program Goals:** The goal of CPST services is to provide specific, measurable, and individualized services to each person served. CPST services are focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community.
Services are designed and implemented to:
- A. Support the recovery or well-being of the persons or families served.
 - B. Enhance the quality of life of the persons served.
 - C. Reduce symptoms or needs and build resilience.
 - D. Restore and/or improve functioning.
 - E. Support the integration of the persons served into the community
- IV. Description of Service Modalities:** The methods of CPST service delivery shall consist of:
- A. Service delivery to the person served and/or any other individual who will assist in the person's mental health treatment.
 - (a) Service delivery may be face-to-face or by telephone.
 - (b) Service delivery may be to individuals or groups.
- V. Identification of Population to be Served:** Conducted, for children, youth and adults with appropriate and timely collateral contacts with family, parent or guardian, and/or other agencies or individuals providing services to the child, adult or family.
Criteria for Admission: Children, Youth and adults that exhibit mild to severe disturbance, which interferes with adequate functioning as evidenced by:
- Minimal to severe impairment in familial, educational, and other age-appropriate levels of functioning due to the symptoms of an emotional / mental disorder and or substance abuse disorder.
 - Significant subjective distresses such that therapeutic intervention is warranted.
 - Ability to participate in the treatment planning and process in an age-appropriate manner to dissipate the presence of symptoms and subjective distress.
- Criteria for Transition and/or Discharge:** As the client's needs are met through CPST services and the need for on-going services becomes less, the frequency of services will decrease. Client's will transition and move toward discharge as they make progress toward their goals and display a decrease of symptoms in verbal and written report. Once goals are met and symptoms have stabilized for 4 consecutive weeks, sessions will decrease until time for discharge.
- VI. Provision of Services**
- A. Family Life's CPST services are not site specific. However, services are provided in locations that meet the needs of the persons served. When a person served is enrolled in a residential treatment or residential support facility setting, CPST services are provided by staff that are organized and distinct and separate from the residential service as evidenced by staff job descriptions, time allocation or schedules, and development of service rates.
 - B. There must be one CPST staff that is clearly responsible for case coordination. This staff person must be an employee of Family Life to provide CPST services for Family Life clients. This person may delegate CPST services to eligible providers internal and/or external to Family Life as long as the following requirements and/or conditions are met:
 1. All delegated CPST activities are consistent with this rule in its entirety;
 2. The delegated CPST services may be provided by an entity not certified by ODMH to provide CPST services as long as there is written agreement between the certified agency and the non-certified entity that defines the service expectations, qualifications of staff, program and financial accountability, health and safety requirements, and required documentation; and
 3. An entity that is not certified by ODMH for CPST service may only seek reimbursement for CPST services through a certified agency and with a written agreement as required in this paragraph.
 - C. Family Life maintains a staff development plan based upon identified individual needs of CPST staff. Evidence that the plan is being followed shall be maintained. The plan shall address, at minimum, the following:
 1. An understanding of systems of care, such as natural support systems, entitlements and benefits, inter- and intra-agency systems of care, crisis response systems and their purpose, and the intent and activities of CPST;

2. Characteristics of the population to be served, such as psychiatric symptoms, medications, culture, and age/gender development; and
 3. Knowledge of CPST purpose, intent and activities.
- D. The following identifies those individuals who are eligible to provide and supervise the CPST service. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:
1. To provide the service:
 - (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Physician assistant;
 - (c) Licensed practical nurse;
 - (d) Registered nurse;
 - (e) Master of Science in nursing;
 - (f) Clinical nurse specialist;
 - (g) Nurse practitioner;
 - (h) Licensed occupational therapist assistant;
 - (i) Licensed occupational therapist;
 - (j) Social worker assistant;
 - (k) Social worker;
 - (l) Independent social worker;
 - (m) Counselor trainee;
 - (n) Professional counselor;
 - (o) Professional clinical counselor;
 - (p) Licensed school psychology assistant;
 - (q) Licensed school psychologist;
 - (r) Psychology intern/fellow;
 - (s) Psychology assistant/assistant;
 - (t) Psychologist;
 - (u) Activity therapist;
 - (v) Art therapist;
 - (w) Certified therapeutic recreation specialist;
 - (x) Music therapist/board certified; or
 - (y) Social Work Assistant
 - (z) Trained other.
 2. To supervise the service:
 - (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Registered nurse;
 - (c) Master of Science in nursing;
 - (d) Clinical nurse specialist;
 - (e) Nurse practitioner;
 - (f) Social worker;
 - (g) Independent social worker;
 - (h) Professional counselor;
 - (i) Professional clinical counselor;
 - (j) Licensed school psychologist; or
 - (k) Psychologist.

VII. Funding Sources

- Medicaid
- Grant Funding where applicable

VIII. Referral Process: To make a referral for Mental Health CPST services, call 419-774-9969.

IX. Hours of Operation: Hours of operation are 9 a.m. to 5 p.m., Monday through Friday, excluding national holidays. Evening and weekend appointments are also available as needed. Crisis Intervention Services are available 24 hours a day, 7 days a week and may be accessed by calling 419-631-6862.

CASE MANAGEMENT SERVICES - ALCOHOL AND DRUG ADDICTIONS

- I. **Program Description:** Alcohol and Drug Addictions Case Management Services means those activities provided to assist and support individuals in gaining access to needed medical, social, educational and other services essential to meeting basic human needs.
- II. **Program Philosophy:** Our philosophy is to operate case management services dedicated to excellence, innovation, and personalized service for the individuals we serve.
- III. **Program Goals: Services are designed and implemented to:**
- A. Support the recovery or well-being of the persons or families served.
 - B. Enhance the quality of life of the persons served.
 - C. Reduce symptoms or needs and build resilience.
 - D. Restore and/or improve functioning.
 - E. Support the integration of the persons served into the community
- IV. **Description of Service Modalities**
- A. Alcohol and Drug Addictions case management activities include:
 1. Coordinating client assessments,
 2. Treatment planning and crisis intervention services;
 3. Providing training and facilitation linkages for the use of community resources;
 4. Monitoring service delivery;
 5. Obtaining or assisting individuals in obtaining necessary services, for example, financial assistance, housing assistance, food, clothing, medical services, educational services, vocational services, recreational services, etc.;
 6. Assisting individuals in becoming involved with self-help support groups;
 7. Assisting individuals in increasing social support networks with relatives, friends, and/or organizations;
 8. Assisting individuals in performing daily living activities; and coordinating criminal justice services.
 - a. Transportation in and of itself does not constitute case management.
 - b. Waiting with clients for appointments at social service agencies, court hearings and similar activities does not, in and of itself, constitute case management.
- V. **Identification of Population to be Served:** Conducted, for children and youth and adults with appropriate and timely collateral contacts with family, parent or guardian, and/or other agencies or individuals providing services to the child, adult or family.
- Criteria for Admission:** Children, Youth and adults that exhibit mild to severe disturbance, which interferes with adequate functioning as evidenced by:
- Minimal to severe impairment in familial, educational, and other age-appropriate levels of functioning due to the symptoms of an emotional / mental disorder and or substance abuse disorder.
 - Significant subjective distresses such that therapeutic intervention is warranted.
 - Ability to participate in the treatment planning and process in an age-appropriate manner to dissipate the presence of symptoms and subjective distress.
- Criteria for Transition and/or Discharge:** As the client's needs are met through CPST services and the need for on-going services becomes less, the frequency of services will decrease. Client's will transition and move toward discharge as they make progress toward their goals and display a decrease of symptoms in verbal and written report. Once goals are met and symptoms have stabilized for 4 consecutive weeks, sessions will decrease until time for discharge.

