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**MHS** MENTAL  
HEALTH  
SERVICES  
*for homeless persons, inc.*

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**AGENCY  
SERVICE PLAN**

July 2005 – June 2007



# SERVICE PLAN FOR FISCAL YEAR 2007

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### **(1) STATEMENT OF PURPOSE, GOALS, VALUES AND ETHICS**

Mental Health Services for Homeless Persons, Inc. (MHS) provides behavioral health services in Cuyahoga County, Ohio, for more than 12,000 children and adults each year. Founded in 1988 to serve adults experiencing severe mental illness and homelessness, MHS has retained its original name, but now provides outreach, mental health assessment, and diverse clinical interventions for children and adults through twelve homeless assistance programs and three crisis and trauma intervention programs. MHS is a not-for-profit, 501(c)(3) corporation, a contract agency of the Cuyahoga County Community Mental Health Board (CCCMHB) and a partner agency of United Way Services.

The MHS leadership team supports and implements the agency mission statement, as approved by the Board of Trustees. All MHS services are organized and provided to achieve one of two ends: resolving mental health crises and ending homelessness. MHS offers 24-hour professional services for children and adults in Cuyahoga County experiencing trauma or psychiatric crisis. Goals of these services are to help the person resolve the crisis situation, reduce and manage subjective distress, and gain competence in new coping skills to forestall recurrence of the crisis. MHS also provides services to families in crisis, in order to protect children from harm and from removal from their families. MHS provides a continuum of services for those who are homeless, or at risk of becoming homeless, many of whom have a disability. Through participation in these services, clients achieve safe and permanent housing, and learn how to live with independence and dignity through the effective management of their health and recovery.

#### **MISSION STATEMENT**

“Helping people gain control of their lives by forging solutions that resolve mental health crises and end homelessness.”

In offering services, MHS staff members respect the choices and perceived needs of clients, and encourage participation of the person’s natural support system, if so desired, or create supports where few currently exist. Services are attentive to clients’ ethnic characteristics and cultural beliefs. Services support clients’ freedom to choose among alternative interventions, unless the protection of safety requires emergency hospitalization. Service recommendations promote delivery of services in the least restrictive setting appropriate to the person’s needs and available resources, preferably in the person’s natural environment, if possible. Services are not restricted or denied to any adult or child solely on the basis of their status or involvement in the justice system.

MHS continues to introduce of the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model to agency services during FY 2007. IDDT is a structured treatment model of proven effectiveness for people with severe mental disorders and co-occurring substance-use disorders. More than half of all people who participate in MHS homeless assistance services have these co-occurring, or dual disorders. MHS will improve treatment outcomes for persons who have a co-occurring disorder and who are homeless by implementing this model. This model is being implemented in stages, across the entire continuum of MHS homeless assistance services. Once achieved, a client with co-occurring disorders will participate in the same, structured, coherent, and evidence-based treatment protocol at all MHS homeless assistance programs. From the streets, to shelter, to transitional housing, and to permanent housing, our treatment approach will be faithful to

this evidence-based model. Funding through United Way Services and the Cuyahoga County Community Mental Health Board enabled MHS to partner with The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (Ohio SAMI CCOE) for training of MHS staff in the IDDT model. It is projected that by the end of FY 2007, all service providers in MHS homeless assistance programs will be utilizing this model to support recovery for individuals challenged with dual disorders.

MHS collects, analyzes, and uses data on an on-going basis to define and describe the needs of the clients, employees, and communities it serves, the needs of agency and project funders, and the satisfaction of clients and community stakeholders with services. The methods utilized to conduct these activities are specified in the MHS Performance Improvement Plan. Understanding the importance of access to real-time data, as well as historical data, MHS created a unique database, customized to collect comprehensive service information. MHS uses quantitative and qualitative data from a variety of sources, to including the Ohio Department of Mental Health (ODMH) Consumer Outcomes surveys, complaint, grievance or incident summaries, questionnaires, satisfaction surveys, clinical interview protocols, clinical assessment instruments, strategic planning and program development activities, and focus groups. MHS uses this information to assess how well current programs are meeting stakeholders' needs, and to identify needs that are not being met. MHS leadership utilizes this input in numerous activities, to include performance improvement, consumer and agency advocacy, and programmatic, financial, resource and strategic planning.

MHS maintains written affiliation agreements with 33 community mental health centers, hospitals, and other healthcare providers in Cuyahoga County. These agreements describe protocols for referral, service provision and collaboration, exchange of information, the protection of confidential health information, and improving the quality of services.

MHS has developed a continuum of services, goals and objectives described in this Service Plan in accordance with the Cuyahoga County Community Mental Health Board's Mutual Systems Performance Agreement (MSPA), and Needs Assessment. In addition to utilizing the MSPA, this Service Plan describes the development of services and accessibility expectations in response to input from clients, family members and the community at large. This input is gathered through satisfaction surveys that are disseminated by Quality Assurance staff to persons who have received services from the agency, their immediate family members, and other agencies and organizations in the community. Involvement of clients in the decision making process regarding programs, services and satisfaction with services remains a priority at MHS. Clients are involved in program design, implementation and assessment of services received through suggestion boxes, located at each program site, satisfaction surveys administered at least annually, and a formalized grievance procedure, provided to all clients upon intake, provides information on how to express grievances/complaints. Grievances/complaints are reviewed by the Client Rights officer, who advocates on behalf of the client, & the QI team, to identify any trends or patterns & formulate recommendations. These activities provide information that is aggregated to protect clients' identities & forwarded to Managers and Directors for review, and program modification. Additional discussion with clients occurs during Tenant's Council meetings. These meetings provide an opportunity for discussion among clients, peer graduates and a staff person, & a means of formulating recommendations for changes. MHS's Board includes consumer participation.

MHS established the following Goals and Objectives in response to the needs identified by MHS stakeholders, based on: the Cuyahoga County Community Mental Health Board Needs Assessment; the City of Cleveland Office of Homeless Services Gaps Analysis; Input from MHS Clients and family members, employees, and community members/organizations; and strategic planning and development efforts led by the MHS Board of Trustees.

## **GOALS AND OBJECTIVES**

1. To continue to lead the community in initiatives to end homelessness and resolve psychiatric crises in Cuyahoga County through the development of new programs, service modalities and educational efforts.
2. To provide services of clinical excellence and accountability, promoting continuous improvement and the participation of consumers and family in treatment decisions.
3. To select and implement treatment protocols of demonstrated effectiveness, based on research studies or on the consensus judgment of treatment professionals. For homeless clients with co-occurring severe mental disorders and substance-use disorders, MHS is implementing the Integrated Dual Disorder Treatment model. For homeless women of the Community Women's Shelter who have severe substance-use disorders and non-severe mental disorders, MHS is implementing the Comprehensive Case Management Model. For children experiencing traumatic stress as a result of witnessing violence, MHS is to implement Trauma-Focused Cognitive Behavioral Therapy for children 3-17 years of age, and the Child-Parent Psychotherapy for Family Violence protocol of the Early Trauma Treatment Network for younger children.
4. To provide community treatment alternatives to incarceration to decrease the criminalization of individuals with mental illness.
5. To continue collaboration efforts with CCCMHB and other community providers to provide Crisis Intervention Training to 25% of the Cleveland Police Department. Initiated in 2004, this program helps police officers to better interact with people with mental illness, and provides the tools needed to divert non-violent people with mental illness from jail to a designated diversion and treatment program.
6. To increase the number of choices available to homeless women, and women with children, through the development of additional resources and collaborations available to residents utilizing the MHS emergency shelter system.

### **SUMMARY OF GOALS & OBJECTIVES**

1. Program development.
2. Clinical excellence and accountability.
3. Treatment protocols.
4. Community treatment alternatives.
5. Community collaboration.
6. Additional resources for homeless women.
7. Integrated Dual-Disorder Treatment Model.
8. ODMH Recovery Model.
9. Hope Springs Water.
10. Capital campaign.
11. Clinical information system.
12. CARF accreditation.

7. To enhance services designed to serve clients dually diagnosed with mental health and addictive disorders, utilizing the Integrated Dual Disorder Treatment model, and to enhance MHS's awareness of dual diagnosis issues. All MHS staff providing primary services to homeless, disabled individuals will be trained in this model by the end of FY2007.
8. To promote the use of the ODMH Recovery Model and promote understanding with our clients and their families. To monitor these initiatives through our Quality Improvement processes.
9. To solidify MHS's new strategic initiative to generate additional funding for critical services in our community through the venture called "Hope Springs Water."
10. To generate the funds necessary to acquire, renovate and operate the MHS central office through a successful capital campaign.
11. To enhance the utilization of Information Technology to improve service access, efficiency, management, and outcomes, to enhance client satisfaction, and to protect the privacy of client information.
12. To acquire CARF Accreditation for Core Program areas by September 2006.

## **PRINCIPLES AND VALUES**

Through strategic planning efforts, MHS has adopted principles and values which guide agency efforts. We believe in and practice the following values every day:

### **DIVERSITY**

We are sensitive to and value cultural and other human differences.

### **DEDICATION**

We go above and beyond to put clients first.

### **COLLABORATION**

We work in concert internally and with other providers and the community.

### **RESOURCEFULNESS**

We are constantly attracting and mobilizing relevant resources.

### **CARING & EMPATHY**

We put ourselves in others' shoes, and meet people with compassion where they are.

### **HOLISTIC TREATMENT**

We work with the whole person – mentally, emotionally, socially and physically.

### **ETHICAL BEHAVIOR**

We are direct and honest, and embody the ethics of our profession and community.

### **RESPECT & EMPOWERMENT**

We respect people's dignity, and we support their right to direct their own lives and growth.

### **CREATIVITY & INNOVATION**

We are open-minded and constantly seek the best possible ways to do things.

### **EXCELLENCE & EFFECTIVENESS**

We act professionally, reliably, and quickly to measurably impact people and the community.

MHS places a high value on the rights of the people we serve. It is the practice of MHS to nurture and protect the dignity and respect of all persons served. The development and dissemination of the Client Rights and Grievance policy provides a means for people receiving services from MHS to make complaints regarding care, treatment, living conditions, or the exercise of rights, and to have those complaints heard and acted upon in a timely manner without retaliation or barriers to services.

## **MHS CODE OF ETHICS**

*The MHS Code of Ethics Policy is available upon request.*

### **PERSONAL AND PROFESSIONAL INTEGRITY**

All staff, board members and volunteers of MHS act with honesty, integrity and openness in all their dealings as representatives of the agency. MHS promotes a working environment that values respect, fairness and integrity. Adherence to the principles of dual relationships, and confidentiality of client information is of critical importance.

### **MISSION**

MHS has a clearly stated mission and purpose, approved by the Board of Trustees, in pursuit of the public good. All of MHS' programs support that mission and all who work for or on behalf of the agency understand and are loyal to that mission and purpose. The mission is responsive to the constituency and communities served by the agency and of value to the society at large.

