

## Agency Service Plan

### Agency Purpose

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***Mission:***

The mission of Child Focus, Inc. is to join with communities in strengthening families and improving the quality of life for children, families, and adults.

***Vision:***

Child Focus provides unsurpassed care to children, families, and adults. Through research-based practices and cutting-edge technology, we are an innovative and responsive leader. As a center of excellence, our continuous learning environment is challenging, rewarding, and engages partners and employees who are committed to the mission of Child Focus.

***Core Values:***

- **QUALITY**  
We strive to exceed the highest standards, show compassion for our customers and provide quality services through collaboration, responsive programming, and servant leadership.
- **TEAMWORK**  
We understand and support each other, communicate effectively, feel good about what we do and have fun. We use our strengths and differences to encourage creativity, and we learn from each other.
- **OPPORTUNITY**  
We view challenges as opportunities and strive to learn and grow each day. We provide and embrace opportunities for personal, professional, and agency growth.
- **COMMITMENT**  
We are dedicated to our customers and celebrate their successes. We strive to be our best, seeing the work we do as an honor, demonstrating loyalty to the vision and mission of Child Focus.

Child Focus is a nonprofit organization that strengthens the quality of life for thousands of individuals in central and southern Ohio by developing thriving kids, strong families and successful adults. In operation since 1977, annually Child Focus serves over 20,000 children and adults with at-risk characteristics such as poverty, family dysfunction, and involvement in foster or kinship care, detention, juvenile/adult court, in addition to experiencing physical and verbal abuse, trauma, mental health and substance abuse issues.

Headquartered in Clermont county, and with office locations in 3 counties (Clermont, Brown, Hamilton), Child Focus serves 22 counties across southern and central Ohio.

## Referral Source and Affiliations

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Child Focus, Inc. has developed **collaborative relationships** with the Clermont County Mental Health and Recovery Board, the Brown County Mental Health and Addiction Services Board, Family and Children First, Clermont County Department of Job and Family Services, Brown County Department of Job and Family Services, Hamilton County Department of Job and Family Services, Ohio Department of Youth Services, Clermont County Juvenile Court, Brown County Juvenile Court, Hamilton County Juvenile Court, Clermont County Schools, Brown County Schools, Mariemont Schools, Kilgour School, Clermont County Education Services Center, Clermont County Developmental Disabilities, Mercy Hospital Clermont, Cincinnati Children's Hospital, Greater Cincinnati Behavioral Health and others.

Referral sources complete the interagency community or school referral form and email or fax it to Child Focus (email and fax number are on the referral form). Child Focus triages the referral, makes contact with the referred person (or with the parent/guardian if the referred person is a minor), and follows up with the referral source to notify them of status (services starting, services declined, unable to reach). Referral sources may refer to any service with a few exceptions:

- Wasserman Day Treatment – School-age referrals must come from the home school.
- IHBT – Client must be enrolled in OhioRISE or referred by Juvenile Court.

Child Focus has contracts or other arrangements with the following affiliations to provide the following services:

Affiliation	Service(s)
Clermont County Juvenile Court	Outpatient services, IHBT, Family Peer Support
Hamilton County Juvenile Court	Outpatient services
Clermont Education Center	All School-based Services
Clermont County Schools	All School-based Services
Brown County Schools	All School-based Services
Mariemont Schools	All School-based Services
Kilgour School	Therapy, Case management services
Greater Cincinnati Behavioral Health	Mobile Crisis, MRSS
Family and Children First, Clermont	Parent Enrichment, MRSS, Family Peer Support
DJFS, Clermont and Brown	Parent Enrichment
Developmental Disabilities, Clermont	Outpatient services

**Direct services are delivered** in public schools, in Head Start and daycare programs, in alternative school settings, in day treatment programs, in clients' homes, in the juvenile detention center, in the jail, in the community, and in three outpatient office settings.

**Training and education are provided** by Child Focus to the public, and are targeted at mental health and social service providers to promote best practices and ongoing learning in the local professional community.

Child Focus' scope of services includes a **continuum of intensity**. These services span from preventative school-based interventions, to crisis services that can be provided immediately as needed, to outpatient office-based treatment, to more intensive home-based services, and includes day treatment, as well as direct admission to inpatient hospitalization when needed.

The system of care is further enhanced by client advocacy that occurs through collaboration with school systems, law enforcement, and the Mental Health and Recovery Boards in order to secure funding, introduce mental health services to new settings and to ensure that gaps in services are addressed with partnerships and program development.

## Explanation of Child Focus Services

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Child Focus is committed to providing the highest quality care. Research consistently demonstrates that mental health services for children are most effective when families are actively involved in the treatment process. Therefore, participation by parents and/or legal guardians is required for all outpatient services provided to minors.

### Outpatient Mental Health and SUD Services

#### Diagnostic Assessment

A diagnostic assessment is a clinical evaluation conducted by an eligible provider. The assessment is individualized and appropriate to the person's age, gender, culture, and developmental level. Its purpose is to determine diagnosis, identify treatment needs, and establish a treatment plan addressing the individual's mental health and/or substance use concerns. Assessments may be conducted at designated points in treatment or when significant changes occur in the person's condition or circumstances.

An initial diagnostic assessment must be completed prior to the initiation of mental health services. Exceptions include the provision of crisis intervention services or medication/somatic services when required as the least restrictive alternative in an emergency situation.

#### Psychological Assessment

A psychological evaluation assesses an individual's functioning, abilities, and needs to guide the development of appropriate interventions. Evaluations may be conducted for screening, diagnostic clarification, or progress evaluation. These person-centered services are provided directly by qualified Child Focus team members.

Psychological evaluations typically require two to three sessions to complete the assessment process prior to an informing interview, during which results and recommendations are reviewed with the individual and family.

Psychological evaluation services may include individual interviews with the person served, interviews with or information gathered from important collateral sources such as referral sources and family members, and the use of standardized, validated testing instruments. These methods support accurate clinical diagnosis and the development of appropriate treatment recommendations.

#### Population Served

Psychological evaluations are available for individuals ages four and older who attend school or daycare, as well as adolescents and adults. Testing services are recommended when diagnostic clarification or differentiation between diagnostic categories is needed by the treating provider. Psychological testing must be determined to be medically necessary prior to approval.

- When requested by Children's Protective Services, adoption-related psychological evaluations may also be conducted.
- Psychological evaluations conducted with children may involve shorter sessions and the use of developmentally appropriate assessment tools.
- Evaluations conducted to assess for Autism Spectrum Disorder require specialized training and the use of assessment instruments appropriate to the developmental level of the individual being evaluated.
- Prior to approval for testing, individuals who have previously completed psychological testing, or who have an Individualized Education Plan (IEP) or an Evaluation Team Report (ETR) from a school, must submit copies of these documents for review.