VI. Provision of Services

- A. Case management services can be provided at 151 Marion Ave., Mansfield, Ohio office or in the natural environment of the client or by telephone. ** Additional sites of services are offered as well. See addendum

- B.** The following identifies those individuals who are eligible to provide and supervise Alcohol and Drug Addictions Case Management Services:
1. To provide the service: Case management services may be provided by any staff member approved by the program director.
 2. To supervise the service: LICDC-CS

VII. Funding Sources

- Medicaid
- Medicare
- Insurance
- Self-pay
- Grant Funding where applicable
- Sliding Fee scale for those who are eligible.

- VIII. Referral Process:** To make a referral for Alcohol and Drug Addictions Case Management Services, call 419-774-9969.

- IX. Hours of Operations:** Hours of operation are 9 a.m. to 5 p.m., Monday through Friday, excluding national holidays. Evening and weekend appointments are also available as needed. Crisis Intervention Services are available 24 hours a day, 7 days a week and may be accessed by calling 419-631-6862.

CRISIS INTERVENTION SERVICES

- I. Program Description:** Family Life's Crisis Intervention Program offers services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention is that process of responding to emergent situations and may include: assessment, immediate stabilization, and the determination of level of care in the least restrictive environment in a manner that is timely, responsive, and therapeutic. Family Life's Crisis Intervention Services need to be accessible, responsive and timely in order to be able to safely de-escalate an individual or situation, provide hospital pre-screening and mental status evaluation, determine appropriate treatment services, and coordinate the follow through of those services and referral linkages. Outcomes may include: de-escalating and/or stabilizing the individual and/or environment, linking the individual to the appropriate level of care and services including peer support, assuring safety, developing a crisis plan, providing information as appropriate to family/significant others, and resolving the emergent situation
- II. Program Philosophy:** Our philosophy is to operate a Crisis Intervention Program dedicated to excellence, innovation, and personalized service for the individuals we serve.
- III. Program Goals:** The 24-hour, 7-day a week mobile, on-site crisis intervention service is designed to:
- A. Respond quickly to crisis situations.
 - B. Provide immediate impact/crisis intervention.
 - C. Provide an extensive on-site mental health assessment and diagnostic services.
 - D. Provide an accurate disposition and referral service.
 - E. Provide 24-hour, 7 day-a-week access to psychiatrist for consultation.
- IV. Description of Service Modalities**
- A.** Crisis intervention mental health and substance abuse recovery service shall consist of the following required elements:
1. Immediate phone contact capability with individuals, parents, and significant others and timely face-to-face intervention shall be accessible twenty-four hours a day/seven days a week with availability of mobile services and/or a central location site with transportation options. Consultation with a psychiatrist shall also be available twenty-four hours a day/seven days a week;
 2. Provision for de-escalation, stabilization and/or resolution of the crisis;
 3. Prior training of personnel providing crisis intervention mental health and substance abuse recovery services shall include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health and substance abuse recovery services shall also have current training and/or

certification in first aid and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present.

4. Family Life's shall provide coordination with and use of other community and emergency systems, as is pertinent for the client.
5. Individuals who are experiencing withdrawal symptoms from use of alcohol and/or other drugs shall be referred to a person and/or entity that can provide the appropriate level of detoxification services.

B. Family Life's Crisis Intervention Services shall consist of the following elements when clinically indicated:

1. A face-to-face crisis assessment shall be conducted by an eligible clinician and shall include:
 - (a) Understanding the presenting crisis;
 - (b) Risk assessment of lethality, propensity of violence, medical/physical conditions including alcohol/drug screen/assessment, and support systems;
 - (c) Mental status;
 - (d) Consumer strengths; and
 - (e) Identification of treatment needs and level of care determination; and
2. A crisis plan will be established that includes referral and linkages to appropriate services and coordination with other systems. The crisis plan will also address safety issues, follow-up instructions, alternative actions/steps to implement should the crisis recur, voluntary/involuntary procedures and the wishes/preferences of the individual and parent/guardian, as appropriate.

C. Documentation shall include the elements of the overall assessment of the crisis and intervention.

V. **Identification of Population to be Served**: Impending or on-going crisis involving an adult or youth 18 years old or younger requiring immediate crisis intervention. Conducted, for children, youth and adults in need of immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect.

VI. **Provision of Services**

- A. All Family Life Counseling staff providing crisis intervention services has received prior training that include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health services have current training and/or certification in first aid and cardio-pulmonary resuscitation (CPR).
- B. The following identifies those individuals who are eligible to provide and supervise the crisis intervention mental health and substance abuse recovery services. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:
 1. **To provide the service (except for paragraph (C)(1) of this rule):**
 - (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Physician assistant;
 - (c) Licensed practical nurse;
 - (d) Registered nurse;
 - (e) Master of Science in nursing;
 - (f) Clinical nurse specialist;
 - (g) Nurse practitioner;
 - (h) Licensed occupational therapist;
 - (i) Social worker assistant;
 - (j) Social worker;
 - (k) Independent social worker;
 - (l) Counselor trainee;
 - (m) Professional counselor;
 - (n) Professional clinical counselor;
 - (o) Licensed school psychology assistant;
 - (p) Licensed school psychologist;
 - (q) Psychology intern/fellow;
 - (r) Psychology assistant/assistant

- (s) Psychologist;
- (t) Activity therapist;
- (u) Art therapist;
- (v) Certified therapeutic recreation specialist;
- (w) Music therapist/board certified; or
- (x) Trained other.
- (y) CDCA, LCDCI, LCDCIII, LICDC, LICDC-CS (Substance Abuse Services Only)
- (z) LICDC-CS (Substance Abuse Services Only)

2. To supervise the service (except for paragraph (C)(1) of this rule):

- (a) Medical doctor or doctor of osteopathic medicine;
- (b) Master of Science in nursing;
- (c) Clinical nurse specialist;
- (d) Nurse practitioner;
- (e) Independent social worker;
- (f) Professional clinical counselor; or
- (g) Psychologist.
- (h) LICDC-CS (Substance Abuse Services Only)

3. To provide the service [including paragraph (C)(1) of this rule]:

- (a) Medical doctor or doctor of osteopathic medicine;
- (b) Registered nurse;
- (c) Master of Science in nursing;
- (d) Clinical nurse specialist;
- (e) Nurse practitioner;
- (f) Social worker;
- (g) Independent social worker;
- (h) Counselor trainee;
- (i) Professional counselor;
- (j) Professional clinical counselor;
- (k) Psychology intern/fellow
- (l) Psychology assistant/assistant; or
- (m) Psychologist.

4. To supervise the service [including paragraph (C)(1) of this rule]:

- (a) Medical doctor or doctor of osteopathic medicine;
- (b) Master of Science in nursing;
- (c) Clinical nurse specialist;
- (d) Nurse practitioner;
- (e) Independent social worker;
- (f) Professional clinical counselor; or
- (g) Psychologist.
- (h) LICDC-CS

D. **Location of Services:** The Offices of Family Life are located at 151 Marion Ave., Mansfield, Ohio. ****See Addendum list of all sites where services are based out of. Crisis Intervention Services may include residences, schools, correctional settings, shelters, community resource sites, hospitals, nursing homes, and medical and behavioral health sites. Regardless of the location shall be provided in such a way as to ensure privacy.

VII. Funding Sources

- Medicaid
- Insurance
- Self-pay
- Sliding Fee scale for those who are eligible.

VIII. Referral Process: To access Crisis Intervention Services, call **419-631-6862**.

IX. Hours of Operations: Crisis intervention services are available 24 hours a day 7 days a week to the population served.