### **GOVERNANCE**

MHS has an active governing body that is responsible for setting the mission and strategic direction of the agency and oversight of the finances, operations, and policies of the agency. The governing body actively takes steps to detect and resolve improper or illegal conduct through a structured Corporate Compliance program.

### **LEGAL COMPLIANCE**

MHS is knowledgeable of and complies with all laws, regulations and applicable international conventions.

### **RESPONSIBLE STEWARDSHIP**

MHS and its subsidiaries manage agency funds responsibly and prudently, as well as funds for clients for whom the agency acts as representative payee.

### **OPENNESS AND DISCLOSURE**

MHS provides comprehensive and timely information to the public, the media, and all stakeholders and is responsive in a timely manner to reasonable requests for information. All information about the agency will fully and honestly reflect the policies and practices of the agency.

### **PROGRAM EVALUATION**

MHS regularly reviews program effectiveness and has mechanisms to incorporate lessons learned into future programs. The agency is committed to improving program and organizational effectiveness and develops mechanisms to promote learning from its activities and the field. MHS is responsive to changes in its field of activity and is responsive to the needs of its constituencies.

### **INCLUSIVENESS AND DIVERSITY**

MHS has a cultural diversity plan that promotes inclusiveness. Its staff, board and volunteers reflect diversity in order to enrich its programmatic effectiveness. The agency takes meaningful steps to promote inclusiveness in its hiring, retention, promotion, board recruitment and constituencies served.

### **FUNDRAISING**

MHS conducts agency fundraising activities with honesty, integrity and truthfulness. MHS respects the privacy concerns of individual donors and expends funds consistent with donor intent. The agency discloses important and relevant information to potential donors.

## **(2) CONTRIBUTIONS TO THE DEVELOPMENT OF A COMMUNITY SUPPORT SYSTEM**

MHS works with mental health and non-mental health providers, planners, advocates, and service recipients to develop resources and increase awareness and knowledge of the issues pertaining to persons with mental health needs. Agency staff members participate in community-based efforts to identify gaps in the community's service delivery system and improve the mental health services in Cuyahoga County. Efforts to develop joint activities with other service providers have resulted in easier access to services for clients and the development of new programs.

### **MHS PROGRAMS**

#### Homeless Services

- Outreach
- Shelter Services
- Transitional Housing
- Community Psychiatric Supportive Treatment
- Permanent Housing

#### Crisis Services

- Adult and Child Mobile Crisis Teams
- Children Who Witness Violence
- Child and Family-Focused Services

MHS has made significant contributions to the development of Cuyahoga County's community support system. MHS has developed a broad range of services to homeless, disabled adults. These services include outreach, an overnight shelter, a 24-hour women's shelter, three supportive housing programs, and a program serving young people in their transition to the adult service system. During FY 2005, MHS began operating the PATH Re-Entry Prison Pilot Project to assist people with serious and being designated as homeless upon release into the community. The project is a critical addition to the community's continuum of services. The Mobile Crisis Team provides 24-hour hotline, referral & information, and crisis intervention mental health services to children and adults throughout the County. This program has been successful in reducing inpatient psychiatric hospital utilization, and in improving the linkage of persons to follow-up mental health services after resolution of the crisis. The Children Who Witness Violence Program responds to referrals from police departments in selected communities, and serves children who have been traumatized by domestic violence and other violent events. The Child and Family Focused Services Program, in

collaboration with staff from the Department of Children and Family Services, provides protection of children from serious harm and removal from the family.

## **(3) PROGRAM DESCRIPTIONS, TARGET POPULATIONS, AND GOALS**

MHS currently operates twelve programs providing specialized services responding to the choices, perceived and assessed needs of individuals who are homeless with mental or other disabilities. The agency provides persistent outreach to identify homeless individuals with severe mental disabilities, earn their trust, and encourage their participation in mental health and supportive services. In FY 2004, MHS opened the Community Women's Shelter, the agency's first program not specific to homeless individuals with some type of disability. The CWS serves homeless women, including those with children. In FY 2005, MHS opened the agency's first Permanent Housing Program for Persons with Disabilities. Located on the near west side of Cleveland, it provides housing and support services to formerly homeless individuals with a disability. Through the continuum of care offered by the coordinated efforts of these programs, homeless clients are better able to maintain progress in the achievement of important goals. MHS also operates three programs providing trauma/ crisis services for children and adults of Cuyahoga County. Programs are described below:

**(A) COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM**

CARF CORE PROGRAM: CASE MANAGEMENT/SERVICES COORDINATION

Philosophy:

The underlying philosophy of the Community Psychiatric Supportive Treatment (CPST) staff is to 'do what it takes' to end homelessness. Service provision is client centered and client driven. CPST staff work with clients to build rapport and trust, often outreaching to clients in an attempt to keep them engaged in services. CPST staff assist clients in focusing on developing, strengthening and supporting the skills needed to reach their self-defined goals. Highly collaborative in nature, the CPST program depends not only on the client for input and collaboration, but on other appropriate service providers in the community to provide a comprehensive array of services. It is the intent of the CPST program to facilitate each client's experience of their own successes and to build on these successes for optimal recovery.

Description:

The CPST serves one of the most-vulnerable populations of persons with mental illness: those who are homeless. Among these individuals are those who are dually diagnosed with a substance use disorder or mental retardation. The CPST program provides an array of intensive services delivered by a community based team of service providers including case managers, social workers, a nurse, and psychiatrists. Services and support are focused on the individual's ability to succeed in the community; to identify and access services needed to achieve optimal independence and to show improvement in overall functioning. CPST services include monitoring and assessment of the individualized needs of each client. Services are community-based, and provided in locations that meet the needs of the clients.

CPST staff members develop an Individualized Service Plan with each client within five face-to-face sessions of service provision. Goals and action steps are, to the extent possible, expressed in the client's own words, and start at the level at which the client can successfully accomplish them. CPST staff assists clients in linkage to services and resources to meet their goals, as identified in their ISP. MHS encourages involvement of family and/or significant others whenever clients wish to involve their families as natural supports in the treatment planning process. The client, CPST staff, and appropriate clinical managers review the goals and objectives developed by the client and CPST staff every ninety days, and make changes in the treatment plan as indicated by the review.

Because most of the clients come to the agency without income or insurance, CPST staff assists clients in applying for all entitlements, including disability assistance, Medicaid or Medicare, Supplemental Security Income, and veteran's benefits. When appropriate, clients may choose to have MHS act as the representative payee for Social Security entitlements. In these situations, the CPST staff work with the client to develop a budget and, over time, develop the skills for management of income. CPST staff also assists the client in securing community services through other providers, to include healthcare, financial, vocational/training services, or social support groups such as LINKS. It is oftentimes necessary for CPST staff to provide transportation to appointments or activities in the community, until such time as the client is able to access transportation on his or her own.

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Equally important is the role that CPST staff plays in providing education and supporting clients' development. CPST staff providing services must have a working knowledge of services, resources and support systems that are appropriate to the needs of the client. CPST staff educates clients about the resources and supports available to them in their own community and how to access them. Every client is familiarized with the agency's Psychiatric Mobile Crisis Team, and how to access crisis intervention services. Other resources include pre-vocational/training opportunities, social groups/activities, and self-help groups. Postings at MHS sites are updated to reflect the availability of these opportunities. Additionally, CPST staff facilitates the development of the daily living skills which will enable clients to live as independently as possible in the community. Staff work with clients to identify skills which need to be strengthened (i.e. personal hygiene, budgeting, meal planning and preparation, housekeeping, transportation by bus) and provide assistance and reinforcement as the client's skills develop. The client and CPST staff may coordinate efforts with other appropriate service providers in the community, as documented on the client's ISP.

CPST staff work closely with clients to assist them in identifying housing options that are appropriate to their abilities and preferences. Because many of MHS's clients are homeless and in need of more permanent housing at the time of initial contact, additional support services are provided through the agency's Housing Coordinator. The Housing Coordinator develops appropriate, safe housing resources that vary in the degree of structure and support offered, and range from licensed group homes, supported living to independent 1 or 2 bedroom apartments. For clients moving into independent living, the Housing Coordinator will make visits to monitor the cleanliness and safety of the site and the mental status of the clients.

The CPST program is a source of referral for persons who have received PATH, Outreach, or Crisis services at MHS. The transfer of services from one MHS program to another is carefully coordinated and includes the participation of the client, the appropriate Program Managers, the staff who provided initial services to the client, the newly assigned direct service worker, and the Medical Director. Coordination of service provision between MHS programs during this process is less disruptive to the client and minimizes the risk of losing the client during the transition period.

Community support workers are responsible for timely and accurate completion of necessary documentation as required by agency, county, and state requirements. These include adequate documentation of the services provided and their relationship to an ISP, the completion of service documentation within twenty-four hours of the service provided, and the timely completion of ninety day reviews and ISP updates.

Group CPST services are available to clients who are participating in MHS's Integrated Dual Disorder Treatment program. While the structure of service provision is different, the goals and objectives of group CPST remain the same, as do all expectations associated with development, review and modification of goals. Specific information pertaining to the IDDT program and groups is provided in a latter section of this Service Plan.

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Program Goals:

- Provide community based services to strengthen client skills that sustain mental health, well-being, and recovery and reduce risk factors associated with mental illness;
- Address and assist in the resolution of challenges confronted by clients involved in the criminal justice system, to include recovery, community integration, and prevention of recidivism;
- Assist clients in the acquisition of goals, to include stable, safe, affordable housing, appropriate entitlements and benefits;
- Work in collaboration with client, other MHS staff, and community partners to link clients to services and resources which provide comprehensive care and meet client needs as identified in their ISP;
- Work with clients and community partners to identify and secure appropriate linkages for ongoing services to maximize client success; and,
- Enhance staff competence through the development of skills and knowledge of community resources and support systems relevant to CSP clients, leadership and clinical intervention.

CPST services are designed and implemented to:

- *Support Recovery:* The CPST utilizes the Transtheoretical model created and researched by Prochaska and DiClemente to promote client recovery. The team discusses each case and determines the client's stage of change (pre-contemplation, contemplation, preparation, action or maintenance) and then uses stage-appropriate interventions to support the individual as he/she moves through the change process.
- *Enhance Quality of Life:* Enhancing the quality of life of the individuals served is inherent in the provision of services provided by CPST. Monitoring of both objective and subjective measurements of quality of life occurs minimally, every 6 months. Objective measurements include stable housing, increased income, decreased hospitalizations, decreased criminal justice involvement, etc. Subjective measurements include self report of decreased symptoms, questions about quality of life recorded in the ODMH Consumer Survey and MHS's internal client satisfaction survey. Treatment plans are revised as needed based on these measurements.
- *Reduce Symptoms:* Each client is assigned to a psychiatrist at the agency. Clients are seen by the psychiatrist within 30 days of intake and are seen as needed thereafter. Typically clients are seen once a month by the psychiatrist but if symptoms stay the same or worsen they will be seen on an emergency basis. The CPST workers provide education, coping techniques and symptom monitoring to help clients reduce symptoms of mental illness.
- *Restore/ Improve Functioning:* The CPST provides support to each client to assist them in achieving the highest level of functioning possible. Once basic needs such as income, housing and mental health symptom stability are met the workers discuss higher level goals such as education, employment, reconnection with family, etc. Working toward these higher goals help to provide more meaning and purpose to the individuals life which is vital to decreasing the probability of relapse.