Testing services at Child Focus are voluntary.

#### Exclusionary Criteria

Psychological evaluations at Child Focus will not be approved in the following situations:

- Testing is not provided for children ages 0–3 or for four-year-old children who are not enrolled in a structured school setting. Referrals for this age group are encouraged to explore outside providers who specialize in early childhood testing.
- Testing is generally not approved for the assessment of personality disorders or for individuals who are actively experiencing psychosis.

- Testing may not be completed if a child is unwilling or unable to participate in the assessment process, as accurate results cannot be obtained.
- Child Focus does not provide psychological testing solely to meet court mandates for custody evaluations, legal proceedings, or disability determinations. Individuals requiring these services may be referred to forensic psychologists, family assessment specialists, or professionals specializing in disability determination.
- If an individual has completed psychological testing within the previous year, testing will generally not be approved. Repeat testing is typically recommended after a period of two to three years.
- Individuals whose primary language is not English and who are not proficient in English may be referred to providers who conduct psychological testing in the person's primary language.

When a person is determined to be ineligible for testing, the individual and/or family will be informed of the decision. When appropriate, the referral source will also be notified. Recommendations for alternative services or resources will be provided.

### **Settings/Locations, Hours, Days and Frequency of Service**

Diagnostic services are provided in person at the 4633 Cincinnati-Batavia Pike location, Monday through Friday, by appointment. Testing sessions are generally scheduled during morning or early afternoon hours. Parent or guardian participation is required during the testing process for minors.

Telehealth is rarely used for psychological testing due to the nature of the materials, the need for direct observation, and the structure of the assessment process. Informing interviews may be conducted through telehealth when preferred by the family. Telehealth services are delivered through a secure, HIPAA-compliant video platform, and staff follow all Child Focus policies regarding telehealth service delivery. In some circumstances, telehealth may be used for the initial clinical interview or for specific assessment components, as determined appropriate by the diagnostician.

Psychological evaluations typically require two to three sessions to complete the assessment prior to the informing interview where results are reviewed.

### **Referral Source, Payer Sources and Fees**

Referral sources may include self-referrals, current mental health treatment providers, schools, physicians, external providers, Children's Protective Services referrals for adoption testing, court referrals for children, and private insurance company referrals.

Parents, guardians, and CPS guardians receive a copy of the full psychological evaluation report. Parents or guardians may choose to share the report with referral sources or other relevant individuals.

Payer sources include Medicaid, private insurance, and client self-pay. In limited circumstances, courts may provide payment for testing services when the evaluation is requested through the court system. All applicable fees are explained to the person served and/or family prior to the initiation of psychological testing services.

### **Counseling/Psychotherapy**

Outpatient Counseling and Psychotherapy Services at Child Focus provide assessment and treatment for individuals experiencing mental health and substance use concerns that affect daily functioning. Services are delivered using person-centered, trauma-informed, and strength-based approaches designed to support emotional wellness, skill development, and improved functioning at home, school, work, and within the community.

Outpatient counseling and psychotherapy services are available to children, adolescents, and adults and are provided in collaboration with families, caregivers, and community partners when appropriate. Services are delivered in the least restrictive setting necessary to meet the needs of the person served and are guided by evidence-based and evidence-informed practices. Services are provided directly by qualified Child Focus team members.

## Populations Served

Therapy services are available to individuals ages 3 through adulthood who experience behavioral health concerns that affect daily functioning. Services are appropriate for individuals experiencing challenges that result in distress or impairment in social, educational, occupational, or family functioning. Participation in therapy services is voluntary.

## Special Populations Served

### *Children and Adolescents*

Therapy services are provided to children ages 3–17 by providers whose scope of practice includes the assessment, diagnosis, and treatment of children and adolescents.

### *Neurodivergent Individuals*

Therapy services are provided to neurodivergent individuals, including but not limited to those diagnosed with Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD). Services may be delivered individually or in group settings by providers trained in strengths-based and trauma-informed approaches tailored to the developmental and communication needs of the individual.

### *Early Childhood Mental Health*

Children ages 3–8 may receive services from therapists trained in early childhood mental health approaches. Interventions are developmentally appropriate and tailored to the unique needs of young children and their caregivers.

### *Trauma-Related Needs*

Therapy services are provided to individuals who have experienced traumatic events that impact daily functioning or create significant stress. Therapists are trained in trauma-focused interventions, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Dialectical Behavior Therapy (DBT).

### *Substance Use Disorder Services*

Substance use disorder therapy is available to individuals ages 12–25 and is provided by clinicians trained in the Seven Challenges model, which may be delivered in individual or group settings, and the Brief Challenges model, which is delivered in an individual format.

### *Court-Referred Youth*

Child Focus provides therapy services to court-involved youth and their families. To meet the needs of this population, team members collaborate with juvenile courts, caregivers, the youth served, and other partners within the system of care.

## Exclusionary Criteria for Therapy Services

Individuals may be referred to alternative providers when another agency is better equipped to meet their needs.

- Adults with severe and persistent mental health conditions may be referred to Greater Cincinnati Behavioral Health for more intensive treatment services.
- Individuals with severe or profound developmental disabilities may be referred to county Developmental Disabilities agencies for specialized services.
- Adults seeking substance use disorder treatment as the primary service may be referred to agencies such as Clermont Recovery Center in Clermont County and Talbert House in Brown and Hamilton Counties.

At the earliest determination that Child Focus therapy services are not the most appropriate level of care, team members discuss this with the person served, parent or guardian, and referral source, and provide referrals to appropriate alternative services.

## Service Settings, Hours, Day and Frequency for Therapy Services

Services are provided in school and office settings in Clermont, Brown, and Hamilton counties. Families may receive services in the setting that best meets their needs. Services provided in school settings occur during

school hours. Services in the home, community, and office are provided during agency business hours (Monday–Thursday 8:00 a.m.–9:00 p.m.; Friday 8:00 a.m.–4:30 p.m.; Saturday 8:00 a.m.–4:30 p.m.).

Child Focus offers non-traditional appointment times, including after-school, evening, and Saturday appointments, to minimize disruption to school and family routines. Services are available through both in-person and telehealth formats to meet the needs of persons served and their families.

Service frequency is determined based on the individualized treatment plan and clinical need. Most therapy sessions occur weekly or biweekly. Team members conduct ongoing assessment of clinical needs, treatment progress, and service effectiveness to ensure that services remain appropriate and responsive to the needs of the person served.

Services are available via telehealth and in-person to individuals living in southwest Ohio. Telehealth services are delivered through a secure, HIPAA-compliant video platform in accordance with Child Focus telehealth policies and procedures. Telehealth services are utilized to increase access to care, provide continuity of treatment, and enhance service delivery.