IN HOME COUNSELING PROGRAM (IHCP)

- I. **Program Description:** Family Life's In Home Counseling Program (IHCP) service is a comprehensive service that bundles mental health services into a single coordinated service which includes community psychiatric supportive treatment (CPST) service, mental health assessment service, crisis response, behavioral health counseling and therapy service, and social services which support the basic needs and functioning of the youth and family. IHCP incorporates components of resilience and system of care principles into all aspects of treatment. The purpose of IHCP is to provide the necessary services and supports that enable a client with serious emotional disturbance (SED) to live and function successfully in his or her home, school, and community in the least restrictive, most normative environment. These intensive mental health services are designed to prevent the out-of-home placement of youth with SED and to facilitate the successful transition of a youth with SED being reunified to their homes from a more restrictive placement. IHCP is provided in the home, school, and community settings where the youth lives and functions, and is designed to address and improve the mental health functioning of the youth in each of these domains. IHCP services are culturally, ethnically, racially, and linguistically appropriate, and respect and build on the strengths of the child and family's race, culture, and ethnicity.

- II. **Program Philosophy:** Our philosophy is to operate an In Home Counseling Program Service Program dedicated to excellence, innovation, and personalized service for the individuals and families we serve.

- III. **Program Goals:** The goals of IHCP is to provide the necessary services and supports that enable a client with serious emotional disturbance (SED) to live and function successfully in his or her home, school, and community in the least restrictive, most normative environment. These intensive mental health services are designed to prevent the out-of-home placement of youth with SED and to facilitate the successful transition of a youth with SED being reunified to their homes from a more restrictive placement. **Services are designed and implemented to:**
 - A. Support the recovery or well-being of the persons or families served.
 - B. Enhance the quality of life of the persons served.
 - C. Reduce symptoms or needs and build resilience.
 - D. Restore and/or improve functioning.
 - E. Support the integration of the persons served into the community

- IV. **Description of Service Modalities**
 - A. Family Life's In-Home Counseling Program Service Program has the capacity to provide: Behavioral Health and Substance Abuse counseling and therapy services, mental health and substance abuse assessment services, community psychiatric supportive treatment (CPST) services, and crisis intervention services.
 - B. Skill development services, which include the development of:
 - (1) Behavior management skills.
 - (2) Life skills.
 - (3) Conflict resolution skills.
 - (4) Problem-solving skills.
 - (5) Anger management skills.
 - (6) Decision-making skills.
 - (7) Crisis management skills,
 - C. Family therapy,
 - D. School-based services.
 - E. Positive youth development services.
 - F. Nutritional and health services,
 - G. Service coordination.
 - H. Medication management/monitoring services.

- V. **Identification of Population to be Served:** Family Life shall determine who meets the criteria to receive the service and will document how the client meets the following criteria necessary to receive IHCP services:
 - A. Is clinically determined to meet the "person with serious emotional disturbance" (SED) criteria in rule 5122-24-01 (35) of the Administrative Code;
 - B. Meets one or more of the following criteria as documented in the ICR:
 - (a) Is at risk for out-of-home placement;

- (b) Has returned within the previous thirty days from an out-of-home placement or is transitioning back to their home within thirty days; or
- (c) Requires a high intensity of mental health interventions to stabilize potential safety concerns; and
- C. Is under the age of eighteen. IHCP may also be provided to a client age eighteen through twenty-one who:
 - (a) Is still living at home;
 - (b) Meets all of the criteria for SED, except the age criteria established in paragraph in rule 5122-24-01 (35) of the Administrative Code; and
 - (c) Meets one or more of the following:
 - (i) Attends school working toward a high school diploma or its equivalent;
 - (ii) Is under the jurisdiction of juvenile court;
 - (iii) Is in the custody of a public child serving agency; or
 - (iv) Receives services from a department or board of mental retardation and developmental disabilities.

VI. Provision of Services

A. Family Life's IHCP Services:

1. Includes a minimum of three hours per week of the IHCP services specified in paragraph (C) of this rule per client, which must include a minimum of two separate face-to-face contacts, and at least one contact with the child or family. Total service time may include phone contacts and collateral face-to-face contacts as long as each relates to the mental health needs of the youth as documented in the ICR;
2. Is strength-based and family-driven, with both the youth and family regarded as equal partners with the IHCP staff in all aspects of developing the service plan and service delivery;
3. Is provided in the home, school, and community where the child lives and functions, with no more than twenty-five percent of total service time delivered in an office setting;
4. Maintains a maximum caseload, per full-time equivalent staff, averages eight or less over any six-month period sampled, with the caseload per full-time equivalent staff not to exceed ten at any point in time;
5. Includes Crisis Intervention Services which is available twenty-four hours a day, seven days a week, as needed.
6. Provides each client and family receiving IHCP an assessment for risk and safety issues, and has a jointly written safety plan that is available to the client and family and is instructive of steps to take in the event of a crisis;
7. Assures collaboration occurs with other child-serving agencies or systems, e.g., school, court, mental retardation and developmental disabilities, job and family services, and health care providers that are providing services to the client and family, as well as family and community supports identified by the youth and family;
8. Assures the service is flexible and individually tailored to meet the needs of the client and family. Appointments are made at a time that is convenient to the client and family, including evenings and weekends if necessary;
9. Assures the service is time-limited, with length of stay matched to the presenting mental health needs of the youth. IHCP should not exceed six months length of stay. Family Life has clearly established guidelines for granting extensions and procedures for continued stay of each individual. A continued stay review must be documented for each client receiving IHCP beyond six months, and every forty-five days thereafter. The continued stay review must include the criteria in paragraph (E) of this rule; and
10. Assures youth and family's IHCP aftercare service needs are addressed. Continuing care planning shall be collaborative between the client, their family, and IHCP staff.

B. IHCP Staff Requirements

- (1) FLC maintains a minimum of two full-time equivalent staff provide IHCP services. Services maybe provided by a single person, or team of staff clearly sharing various responsibilities for the same youth and family. Each client shall have a staff assigned with lead responsibility.
- (2) Each IHCP staff person receives a minimum of two hours of clinical supervision per week per full-time equivalent staff by the IHCP supervisor, unless the staff person is independently licensed. The IHCP supervisor shall have a designated responsibility to IHCP.
- (3) The IHCP supervisor shall have primary responsibility for providing supervision to the IHCP staff twenty-four hours a day, seven days a week. If the IHCP supervisor is unavailable, then supervision must be provided by staff qualified according to paragraph section (Q)(4) of this rule.

- C. IHCP Staff Training:** Each IHCP staff has an individualized training plan based on an assessment of his or her specific training needs. The following professional training and development criteria is met:
- (1)** Each staff receives an assessment of initial training needs within thirty days of hire; and
 - (2)** Each staff has documented competency or core IHCP training on the following areas, completed within six months of hire:
 - (a)** Family systems;
 - (b)** Risk assessment and crisis stabilization
 - (c)** Parenting skills and supports for children with SED children;
 - (d)** Cultural competency;
 - (e)** Intersystem collaboration with a focus on schools, courts, and child welfare:
 - (i)** Knowledge of other systems;
 - (ii)** System advocacy; and
 - (iii)** Roles, responsibilities, and mandates of other child-serving entities:
 - (f)** Educational and vocational functioning:
 - (i)** Assessment and intervention strategies for resolving barriers to successful educational and vocational functioning;
 - (ii)** Knowledge of special education laws; and
 - (iii)** Strategies for developing positive home-school partnerships and connections;
 - (g)** IHCP philosophy, including strength-based assessment and treatment planning; and
 - (h)** Differential diagnosis with special needs youth for staff credentialed to diagnose.
 - (i)** The agency must demonstrate that, at a minimum of every six months, it provides or arranges for ongoing training specific to the identified training needs of the staff as it relates to the population they serve.
 - (j)** The agency must demonstrate that each IHCP supervisor receives training specific to the clinical and administrative supervision of the service.
 - (k)** Family Life's IHCP Program assures consumer outcomes are collected according to the schedule in paragraph (L) of this rule for each client who receives IHCP services.
- D. Eligible Providers:** The following identifies those individuals who are eligible to provide and supervise IHCP service. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:
- (1)** Activities consistent with behavioral health counseling and therapy service shall be provided by individuals eligible according to rule 5122-29-03 of the Administrative Code. To provide the service:
 - (a)** Medical doctor or doctor of osteopathic medicine;
 - (b)** Registered nurse;
 - (c)** Master of Science in nursing;
 - (d)** Clinical nurse specialist;
 - (e)** Nurse practitioner;
 - (f)** Social worker;
 - (g)** Independent social worker;
 - (h)** Counselor trainee;
 - (i)** Professional counselor;
 - (j)** Professional clinical counselor;
 - (k)** Psychology intern/fellow;
 - (l)** Psychology assistant/assistant; or
 - (m)** Psychologist.
 - (2)** Activities consistent with mental health assessment service shall be provided by individuals eligible according to rule 5122-29-03 of the Administrative Code. To provide the service:
 - (a)** Medical doctor or doctor of osteopathic medicine;
 - (b)** Physician assistant; 5122-29-28
 - (c)** Registered nurse;
 - (d)** Master of Science in nursing;
 - (e)** Clinical nurse specialist;
 - (f)** Nurse practitioner;
 - (g)** Licensed occupational therapist;