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- *Promote Integration into the Community:* Integration begins with placement in housing and adjusting to life away from the homeless shelter system. This is often a difficult transition for clients. The workers provide frequent home visits to support them in this change and encourage involvement in meaningful activities such as employment, volunteerism, clubs or recovery groups. Providers work with clients to improve social skills through role-modeling and role-play. Many clients begin to reconnect with family at this point and the workers provide support and encouragement during the reconnection as there are often painful memories and guilt associated with past behaviors or events.

Service Modality:

CPST as a practice modality is now viewed as one of the key interventions to enable individuals with severe mental illness to adjust to living in the community. It is a type of practice that has a wide range of applicability to many client populations. This service modality is given definition by the Ohio Department of Mental Health and the National Association of Social Workers. Services are provided either face-to-face or by telephone, and are provided directly to the client or through coordination with significant others or other service providers. CPST services include monitoring symptoms, assessment of the needs, coordination of an Individualized Service Plan, advocacy, outreach, development of daily living skills, managing basic needs, education and training, and mental health interventions. Caseloads are intentionally kept small so that staff can continually assess client needs and concerns, the goals as defined on the ISP, and vary the intensity of services accordingly, documenting these changes on the ISP. Each CPST worker at MHS generally maintains a caseload of 15 to 20 clients. MHS encourages involvement of family and/or significant others whenever clients wish to involve their families as natural supports in the treatment planning process.

CPST services provided to groups is an additional service modality utilized by MHS. In keeping with its traditional role, group CPST offers clients the opportunity to acquire and practice the social and organizational skills useful in obtaining needed resources.

Target Population, Eligibility & Assignment of Primary Worker:

Eligible individuals are adults who are homeless or at imminent risk of becoming homeless, have a severe mental disability, are a Cuyahoga County resident, are unlinked with any other mental health agency (closed in other mental health agencies for at least 6 months) and agree to receive services. Eligibility requires that CPST be a service that is medically necessary for the diagnosis or treatment of the illness and without which the person can be expected to suffer prolonged, increased or new morbidity or impaired function.

Information gathered during the screening and diagnostic process is utilized to determine not only eligibility, but the urgency of the client's needs and ensures that those most in need have priority to CPST services. For those not eligible for CPST services at MHS, a member of the staff provides information to help the person obtain the services recommended through another community provider. For eligible individuals, CPST services are provided by a CPST worker, identified as the primary worker. This CSP worker ensures that coordination with other MHS providers and community partners facilitates a comprehensive, continuity of care plan, and reduces the possibility of duplication of services. When authorized by the client, CPST staff advocates with other

community service providers and share feedback from the client about services received from them. Generally, the CPST staff member completing the intake process with the client continues to provide CPST services, in an effort to minimize any disruption in services. However, the client may be transferred to a different CPST staff member for ongoing services because of special needs, client preference, or a decision from the CPST Program Manager and/or Medical Director.

How Caseloads are Built and Maintained:

Caseloads are intentionally kept small so that sufficient attention can be paid to the clients' needs and concerns. Each CPST worker at MHS generally maintains a caseload of 15 to 20 clients. New staff gain clients as they gain expertise until their caseloads reach capacity. Individual cases are kept open until clients stabilize to the extent that they can be transitioned to an ongoing community mental health agency. Accommodations are made with regard to the number of clients on individual workers' caseloads depending upon the needs of the clients on those caseloads. All CPST staff meets weekly with the CPST Program Manager and Medical Director to review referrals made to the CPST department. MHS strives to ensure that clients identified as most in need are provided with immediate access to services.

Hours of Operation:

CPST services are available 24 hours per day, 7 days per week. Clients and family members can directly contact the assigned CPST provider, or their designee, at the main site on Monday through Friday, from 9 a.m. to 5:00 p.m. During holidays and at other times, calls to the agency's main telephone number are forwarded to the 24-hour Mobile Crisis Team, who page CPST staff members to provide after-hours CPST services, when needed.

LOCATION OF CPST SERVICES

CARF: SITES OF CORE PROGRAM

CPST services are provided in the community, at MHS's Main Office (1736 Superior Avenue), and the other MHS program sites. Because the majority of services are provided in the community, it is a job requirement that each worker has a reliable, safe vehicle. The workers are reimbursed for mileage to assist with the maintenance of their vehicles. CPST workers are provided work space, phones, computers, pagers and office supplies needed to provide services. Interview rooms are available to meet with clients privately at the main office. Psychiatrists and nurses have private offices to provide care to clients. MHS has acquired and is renovating a building during Fiscal Year 2006 and 2007, which will increase availability of office-based resources to CPST staff and clients.

CPST services are provided at the following MHS program sites:

1. Safe Haven I, Fleet/Broadway area
2. Safe Haven II, East 55<sup>th</sup> Street area
3. Safe Haven III, Tremont area
4. Young Adult Program, North Collinwood area
5. Permanent Housing Program, Tremont area
6. Community Women's Shelter, 2219 Payne Avenue
7. MHS Men's Shelter, 1701 Payne Avenue
8. SPOT, 1701 Payne Avenue
9. Child and Family-Focused Services, 3740 Euclid Avenue

**MHS SUPPORTIVE HOUSING SITES**

- (1) SAFE HAVEN I, FLEET/BROADWAY AREA
- (2) SAFE HAVEN II, EAST 55TH STREET
- (3) SAFE HAVEN III, TREMONT AREA
- (4) YOUNG ADULT PROGRAM, N. COLLINWOOD AREA
- (5) PERMANENT HOUSING PROGRAM, TREMONT AREA

MHS receives HUD funding to operate supportive housing programs for persons who are homeless and severely mentally disabled. These supportive housing programs are unique facilities that work at the resident's pace towards accepting a treatment plan. This includes learning or relearning daily living skills, understanding their illness, accepting medication for their psychiatric/physical illness, obtaining entitlements, and providing a continuum of housing options, to include shelter, transitional, supportive and permanent housing.

There are currently four “steps” to MHS’s supportive housing programs. Individuals are not required to move incrementally through the programs, but instead are able to enter whatever program is most appropriate to their skills and abilities. Safe Haven I and Safe Haven III are two separate facilities that provide services to individuals with the same characteristics: persons who have a long history of homelessness, a severe mental disability, who may be resistant to treatment and need to learn/relearn daily living skills. There are no restrictions or expectations regarding the length of time that a client can reside at Safe Haven. The rules of Safe Haven are simple: clients will not present a danger to themselves or others, and cannot be using drugs or alcohol while residing at Safe Haven. The underlying philosophy of the Safe Haven program is one of acceptance and nurturing. Safe Haven residents have been very successful in graduating into more independent living situations. Safe Haven II and the Young Adult Program provide a more independent living environment while continuing to provide support services to the individual on-site and in the community. Residents in the Young Adult Program and the Safe Haven II apartments share a two-bedroom apartment while continuing to receive supportive services from agency staff. The Young Adult Program was created as an expansion to Safe Haven II, with the specific purpose of assisting homeless, young adults (18 – 22 years of age) with a severe mental disability in the transition to adult mental health and supportive services. MHS collaborated with EDEN in the development of the most independent step of the MHS supportive housing programs: the Permanent Housing Program for Persons with Disabilities. This program operates on the near west side of Cleveland and provides 30 residents with an apartment as well as support services for specific periods throughout the day. The second Permanent Housing Program became operational during FY 2006 and provides housing and services to an additional 31 individuals. All MHS supportive housing programs pursue certification through the Cuyahoga County Community Mental Health Board.

Many clients utilizing the supportive housing programs do not have an income at the time that they move in. Clients are responsible for the payment of their accrued rent at the time that they begin to receive an income, either through entitlements or employment. Rent is calculated at a percentage of what the client’s income is.

There is a great deal of coordination between MHS programs to provide the services necessary to assist homeless, severely mentally disabled individuals in transitioning from homelessness. PATH works closely with the Safe Havens to involve clients not only in the supportive housing program, but also in activities held at Safe Haven. PATH clients who are initially reluctant to move from the streets into a more structured living environment are invited to visit a Safe Haven for a meal with residents or to simply begin to get a feel for the Safe Haven program. PATH clients who accept residential services from Safe Haven continue to work with PATH staff for at least a 30-day period. This allows time for PATH and Safe Haven staff to work with the client together in order for the client to gradually become acclimated to a new worker. At the end of this 30-day period, the client is transferred to a CPST worker. In the event that a client did not opt to stay at Safe Haven, PATH continues to provide services for the client. Combined efforts between PATH and the Safe Havens have resulted in very positive changes for clients.

(6) COMMUNITY WOMEN'S SHELTER

The CWS is an emergency shelter for women who are not accepted for services by the county's principal shelter providers. The CWS has two major goals: 1) to safely shelter homeless women who cannot access another shelter, and 2) to help those homeless women to achieve admission to a shelter program offering the specialized services to effectively meet their specific service needs and preferences, or other housing options. This may mean providing mental health services, or arranging for substance-use treatment services, so that the women can participate in programs offered by other shelter providers. For women who have become hopeless, traumatized, or severely drug addicted, it will mean working to establish relationships of trust and respect, and to achieve progress at the woman's own pace.

CWS is a 24 hour, seven day a week program. The CWS provides bunk beds, linens and blankets, as well as three meals to homeless women and women with children. The CWS has the capacity to provide beds to 134 individuals, and an additional 50 mats. In addition to shelter, CWS staff will provide areas where shelter residents can either participate in structured activities, work on individual goals, or simply relax on their own. CWS residents will participate in shelter operations through monthly meetings with staff where program activities and ways to improve program performance are discussed. Residents will also take part in the daily cleaning and maintenance of the shelter. These activities will promote the residents' sense of ownership of the shelter and enables staff members to help residents develop the skills required for independent livings, such as laundry, ironing, sweeping/mopping floors, and cleaning the bathrooms. Residents may use the shelter address to receive their checks and mail.

During the first week at the shelter, each resident will meet with a staff member to complete a 'Needs Assessment' that identifies the resident's needs for housing assistance, drug treatment, medical and/or psychiatric services, entitlements, job training or other support services. Upon completion of the assessment, each resident will be assigned to a shelter staff member, who helps the resident develop and execute a plan for meeting the identified needs.