### **Referral Sources for Therapy Services**

Individuals may be referred to therapy services through a variety of sources including self-referral, parents or guardians, schools, juvenile courts, the Department of Job and Family Services, early learning centers, Developmental Disabilities agencies, Wraparound services, OhioRISE, and other community partners. Services are delivered directly by Child Focus team members. Some service locations operate under contractual agreements with Child Focus to provide therapy services.

### **Payers, Funding Sources, Fees**

Funding sources may include self-pay, Medicaid, private insurance companies, school districts, and county mental health and recovery boards. Financial responsibility is reviewed with the person served or guardian prior to service delivery.

### **Therapy Modalities**

#### ***Individual and Family Therapy***

Individual and family therapy involves the identified client and may include parents, guardians, or other family members. Sessions focus on addressing identified concerns and promoting problem resolution. Family participation is encouraged, when appropriate, to support sustained progress and strengthen family relationships.

#### ***Group Therapy***

Group therapy typically includes two to seven individuals with similar concerns and is facilitated by a therapist. Child Focus offers therapeutic groups addressing a variety of needs, including:

- Social Skills / Self-Esteem (Together Group)
- Autism Spectrum Support (Mastering the Social Exchange Group)
- Anger Management
- Dialectical Behavior Therapy (DBT)
- Adolescent Female Mood and Self-Esteem (Connections Group)
- ADHD Support
- LGBTQIA+ Support (Rainbow Resilience Group)
- Grief and Loss
- Healthy Boundaries
- Youth with Problematic Sexual Behaviors
- Active Parenting
- Cooperative Co-Parenting

#### ***School-Based Therapy Settings***

When therapy services are provided in a school setting, providers collaborate with school personnel while maintaining their clinical focus on supporting the emotional and behavioral needs of the person served.

### ***Partner/Couples Therapy***

Child Focus provides couples therapy to adults, parents, and caregivers when clinically appropriate. Services are delivered using a family systems approach focused on improving communication, strengthening relationships, and addressing patterns that contribute to relationship distress. Couples therapy is provided using the Gottman model.

### ***Outpatient Therapy for Substance Use Disorders***

Level 1 Outpatient treatment services are available to individuals experiencing early or mild impairment related to substance use. These individuals may experience challenges in social, educational, peer, or family functioning.

Individuals are screened and assessed to determine whether outpatient services are appropriate based on the severity of symptoms and treatment needs.

Individuals whose needs exceed the scope of outpatient treatment are referred to specialized substance use disorder treatment programs. These services may include intensive outpatient treatment, medication-assisted treatment, and inpatient or residential treatment.

### **Evidence-Based and Evidence-Informed Treatments**

Child Focus utilizes both evidence-based and evidence-informed interventions to support effective and responsive treatment. Examples of treatment models used include:

- Multidimensional Family Therapy (MDFT)
- Active Parenting Program
- Dialectical Behavior Therapy (DBT)
- Incredible Years (IY)
- Nurturing Parent Program (NP)
- Parent-Child Interaction Therapy (PCIT)
- Positive Parenting Program (Triple P)
- Systemic Family Therapy
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- The Seven Challenges Model
- Internal Family Systems (IFS)-Informed Treatment

### **Case Management Services Coordination (TBS, CPST, PSR)**

Qualified Mental Health Specialists (QMHS) and Qualified Behavioral Health Specialists (QBHS) provide a variety of services for children and families throughout Clermont and Brown counties. Services are delivered in home, school, community, and office settings to support children and families within their natural environments.

Team members assist families in accessing community resources both within and outside the agency. Staff collaborate with schools, juvenile court, the Department of Job and Family Services, and other community agencies to coordinate services and advocate for the needs of children and families. Services may be delivered through office visits, school visits, home visits, community contacts, and telephone communication. Services are provided directly by qualified Child Focus team members.

There are three types of case management services within the Traditional Outpatient Mental Health program.

#### ***Community psychiatric supportive treatment (CPST)***

Community psychiatric supportive treatment services provide an array of supports delivered by community-based mobile staff or multidisciplinary teams. Services address the individualized mental health needs of the person served and may involve children, adolescents, adults, and families. The type, intensity, and frequency of services vary based on the changing needs of the individual.

The purpose of CPST services is to provide specific, measurable, and individualized services that support the person's ability to function successfully in the community. Services focus on helping individuals identify and access needed supports, improve functioning at school, work, and within family systems, and strengthen participation in the community.

Activities of CPST services may include one or more of the following:

- Ongoing assessment of needs
- Assistance in achieving independence in managing basic needs as identified by the individual or parent/guardian
- Support in the development of daily living skills when identified as a need
- Coordination of the Individualized Treatment Plan, including:
  - services identified in the treatment plan
  - assistance with accessing natural support systems in the community
  - linkage to formal community services and systems
  - symptom monitoring
- Coordination or assistance with crisis management and stabilization as needed
- Advocacy and outreach on behalf of the individual and family
- Education and training for the individual and family related to identified needs, abilities, and readiness to learn
- Mental health interventions addressing symptoms, behaviors, and thought processes that may create barriers to education, employment, or community participation
- Activities designed to increase the individual's ability to positively influence their environment

### ***Therapeutic Behavioral Services (TBS) and Psychosocial Rehabilitation (PSR)***

TBS and PSR services consist of activities designed to provide individualized support and care coordination related to healthcare, behavioral healthcare, and non-healthcare services. These services may include collateral contacts and may be delivered in any setting appropriate to the needs of the person served.

TBS service activities may include, but are not limited to:

- Consultation with a licensed practitioner or other eligible provider to assist with service planning and coordination of healthcare, behavioral healthcare, and non-healthcare supports
- Referral and linkage to community resources to reduce the need for more restrictive levels of care
- Interventions utilizing evidence-based techniques
- Identification of strategies or treatment options to address behavioral health needs
- Support in restoring social skills and improving daily functioning
- Crisis prevention and intervention

PSR service activities may include, but are not limited to:

- Restoration, rehabilitation, and support of daily functioning to improve self-management of psychiatric or emotional symptoms that interfere with daily life
- Development and implementation of daily routines that support success in home, school, work, and community settings
- Skill development and support necessary to function successfully within a natural community environment

### **Population Served in Case Management Services**

Persons served include youth ages 4–17 and transition-age young adults ages 18–22 who experience mild to moderate mental health needs. The primary population served is school-age youth, although home-based services are available when preferred by the family. Community-based case management services are voluntary for all persons served.

### **Special Populations Served in Case Management Services**

Youth are an identified special population served through case management services. To meet the needs of youth, services are often provided in school, home, or community settings.