- (h) Social worker;
 - (i) Independent social worker;
 - (j) Counselor trainee;
 - (k) Professional counselor;
 - (l) Professional clinical counselor;
 - (m) Licensed school psychology assistant;
 - (n) Licensed school psychologist;
 - (o) Psychology intern/fellow;
 - (p) Psychology assistant/assistant; or
 - (q) Psychologist.
- (3) Activities consistent with CPST service or IHCP activities exclusive of this rule shall be provided by individuals eligible according to rule 5122-29-17 of the Administrative Code. To provide the service:
- (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Physician assistant;
 - (c) Licensed practical nurse;
 - (d) Registered nurse;
 - (e) Master of Science in nursing;
 - (f) Clinical nurse specialist;
 - (g) Nurse practitioner;
 - (h) Licensed occupational therapy therapist assistant;
 - (i) Licensed occupational therapist;
 - (j) Social work assistant;
 - (k) Social worker;
 - (l) Independent social worker;
 - (m) Counselor trainee;
 - (n) Professional counselor;
 - (o) Professional clinical counselor;
 - (p) Licensed school psychology assistant;
 - (q) Licensed school psychologist;
 - (r) Psychology intern/fellow;
 - (s) Psychology assistant/assistant;
 - (t) Psychologist;
 - (u) Activity therapist;
 - (v) Art therapist;
 - (w) Certified therapeutic recreation specialist;
 - (x) Music therapist/board certified; or
 - (y) Trained other.
- (4) To supervise the service:
- (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Master of Science in nursing;
 - (c) Clinical nurse specialist;
 - (d) Nurse practitioner;
 - (e) Independent social worker;
 - (f) Professional clinical counselor; or
 - (g) Psychologist.

E. Location of Services: IHCP is provided in the home, school, and community settings where the youth lives and functions, and is designed to address and improve the mental health functioning of the youth in each of these domains.

VII. Funding Sources

- Medicaid
- Insurance
- Self-pay
- Grant Funding where applicable
- Sliding Fee scale for those who are eligible

- VIII. **Referral Process:** To make a referral for IHCP Services, call 419-774-9969. Referral requires the filling out of IHCP requires the completion of the IHCP Referral Form.
- IX. **Hours of Operations:** IHCP clients have access to services 24 hours and 7 days a week. Crisis services can be accessed by calling **419-631-6862**. Crisis Intervention Services are provided by appropriately trained IHCP staff. Access to emergency respite care is provided in conjunction with Richland County Children Services. 24-Hour emergency care services are available through Med Central Hospital.
- X. **Specialty IHCP Services:**
- Intensive In-Home services
 - AF-CBT by referral only

INTENSIVE HOME BASED TREATMENT (IHBT) SERVICE

- I. **Program Description:** Family Life's Intensive Home Based Treatment (IHBT) service is a comprehensive service that bundles mental health services into a single coordinated service which includes community psychiatric supportive treatment (CPST) service, mental health assessment service, crisis response, behavioral health counseling and therapy service, and social services which support the basic needs and functioning of the youth and family. IHBT incorporates components of resilience and system of care principles into all aspects of treatment. The purpose of IHBT is to provide the necessary services and supports that enable a client with serious emotional disturbance (SED) to live and function successfully in his or her home, school, and community in the least restrictive, most normative environment. These intensive mental health services are designed to prevent the out-of-home placement of youth with SED and to facilitate the successful transition of a youth with SED being reunified to their homes from a more restrictive placement. IHBT is provided in the home, school, and community settings where the youth lives and functions, and is designed to address and improve the mental health functioning of the youth in each of these domains. IHBT services are culturally, ethnically, racially, and linguistically appropriate, and respect and build on the strengths of the child and family's race, culture, and ethnicity.
- II. **Program Philosophy:** Our philosophy is to operate an Intensive Home Based Treatment Service Program dedicated to excellence, innovation, and personalized service for the individuals and families we serve.
- III. **Program Goals:** The goals of IHBT is to provide the necessary services and supports that enable a client with serious emotional disturbance (SED) to live and function successfully in his or her home, school, and community in the least restrictive, most normative environment. These intensive mental health services are designed to prevent the out-of-home placement of youth with SED and to facilitate the successful transition of a youth with SED being reunified to their homes from a more restrictive placement. **Services are designed and implemented to:**
- A. Support the recovery or well-being of the persons or families served.
 - B. Enhance the quality of life of the persons served.
 - C. Reduce symptoms or needs and build resilience.
 - D. Restore and/or improve functioning.
 - E. Support the integration of the persons served into the community
- IV. **Description of Service Modalities**
- A. Family Life's Intensive Home Based Treatment Service Program has the capacity to provide: Behavioral Health and Substance Abuse counseling and therapy services, mental health and substance abuse assessment services, community psychiatric supportive treatment (CPST) services, and crisis intervention services.
 - B. Skill development services, which include the development of:
 - (1) Behavior management skills.
 - (2) Life skills.
 - (3) Conflict resolution skills.
 - (4) Problem-solving skills.
 - (5) Anger management skills.
 - (6) Decision-making skills.
 - (7) Crisis management skills.
 - C. Family therapy,

- D. School-based services.
- E. Positive youth development services.
- F. Nutritional and health services,
- G. Service coordination.
- H. Medication management/monitoring services.

V. Identification of Population to be Served: Family Life shall determine who meets the criteria to receive the service and will document how the client meets the following criteria necessary to receive IHBT services:

- A. Is clinically determined to meet the "person with serious emotional disturbance" SED criteria in paragraph (B)(67) of rule 5122-24-01(B)(67) of the Administrative Code;
- B. Meets one or more of the following criteria as documented in the ICR:
 - (a) Is at risk for out-of-home placement;
 - (b) Has returned within the previous thirty days from an out-of-home placement or is transitioning back to their home within thirty days; or
 - (c) Requires a high intensity of mental health interventions to stabilize potential safety concerns; and
- C. Is under the age of eighteen. IHBT may also be provided to a client age eighteen through twenty-one who:
 - (a) Is still living at home;
 - (b) Meets all of the criteria for SED, except the age criteria established in paragraph (B)(67) of rule 5122-24-01(B)(67) of the Administrative Code; and
 - (c) Meets one or more of the following:
 - (i) Attends school working toward a high school diploma or its equivalent;
 - (ii) Is under the jurisdiction of juvenile court;
 - (v) Is in the custody of a public child serving agency; or
 - (vi) Receives services from a department or board of mental retardation and developmental disabilities.