In addition to CWS staff, other MHS outreach programs will assist in the engagement process of many women at the shelter. Projects to Assist in the Transition from Homelessness staff (PATH) will outreach to homeless women who have a severe mental disability. Outreach and Payee Program

(OPP) staff will provide outreach to individuals who have a developmental disability (MR/DD), a physical disability (including those resulting from HIV infection), or a functional disability. The MHS Community Psychiatric Supportive Treatment program staff will be available to provide CPST services to any homeless individual who is not already linked with another mental health provider and is not resistant to services. Payee services are available to anyone who has been determined to need a payee by the Social Security Administration. For individuals who need a service not offered by MHS, shelter staff will contact other community providers to secure this service (i.e. substance abuse treatment, behavioral health counseling and therapy, domestic violence intervention). Once a CWS resident begins to participate in services at MHS or at another community agency, CWS staff continues to provide encouragement and support to stabilize the relationship with the primary provider.

(7) EMERGENCY SHELTER FOR DISABLED MEN

The Emergency Shelter Program for Disabled Men (ESDM) provides a safe, secure, and sanitary overnight environment for men who are accustomed to sleeping on the streets or in overcrowded or unsanitary conditions. The shelter provides a bed with linens and blankets to 50 men in a dormitory-styled configuration of bunk beds and lockers. There is a smaller room with single beds to provide sleeping accommodations to those unable to use the larger dormitory space. The shelter is staffed with staff trained to respond to behaviors associated with psychosis, dementia, or other illnesses. Shelter staff conduct a needs assessment of each participant, evaluating the need for entitlements, medical and psychiatric services, housing, drug treatment, job training, and other supportive services. Results of the needs assessment are used to refer and link participants to appropriate services provided by MHS, to include CPST, and other community service providers.

ESDM is open from 7 p.m. to 7 a.m., seven days a week. Shelter participants also have access to the services and facilities at the SPOT from 1 p.m. to 9 p.m. One shower is available in the shelter, and additional showers are available next door, at the Cosgrove Center. Goals of the ESDM are to provide shelter services, refer participants to appropriate community service providers, and to place appropriate participants in transitional or permanent housing.

(8) THE SAFE HAVEN I EXPANSION PROGRAM: THE SPOT

The SPOT, or Service Provided through Outreach and Treatment, offers supportive services for homeless, disabled individuals. The SPOT helps Cuyahoga County to achieve a continuum of care for the homeless population by making services available during evening and weekend hours. The design of the SPOT is to serve as a safety net for homeless disabled individuals who are either not receiving services from the community or are not utilizing the available resources in the County. The SPOT's primary objective is to engage homeless, disabled individuals to participate in services that will help them achieve safe and permanent housing.

The operating hours are from 1:00 p.m. to 9:00 p.m., seven days a week. In addition to self-referrals, outreach efforts are made to engage individuals into the SPOT. Once an individual begins to utilize the site, a staff member completes an initial assessment to determine eligibility to utilize the facility.

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In the event that the person is ineligible, staff provide him/her with information about other community resources that are more appropriate.

The SPOT's activities are designed to encounter and engage homeless people with disabilities into treatment services, either at MHS, or an appropriate provider in the community. The SPOT's design is to provide an atmosphere that is conducive to encouraging clients to seek services that will address their ongoing issues. The Clubhouse Model of Psychosocial Rehabilitation is utilized to assist clients with developing socialization skills, leadership skills, and other skills needed to make the transition from being homeless to permanent housing. A Peer Support Program is designed to provide new clients with assistance from clients who have developed skills that have enhanced their ability to transition from a state of being homeless to a functioning member of society.

If a person who is homeless has been served by another community mental health agency or service provider, the SPOT's staff makes every attempt to re-link that individual with that service provider whenever possible. If the individual is not linked with services, the staff assist him/her with applying for appropriate entitlements, housing, psychiatric and medical services. When the staff has determined that the individual is eligible for services in MHS programs, they begin to transition the client into these programs for ongoing services. The SPOT is one of the primary referral sources for the CPST and MHS supportive housing programs. In many cases, clients are eager and willing to accept services. In other instances, the nature of the disability and the experiences of the person make him/her suspicious and resistant to assistance. In these cases, services are designed to be persistent and non-threatening in order to overcome this reluctance. The program staff members focus their attention on any homeless person with a disability, to include physical disabilities, mental retardation, AIDS or a severe mental disability. In addition, the staff works in collaboration with other providers in the County to identify homeless people in need of assistance and to link them with appropriate resources.

Although CPST services are not provided through MHS outreach efforts, outreach services are critical to the continuum of services offered to homeless individuals through the Projects for Assistance in Transition from Homelessness (PATH) and the Outreach and Representative Payee Program (OPP).

(9) PATH AND THE OUTREACH & REPRESENTATIVE PAYEE PROGRAM (OPP)

The PATH program (Projects for Assistance in Transition from Homelessness) remains committed to serving homeless individuals who have been resistant to accepting services, and are severely mentally disabled. Outreach and Representative Payee Program (OPP) staff locate and provide supportive and representative payeeship services for persons who are homeless and have a disability. The PATH and Outreach programs coordinate efforts to maximize the number of homeless persons contacted in the community. OPP staff members work three evenings a week until 9:00 p.m. PATH staff works from 7:00 a.m. until 3:30 p.m. These staggered service hours help to make outreach services more available to clients. Because OPP targets homeless, non-SMD persons, PATH makes referrals to OPP when contact is made with a homeless person who does not appear to have a mental disability. OPP makes referrals to PATH when contact is made with a homeless

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person who does appear to have a mental disability. In addition, PATH and OPP coordinate outreach efforts when targeting a specific location. OPP can provide outreach services until 9:00 p.m. PATH then provides outreach at that same site at 7:00 a.m. Coordinating efforts in this manner has enabled the outreach teams to locate clients that may not have been contacted through only one team's outreach efforts.

Additional services that Outreach assists the client in accessing include, but are not limited to, obtaining appropriate entitlements, identifying a Representative Payee when necessary, securing appropriate housing, obtaining necessary diagnostic services and ongoing medication/somatic services with the psychiatrist and nurse, improving hygiene and daily living skills, assisting in legal immigration matters, and, obtaining substance abuse treatment, when needed. Outreach also begins to introduce the idea of the client transitioning to a more traditional community psychiatric supportive treatment program where they will receive ongoing services.

Due to the rapidly increasing number of individuals with serious and persistent mental illness who were in jail and being designated as homeless upon release into the community, MHS initiated the PATH Re-Entry Prison Pilot Project in FY 2005. This project introduced more-extensive collaboration between providers prior to the release of these individuals. While in prison, the Ohio Department of Mental Health's Community Linkage Program social worker assists the Re-Entry process by identifying and referring appropriate consumers to the PATH Pilot Project, ensuring that these individuals are directed to needed services. PATH Re-Entry staff work closely with the Community Linkage Program to identify the referred consumers' psychiatric, housing, financial and overall needs while the consumer is still in prison. Arrangements are made for the consumer to be released directly to the PATH Re-Entry worker.

PATH Re-Entry staff assist the client with a proposed housing plan, identification and discussion of needed services and treatment plans, applying for and obtaining entitlements, maintaining mental health stability, gaining access to appropriate housing and accessing employment services through Employment Alliance agency. MHS provides transitional CPST to the client. PATH Re-Entry meets with the client to ensure that he/she has been following up with appointments and has access to appropriate services while adjusting to community re-entry. Upon completion of the treatment goals and 3-month housing stability, clients are assisted with linkage to traditional community support services.

**(B) CHILD AND FAMILY FOCUSED SERVICES (CFFS) PROGRAM**  
CARF CORE PROGRAM: Case Management

Philosophy:

CFFS program staff work with children and families referred by DCFS to meet an emergency or contingent needs which, if not satisfied, threatens the safety, health, or well-being of one or more family members. Services are provided in the least restrictive, most normative setting possible.

Description

The Child and Family Focused Services Program (CFFS) serves families of children who have been determined by staff of the Cuyahoga County Department of Children and Family Services (DCFS) to be at moderate to high risk of abuse and/or neglect. CFFS serves only those families who have been referred by DCFS, through a contract with the County. The primary purposes of the project are to protect children from serious harm and removal from the family, and to strengthen the family's capacity to recognize and respond to the needs of the child.

CFFS program staff provide support services to individuals in families who have been referred by DCFS. These services are time-limited, with the goal of networking families with community, neighborhood-based services as quickly as possible. These support services differ from the services defined by the Ohio Department of Mental Health (ODMH) Administrative Rules, and are therefore not Medicaid-reimbursable. Completion of the Initial Family Assessment with referred individuals assists CFFS staff in the identification of service needs. If services are determined to be medically necessary to treat symptoms of psychiatric illness/emotional disturbance, CFFS staff initiate the provision of ODMH-defined mental health services (Mental Health Assessment and Community Psychiatric Supportive Treatment services) to support the individual in achieving optimal functioning.

Program Goals:

- de-escalate the emergency/contingent need that, if not satisfied, threatens the safety, health or well-being of one or more family members
- reduce the risk of abuse and/or neglect to the family's children
- assist the family to develop problem-solving and coping skills
- facilitate improved family functioning
- increase the family's utilization of neighborhood-based and community services, and
- keep the family together.

Service Modalities

CFFS staff utilize the service modalities described earlier in the CPST Service Modalities section of this document, to include face-to-face interaction with the individual and/or essential others, telephone contact with the individual and/or essential others, and collaboration with other appropriate service providers to meet the identified needs. Services are client-oriented and need-responsive and are based on the principles of multisystemic and cognitive-behavioral therapies, because of their demonstrated effectiveness in reducing trauma symptoms in children, and reducing out-of-home placements. CFFS staff responds to referrals within 24 hours.

CFFS Program staff members work with DCFS staff to (1) identify family circumstances and behaviors that threaten harm to children; (2) formulate, execute, and monitor the effectiveness of a short-term and achievable intervention plan; and (3) provide to DCFS a summary of the goals achieved, and a plan for safety and linkage to ongoing services. The program provides intensive in-home assessment and CPST services not to exceed 50 hours, parent-teen conflict services for a maximum of 40 hours, reunification services for a maximum of 40 hours, and foster-parent support services for up to 30 hours. DCFS has allowed for extensions of service provision for cases involving chemical dependency or domestic violence.

Target Population, Eligibility and Assignment of Primary Workers:

The target population of the CFFS program are children and family members referred by staff of the Cuyahoga County Department of Children and Family Services (DCFS). DCFS conducts screening and assessments to determine eligibility for this program. The children have been determined by DCFS to be at moderate to high risk of abuse and/or neglect. The CFFS program provides services to protect at-risk children from serious harm and removal from the family, and to strengthen the family's capacity to recognize and respond to the needs of the child. The primary worker is generally the individual who has made first contact with the individual/family, although transfer to another worker may occur if requested by the family.