The Resiliency Project allows Child Focus to provide case management services to youth who have both a history of trauma and diagnosed developmental delays. Services focus on trauma-informed care that supports the integration of learned skills and promotes connection within the community.

### **Exclusionary Criteria for Case Management Services**

Adults with severe and persistent mental health conditions may be referred to Greater Cincinnati Behavioral Health, which provides more extensive adult case management services. Youth and adults with severe or

profound developmental disabilities may be referred to county Developmental Disabilities agencies for specialized services designed to meet their needs. Individuals requiring substance use disorder case management as the primary focus of treatment may be referred to agencies such as Clermont Recovery Center in Clermont County or Talbert House in Brown and Hamilton counties.

At the earliest determination that Child Focus case management services are not the most appropriate level of care, staff discuss this with the person served, parent or guardian, and referral source, and provide referrals to appropriate alternative services.

### **Service Settings, Hours, Day and Frequency for Case Management Services**

Services are provided in home, school, community, and office settings in Clermont, Brown, and Hamilton counties. Families may receive services in the setting that best meets their needs. Services provided in school settings occur during school hours. Services in home, community, and office settings are provided during agency business hours (Monday–Thursday 8:00 a.m.–9:00 p.m.; Friday 8:00 a.m.–4:30 p.m.).

Service frequency is determined based on the individualized treatment plan and the needs of the person served and family. In most cases, services occur weekly or biweekly.

Services are available through both telehealth and in-person formats for individuals living in southwest Ohio. Telehealth services are delivered through a secure, HIPAA-compliant video platform. Providers follow all Child Focus telehealth policies and procedures. Telehealth services are used to increase access to services, provide ongoing support, and enhance service delivery.

### **Referral Sources for Case Management Services**

Referral sources include schools, parents or guardians, juvenile courts, the Department of Job and Family Services, daycare providers, county Developmental Disabilities agencies, and community partners such as Wraparound Services and OhioRISE.

Services are provided directly by Child Focus team members. Some service locations operate under contractual agreements with Child Focus to provide services.

Status updates may be provided to referral sources regarding engagement in services when requested. Authorization for Release of Information forms are obtained from the person served or guardian to allow communication and collaboration with referral sources and other service providers.

#### **Juvenile Court Home-Based CPST/TBS**

Referrals are received through the juvenile court system in Clermont County for case management services for youth who are at risk for out-of-home placement

#### **Department of Job and Family Services (DJFS) Home-Based CPST/TBS**

Referrals are received from Children's Protective Services for case management services for youth who are at risk of being placed out of their home and for youth who are returning home from placement.

### **Payers, Funding Sources, Fees for Case Management Services**

Funding sources may include self-pay, Medicaid, some private insurance companies, school districts, and county mental health and recovery boards. Financial responsibility is reviewed with the person served or guardian prior to service delivery.

### **Medication Use**

Medication use services provide psychiatric evaluations to clients who may benefit from psychotropic medication to help with their management of symptoms related to behavioral and/or emotional symptoms. Medication services are provided by psychiatrists and psychiatric mental health nurse practitioners. Child Focus also has nurses who are available 5 days a week to provide support and consultation to families.

### **Crisis intervention (Psychotherapy for Crisis or TBS for Crisis)**

This service is provided on the same day or within 24 hours to children, adolescents, and their families when a child or adolescent is experiencing an unusually high level of stress and is not able to adequately cope. Crisis

situations include suicidal thoughts/gestures, homicidal thoughts, out of control behavior, psychotic symptoms, or acute post-traumatic symptoms. Crisis resolution can often be achieved through brief, focal psychotherapy or TBS services. The need for hospitalization is also assessed at this time. During the session, a safety plan is developed, and transition services are planned. If indicated, the client will transition into ongoing services for further assessment and treatment.

## Crisis Services

### Clermont and Brown Crisis Hotline (513-528-SAVE or 988)

The Clermont and Brown Crisis Hotline offers **24-hour assistance to callers 7 days per week, 365 days per year.** Hotline is staffed at all times by a minimum of three responders.

Crisis intervention services are provided by telephone, and referrals to ongoing services are provided when appropriate. Callers may self-refer or may be referred to the Hotline by a third party. The Hotline is funded by the Clermont County Mental Health and Recovery Board and operated by Child Focus.

The primary goal of the Crisis Hotline is to reduce the rate of suicide in Clermont County by providing crisis intervention services to callers and increasing community awareness of the hotline and other available behavioral health resources.

### Population Served

All individuals are eligible to receive services through the Crisis Hotline. There are no geographic limitations on who may access services. Services are provided directly to callers by Crisis Hotline team members.

No callers are considered ineligible for services. In situations involving prank or obscene calls, responders will offer assistance before determining whether it is appropriate to discontinue the call.

All Crisis Hotline services are voluntary in nature. Because callers are often experiencing a crisis, all responders are trained in crisis assessment and de-escalation techniques.

### Settings/Locations

Services are provided through phone or text-based crisis support. Callers may access services from any location or setting at the time of the call.

### Hours, Days and Frequency of Service

The hotline provides free assistance 24 hours per day, seven days per week, 365 days per year. Services are provided based on the needs of the caller. Individuals may contact the hotline as often as needed.

### Fees

The hotline provides free services to all callers.

### Referral Sources

Individuals may access the hotline through self-referral or referrals from friends, family members, or community agencies.

### Payers and Funding Sources

The Clermont and Brown Crisis Hotline is funded through grants from the Clermont County Mental Health and Recovery Board, the Brown County Mental Health and Addiction Services Board, and the Ohio Department of Mental Health and Addiction Services. Child Focus also provides operational support for the hotline. Funding supports staff salaries and maintenance of the hotline system.

### Assessing the Need for a Face-to-Face Response

In some situations, callers may require an in-person response. When this occurs, responders may dispatch emergency services through 911, request support from the Clermont County Mobile Crisis Team, direct the caller to the nearest hospital, or assist in arranging a crisis appointment with a local mental health provider.

## **Mobile Response and Stabilization Services (MRSS) and Mobile Crisis**

The Clermont and Brown Mobile Crisis Team purpose is to provide community crisis intervention to individuals in Clermont and Brown Counties. Mobile Crisis works collaboratively with law enforcement to improve efficiency and safety in mental health responses. Services utilize assessment to determine if those served require hospitalization and are dedicated to providing the least intrusive level of care to safely meet the needs of the person served.

The goals of the Mobile Crisis Team are to complete lethality assessments and assist in de-escalation. The Mobile Crisis Responder is responsible for determining the most appropriate intervention including; involuntary hospitalization, voluntary hospitalization, safety planning, or connecting individuals with community resources.