VI. Exclusionary Criteria for admission:

- Client does not have the capacity to benefit from the services, such as severe reduced mental capacity, or an illness that would prevent participation in services, or were in such a state that they could not benefit from services.
- Client's refusal of services.
- Client's failure to abide by the consent for services criteria

Readmission Criteria:

- The elimination of exclusionary criteria being present
- Meeting the criteria for admission and consent for services.

VII. Provision of Services

A. Family Life's IHBT Services:

1. Includes a minimum of three hours per week of the IHBT services specified in paragraph (C) of this rule per client, which must include a minimum of two separate face-to-face contacts, and at least one contact with the child or family. Total service time may include phone contacts and collateral face-to-face contacts as long as each relates to the mental health needs of the youth as documented in the ICR;
2. Is strength-based and family-driven, with both the youth and family regarded as equal partners with the IHBT staff in all aspects of developing the service plan and service delivery;
3. Is provided in the home, school, and community where the child lives and functions, with no more than twenty-five percent of total service time delivered in an office setting;
4. Maintains a maximum caseload, per full-time equivalent staff, averages eight or less over any six-month period sampled, with the caseload per full-time equivalent staff not to exceed ten at any point in time;
5. Includes Crisis Intervention Services which is available twenty-four hours a day, seven days a week, as needed.
6. Provides each client and family receiving IHBT an assessment for risk and safety issues, and has a jointly written safety plan that is available to the client and family and is instructive of steps to take in the event of a crisis;
7. Assures collaboration occurs with other child-serving agencies or systems, e.g., school, court, mental retardation and developmental disabilities, job and family services, and health care providers that are

providing services to the client and family, as well as family and community supports identified by the youth and family;

8. Assures the service is flexible and individually tailored to meet the needs of the client and family. Appointments are made at a time that is convenient to the client and family, including evenings and weekends if necessary;
9. Assures the service is time-limited, with length of stay matched to the presenting mental health needs of the youth. IHBT should not exceed six months length of stay. Family Life has clearly established guidelines for granting extensions and procedures for continued stay of each individual. A continued stay review must be documented for each client receiving IHBT beyond six months, and every forty-five days thereafter. The continued stay review must include the criteria in paragraph (E) of this rule; and
10. Assures youth and family's IHBT aftercare service needs are addressed. Continuing care planning shall be collaborative between the client, their family, and IHBT staff.

B. IHBT Staff Requirements

1. FLC maintains a minimum of two full-time equivalent staff provide IHBT services. Services maybe provided by a single person, or team of staff clearly sharing various responsibilities for the same youth and family. Each client shall have a staff assigned with lead responsibility.
2. Each IHBT staff person receives a minimum of two hours of clinical supervision per week per full-time equivalent staff by the IHBT supervisor, unless the staff person is independently licensed. The IHBT supervisor shall have a designated responsibility to IHBT.
3. The IHBT supervisor shall have primary responsibility for providing supervision to the IHBT staff twenty-four hours a day, seven days a week. If the IHBT supervisor is unavailable, then supervision must be provided by staff qualified according to paragraph section (Q)(4) of this rule.

C. IHBT Staff Training: Each IHBT staff has an individualized training plan based on an assessment of his or her specific training needs. The following professional training and development criteria is met:

1. Each staff receives an assessment of initial training needs within thirty days of hire; and
2. Each staff has documented competency or core IHBT training on the following areas, completed within six months of hire:
 - (a) Family systems;
 - (b) Risk assessment and crisis stabilization
 - (c) Parenting skills and supports for children with SED children;
 - (d) Cultural competency;
 - (e) Intersystem collaboration with a focus on schools, courts, and child welfare:
 - (i) Knowledge of other systems;
 - (ii) System advocacy; and
 - (iii) Roles, responsibilities, and mandates of other child-serving entities;
 - (f) Educational and vocational functioning:
 - (i) Assessment and intervention strategies for resolving barriers to successful educational and vocational functioning;
 - (ii) Knowledge of special education laws; and
 - (iii) Strategies for developing positive home-school partnerships and connections;
 - (g) IHBT philosophy, including strength-based assessment and treatment planning; and
 - (h) Differential diagnosis with special needs youth for staff credentialed to diagnose.
 - (i) The agency must demonstrate that, at a minimum of every six months, it provides or arranges for ongoing training specific to the identified training needs of the staff as it relates to the population they serve.
 - (j) The agency must demonstrate that each IHBT supervisor receives training specific to the clinical and administrative supervision of the service.
 - (k) Family Life's IHBT Program assures consumer outcomes are collected according to the schedule in paragraph (L) of this rule for each client who receives IHBT services.

- D. Eligible Providers:** The following identifies those individuals who are eligible to provide and supervise IHBT service. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:
1. Activities consistent with behavioral health counseling and therapy service shall be provided by individuals eligible according to rule 5122-29-03 of the Administrative Code. To provide the service:
 - (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Registered nurse;
 - (c) Master of Science in nursing;
 - (d) Clinical nurse specialist;
 - (e) Nurse practitioner;
 - (f) Social worker;
 - (g) Independent social worker;
 - (h) Counselor trainee;
 - (i) Professional counselor;
 - (j) Professional clinical counselor;
 - (k) Psychology intern/fellow;
 - (l) Psychology assistant/assistant; or
 - (m) Psychologist.
 2. Activities consistent with mental health assessment service shall be provided by individuals eligible according to rule 5122-29-03 of the Administrative Code. To provide the service:
 - (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Physician assistant; 5122-29-28 9
 - (c) Registered nurse;
 - (d) Master of Science in nursing;
 - (e) Clinical nurse specialist;
 - (f) Nurse practitioner;
 - (g) Licensed occupational therapist;
 - (h) Social worker;
 - (i) Independent social worker;
 - (j) Counselor trainee;
 - (k) Professional counselor;
 - (l) Professional clinical counselor;
 - (m) Licensed school psychology assistant;
 - (n) Licensed school psychologist;
 - (o) Psychology intern/fellow;
 - (p) Psychology assistant/assistant; or
 - (q) Psychologist.
 3. Activities consistent with CPST service or IHBT activities exclusive of this rule shall be provided by individuals eligible according to rule 5122-29-17 of the Administrative Code. To provide the service:
 - (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Physician assistant;
 - (c) Licensed practical nurse;
 - (d) Registered nurse;
 - (e) Master of Science in nursing;
 - (f) Clinical nurse specialist;
 - (g) Nurse practitioner;
 - (h) Licensed occupational therapy therapist assistant;
 - (i) Licensed occupational therapist;
 - (j) Social work assistant;
 - (k) Social worker;
 - (l) Independent social worker;
 - (m) Counselor trainee;
 - (n) Professional counselor;
 - (o) Professional clinical counselor;
 - (p) Licensed school psychology assistant;

- (q) Licensed school psychologist;
 - (r) Psychology intern/fellow;
 - (s) Psychology assistant/assistant;
 - (t) Psychologist;
 - (u) Activity therapist;
 - (v) Art therapist;
 - (w) Certified therapeutic recreation specialist;
 - (x) Music therapist/board certified; or
 - (y) Trained other.
4. To supervise the service:
- (a) Medical doctor or doctor of osteopathic medicine;
 - (b) Master of Science in nursing;
 - (c) Clinical nurse specialist;
 - (d) Nurse practitioner;
 - (e) Independent social worker;
 - (f) Professional clinical counselor; or
 - (g) Psychologist.

E. **Location of Services:** IHBT is provided in the home, school, and community settings where the youth lives and functions, and is designed to address and improve the mental health functioning of the youth in each of these domains.