Special Population

CFFS staff work with both adults and children in the least restrictive, most normative setting which provides for their optimal success and safety. In accordance with the President's New Freedom Commission on Mental Health, established in 2002, the modalities and interventions utilized by CFFS enable both adults with serious mental illness and children with serious emotional disturbances to live, work, learn and participate fully in their communities. Additionally, the Commission identifies the strongest evidence-based support of positive outcomes for children and families to include home-based services, some forms of case management and psychosocial treatments. CFFS provides these home/community based, support services to all individuals referred to the program.

How Caseloads are Built and Maintained:

Each person who is assessed by CFFS program is assigned a primary worker. This person will provide the majority of services, including linking the client to an appropriate on-going service provider, and is responsible for making sure all appropriate paperwork is completed. There may be times when another CFFS staff will need to provide services to a client who is assigned to another staff person. The client's case will remain open until CFFS has utilized all allocated hours for the client and has assisted in a transition to another on-going service provider, the client is no longer in need of services, or requests that their case be closed. The Program Manager assists in determining when each client's case will be terminated.

The average caseload for staff providing CFFS services is between 8 – 12 cases. A client may remain active with CFFS for 6 months. Clients are seldom reassigned a new primary staff person. To keep caseloads at a manageable level, staff with a higher number of cases, or cases requiring more intensive services are given fewer new case assignments.

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Hours of Operation:

CFFS staff can be reached during office hours (8:30 a.m. to 5:00 p.m., Monday through Friday) at 216-361-8640. CFFS staff are available 24 hours a day, 7 days a week through MHS's 24-hour crisis and hotline number, 216-623-6888.

Location of Services:

CFFS services are provided in community settings, to include client's homes, hospitals, other agencies, as well as the CFFS office located at 3640 Euclid Avenue.

CFFS workers are provided work space, phones, computers, pagers and office supplies needed to provide services. Interview rooms are available to meet with clients privately. MHS has acquired and is renovating a building during Fiscal Year 2006 and 2007, which will increase the availability of office-based resources to CFFS staff and clients. Because the majority of services are provided in the community, it is a job requirement that each worker has a reliable, safe vehicle. The workers are reimbursed for mileage to assist with the maintenance of their vehicles.

**(C) MOBILE CRISIS TEAMS**

CARF CORE PROGRAM: CRISIS INTERVENTION

Philosophy:

The MCT maintains a philosophy of referring patients to the least restrictive setting and to maintaining individuals in the community whenever possible. The majority of patients in mental health crisis are referred to outpatient care or other alternative settings. Whenever appropriate, patients receive follow-up visits by the MCT staff to stabilize the crisis.

Description:

The Mobile Crisis Team (MCT) provides a full range of evaluation, intervention, referral, and disposition services for adult and child patients in psychiatric crisis. MCT services are provided at any location within Cuyahoga County where the individual is experiencing the crisis. These services are a process of assessing a client's experiences, mental status, psychosocial functioning, resources, strengths, and situation, and employing that assessment to select, plan, and deliver a systematic sequence of interventions to assure the client's safety and health, to help the client reduce and manage subjective distress, to help the client develop and use effective coping skills, and to help the client gain competence in new coping skills in order to forestall recurrence of the crisis. For each contact received by MCT, crisis staff complete a screening of individual needs at initial contact and an individualized plan for delivery of crisis intervention, or other services deemed appropriate to the client's needs. This plan is utilized to identify and document specific service recommendations for the client.

In practice, effective crisis intervention consists of a sequence of assessments and interventions that assist a client to resolve crisis situations and subjective distress. Crisis intervention services are face-to-face or telephone responses to a crisis situation experienced by an individual, significant other, or community system. Crisis assessment services are a component of the crisis intervention, and are an intensive, face-to-face, clinical evaluation of the individual. Although clinical evaluation is a component of crisis intervention services, the clinical evaluation of crisis assessment services is more thorough, and includes domains of an individual's functioning (e.g., community interests, health behaviors, leisure activities) that are not assessed during the course of crisis intervention services. Clinical disposition decisions can be based on information provided during the crisis assessment process.

An important component of the crisis program is the linking of the person in crisis with other service providers in the community to develop the support necessary to address future life stressors and avert additional crisis. MCT maintains a resource directory and a current listing of available emergency shelters.

Services include:

- Immediate telephone response;
- Triage;
- Mobile crisis evaluation capability;
- Comprehensive evaluation;

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- Short-term crisis intervention;
- Holding bed capacity;
- Follow-up services;
- Medication assessment and management;
- Disaster response and counseling; and,
- Immediate referral and admission to the full continuum of acute psychiatric and addictions services

Crisis services are provided 24 hours a day, 7 days a week, and take place at any location within Cuyahoga County, including hospitals, schools, places of employment, as well as on-site. A crisis intervention specialist or a team of specialists, depending on the nature of the mental health crisis, delivers crisis services. Individuals providing these services are qualified, behavioral health practitioners, as required by the Ohio Department of Mental Health. The MCT team consists of licensed mental health clinicians, social workers, nurses, psychiatrists and others who have been trained to provide these services. The MHS Medical Director is available by pager 24 hours a day, 7 days a week, for consultation with MCT staff. All providers of crisis services are knowledgeable of crisis intervention techniques, the appropriate use of community resources and procedures for involuntary hospitalization. In addition, crisis staff must be currently trained in First Aid, CPR and Non-Violent Crisis Intervention techniques.

MHS collaborates with hospitals, mental health agencies, schools, and numerous other community providers to complete assessments, develop treatment plans, coordinate necessary support, and arrange follow-up services for the person experiencing the crisis. MHS is able to purchase some child crisis services with funds provided by the CCCMHB. These vouchered services were established to provide mental health services to indigent children and adolescents who might otherwise not be able to receive these necessary services.

Program Goals:

The Mobile Crisis Team has been designated by the CCCMHB's Emergency Crisis Plan as the organization in Cuyahoga County that will fulfill the following goals:

- (1) Provide crisis intervention mental health services to children and adults in a mental health crisis at locations throughout Cuyahoga County;
- (2) Conduct crisis assessments at locations throughout Cuyahoga County, in order to assure the least-restrictive placement for those thought to be in need of psychiatric hospitalization;
- (3) Operate the County's Suicide Hotline;
- (4) Authorize admission to the inpatient services of Northcoast Behavioral Healthcare System (NBHS), North Campus;
- (5) Authorize transfers of individuals from private hospital emergency departments to the Board-funded emergency services of the Saint Vincent Charity Hospital Psychiatric Emergency Room (PER);

- (6) Coordinate the utilization of other CCCMHB-funded crisis and emergency services, such as crisis shelters, and in-home therapeutic services for children; and,
- (7) Link new clients with Board-funded behavioral health counseling and therapy and community psychiatric supportive treatment program services.

Service Modality:

The primary treatment modality of crisis services is a “short term”, strategic, cognitive and solution-focused model to provide brief, yet intensive intervention to individuals in a mental health crisis. The principal objective of crisis services is to assist individuals in returning to a baseline level of functioning, prevent harm to self or others, and to assist in connecting to sources of personal, social and community support and services, enabling them to continue to receive support on a long-term basis. Crisis staff encourages individuals’ families and/or significant others to participate, with the client’s consent, as specified in the MHS Use and Disclosure of Personal Health Information policy. Crisis interventions are provided to individuals, families, couples and groups.

*Mobile Crisis Outreach*

Mobile outreach services are provided through a team of qualified professionals that responds and intervenes when the patient is in psychiatric crisis in the community. The mobile outreach team is trained to assess the crisis and to stabilize the individual in the community. Evaluations take place in homes, residential centers, detoxification programs, jails, shelters, police stations, schools and other community settings. The outreach team also accompanies the police to emergency evaluations. The team is committed to maintaining clients in the community and to diverting them from more restrictive settings whenever possible.

*Crisis Stabilization Holding Beds*

Bridgeway Inc. operates two crisis stabilization units, providing 24 stabilization beds in Cuyahoga County. The MCT is able to access these beds, when necessary, to continue to evaluate and divert a client from an inpatient setting. The MCT provides the comprehensive assessment necessary for admission and works in collaboration with the Crisis Stabilization bed provider to identify the needs of the individual. For individuals who receive case management services in the community, MCT contacts that provider to advise of placement and necessity for follow-up. Individuals who are unlinked to community resources are provided linkage and referral services through MCT, complete a treatment plan and disposition plan. This modality helps to stabilize the individual and move toward crisis resolution in a modality that does not require a more restrictive setting.

*Authorization for Inpatient Services*

The MCT has been identified by the CCCMHB as the entity responsible for authorization of admission for inpatient services of Cuyahoga County residents at Northcoast Behavioral Healthcare Services, North Campus. In addition, the MCT is able to authorize transfer from private hospital emergency departments to the Board-funded emergency services of the Saint Vincent Charity Hospital Psychiatric Emergency Room. While this treatment modality is used for only the most critical of cases, it is a critical component to the continuum of crisis services that the MCT provides.

Target Population, Eligibility and Assignment of Primary Worker:

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Any adult or child in Cuyahoga County who is experiencing a mental health crisis is eligible for MCT services. Many of these individuals suffer from long-standing mental disabilities, co-occurring substance abuse problems, histories of incarceration, chronic medical illnesses, suicidal/homicidal ideations, or other challenges. MCT staff has been trained in crisis intervention services, Non-Violent Crisis Intervention, First Aid, CPR, and are knowledgeable of the wide variety of community services and resources that are accessible to individuals in crisis. Generally the MCT staff that completes the initial crisis assessment is assigned as the primary worker. The primary worker is responsible for coordinating services with other MHS providers and/or community providers, to identify the most appropriate and accessible services and resources.

Special Population:

MCT provides services to children and adolescents who are experiencing a serious emotional disturbance or psychiatric crisis. The landmark 1999 Report of the Surgeon General on Evidence Based and Best Practices (Page 178 – 9), specifies that the provision of crisis services to children and adolescents through mobile crisis teams, intensive in-home services, short-term or emergency hospitalization and residential placement have all proven effective in addressing crises. These services include evaluation and assessment, crisis intervention and stabilization, and follow-up planning. Programs intervene immediately and are available 24 hours a day, 7 days a week.

How Caseloads are Built and Maintained:

Each person who is assessed by the Mobile Crisis Team is assigned a primary worker. This person will provide the majority of services, including linking the client to an appropriate on-going service provider, and is responsible for making sure all appropriate paperwork (i.e. ISP, termination forms) are completed. Because the program operates 24 hours per day, 7 days per week, there are times when another person, assigned by the program manager, will need to provide crisis intervention services to a client who is assigned to another staff person. The client's case will remain open until the client is no longer in need of crisis intervention services, requests that their case be closed, the person is hospitalized, or linked to another on-going service provider. The Program Manager assists each crisis worker in determining when each client's case will be terminated.

