Greene County Educational Service Center - Mental Health Services 360 East Enon Road Yellow Springs, OH 45387

AGENCY SERVICE PLAN 2024

Mental Health Services Vision

GCESC-MHS envisions a community in which the mental illnesses that impact our children, teens and families are prevented and cured.

Mental Health Services Mission

Our mission is to support youth and families in maximizing their potential and enhancing their wellness in the natural environments of school, family, and community through advocacy, mental health services, and education.

Service Provided

The Greene County Educational Service Center - Mental Health Services (GCESC-MHS) is committed to meeting the emotional, psychological, and psychosocial needs of atrisk children and youth in Greene County in an effort to further their emotional and psychological growth. Services are provided within the communities we serve and the natural school environments, including several alternative educational programs. GCESC-MHS is licensed by the Ohio Department of Mental Health and Addiction Services (OHMAS) to conduct diagnostic assessments, and provide counseling/psychotherapy, community support, consultation, and crisis services. GCESC-MHS is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) to provide Outpatient Treatment services to children and youth. GCESC-MHS is under contract with Ohio Medicaid Managed Care companies and the Mental Health and Recovery Board of Clark, Greene, and Madison counties for provision of these services.

Persons served are referred by local school district personnel and partnering community organizations. Persons referred for mental health services are assessed by trained Mental Health Therapists with the collaboration of children, youth, and their families. GCESC-MHS delivers services to contracting Greene County school districts as well as four alternative educational settings: Outdoor Advantage (OA), the Greene County Learning Center, the Academy of Greene County (AGC), and the Greene County Career Center (GCCC). The Greene County ESC developed and manages three of the alternative education programs, the Greene County Career Center is one of Greene County's eight school districts and is a Career Technical school for high school-aged youth. Partnering community organizations include Juvenile Court, Childrens Services, Violence Free Futures and the Fairborn and Xenia Police Departments.

Persons served are identified and referred for services for a variety of reasons, including, but not limited to: emotional distress, family difficulties, traumatic experiences, academic failure, attendance problems, gender affirming care, disciplinary action and difficulties regulating behavior and emotions. These issues significantly interfere with

children and youth's ability to engage in healthy relationships with peers and interfere with the learning process. Services are provided for those identified from 3 to 21 years of age. The primary goal is to help children and youth manage social and emotional issues that seriously interfere with their development and functioning, family relationships, and progress in school.

All staff members possess the qualifications required to provide mental health services and/or receive the required supervision as established by the Ohio Department of Mental Health and Addiction Services, Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, CARF, and according to other relevant laws and ethical standards. Staff members participate in on-going reflective supervision and continuing education activities to increase competencies and update licensure. Finally, staff members receive ongoing health and safety training, including first aid, Blood borne pathogens, CPR, de-escalation and crisis aftermath.

Service Descriptions

Referral Procedure

GCESC - MHS offer support to all of the contracted school districts, organizations and communities in Greene County by providing clinical mental health treatment for children and youth whose alternative would often be withdrawal from school activities, increased interpersonal difficulties, and/or engagement in high-risk activities which may lead to school failure and/or expulsion. The agency utilizes a process that identifies children and youth for service through a referral system established within each school district and partnering organization. School administrators, counselors, teachers, parents and self-referrals are the most common referral sources. Referrals are also accepted from any community providers and resources. Referrals are prioritized by need and, high risk indicators, with the most critical cases receiving priority status. A waiting list is maintained by each clinician. Documentation and clinical discussions in individual and group supervision help ensure that persons served in greatest need receive services in a timely manner.