VIII. **Funding Sources**

- Medicaid
- Insurance
- Self-pay
- Sliding Fee scale for those who are eligible

IX. **Referral Process:** To make a referral for IHBT Services, call 419-774-9969. Referral requires the filling out of IHBT requires the completion of the IHBT Referral Form.

X. **Hours of Operations:** IHBT clients have access to services 24 hours and 7 days a week. Crisis services can be accessed by calling **419-631-6862**. Crisis Intervention Services are provided by appropriately trained IHBT staff. Access to emergency respite care is provided in conjunction with Richland County Children Services. 24-Hour emergency care services are available through Med Central Hospital

INTENSIVE OUTPATIENT SERVICES (ASAM Level 2.1)

- I. **Program Description:** The Family Life Counseling Intensive Outpatient Services treatment program is a professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized, non-residential treatment setting. Family Life Counseling's Intensive outpatient services are organized activities which are delivered in multiple community settings. Intensive Outpatient Services may be provided for persons at risk of being admitted to more intensive levels of care, such as residential, inpatient, or withdrawal management, or for continuing care for those who require a step-down following a more intensive level of care and require support to avoid relapse.

Family Life Counseling Intensive Outpatient Program services are evidence informed practices including:

- Cognitive Behavioral Therapy (CBT),
- Living In the Balance Treatment Program
- EIMR – Enhanced Integrated Management for Recovery
- Families in Recovery Program.
- Parenting in Recovery Program
- Work in Recovery Services
- Drug Testing Services
- Referral to medication assisted treatment physicians
- Referral to community-based support groups.
- Referral to additional support systems and services as needed.

- II. **Program Philosophy:** Our philosophy is to operate our Intensive Outpatient treatment program dedicated to excellence, innovation, and personalized service for the individuals we serve.
- III. **Program Goals:** Services are designed and implemented to:
- A. Support the recovery or well-being of the persons or families served.
 - B. Enhance the quality of life of the persons served.
 - C. Reduce symptoms or needs and build resilience.
 - D. Restore and/or improve functioning.
 - E. Support the integration of the persons served into the community
- IV. **Description of Service Modalities:** Family Life's Intensive Outpatient Treatment Program offers a comprehensive, coordinated, and defined services that varies in level of intensity but is nine or more contact hours per week for adults, age 18 years and older, with a minimum of contact three days per week (not to exceed 20 hours per week) or must be six or more contact hours per week for adolescents age 13 - 18 years, with a minimum of contact three days per week (not to exceed 20 hours per week). This level of care consists of a scheduled series of face-to-face sessions appropriate to the individual's treatment plan and includes a combination of the following services:
- A. Individual counseling/therapy,
 - B. Family counseling/therapy,
 - C. Group counseling/therapy,
 - D. Substance Abuse Recovery Case Management Services
 - E. Crisis Intervention Services
 - F. Psychoeducation with an emphasis on:
 1. Wellness: Wellness education is designed to assist the client to achieve balance in physical and emotional health and wellbeing.
 2. Recovery: Recovery education includes activities designed to provide information about the client's disorder with a focus on achieving the highest possible personal functioning and improvements in the person's social and occupational level of functioning.
 3. Resiliency: Resiliency education is focused on improving the person's awareness of the client's strengths and building on those strengths.

The above noted modalities are designed to assist the client to achieve the clients' goals related to psychological health, social functioning, self-esteem and coping abilities. In addition, services are designed to assist the client to achieve educational and vocational goals.

- V. **Identification of Population to be served:** Conducted for youth and adults who meet the **ASAM 2.1 (Screening/Assessment/Treatment Plan Review)**
- A. For individuals new to the program, a comprehensive bio-psychosocial assessment is completed within 72 hours of admission which substantiates appropriate patient placement. The Assessment must be reviewed and signed by a qualified Medical Behavioral Health Practitioner, Licensed Independent Behavioral Health Practitioner or Behavioral Health Practitioner completing or reviewing the assessment. This typically occurs with a diagnostic assessment to confirm the Substance Use Disorder diagnosis and determine the appropriate level of care and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
 - B. Physical examination by a qualified medical professional within a reasonable time, as determined by the client's medical condition not to exceed within 90 days prior to admission or documentation of good faith effort in referring the client for a physical and/or efforts made to obtain documentation of a physical.
 - C. An individual treatment plan is completed within 7 days of the assessment or at the time of the first face-to-face contact following assessment. The plan must be patient-centered and developed in collaboration with the patient.
 - D. Individual treatment plans are reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 30 days.
 - E. Discharge/transfer planning begins at admission.

- F. Referral and assistance as needed for the person to gain access to other needed Medicaid substance use disorder or mental health services.

VI. **Criteria for Admission for Intensive Out-Patient Services: Admission Guidelines ASAM Level 2.1**

- A. **Acute intoxication and/or withdrawal potential:** No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an intensive outpatient setting.
- B. **Biomedical conditions and complications:** None, or sufficiently stable to permit participation in outpatient treatment.
- C. **Emotional, behavioral, or cognitive conditions and complications:** None to moderate. If present, client must be admitted to either a co-occurring disorder capable or co-occurring disorder enhanced program, depending on the client's level of function, stability, and degree of impairment.
Note: Family Life Counseling is co-occurring capable facility.
- D. **Readiness to change:** Participant requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another LOC have failed. Alternatively, the participant's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, and clinically directed motivational interventions. Such interventions are not feasible or are not likely to succeed in a Level 1 program. However, the client's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest the treatment at Level 2.1 can be effective.
- E. **Relapse, continued use, or continued problem potential:** Participant is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan. Alternatively, there is a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping, or in postponing immediate gratification, or ambivalence toward treatment.
- F. **Recovery environment:** Insufficiently supportive environment and participant lacks the resources or skills necessary to maintain an adequate level of functioning without services in intensive outpatient treatment. Alternatively, the client lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs.

VII. **Exclusionary Criteria for admission:**

- A. Client does not have the capacity to benefit from the services, such as severe reduced mental capacity, or an illness that would prevent participation in services, or were in such a state that they could not benefit from services.
- B. Client's refusal of services.
- C. Client's failure to abide by the consent for services criteria

VIII. **Readmission Criteria:**

- A. The elimination of exclusionary criteria being present.
- B. Meeting the criteria for admission and consent for services.

IX. **Provision of Services:** The following identifies those individuals who are eligible to provide and supervise Intensive Outpatient Services. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:

- A. **To provide the service:**
 1. MD/DO - Medical doctor or doctor of osteopathic medicine;
 2. CNS - Clinical Nurse Specialists
 3. CNP - Certified Nurse Practitioners
 4. PA - Physician Assistants
 5. PSY - Licensed Psychologists
 6. LISW - Licensed Independent Social Workers
 7. LISW-S – Licensed Independent Social Worker Supervisor
 8. LIMFT - Licensed Independent Marriage and Family Therapists
 9. LPCC - Licensed Professional Clinical Counselor
 10. LICDC - Licensed Independent Chemical Dependency Counselor

11. LICDC-CS – Licensed Independent Chemical Dependency Counselor Clinical Supervisor
12. LSW - Licensed Social Workers
13. LMFT - Licensed Marriage and Family Counselor
14. LPC - Licensed Professional Counselors
15. LPCC-S – Licensed Professional Clinical Counselor Supervisor
16. LCDC III, Licensed Chemical Dependency Counselor III
17. LCDC II, Licensed Chemical Dependency Counselor II
18. PSY assistant - Psychology Assistant
19. SW-T - Social Worker Trainee
20. MFT-T - Marriage and Family Counselor Trainee
21. CDCA - Chemical Dependency Counselor Assistant
22. CT - Counselor Trainee

- B. **Location and Time of Services:** Intensive Outpatient Services are provided during morning, afternoons, and evenings and on weekends. Services are provided at Family Life Counseling Offices and other community access locations.