The average caseload for staff providing crisis services to adults is between 7 – 10 cases; for staff providing crisis services to children, the caseload is between 5 – 8 cases. A client may remain active with MCT for 3 – 5 weeks. Clients are seldom reassigned a new primary staff person. To keep caseloads at a manageable level, staff with a higher number of cases, or cases requiring more intensive services are given fewer new case assignments.

Hours of Operation:

Services provided by the Mobile Crisis Team, Hotline, Referral and Information, and Crisis Intervention services, are available 24 hours per day, 7 days a week.

Location of Crisis Intervention Services:

Crisis Intervention Services are community based services and are provided at any location in Cuyahoga County. Crisis Teams operate out of the MHS Main Office, 1736 Superior Avenue and through the office of the Children Who Witness Violence Program, 3740 Euclid Avenue, Cleveland, Ohio.

Because outreaches to the community are a component of crisis services, MHS leases two cars for use by crisis intervention teams. MCT workers are provided work space, phones, computers, and office supplies needed to provide services. In addition, MCT staff conducting crisis intervention services in the computer are provided a pager and a cell phone. Interview rooms are available to meet with clients privately at the main office, and contain furniture that is easily accessible to children of varying ages as well as age-appropriate therapeutic and play toys. Psychiatrist and nurses have private offices to provide care to clients. MHS plans to acquire and renovate a new building during Fiscal Year 2005 which will increase availability of office-based resources to MCT staff and clients.

**(D) Children Who Witness Violence Program (CWWV)**  
CARF CORE PROGRAMS: OUTPATIENT BEHAVIORAL HEALTH,  
CRISIS INTERVENTION

Philosophy:

The CWWV philosophy is that the provision of immediate intervention to children who have witnessed violence in their own homes is critical. Domestic violence deeply impacts children of all ages. Infants exposed to violence may not develop attachments to their caregivers who are key to their development. And in extreme cases, infants may suffer from failure to thrive. Preschool children in violent homes may regress developmentally and suffer sleep disturbances, including nightmares. School-age children who witness domestic violence may exhibit a range of problem behaviors including depression, anxiety and aggression toward peers. Adolescents and teens who have grown up in violent homes are at risk for recreating the abusive relationships they have seen. Immediate age-appropriate intervention and linkage to community based providers for on-going services provides the child(ren) and their family with a means of decreasing the impact of the trauma on individuals and the family unit.

Description:

The Children Who Witness Violence Program (CWWV) offers immediate home-based trauma assessment and crisis intervention services and support services for children, newborn to 17 years, and their families, who have witnessed violence in their own homes. Services are available in the communities of Cleveland's First, Fourth and Fifth Police Districts, Euclid, Lakewood, Maple Heights, Beachwood, and Glenwillow. Teams of crisis intervention specialists are dispatched within 30 minutes of a referral call made by police officers at the scene of a violent incident where children were present. CWWV staff stabilize the crisis situation, provide immediate mental health intervention, offer safety planning, and, over the course of following visits, develop a comprehensive assessment and individual service plan, provide individual and/or family counseling services and, with the consent of the child's parent/guardian, secure other community resources appropriate to the child's and family needs. CWWV staff work closely with the family to ensure that the child witness is connected with all appropriate systems before ending their involvement.

Piloted in 1999, the CWWV program at MHS offers crisis intervention, mental health assessment, pharmacologic management, behavioral health counseling and therapy, and support services. The Board of Cuyahoga County Commissioners (BBOC) provides funding for the delivery of support services to individuals who meet eligibility criteria. In situations where it has been determined that individuals are eligible to receive ODMH defined mental health services due to medical necessity, CWWV initiates reimbursement through Medicaid.

CWWV crisis intervention specialists refer children in need of additional services to the 11 other community mental health centers participating in the CWWV initiative. Ongoing behavioral health counseling and therapy is provided by Applewood, Bellefaire, Bellflower, Berea Children's Home, Bridgeway, Cleveland Christian Home, Domestic Violence Center, New Visions, Parmadale (Catholic Social Services) West Side Ecumenical Ministry, and West Haven (Lutheran Metropolitan Ministry).

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CWWV is a collaborative partnership to address the impact that violence has on children and families. The partners include Cuyahoga County Administrators, Cuyahoga County Department of Justice Affairs Children Who Witness Violence Program, the CCCMHB, Police Departments, 12 community mental health centers, Kent State University, and University Hospitals Health System Rainbow Babies and Children's Hospital.

Program Goals:

- To prevent or minimize the cognitive, social and emotional impairment of children who witness violence.
- To help decrease the damaging side effects and stop the cycle of domestic abuse that occurs over generations.

CWWV services are designed and implemented to support the recovery of children who have witnessed violence through the provision of immediate interventions. These intensive interventions are provided to enhance the quality of the child's and family's life, through reduction of the impact and symptoms of witnessing trauma. Multiple service modalities are utilized to address the client and family's personalized needs, improve the function of the family unit, and ultimately, re-integrate the family into the community.

Service Modality:

Primarily, CWWV utilizes short-term interventions that emphasize counseling and support to the child(ren) and parent(s), parental education, reduction of distress, and improved problem solving and safety skills. Service modalities include individual and family counseling. Generally, counseling is provided on a short-term basis, however, CWWV has the capacity to provide these services to children and families for a longer period of time (6 – 12 months). The duration of counseling is determined by the family's needs, requests for services and the clinical determination of CWWV staff. Staff is able to provide group counseling interventions; however, these have not been utilized to date. In addition, CWWV staff provide information and identify skill-building opportunities to family members as a means of decreasing the impact and trauma of witnessing violence and reducing the likelihood of repetition and continued victimization. Information and education is provided in areas that are relevant to each family's specific situation, and may include, but not be limited to, education about: mental or physical health challenges that a family member might be experiencing; alcohol or drug addiction; vocational, educational or social opportunities; and, skill-building in the areas of problem-solving, conflict resolution, community integration/resources and family dynamics. CWWV staff work closely with family members and, with their consent, collaborate with other community providers to secure opportunities for long-term interventions.

Target Population, Eligibility and Assignment of Primary Worker:

CWWV serves children who have witnessed domestic or other interpersonal violence, and who have been referred by police officers from participating communities. Police officers from Cleveland's First, Fourth and Fifth Districts, Euclid, Lakewood, Maple Heights, Beachwood, and Glenwillow contact CWWV by calling 216-623-6888 to make referrals when a child in their community has been a witness to violence.

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Each child who is assessed by a CWWV specialist is assigned a primary worker. In most cases the primary worker is the individual who completed the assessment. This person will provide the majority of services, including linking the client to an appropriate on-going service provider, and is responsible for ensuring that all appropriate activities (i.e., completion of Individual Service Plan, coordination with other services providers) pertaining to the client are completed and documented. There may be times when it is necessary for another staff person to provide services, due to schedule conflicts. It is the primary worker's responsibility to ensure that all services provided within and outside of the agency are done so in a coordinated, collaborative manner. All services provided to, or on behalf of a, CWWV client are documented in the client record on an on-going basis. Supervision with CWWV Program Managers includes a review of these records to ensure that documentation is completed in a timely manner. CWWV workers are provided work space, phones, computers, and office supplies needed to provide services. In addition, CWWV staff conducting services in the community are provided a pager and a cell phone. Interview rooms are available to meet with clients privately at the office, and contain furniture that is easily accessible to children of varying ages as well as age-appropriate therapeutic and play toys. Psychiatric services are available with an MHS Child Psychiatrist, who utilizes a CWWV private office to meet with clients. In addition, counseling services are provided in private, confidential offices. MHS plans to acquire and renovate a new building during Fiscal Year 2005 which will increase availability of office-based resources to MCT staff and clients.

#### Special Population

CWWV provides services to children and adolescents who have witnessed violence. CWWV has adopted the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)(Cohen et al., 2004), which is a psychotherapeutic intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence.

TF-CBT is characterized by the NCTSN as a well-supported, efficacious treatment. It targets symptoms of posttraumatic stress disorder (PTSD), which often co-occurs with depression and behavior problems. The intervention also addresses issues commonly experienced by traumatized children, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behavior, including substance use. TF-CBT with some adaptations will work effectively with our urban families experiencing domestic violence. The program was designed to provide services for children 3 to 18 years of age and their parents by trained mental health professionals in individual, family, and group sessions in outpatient settings.

TF-CBT has been recognized by the Substance Abuse and Mental Health Services Administration and the U.S. Department of Health and Human Services as a "Model Program." TF-CBT has been classified by the Institute of Medicine (IOM) as "Selective and Indicated".

#### How Caseloads are Built and Maintained:

The caseload for individual CWWV staff is approximately 10 cases. The intensity of service provision may vary considerably among a caseload, depending upon the client's needs. Staff are able to assess, on an on-going basis, the client's need for services and vary them accordingly. Cases may remain open only briefly, or for 2 – 3 months, and will only be closed following linkage to another service provider, at the request of the client, or if a determination has been made that there is no

need for additional services. The CWWV Program Manager meets with CWWV staff routinely, to review cases, service provision and plans, and recommendations for continuation or termination of services.

Hours of Operation:

The CWWV staff are accessible from 9:00 a.m. to 7:00 p.m., Monday through Friday, in the office. CWWV staff is available by pager 24 hours a day, 7 days a week.

Location of CWWV Services:

CWWV services are community based and provided in homes, hospitals, other organizations, as well as the CWWV office. The CWWV office is located at 3740 Euclid Avenue, Cleveland, Ohio. The office, furniture and equipment, to include age-appropriate toys and activities, are configured to accommodate children at various ages.

**(4) AGENCY SERVICE DEFINITIONS**

**(A) BEHAVIORAL HEALTH COUNSELING & THERAPY SERVICE**

Behavioral health counseling and therapy services are face-to-face services provided for individuals in a time-limited, structured manner to help clients achieve mutually defined goals. These services are not site-specific and are provided in agency offices, or in a community setting that affords private and confidential service delivery. When the client is a child/adolescent, these face-to-face services may also be provided to a family member, parent, guardian or significant other when the intended outcome is improved functioning of the child/adolescent. Timely collateral contacts with family members, parents or guardians, and/or other agencies/providers are ensured. Behavioral health counseling and therapy services are identified in the Individual Service Plan(s) of the client.

For example, behavioral health counseling and therapy services may be particularly valuable for children and adolescents who have experienced traumatic events, and are referred to the CWWV program. Results of research studies indicate that behavioral health counseling and therapy services for these children may help them to achieve an adaptive understanding of the violence that was witnessed, address the distressing symptoms of anxiety, conduct or mood disorders that frequently result from exposure to violence, preclude deterioration in academic and social functioning, and preclude the development of generalized maladaptive beliefs.