A well-developed community resources manual is maintained to assist with care coordination and appropriate referral for persons served.

### **Population Served**

Mobile Crisis Response Services are available to individuals of all ages. Services are voluntary in nature.

### **Special Populations Served**

Services are provided to persons who are in crisis and therefore are provided 24 hours per day, 7 days a week in Clermont County. The timeline for response in Clermont County is within 30 minutes of contact. Services are provided in Brown County, Monday-Friday 8a-8p. The timeline for response in Brown County is 60 minutes of contact.

### **Exclusionary Criteria**

Individuals and families are not eligible for Mobile Crisis Response services if any of the following are present:

- The situation is deemed unsafe for the mobile crisis responder to conduct an assessment. If possible, law enforcement will be involved to ensure safety. Law enforcement may prevent the assessment if they are concerned about the safety of the responder and will make a decision based on the information they obtain.
- The individual declines participation in the service.

### **Ineligibility for Services**

When a person or family is found ineligible for services, they are informed as to the reasons why. Any referral sources are also informed of the reason. Recommendations for more appropriate services are provided.

### **Settings**

Mobile Crisis Response provides initial crisis response in the home or community settings based on location of the person served or the preference of the person served.

### **Telehealth Services**

There are instances where Mobile Crisis Response can be delivered using a telehealth modality. Common times that telehealth would be appropriate are when:

- the individual or law enforcement agency requests for service delivery using telehealth modalities,
- there is a contagious medical condition present in the home, or
- inclement weather prevents or makes it dangerous for the team to travel to the person served.

Telehealth services are available for those in Clermont and Brown County via the HIPAA Compliant Secure Video Platform. Team members follow all Child Focus Telehealth policies and procedures.

### **Hours, Days and Frequency of Services**

Mobile Crisis Response services are available 24 hours a day, 7 days a week, including holidays in Clermont County and 8am-8pm Monday-Friday, including holidays, in Brown County.

### **Referral Sources**

Referral sources include self-referral, referral by law enforcement and referral by other community partners.

## **Payors, Funding Sources and Fees**

Mobile Crisis Response Services are provided under funding of the Clermont County Mental Health and Recovery Board, the Brown County Board of Mental Health and Addiction Services, the Ohio Department of Public Safety and the Ohio Department of Behavioral Health. Mobile Response Services is provided without a cost to families and individuals, regardless of insurance status.

## **Related Entities**

Related entities include the supporting Mental Health and Recovery Boards, the Ohio Department of Behavioral Health and the Ohio Department of Public Safety.

## **Services and Modalities**

MRSS services may include crisis intervention, safety planning, individual and family therapy, skill development, parent peer support, coordination with current service providers, and referral to ongoing supports and services. MRSS staff meet with youth and families in person at a location determined by the family to provide intensive intervention addressing emotional or behavioral concerns requiring immediate support and stabilization. Services in Clermont and Brown counties are provided directly by Child Focus team members.

Services provided by the team may include telephone screening, crisis intervention by phone or in the community, consultation, information and referral, and follow-up calls or visits.

Adult Mobile Crisis and MRSS responses are dispatched through the Clermont and Brown Crisis Hotline and the 988 Lifeline. When a call is received, the hotline responder determines whether the individual meets criteria for an in-person lethality assessment and mobile crisis response.

## **Behavioral Health Urgent Care**

Child Focus Behavioral Health Urgent Care provides same day access for urgent mental health or substance use needs for children and adults in Brown, Clermont, Clinton, Highland and Adams Counties.

Behavioral Health Urgent Care serves as an alternative to emergency rooms for children and adults experiencing a mental health or substance use crisis, providing same day immediate access to care and preventing unnecessary hospital visits, long waits or incarceration.

## **Population Served**

Services are provided to persons who are in crisis and therefore are provided 24 hours per day, 7 days a week in Clermont County. The timeline for response in Clermont County is within 30 minutes of contact. Services are provided in Brown County, Monday-Friday 8a-8p. The timeline for response in Brown County is 60 minutes of contact.

The Behavioral Health Urgent Care (BHUC) serves a diverse population of individuals experiencing acute mental health and substance use concerns. This includes children, adolescents, adults, and older adults from a wide range of cultural, socioeconomic, and clinical backgrounds. Patients may present with issues such as anxiety, depression, suicidal ideation, trauma-related symptoms, substance use crises, or sudden changes in behavior that require immediate attention but do not rise to the level of emergency department care.

Services are designed to be accessible and responsive to individuals regardless of insurance status, housing stability, or prior engagement with mental health systems, with a focus on reducing barriers to care and promoting timely intervention, stabilization, and connection to ongoing supports.

## **Settings**

The services provided at the Behavioral Health Urgent Care are delivered in an outpatient office setting designed to provide rapid access to address behavioral health needs. The environment offers private rooms for individuals, and their supports, to meet with treatment providers to confidentially assess their needs and discuss options that best match their presenting concerns. The space provides for dignity, confidentiality, and timely, person-centered care in a less restrictive alternative to hospital-based services.

## Hours and Days of Services

The Behavioral Health Urgent Care is currently open Monday-Friday from 8:00am-4:00pm. Individuals walking into the facility up to 4:00pm will be seen same day by the licensed provider. Access to medication services may be offered the next business day. The need for extended hours, including evenings and weekends, will continue to be assessed in order to further increase accessibility to the service. Those that contact the BHUC after hours, will be directed to contact 988 in order to access supports and explore options of adult or youth mobile crisis to address urgent needs. Any medical or physical emergencies will be referred to contact 911.

## Frequency of Services

Behavioral Health Urgent Care services are provided on an as-needed, episodic basis, designed to address immediate or emerging behavioral health concerns. Individuals may access services without an appointment during operating hours, often receiving same-day assessment, intervention, and stabilization. The frequency of visits varies depending on clinical need; some individuals are seen for a single encounter with referral to ongoing care, while others may return for a limited number of follow-up visits to support short-term stabilization and ensure successful linkage to community-based or outpatient services. The model emphasizes timely access and brief, goal-directed care rather than ongoing, longitudinal treatment.

## Referral Sources

Referral sources include self-referrals and walk-ins, family members or caregivers, primary care and specialty medical providers, outpatient behavioral health providers, schools, employers, and community-based organizations. Additional referrals may come from local crisis hotlines, adult mobile crisis and MRSS teams, law enforcement, and emergency departments seeking a less restrictive alternative for individuals who do not require inpatient care. The service is designed to accept referrals with minimal barriers, ensuring timely access regardless of how an individual is connected to care.