X. **Funding Sources**

- A. Medicaid
- B. Insurance
- C. Self-pay
- D. Subsidy funding through grants
- E. Sliding Fee scale for those who are eligible

XI. **Referral Process**

Call a local Family Life Counseling listed on our web site: www.flcps.com

XII. **Hours of Operation**

Business office hours of operation are 9 a.m. to 5 p.m., Monday through Friday, excluding national holidays. Outpatient Counseling Services may be provided day time hours, during the evening and on Saturdays by appointment. Crisis Intervention Services are available 24 hours a day, 7 days a week.

PEER RECOVERY SERVICES

- I. **Program Description:** Peer recovery services are community-based services for individuals with a mental illness or substance use disorder, and consist of activities that promote recovery, self-determination, self-advocacy, well-being, and independence. Peer recovery services are individualized, recovery-focused, and based on a relationship that supports a person's ability to promote their own recovery.
- II. **Program Philosophy:** Our philosophy is to operate Peer Recovery Services dedicated to excellence, innovation, and personalized service for the individuals we serve. Peer recovery services promote self-directed recovery by assisting an individual. They promote trauma informed care and diversity competence, encourage self-direction, and advocate for informed choice.
- III. **Program Goals: Services are designed and implemented to:**
 - A. Support the recovery or well-being of the persons or families served.
 - B. Enhance the quality of life of the persons served.
 - C. Reduce symptoms or needs and build resilience.
 - D. Restore and/or improve functioning.
 - E. Support the integration of the persons served into the community
- IV. **Description of Service Modalities**

- A. Peer recovery services may include, but are not limited to:
1. Ongoing exploration of recovery needs;
 2. Supporting individuals in achieving personal independence as identified by the individual;
 3. Encouraging hope;
 4. Supporting the development of life skills such as budgeting and connecting to community resources;
 5. Developing and working toward achievement of personal recovery goals;
 6. Modeling personal responsibility for recovery;
 7. Teaching skills to effectively navigate to the health care delivery system to effectively and efficiently utilize services;
 8. Providing group facilitation that addresses symptoms or behaviors, through processes that assist an individual in eliminating barriers to seeking or maintaining recovery, employment, education, or housing;
 9. Assisting with accessing and developing natural support systems in the community;
 10. Promoting coordination and linkage among similar providers;
 11. Coordinating or assistance in crisis interventions and stabilization as needed;
 12. Conducting outreach;
 13. Attending and participating in treatment team; or,
 14. Assisting individuals in the development of empowerment skills through self- advocacy and activities that mitigate discrimination and inspire hope.
- V. **Identification of Population to be Served:** Conducted, for adults with appropriate and timely collateral contacts with family, parent or guardian, and/or other agencies or individuals providing services to the client or family.
- VI. **Criteria for Admission:** The client must meet diagnostic criteria for psychoactive substance use disorder as defined by DSM-5 manual and meet the Level I, - Level 2.1 criteria for outpatient services according to ASAM. Adults who meet the diagnostic criteria for psychoactive substance use disorder as defined by DSM-5 manual.
- VII. **Exclusionary Criteria for admission:**
- Client does not have the capacity to benefit from the services, such as severe reduced mental capacity, or an illness that would prevent participation in services, or were in such a state that they could not benefit from services.
 - Client's refusal of services.
 - Client's failure to abide by the consent for services criteria
- VIII. **Readmission Criteria:**
- The elimination of exclusionary criteria being present
 - Meeting the criteria for admission and consent for services.
- IX. Provision of Services
- C. Peer recovery services are not site specific but shall be provided in locations that meet the needs of the individual.
- D. Peer recovery services may be facilitated to individuals or groups.
- E. Peer recovery services shall be provided by certified peer recovery supporters as defined in rule 5122-29-15.1 of the Administrative Code.
- F. Certified peer recovery supporters must be supervised by an individual as defined in rule 5122-29-15.1 of the Administrative Code.
- X. **Referral Process:** To make a referral for Peer Recovery Services, call 419-774-9969.
- X. **Hours of Operations:** Hours of operation are 9 a.m. to 5 p.m., Monday through Friday, excluding national holidays. Evening and weekend appointments are also available as needed. Crisis Intervention Services are available 24 hours a day, 7 days a week and may be accessed by calling 419-631-6862.

Mobile Response Stabilization Services (MRSS)

Mobile Response and Stabilization Services (MRSS)

MRSS is defined in OAC 5122-29-14 as Mobile response and stabilization service (MRSS) is a structured intervention and support service provided by a mobile response and stabilization service team that is designed to promptly address a crisis situation; with young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school, or community.

MRSS Program Description of FLCPS:

Mobile Response and Stabilization Services (MRSS) program provides mobile, on-site, and rapid intervention for youth experiencing a behavioral health crisis, allowing for immediate de-escalation of the situation in the least restrictive setting possible; prevention of the condition from worsening; and the timely stabilization of the crisis. The mobile crisis component of MRSS is designed to provide time limited, on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools, and emergency departments. Depending on the needs of the child, the stabilization component may include a temporary, out-of-home crisis resolution in a safe environment. Families with youth and young adults up to age 21 who are experiencing difficulties or distress can receive assistance within 60 minutes after contacting MRSS and a de-escalation period up to seventy-two hours. Families may also receive up to 42 days of intensive, in-home services and linkage to on-going supports.

A. FLCPS MRSS Program Staff Training Requirements

FLCPS full-time MRSS program staff shall receive MRSS 2-day Core and Stabilization Training. Afterhours staff shall receive MRSS Night and Coverage Staff Training.

1. Supervisors are required to receive the MRSS Supervisor's Training
2. MRSS staff are required to be trained in OHMAS approved Trauma Informed Care
3. MRSS services shall utilize trauma responsive approaches with regard to intervention services
4. MRSS staff shall be trained in the identified evidence-based strategies utilized during stabilization including but not limited to:
 - ☐ motivational interviewing,
 - ☐ collaborative problem solving,
 - ☐ solution-focused therapy,
 - ☐ collaborative assessment,
 - ☐ management of suicidality
5. Staff shall receive training and experience in crisis intervention with the youth population under 21

B. FLCPS MRSS Supervisory Requirements

1. MRSS Supervisor shall have a designated time to meet individually each week with staff to provide support
2. MRSS therapist/clinicians have immediate access to consultation with their supervisor
3. MRSS Supervisor shall convene FLCPS MRSS staff for a team meeting at least once per week or as deemed necessary.