**(B) MENTAL HEALTH ASSESSMENT SERVICES**

Mental health assessment is an intensive clinical evaluation of an individual and is always completed face-to-face with the client. It includes domains of an individual's functioning (e.g., community interests, health behaviors, leisure activities) that are not assessed during the course of crisis intervention mental health services. A thorough understanding of the client achieved by completion of the mental

**Agency Service  
Definitions**

- A. Behavioral Health Counseling and Therapy Service
- B. Mental Health Assessment Services
- C. Pharmacologic Management Service
- D. Hotline
- E. Crisis Intervention Mental Health Service
- F. Community psychiatric supportive treatment program Service
- G. Referral and Information Service
- H. Other Mental Health Service

health assessment is essential to the formulation of an achievable and effective treatment plan. Staff also obtains a description of the person's cognitive and behavioral functioning at the time of assessment, a description of the strengths and capabilities of the person assessed, a social history, and a physical health assessment when indicated. Mental health assessment services include the completion of an initial psychiatric evaluation unless the initial MHA determines that the client does not have a mental health need and is ineligible for service.

An initial mental health assessment is completed prior to the initiation of any other mental health service with the exception of crisis intervention or medication/somatic services in emergency situations. Mental health assessments are performed in the setting most appropriate for the client. In some situations assessments can be provided in the traditional manner, with the client given an appointment and the assessment conducted at the agency. More often, because of the circumstances of many clients, mental health assessment services are provided in settings outside of agency offices: hospitals, crisis shelters, offices in the welfare department, etc.

MHS utilizes bi-lingual agency staff or contracts with appropriate service providers for clients who cannot communicate easily in English or who are hearing impaired. Mental health assessment services are available from the Community Psychiatric Supportive Treatment program from 9:00 a.m. until 5:30 p.m., Monday through Friday, from the Children Who Witness Violence Program 24 hours a day, seven days a week, and from the doctors and nurses, 9 a.m. to 5 p.m., Monday through Friday.

**(C) PHARMACOLOGIC MANAGEMENT SERVICE**

Pharmacologic management services are provided to agency clients by the Medical Director, contract psychiatrists, and nurses. Pharmacologic management services include the prescribing of medications, medication follow-up, and the monitoring of any side effects or adverse reactions of medications. Providers of pharmacologic management services will meet face-to-face with each individual client receiving these services. When the client is prescribed medication that must be administered by injection, an agency nurse or an agency doctor will provide this service.

For clients receiving psychotropic medication, the psychiatrist will meet with the client a minimum of once every 90 days to review the effectiveness of treatment and side effects of medication. All clients prescribed medication will receive education regarding the purpose of the medication, its intended effects, and possible side effects. A client's family members, when available, also receive education regarding a client's medications. The clients will receive this information each time there is a change in medications. In situations where a client is not prescribed medication, or opts not to take prescribed medication, pharmacologic management services will include the psychiatrist meeting with the client to assess their level of functioning without medication.

Clients receiving psychotropic medications will have a complete psychiatric evaluation once per year. In addition, clients receiving neuroleptic medication will have an AIMS evaluation once per year to assess the side effects of the medication. MHS assists clients in obtaining Medicaid so that they may obtain services. MHS's doctors will provide sample medications when available, or order medications for eligible clients through the Central Pharmacy program. Pharmacologic management services are available from 9:00 a.m. until 5:30 p.m., Monday through Friday.

**(D) HOTLINE**

Hotline services are MHS's twenty-four-hours-per-day, seven-days-per-week capability to respond to telephone calls, often anonymous, made to the agency for crisis assistance. The person may or may not be a client of the agency. Hotline services are brief, supportive, verbal interventions that satisfactorily address the individual's crisis. These interventions may or may not lead to face-to-face mental health assessment, crisis assessment, and/or crisis services.

Hotline services are meant to be brief interventions, lasting less than thirty minutes. The goals of the conversation are to:

- (1) Help the person understand the nature of the current crisis situation;
- (2) Explore ways in which the person might resolve the situation and reduce his or her subjective distress by utilizing strengths and supports; and,
- (3) Help the person develop a plan for getting additional help, if needed.

If these goals cannot be achieved in the course of the conversation, then additional crisis services are needed, and the focus of the conversation shifts to making plans for these services. Frequent or repetitive requests for hotline services, and the provision of hotline services that exceed 30 minutes, are generally an indication that other services are needed.

Staff members who perform hotline services work in the same office area as those who perform the crisis assessment and crisis intervention mental health services, and are supervised by the same Program Managers. Staff members who provide crisis intervention mental health services also provide hotline service, thus ensuring coordination among these three services. Hotline service providers also coordinate their work with Cuyahoga County's emergency service systems, by taking referrals from members of the county's police, fire, and emergency medical systems, and by requesting that they join our staff in providing crisis intervention mental health services when needed to ensure client safety and health. Staff members who provide hotline service also take referrals for the agency's CPST services, and make referrals of clients to the CPST services offered by other contract agencies of the CCCMHB.

**(E) CRISIS INTERVENTION MENTAL HEALTH SERVICE**

Crisis intervention mental health services are face-to-face or telephone responses to a crisis situation experienced by an individual, significant other, or community system. Face-to-face crisis intervention mental health services are available 24 hours a day, seven days a week. In practice, effective crisis intervention consists of a sequence of assessments and interventions that assist a client to resolve crisis situations and subjective distress. These services are a process of assessing a client's experiences, mental status, psychosocial functioning, resources, strengths, and situation, and employing that assessment to select, plan, and deliver a systematic sequence of interventions to assure the client's safety or health, help the client to reduce or manage subjective distress, and use effective coping skills to forestall recurrence of the crisis. Crisis intervention and crisis assessment services are performed, when safety allows, at the client's residence, at another site of the client's

choice, at another service or treatment facility, or at the agency offices. Crisis intervention mental health services are available to any adult or child in Cuyahoga County.

Staff members perform crisis assessment services and crisis intervention mental health services under the direction and supervision of the Program Managers. Staff members who perform crisis intervention mental health services collaborate with MHS's CPST staff and with the CPST service providers at other contract agencies of the CCCMHB. Crisis intervention mental health service providers also coordinate their work with Cuyahoga County's emergency service systems, by taking referrals from members of the county's police, fire, and emergency medical systems, and by requesting that they join our staff in providing crisis intervention mental health services when needed to ensure client safety and health.

The CCCMHB will continue to evaluate patients involuntarily hospitalized at private psychiatric hospitals without the involvement of MHS and patients who are being considered for transfer from a private inpatient psychiatric unit to NBHS.

**(F) COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM SERVICES**

Community Psychiatric Supportive Treatment program (CPST) services are provided to assist a person served with rehabilitative and environmental support activities that are essential to their achievement of his or her highest possible level of functioning and management of the symptoms of psychiatric illness. MHS provides CPST services to persons who are homeless and have a severe mental disability. Due to the profound nature and complicated problems that many clients have, MHS provides the intensive CPST services needed for the client to move toward stabilization. CPST providers assist clients in applying for all entitlements, including general assistance, disability assistance, Medicaid or Medicare, social security income, and veteran's benefits. When necessary, MHS acts as the client's Representative Payee and oversees the budgeting of the client's monies. CPST services are meant to be transitional to a mental health agency that provides long-term mental health services.

CPST services include the monitoring and assessment of the needs of the individual, and the development of an Individualized Service Plan, in which the CPST worker and client jointly develop goals and objectives, providing the framework and justification for services and activities. The majority of CPST services are provided through MHS's Community Psychiatric Supportive Treatment program and are provided in the community. However, CPST services are also available to eligible clients who are active in MHS's supportive housing, CFFS, ESDM, SPOT and outreach programs. CPST services are available 24 hours per day, 7 days per week through the agency's 24-hour number, 216-623-6888. Clients or family can contact CPST service staff at the main site, 1736 Superior Avenue, from 9:00 a.m. until 5:30 p.m., Monday through Friday. Outreach service staff members can be contacted at their offices from 9:00 a.m. to 5:30 p.m. on Monday, Wednesday and Friday and from 12:00 p.m. to 10:00 p.m. on Tuesday and Thursday. Supportive Housing staff members are available at the residence seven days a week between the hours of 9:30 a.m. to 7:30 p.m. After-hours CPST services are available by pager.

**(G) REFERRAL AND INFORMATION SERVICE**

Referral and Information services are responses, usually by telephone, to inquiries from people about services in the community. Referral and Information services are conducted when the determination of service needs in the initial call or service request reveals that the person is not in crisis. The caller is provided with information about shelter, housing, legal services, community mental health centers, support groups, mental disorders, etc.

A Community Resource Directory is kept in a binder that contains information about a variety of health and social services offered by community organizations, to include emergency shelter. Mental Health Services also maintains other directories of services available in Cuyahoga County. These directories are used when offering referral and information services.

Referral and information services are available twenty-four hours per day, seven days a week.

MHS uses the term “linkage” to refer to a specialized application of referral and information services, in which a person is referred to appropriate services at a CCCMHB funded agency. Linkage services consist of helping the person to:

- (1) Identify the services requested and/or needed;
- (2) Determine the likely eligibility for Cuyahoga County Community Mental Health Board (CCCMHB)-contract agencies;
- (3) Understand the range of services available from CCCMHB contract agencies;
- (4) Select a CCCMHB-funded agency that will best meet his or her needs; and,
- (5) Arrange an intake appointment with the selected agency.

Linkage services are available twenty-four hours per day, seven days a week.

#### **(H) OTHER MENTAL HEALTH SERVICE**

Mental Health Services has been certified by the Ohio Department of Mental Health as a provider of Other Mental Health Services. Safe Haven I, Safe Haven II, Safe Haven III and PATH are currently certified as providers of Other Mental Health Services. Application will be made during FY2007 the Ohio Department of Mental Health for certification of the Young Adult Program. This classification encompasses the residential support services provided at the Safe Haven facilities and the Outreach activities provided by PATH.

Residential support services are provided at the Safe Havens. These services include but are not limited to: food and clothing shopping, meal preparation, ensuring the cleanliness of the residence, training clients to use public transportation, and acting as a role model and teacher to demonstrate behaviors that will assist the residents in learning to live in temporary or permanent housing.

Outreach services are provided by the PATH staff. These services are utilized to locate potential clients in the community and to then engage them into services, either at Mental Health Services or

another appropriate provider in the community. Outreach services are often the precursor to Community Psychiatric Supportive Treatment program services.

## **(5) ACCESSING SERVICES**

### **(A) LOCATIONS**

The main offices of MHS are located in downtown Cleveland and are easily accessible through numerous public transportation routes. MHS is located in the Bishop Cosgrove Center, 1736 Superior Avenue, Cleveland, Ohio 44114. The phone number is (216) 623-6555. The Community Psychiatric Supportive Treatment program and the Mobile Crisis Team operate from this site. The agency office is open from 9:00 a.m. to 5:30 p.m., Monday through Friday. Crisis Intervention, Hotline, and Referral and Information services are available 24 hours per day, 7 days per week. The phone number to access these services is (216) 623-6888.