## Payors, Funding Sources and Fees

Behavioral Health Urgent Care services are supported through a combination of funding sources to ensure broad access to care. Reimbursement may include Medicaid, Medicare, and commercial insurance plans, and self-pay. To reduce financial barriers, a sliding fee scale is available for Clermont County residents ages 0-21 and Brown County residents of all ages. This blended funding approach helps sustain operations while prioritizing timely, equitable access to urgent behavioral health services regardless of an individual's ability to pay. Financial responsibility of the person served is identified prior to service delivery.

## Related Entities

Related entities include the supporting Mental Health and Recovery Boards.

## Services and Modalities

Behavioral Health Urgent Care services are offered directly by Child Focus team members to all individuals or families seeking immediate care to address an urgent behavioral health need. Services include:

### *Crisis Assessment:*

All individuals presenting to the Behavioral Health Urgent Care receive a comprehensive crisis assessment conducted by a licensed behavioral health professional, such as a licensed social worker, professional counselor, psychologist, or psychiatric provider. The assessment includes evaluation of presenting concerns, mental status, risk of harm to self or others, substance use, medical and psychiatric history, and current supports. The licensed clinician uses clinical judgment and evidence-based tools to determine the level of risk and develop an immediate plan for stabilization and intervention. This plan may include safety planning, brief therapeutic intervention, medication evaluation, and coordination of referrals to ongoing or higher levels of care. The assessment process prioritizes safety, accuracy, and timely decision-making to ensure that each individual receives appropriate and effective care.

### *Medication Evaluation:*

When appropriate and clinically indicated, individuals presenting to the Behavioral Health Urgent Care may receive a medication evaluation conducted by a qualified medical provider, such as a psychiatrist, physician, nurse practitioner, or physician assistant. This evaluation includes a review of current and past psychiatric medications, assessment of symptom response and side effects, evaluation of medication adherence, and review of clients medical and substance use history. Based on clinical findings, the provider may initiate, adjust,

or discontinue medications in support of short-term stabilization, and continuity of care. Education is provided regarding medication purpose, potential risks and benefits, side effects, and proper use. When medications are prescribed, the plan includes coordination with ongoing providers or referral for continued medication management to ensure continuity of care beyond the urgent care setting.

### **Jail Liaison**

Child Focus embeds a Jail Liaison in the county jail whose role is to provide crisis intervention and prevention for inmates at the Clermont County Jail and ensure those needing mental health services are linked to service prior to release.

## **Genesis and STAR Programs**

### **Genesis Program Description and Population Served**

The Genesis Program is a public separate school designed for students in Kindergarten through grade twelve with behavioral or emotional disabilities.

Mental health services are provided to students in the Genesis Program by Child Focus team members. Services are individualized and may include individual therapy, group CPST, and individual TBS/CPST services.

### **STAR Program Description and Population Served**

The STAR Program (Students Transitioning and Adult Readiness) is a work-study program for students in grades 6–12 with disabilities who plan to enter the workforce immediately after graduation. The program provides instruction in independent living, functional life skills, and workforce readiness.

Child Focus team members provide mental health services in this setting.

### **Child Focus Mental Health Services Within the Genesis and STAR Settings**

In addition to instruction in social and emotional learning and academics, students in the Genesis and STAR Programs receive mental health support from Child Focus. Services are provided in small group or individual settings based on student needs, with a focus on promoting independent participation in the classroom.

Mental health supports include therapy and TBS/CPST services. Students receiving these services are also eligible for medication management through Outpatient Services

Admission to the Genesis and STAR Programs is determined by the referring school and the Clermont County Educational Services Center. Families may accept or decline placement. CEC-South requires all students to participate in mental health services at Child Focus. Child Focus team members collaborate with families and external providers to determine the most appropriate course of treatment, incorporating the student's needs, preferences, and goals.

### **Hours Days, Location and Frequency of Services for Genesis and STAR Programs**

Services are primarily provided during school hours, 7:45 a.m. – 1:45 p.m., Monday through Friday during the academic year. Additional services may occur outside school hours or over the summer based on student needs and parent preferences.

During the academic year, services are provided weekly to all actively engaged students. Summer services are provided at the family's preferred frequency, in the school or community setting, or via Telehealth using a HIPAA-compliant platform.

### **Use of Technology in the Genesis and STAR Programs**

Telehealth is used as needed to increase access to services, enhance collaboration, and support families and students. Email communication is used to engage parents and provide resources. Team members may participate in tele-psychiatric sessions to reduce school disruption, transportation barriers, and ensure coordinated care.

### **Referral Sources, Payers, Fees and Service Provision for Genesis and STAR Programs**

Students are referred by their school district and services are contracted through the Clermont County Educational Services Center.

Families do not pay for services provided within the CEC-South building. Services are funded through Medicaid, private insurance, or contracts with the Clermont County Educational Services Center.

For services outside the scope of Genesis and STAR Programs, families are informed of potential fees based on Medicaid or private insurance coverage before referrals are made.

### **Exclusionary Criteria for Genesis and STAR Programs**

Placement decisions are determined by CEC-South Administration based on IQ, academic and emotional needs, and intensity of maladaptive behaviors or aggression. Families are informed if placement is not appropriate and provided with alternative educational and mental health options.

Once admitted, Child Focus works with CEC-South to determine the appropriate level of mental health services.

### **Special Population Needs in the Genesis and STAR Programs**

Students enrolled have an established IEP, and educational needs identified in the IEP are incorporated into academics. Behavioral and mental health needs are also incorporated into the IEP. Genesis and STAR teams collaborate with school staff to ensure compliance with these needs.

## **Day Treatment Services**

Wasserman Day Treatment is a day treatment program for children and youth with severe emotional disturbances who cannot be maintained in regular school programming. The program provides a therapeutic environment with an academic component (approximately 80% treatment and 20% academics). The Day Treatment Program offers at least three hours of group therapy and one hour of academic instruction per day.

The Day Treatment (DT) program is designed to help children with significant mental health needs succeed in a structured setting. It provides 15 hours per week of mental health treatment and five hours per week of academic instruction. Children and adolescents in DT are unable to maintain a public school setting due to the severity of their symptoms. The program focuses on teaching coping strategies to manage mood and behavior, helping youth achieve their goals, and preparing them to transition to less intensive settings. Active participation by parents and guardians is emphasized.