Diagnostic Assessment

Diagnostic assessments are conducted in collaboration with the persons served to determine mental health needs and appropriate treatment goals, as well as referrals for additional services when appropriate. This in-depth assessment explores biopsychosocial and demographic information, cognitive and behavioral functioning, a mental status exam, symptoms, presenting concerns, health and developmental history, and mental health diagnosis in accordance with the current editions of the Diagnostic and Statistical Manual of Mental Disorder Text Revisions-Fifth Edition (DSM-5-TR) and International Classification of Diseases- 11 (ICD- 11). Assessment domains are considered within the unique life and developmental context of all persons served, including their strengths, needs, abilities, and preferences. Treatment goals are based on the assessment and written in collaboration with persons served to reflect their preferences and evidenced-based therapeutic practices specific to presenting symptomology.

Crisis Intervention

Baseline Lethality Assessments are completed upon intake of all clients to establish potential for crisis and need for Support Planning. Families and youth are given emergency contact information and a decision guide during the intake process. After hours and weekend service provision is managed with a rotating an on-call crisis phone. Staff members are trained on crisis trauma response and participate in on-going training in crisis intervention. Staff work closely with the Dayton Children's Hospital Crisis Assessment Unit for support of persons served who require evaluation for hospitalization for high risk behaviors, serious self-harm, suicidality and homicidal ideation.

All GCESC-MHS staff carry an agency issued cell phone to facilitate rapid access to care. GCESC-MHS staff are also trained in the Traumatic Event Crisis Intervention Plan (TECIP) postvention model and can be mobilized quickly in response to catastrophic disasters such as tornadoes, suicide, or a death that impacts a given school and/or the greater community.

Counseling/Psychotherapy

The diagnostic assessment is conducted as the first component of the orientation process for persons served upon admission. Counseling/psychotherapy includes individual, group, and family therapy sessions within a structured, time-limited format. Treatment goals are written in words understandable to persons served in the Individualized Service Plan. Family therapy is provided which aims to develop congruent communication between family members, problem solving and conflict resolution skills, to assist parents in anticipating and meeting the needs of their child before they become problematic. GCESC-MHS provides outcome-driven evidencedbased interventions, including cognitive-behavioral, trauma specific, and clientcentered approaches. The GCESC-MHS employs an evidenced-based outcome measure to assess changes in client functioning, treatment outcomes and successes, as well as satisfaction with service delivery.

Community Psychiatric Supportive Services

Community support is provided to address child, youth, and family needs within the larger community including school settings. These services focus on linkage, consultation, and access of community-based resources.

GCESC-MHS staff deliver mobile and outreach community support services. The services consist of rehabilitation, environmental support, and targeted case management activities considered essential to access other needed services and service providers within the county. Community Support services are available to youth and their families and will vary with respect to hours, type and intensity of services, depending on the individualized, mental health needs exhibited and preferences shared by persons served. The services are provided as part of a continuum of care to all children, youth, and families. These services are available on both an individual or small group basis depending on the need and direction of case management support.

Telehealth

Telehealth services are offered through telephone or HIPAA compliant video platform. A separate consent is required for these services and staff are trained on ethics, safety and security for provision of these remote therapy services.

Schedule of Operation

For school-contracted services, the schedule of operation of for all services except crisis are 8:00 a.m. to 4:00 p.m. throughout the school calendar year. As requested, evening hours are available for family therapy until 8:00 p.m. Community based services follow the same daily hours and after hours schedule and are available year round.

Mental Health staff members assigned to school contracts are available during nonschool hours throughout the calendar year to provide treatment and continuity of care upon parent or youth request and/or when deemed clinically appropriate by mental health staff. During significant breaks in the school calendar (i.e. summer vacation, quarterly breaks in year-round schools) staff are available to parents, youth, and other community providers through phone contact. Contact information is distributed to all children, youth, and families at admission, to community providers, and upon request.

Anya Senetra Director of Mental Health & Prevention Services

Reviewed & Revised 9/2004; 11/2005; 4/20/06; 3/07; 8/08; 3/09; 12/8/10; 12/8/11; 12/5/12; 4/13; 3/14; 4/15; 5/16; 10/17; 10/18; 3/22; 10/23; 10/24.