#### **Accessing Services**

- A. Locations
- B. Availability
- C. Linkage and Scheduling
- D. Information and Education
- E. Choice
- F. Cultural Competence

The Bishop Cosgrove Center also houses a hunger center and a medical clinic for homeless persons. Many community services, including Care Alliance and Veterans of America, provide drop-off and pick-up services at the Bishop Cosgrove Center for persons accessing services. The Bishop Cosgrove Center is located one block from the Department of Human Services and less than three miles from the Social Security Administration. Numerous meal sites, hunger centers and other social service agencies are within walking distance or public transportation from MHS.

Outreach programs, the SPOT, and the Emergency Shelter Program for Disabled Men are located behind the Bishop Cosgrove Center at 1701 Payne Avenue, Cleveland, Ohio 44114. The Outreach activities begin at 5:30 a.m. with the PATH staff meeting clients who are leaving the shelters and/or arriving at the Hunger Centers. The Outreach and Payee Staff conduct their activities during the evening hours on Tuesday, Wednesday and Thursday until 9:00 p.m. and work traditional hours on Monday and Friday. While each program targets different segments of the homeless population, they work in collaboration to ensure that clients are receiving services that will address their specific needs.

The Community Women's Shelter is located at 2219 Payne Avenue, Cleveland, Ohio 44114. The CWS is a 24 hour program, 7 days a week.

To ensure maximum privacy and safety of persons utilizing the supportive housing facilities, addresses of these facilities are not included in this public document.

The Children Who Witness Violence Program (CWWV) and the Child and Family Focused Services Program (CFFS) operate from The Life Building, 3740 Euclid Avenue, Suite 101, Cleveland, Ohio 44115.

**(B) AVAILABILITY**

MHS provides numerous services to persons in Cuyahoga County and remains committed to making these services accessible and available. The agency does not currently utilize a waiting list for services offered. CPST services are available 24 hours per day, 7 days per week. Clients and family members can directly contact the assigned CPST provider at the Cosgrove site on Monday through Friday, from 9 a.m. to 5:30 p.m. During holidays and at other times, calls to the agency's main telephone number are forwarded to the 24-hour Mobile Crisis Team, who page CPST staff members to provide after-hours CPST services, when needed. Hotline and Referral & Information services are available 24 hours a day, 7 days a week. Face-to-face Crisis Intervention mental health services are available from 7:00 a.m. until midnight, seven days a week.

**(C) LINKAGE AND SCHEDULING**

MHS has focused a considerable amount of attention on providing services to clients at a time that is convenient to the client. Ongoing monitoring and review of the utilization of psychiatric time has resulted in MHS increasing the number of recouped hours from cancelled or missed appointments, thereby increasing the availability of doctor appointments for other MHS clients. Clients who do not have an appointment but are experiencing psychiatric distress are seen by the psychiatrist that day for emergency assessment or pharmacologic management services. Availability of psychiatric services in this manner has occasionally resulted in other clients having to wait 30 minutes to an hour to be seen for their scheduled appointments.

Community psychiatric supportive treatment services are available to clients through scheduling or on a walk-in basis when an unexpected situation or need arises. Scheduling of CPST services is highly dependent upon when the client agrees to be seen, thereby assuring client convenience.

**(D) INFORMATION AND EDUCATION**

Information about available services is an important component of service accessibility. Numerous documents describing agency services are available to potential clients: agency brochures, the MHS Service Plan, a Consent to Treatment form, the Client Rights Handbook, and Quality Assurance findings. Agency brochures are distributed at locations in the community in an attempt to maximize information/education about services offered by MHS to other community service providers and potential clients. Mental Health Services' outreach teams visit bus shelters, abandoned buildings and cars, meal sites, churches, and other places where homeless persons frequent in an effort to reach as many potential consumers as possible. The Community Psychiatric Supportive Treatment department provides information on agency services to callers as well as information on other community services if MHS services are not appropriate.

In addition, MHS's Referral and Information staff provides education about and prompt access to the community support and behavioral health counseling and therapy services offered by all contract agencies of the Cuyahoga County Community Mental Board. The Director of Crisis Services actively participates in providing training to Law Enforcement bodies such as police departments, police dispatchers, and to other service providers such as EMS staff and the Red Cross Emergency Service Volunteers.

**(E) CHOICE**

MHS is a strong advocate for consumer choice. In addition to educating clients about the services available to them at MHS, staff also advises clients about other services available within the community. Frequently, clients will have contact with these providers as a result of the advocacy of their MHS worker. In situations where a client feels that they would work better with a different CPST worker, a transfer to another worker is completed. Clients are able to contribute to the decision about whom they will work with at Mental Health Services. Each case is discussed with the CPST Program Manager and Mental Health Services' Medical Director prior to assignment of a CPST worker. Client choice is a contributing factor in this decision, although not a singular one. From time to time, decisions may have to be made on the basis of availability of staff.

Clients work closely with their CPST worker to develop treatment plans that are individualized to the needs and goal choices of the client. Provision of one service is not contingent upon the client's acceptance of another service. Assignment of crisis staff is contingent on their work schedule. In most instances, the MCT Program Manager assigns cases to the staff as it relates to their strengths and abilities to respond to the crisis call. In cases that require a Spanish-speaking staff person, the MCT Program have several staff available to assist with providing services to these clients.

**(F) CULTURAL COMPETENCE**

MHS has provided culturally-sensitive and -competent assessment and treatment services to persons of diverse cultural and ethnic backgrounds for more than fifteen years, and we have developed innovative programs that are responsive to the cultural values of our community. More than half of all individuals served by MHS programs are African-American, Hispanic, or Asian. Our policies prohibit discrimination against any person or group on the basis of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, physical or mental handicap, developmental disability, or HIV status. MHS abides by a Cultural Competency Plan, an Affirmative Action Plan, and a comprehensive Performance Improvement Plan. Our policies direct and support the provision of services in a culturally competent and sensitive manner.

To support culturally-competent service delivery, we require that all staff members participate annually in cultural competence training activities. For those providing direct services, these activities may include education on the effects of psychiatric interventions and psychotropic medications on ethnic minority persons; issues related to differential diagnosis of ethnic minority persons, and vernacular language patterns of ethnic minority persons. In addition, our medical staff members are required to have completed training on medication issues for children, elderly, minority populations and persons with a severe mental disability or emotional disturbance.

Several MHS programs currently employ Spanish-speaking staff members who provide services to Hispanic children, adults, and families. MHS has sought opportunities to provide behavioral health counseling and therapy and supportive services to individuals of various subcultures. For example, MHS has provided health education and risk reduction behavioral health counseling and therapy to young men who have sex with men. We maintain a service contract with a local language bank that

provides us with interpreters to help us conduct our assessment and treatment services at our offices, and in the community, 24 hours per day.

**(6) AFFILIATION AGREEMENTS AND VOUCHERED SERVICE AGREEMENTS**

MHS maintains agreements with other providers of healthcare and social services, in order to provide or arrange for services that are responsive to each client's unique needs, in a manner that promotes the continuity and effective coordination of care. These agreements serve to facilitate communication with other care providers, clarify the responsibilities, and define the outcomes that we intend to achieve. The Executive Director (or designee) negotiates agreements, and each organization identifies a liaison for communication. Agreements are maintained on agency premises.

We maintain affiliation agreements with many agencies that do not provide crisis intervention mental health services, presented in Table 1. These agreements describe how services that these agencies provide are coordinated with services provided by our Mobile Crisis Team. These agreements help the clients of healthcare organizations throughout the county to have prompt access to hotline and crisis intervention mental health services. The agreements also describe procedures for sharing information about clients when crisis services are needed.

Children who participate in crisis intervention mental health services through our Mobile Crisis Team sometimes need services we do not provide in order to fully resolve the crisis situation, or to decrease the likelihood of a reemergence of the crisis situation. These services are the inpatient psychiatric, crisis stabilization, and in-home therapeutic services provided by the organizations presented in Table 2. We refer child clients of our Mobile Crisis Team to these organizations when the child needs one of these services, and the child’s family has no health insurance. The Cuyahoga County Community Mental Health Board pays for these services. For inpatient psychiatric and in-home therapeutic services, MHS acts as the fiscal agent, authorizing (or “vouchering”) the service. We initially authorize three days of inpatient services. We authorize additional days when they are needed to address the crisis needs of the child. In-home therapeutic services are limited to 90 days. The intensive diagnostic services offered by Parmadale, and the crisis stabilization services offered by Berea Children’s Home and Family Services are paid directly by the Board.

Children who participate in crisis intervention and other services through our Children Who Witness Violence (CWWV) Program often need in-home therapeutic services we do not provide in order to fully address their trauma needs. These services are provided by the organizations presented in Table 3. We refer child clients of our CWWV Program to these organizations when the child needs these services, and the child’s family has no health insurance. The Cuyahoga County Department of Justice Affairs pays for these services. MHS acts as the fiscal agent, authorizing (or “vouchering”) the service. We initially authorize 90 days of in-home therapeutic services, and we authorize additional days when they are needed.

**Table 1 - Affiliation agreements for crisis intervention mental health services**

Achievement Centers for Children, Inc.	Applewood Centers, Inc.
Beech Brook	Bellefaire Jewish Children’s Bureau
Bridgeway, Inc.	Catholic Charities Services, Parmadale

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Center for Families and Children	Children’s Aid Society
Cleveland Clinic Foundation	Community Behavior Health Center
Far West Center	Free Clinic of Greater Cleveland
Jewish Family Services Assoc.	LINKS East
Lutheran Metropolitan Ministry	Marymount Mental Health Center
Meridia Cleveland Clinic Health System	MetroHealth System
Murtis H. Taylor Multi-Service Center	NBA Cleveland Christian Home, Inc.
Northcoast Behavioral Health System	Northcoast Community Support Services
Northeast Ohio Health Services	Phoenix Society of Cuyahoga County
Positive Education Program	Psych Services
Recovery Resources, Inc.	St. Vincent Charity Hospital Psychiatric E.R.
TLC, A Place Called Home	University Hospitals Health System Laurelwood Hospital
V. Beacon Agency	Visiting Nurse Assoc.
West Side Ecumenical Ministry	

**Table 2** - Vouchered service agreements for services to children in crisis

Behavioral Healthcare Corp., Windsor Hospital	Beech Brook
Berea Children’s Home and Family Services	Catholic Charities Services, Parmadale
Bridgeway, Inc.	NBA Cleveland Christian Home, Inc.
Bellefaire Jewish Children’s Home	UHHS Laurelwood

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**Table 3** - Vouchered service agreements for traumatized children  
*(Served by the Children Who Witness Violence (CWWV) Program)*

Berea Children's Home and Family Services	NBA Cleveland Christian Home, Inc.
Bridgeway, Inc.	New Vision
Bellefaire Jewish Children's Bureau	West Side Ecumenical Ministry
Catholic Charities Services, Parmadale	

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**MHS** MENTAL  
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*for homeless persons, inc.*

1736 Superior Avenue  
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216.623.6555 • FAX 623.6539  
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July 2006 – June 2007