### **Goals of the Day Treatment Program**

- Increase pro-social skills and decrease behavioral acting out
- Strengthen connections to community resources to support overall functioning and wellness
- Build and maintain natural support systems and self-awareness, ensuring skills can be generalized across settings
- Equip students with emotional regulation and distress tolerance skills needed to successfully transition back to the home school setting

### **Population Served/ Program Admission Criteria for Day Treatment**

Individuals admitted to Day Treatment meet the following criteria:

- Age range is 7–18 years; extended services are available up to age 22 if the student is still enrolled in high school. The Early Childhood Day Treatment (ECDT) Program in Clermont serves children aged 3–7 years.
- The student has significant emotional or behavioral impairments that prevent success in general education or less intensive treatment settings.
- Day Treatment is the least restrictive environment for the student.
- The student is willing and able to participate in, attend, and benefit from program interventions. IQ levels of 70 or below are carefully considered. Students who repeatedly refuse treatment may be evaluated for appropriateness.
- The student has had prior mental health treatment or experienced difficulty accessing needed services.
- Any history of substance use or abuse has been or is being treated appropriately, with demonstrated responsiveness to treatment.
- Completion of the initial 30-day evaluation period at Wasserman Day Treatment is required; if unsuccessful, the team evaluates alternative placements.

- Caregivers must actively participate in the treatment process, including monthly involvement in programming.

Placement is determined collaboratively by the IEP team, including school administration, the treatment team, and the family. Program expectations and family involvement requirements are communicated before placement acceptance.

### Special Populations Served

All students have mental health needs that impair success in traditional academic settings. Approximately 80% of the program day is dedicated to therapeutic services.

### Criteria for Exclusion from Program

- Untreated or unresponsive persistent drug/alcohol use or abuse
- Repetitive violent behavior requiring daily physical management
- Age outside of 8–18 for DT (exceptions for students still in high school) or 3–7 for ECDT
- No prior mental health treatment or lack of access to care due to family non-compliance
- Inability to participate in or benefit from the program
- Parents/guardians consistently refusing or missing treatment
- School district refusal or inability to participate in funding and planning
- Failure to benefit from the program after the 30-day evaluation
- Inability to communicate verbally
- IQ below 70 may require referral to alternative services

Ineligible referrals are communicated to the student, caregiver, and referral source, with guidance provided for alternative services.

### Settings, Hours of Service, Days of Service and Frequency of Service

The program operates year-round, five days per week, in two sessions: a school-year session and a summer session.

- The school-year session observes school holidays and several weeks during the summer for staff training. WDT-Clermont follows its Academic Calendar; WDT-Brown follows the RULH Academic Calendar.
- Summer programming is an eight-week session, four hours per day, Monday through Friday.
- WDT-Clermont is located at 4286 Wuebold Ln, Cincinnati, Ohio 45245
- WDT-Brown is housed in Ripley Schools at 2300 Rains Eitel Rd, Aberdeen, Ohio 45101

### Referral Sources

Referrals are made by the school district of residence. The district participates in placement decisions through team meetings and partners with WDT to ensure smooth transitions to less restrictive environments.

Treatment services are provided by Child Focus staff, with educational services contracted through Clermont County Educational Services Center or RULH School District.

### Fees, Payors and Funding Sources for Day Treatment, ECDT and TranQuest

A fee agreement is completed at registration. Child Focus uses a sliding scale based on household income.

- Clermont County: MHRB may cover costs for residents without Medicaid
- Brown County: RULH School District may cover costs for students without Medicaid
- Out-of-district/county clients: costs covered by the paying school district

Child Focus accepts Ohio Medicaid and private insurance. Verification of benefits is completed prior to services, and parents/guardians are notified of preauthorization requirements. Additional services may be funded through school districts or Mental Health and Recovery Boards. Each student receives a personalized fee agreement based on county, school district, and insurance coverage.

## **Prevention Services**

### **School-Based Prevention Services (Children/Adolescents)**

The goal of School-Based Prevention services is to educate students and build skills related to resiliency and other identified needs in order to prevent or delay the onset of a diagnosable mental health condition or the need for longer-term services. Students identified as requiring additional mental health support are assessed and triaged accordingly.

The purpose of School-Based Prevention Services is to provide short-term, solution-focused behavioral health interventions by serving students in their natural environments, thereby reducing barriers related to transportation, accessibility, and limited family resources.

School-Based Prevention Services include efforts to increase public awareness in areas such as mental health, substance use, suicide prevention, violence prevention, bullying and safe relationships, health and wellness, and internet safety. Services are culturally relevant, age- and gender-appropriate, and targeted across multiple community settings.

### **Population Served in Indicated School-Based Prevention Services**

Persons served include youth ages 4-17 and transition-age young adults ages 18-22 with mild to moderate mental health needs. The primary population served is school-age youth, although home-based services are available if preferred by the family. Participation in School-Based Prevention Services is voluntary.

### **Special Populations Served in Indicated School-Based Prevention Services**

Youth are an identified special population served. To meet their needs, services are often provided in school, home, or community settings.

### **Exclusionary Criteria for Indicated School-Based Prevention Services**

Prevention Services are not appropriate for students without identifiable mental health needs. Students with severe or profound developmental and intellectual disabilities are also excluded. Students currently engaged in active mental health services are ineligible for School-Based Prevention Services but may be referred for ongoing TBS/CPST services.

When it is determined that School-Based Prevention Services are not appropriate, discussions occur with the parent/guardian, student, and referral source, and referrals to alternative services are provided.

### **Service Settings, Hours, Day and Frequency for Indicated School-Based Prevention Services**

Services are provided in home, school, community, and office settings across Clermont and Brown Counties. Families are served in their preferred setting. School-based services occur during school hours. Home, community, and office services are provided during agency business hours (Monday-Thursday 8:00 a.m.–9:00 p.m.; Friday 8:00 a.m.–4:30 p.m.).

School-Based Prevention Services are short-term, with a maximum of six sessions. Ongoing services may be recommended upon completion. Services are delivered at a frequency that best meets the needs of the student and family, as identified in the Goals and Transition Plan (GTP), most often weekly or bi-weekly.

Services are available in person or via telehealth for residents of southwest Ohio. Telehealth is delivered through a secure HIPAA-compliant video platform, following all Child Focus telehealth policies and procedures. Telehealth is used to increase service access, enhance supports, and provide flexibility.

### **Referral Sources for Indicated School-Based Prevention Services**

Referrals may come from schools, parents, juvenile court, the Department of Job and Family Services, daycare settings, the Department of Developmental Disabilities, and other community partners including Wraparound Services and OhioRISE.

### **Payers, Funding Sources, Fees for Indicated School-Based Prevention Services**

Families are not responsible for service costs. Payers include school districts and county mental health boards. The Brown and Clermont County Mental Health and Recovery Boards fund prevention and consultation services in those counties. Additional funding comes from contracts with school districts.

Services are delivered directly by Child Focus team members, though some sites operate under a contract with Child Focus.

### **School-Based Types of Services**

Mental Health Specialists determine the appropriate service type and level through initial contact with the student and referral source.