C. FLCPS MRSS Program Staffing Requirements

1. FLCPS MRSS program shall maintain adequate staffing in all designated service areas.
2. FLCPS MRSS program staffing composition shall include:
 - a. MRSS Clinical Director
 - b. MRSS Program Supervisor
 - c. MRSS Therapist/Clinician (minimum bachelor's level licensed clinicians)
 - d. MRSS Peer Supporters/Paraprofessionals
 - e. Access to Psychiatric consult hours
 - f. Clinicians who are trained in MRSS and are available after normal business hours
 - g. Peer Supporters/Paraprofessionals shall be meaningfully engaged in the provision of MRSS services
 - h. Qualified Mental Health Specialist

D. FLCPS MRSS Program Services

1. Screening and Triage Services
 - a. FLCPS MRSS program has capacity to receive calls for MRSS services via an exclusive designated agency phone 24 hours a day, seven days a week, including holidays
 - b. When MRSS calls for service are received the caller is connected directly to MRSS staff member who will be providing the mobile response.
 - c. MRSS services are initiated for any family defined crisis involving a young person under the age of 21
 - d. FLCPS MRSS program shall maintain the capacity to deploy an MRSS team to meet face-to-face in the home or family designated location 24 hours a day, seven days a week, including holidays
 - e. FLCPS MRSS program shall maintain the capacity to deploy an MRSS team to meet face to face with the family in the home or family designated location within 60 minutes for all calls **coded as immediate**
 - f. FLCPS MRSS program shall maintain the capacity to deploy an MRSS team to meet face to face with the family in the home or family designated location within 24 hours for all calls **coded as non-immediate unless the family wishes a later response.**
 - g. FLCPS MRSS program shall maintain a capacity to provide face-to-face response in the home or family designated location for multiple MRSS calls for service simultaneously

2. Initial Mobile Response (Up to 72 hours)
 - a. FLCPS MRSS program team shall provide clinical interventions to de-escalate the presenting crisis in the home or at a location designated by the family Initial crisis assessment includes:
 - ☐ mental status,
 - ☐ risk,
 - ☐ substance use,
 - ☐ recent trauma and
 - ☐ DSM 5 diagnosis if present,
 - ☐ The assessment is completed at the first visit with the young person and family
 - b. Initial safety plan is created with the young person and family at the first visit
 - c. The Ohio Brief CANS is completed for all young people moving from initial mobile response into stabilization
 - d. An MRSS Plan is developed for all young people moving into stabilization

3. Stabilization (Up to six weeks)
 - a. MRSS Plans include family identified goals that can be achieved during stabilization
 - b. Cultural needs and preferences are assessed and incorporated into plans, services provided and linkages to community supports
 - c. Stabilization services include:
 - ☐ Identification and use of evidence-based practices (for example: motivational interviewing, collaborative problem solving, solution-focused therapy, collaborative assessment and management of suicidality)
 - ☐ Skill building with the young person and family
 - ☐ Coaching and mentoring the young person and family to apply newly acquired skills
 - ☐ Short-term counseling
 - ☐ Care coordination
 - ☐ Linkages to natural supports, community-based pro-social supports, and activities
 - ☐ Linkages to clinically appropriate therapeutic services, medication management and specialized services to address needs of the young person
 - ☐ Ongoing assessment of risk, safety concerns, escalation patterns and crisis triggers
 - ☐ Assessment of basic needs and referral to services across life domains. (medical, dental, food, shelter, education, etc.)
 - ☐ Transition current crisis plan and safety plan to service providers and other team members who will work with the family during and after MRSS engagement

- d. FLCPS MRSS staff meets face-to-face with the young person and family an average of two times per week in the home or location designated by the family
- e. When indicated, wraparound and/or service coordination referrals are initiated, and meetings are convened

E. FLCPS MRSS Program Data Management and Performance Monitoring

1. FLCPS MRSS clinical services are documented using the ECHO Advantage EHR software system
2. FLCPS MRSS staff successfully enters client intake data into the DMS data system within 10 business days of the first date of service
3. FLCPS MRSS staff successfully enters client discharge data into the DMS data system within 10 business days after the date of discharge.
4. Data collected is utilized for the following purposes:
 - a. To determine training needs
 - b. For determining supervisory needs
 - c. For staff performance monitoring
 - d. For monitoring service delivery
 - e. For monitoring cultural and linguistic competency
 - f. For monitoring collaboration and system alignment
 - g. For administrative decision making

F. FLCPS MRSS Program and System Collaboration

1. FLCPS MRSS program shall establish and maintain MOU's with at least one other child serving agency in the service area to collaborate on linking MRSS to young people and their families who need the service.

G. FLCPS MRSS Program Cultural and Linguistic Competency Development

1. FLCPS MRSS shall recruit staff that are culturally and linguistically diverse and representative of the community served.
2. FLCPS shall on an ongoing basis assess factors related to disparities in access, utilization, and outcomes of MRSS services and implement strategies to mitigate their impact.
3. MRSS Staff shall identify and gain knowledge of unique cultures in their service areas and common culture specific values and practices which may impact service delivery
4. FLCPS shall gain access to qualified interpreters to ensure the provision of linguistically competent services
5. MRSS materials are available in multiple languages to meet the needs of the diverse population in the service area

H. Worker Safety

1. FLCPS MRSS clinicians on-call shall use the recommended triage questions to determine the safety of a call-out location before proceeding to the call-out.
2. FLCPS MRSS clinicians on-call shall inform the supervisor and team of name and address of their youth and family and the time of their departure for that location. They shall use the HIPAA compliant secure MRSS chat to share this information. They shall also use the chat to inform the team that they are leaving a location.
3. FLCPS MRSS clinicians who are visiting a family for the first time may request that their supervisor or another team member accompany them to the home if they are uncomfortable or unfamiliar with the location.
4. If in doubt about any safety concern, the MRSS clinician may do any of the following at any time during a call-out:
 - a. Leave the location and offer tele-health services
 - b. Call Law enforcement
 - c. Call the supervisor to debrief the circumstance.
5. FLCPS MRSS staff are issued agency cell phones using premium cell providers, and hotspots.
6. FLCPS MRSS staff are required to keep their digital calendars current and to share those calendars with team members.

7. FLCPS MRSS providers are encouraged to leave valuables in their cars or at another location, to take their phones into the home with them, to always position themselves with an exit route, to ask families to put away any dogs which might seem aggressive.
8. FLCPS MRSS providers are encouraged to attempt de-escalation techniques if a family member becomes agitated or concerning. "Speak and move low and slow".
9. Again, if in doubt, MRSS providers are encouraged to leave the location

* ADDITIONAL SPECIFIC SERVICES UPON REQUEST AND MEETING OF CRITERIA

- Life Coaching
- Restorative Practices
- Sexual Abuse Treatment
- Play & Filial Therapy
- Financial Coaching
- Solutions for Employment
- Domestic Violence Treatment Program
- Older Adult Treatment Services
- Addiction Intervention Services
- Certified DYS Adolescent Sex Offender treatment program
- Telehealth Services – upon request.
- Christian Counseling – upon request
- School Based Services
- Level 2 Recovery Housing (Willard and Norwalk)

CENTRAL ADMINISTRATION OFFICE & PROVISION OF SERVICES: 151 MARION AVE., MANSFIELD, OH 44903

** Additional sites of services are offered as well. Addendum Sites of Operation.

- GALION: 6 Public Square, 2nd Level, 44833
- LOUDONVILLE: 133 N Water Street, 44842
- MANSFIELD: 222 Marion Avenue, 44903
- MANSFIELD: 240 Marion Avenue, 44903
- MILLERSBURG: 10 S Clay St, Suites 101 & 104, 44654
- NORWALK: 34 Woodlawn Avenue, Norwalk, OH, 44857
- NORWALK: 175 Milan Avenue, Norwalk, OH 44857
- SHELBY: 169 Mansfield Ave, Shelby, OH 44875
- WILLARD: 313 Crestwood Drive, Willard, OH 44890

**Services are provided as a community service in many local schools surrounding the above mentioned office locations, including, but not limited to the following:

- | | | |
|------------------|---------------------|--------------------|
| ● BELLEVUE: | ● KILLBUCK: | ● PLYMOUTH: |
| ● CLEARFORK | ● LUCAS: | ● SANDUSKY: |
| ● COLLINS: | ● MADISON | ● SHELBY: |
| ● CLYDE: | ● MANSFIELD CITY | ● SOUTH CENTRAL: |
| ● DANVILLE: | ● MILLERSBURG: | ● WEST SALEM: |
| ● FREDERICKTOWN: | ● MONROEVILLE: | ● WESTERN RESERVE: |
| ● GREEN SPRINGS: | ● NEW LONDON: | ● WILLARD: |
| ● GREENWICH: | ● NORWALK Catholic: | |