#### *Individual Prevention*

Individual prevention focuses on developing a therapeutic relationship between the student and team member. The goal is short-term problem identification, mental health education for skill development, or information dissemination to increase behavioral health awareness. Students may be at risk for an emotional disorder or display symptoms that could be addressed with support from a Community Mental Health provider. Team members focus on strengthening student resilience and reducing barriers to success. Individual prevention typically includes up to three sessions, with a possible three additional sessions if indicated, designed to promote positive mental health and assess/intervene for at-risk students.

#### *Group Prevention*

Group prevention involves two or more students with similar concerns working with a Community Mental Health provider to develop skills and knowledge for success. Topics may include anger management, social skills, grief and loss, team building, life skills, emotional regulation, and bullying prevention.

#### *Consultation*

Community Mental Health team members provide consultation to administrators, teachers, or other adults to recommend behavior strategies and support student success. Targeted training for school personnel to promote positive mental health in the classroom is also provided upon request.

### **School-Based Prevention Delivery Models, Strategies and Curriculum to Reduce Identified Physical Risks**

#### *Bullying*

The Olweus Bullying Prevention Program, an evidence-based best practice, is available for use with schools and students K-12. This universal program raises awareness, builds skills and competencies, influences behavioral change, and reduces problem behaviors.

#### *Safe Dating Relationships*

The Safe Dates Curriculum is evidence-based and designed for middle and high school students to prevent dating abuse. Goals include:

- Raising awareness of healthy versus abusive dating relationships
- Increasing knowledge of dating abuse, causes, and consequences
- Equipping students with skills and resources to support themselves or friends in abusive situations
- Promoting skills to develop healthy dating relationships, including communication, anger management, and conflict resolution

#### *Signs of Suicide Program (SOS)*

The SOS Signs of Suicide® Prevention Program is evidence-based for middle and high school students. Studies indicate it can reduce suicide attempts by 64% (MindWise Innovations). This universal program improves early identification, raises awareness, builds skills, encourages behavioral change, and promotes healthy alternatives. Students learn to identify depression and suicidality symptoms in themselves or friends and are guided to seek help using the ACT® technique (Acknowledge, Care, Tell).

Team members provide individual assessments for students identified at risk for depression or suicide. Personal safety plans, recommendations, and referrals are provided when applicable. Participating schools receive aggregated data on student risk levels, responses, and referrals.

### **Mental Health in Early Childhood (MHEC) Prevention (Children)**

MHEC services focus on meeting the social, emotional, and behavioral health needs of children from birth through age eight and their families.

MHEC services include Programmatic Consultation, Classroom/Home Consultation, Individual/Family Consultation, and Treatment Services. Services are provided directly by Child Focus team members.

### ***Programmatic Consultation***

According to the 2025 Ohio IECMH Consultation Manual, Programmatic Consultation is a systemic approach designed to achieve program-wide impact by addressing multiple factors affecting the quality and equity of programs serving infants, young children, and families.

MHEC Consultants partner with early learning centers to support adult resilience and staff wellness, strengthen staff capacity to support children's social-emotional development, respond effectively to challenges experienced by children and families, and promote positive learning environments and family engagement. Consultation occurs during routine daily activities within partner centers.

### ***Classroom/Home Consultation***

Classroom/Home Consultation involves collaboration with families and program staff to promote equitable, warm, and trusting relationships, consistent routines, and developmentally supportive interactions that positively impact home and classroom environments.

MHEC Consultants partner with educators responsible for groups of children and focus on supporting social-emotional development and addressing challenges that occur in early learning settings and at home to improve the child's functioning within the learning environment.

### ***Individual/Family Consultation***

Individual/Family Consultation involves collaboration with families and program staff to understand and respond effectively to a young child's mental health needs, behavioral challenges, developmental concerns, or caregiver mental health needs.

Individual intervention services are offered to child care centers for children identified as being at risk for removal due to significant behavioral challenges. Intervention plans are developed collaboratively with center staff, parents, and the MHEC Consultant. Consultants provide coaching and support to assist with implementation of the intervention plan.

### **Population Served**

MHEC services address the social, emotional, and behavioral health needs of children from birth through age eight and their families.

### **Program Hours, Days, Settings, and Frequency**

Early Childhood Consultants are available to partner early childhood programs Monday through Friday, excluding agency holidays and designated training days.

Services are typically delivered during daytime hours. Consultants provide at least four hours per week of nontraditional availability (after 4:30 p.m.) to accommodate teacher and family needs. Services may be delivered through In-person visits at early childhood centers, telehealth services or telephone consultation. Consultation services are generally provided weekly or at the frequency requested by the center director.

Prevention and consultation services are primarily provided by Child Focus Consultants, with subcontracted services in Warren and Clinton Counties provided by Solutions Community Counseling and Recovery Centers.

### **Referral Sources, Funding Sources, and Fees**

Referral sources include Early Childhood education center staff and the **HOPE Line** through Nationwide Children's Hospital centralized intake system.

Funding sources include Whole Child Matters and Hamilton County Action Agency. These services are provided at no cost to families.

## Parent Enrichment Prevention (Adults)

Parent Enrichment provides direct services to adults and families focused on the prevention of child maltreatment and neglect, improvement of parent and family functioning, and the promotion of family stability and child well-being.

Key service initiatives include:

- Strengthening parenting practices and improving family dynamics
- Identifying and remedying parenting practices that are detrimental to the development of children
- Building parental and child resilience
- Increasing social connections, familial and community resources and economic mobility
- Enhancing knowledge related to parenting skills and child development

Parent Enrichment utilizes the following evidence-based prevention programs:

### *The Nurturing Parenting Programs*

These programs are designed for the treatment and prevention of child abuse and neglect and for the development and promotion of empathic, compassionate individuals, families and communities.

### *Positive Parenting Program (Triple P)*

Triple P helps prevent and address emotional and behavioral concerns in children and adolescents. The program draws on developmental and social learning theories and research on risk and protective factors to equip parents with the skills and confidence needed to become self-sufficient and resilient.

### *Strengthening Families Program (SFP)*

SFP is a nationally and internationally recognized parent and family training program for both high-risk and general population families. The program has demonstrated effectiveness in reducing risk factors related to substance use, behavioral health

## Population Served

Parent Enrichment services are available to individuals and families who self-refer or are referred by community partners/stakeholders including but not limited to Clermont County DJFS, Brown County DJFS, Adams County DJFS, schools, Head Start programs and FCFC Wraparound. Parent Enrichment staff maintain ongoing collaboration with community partners and participate in community outreach events to increase awareness and access to services.

Parents or guardians who may benefit from services include those who have limited parenting experience, lack positive parenting role models, have limited knowledge of child development, and/or need support implementing effective parenting strategies. Services are provided directly by Parent Enrichment Parent Coaches.

## Special Populations Served

Parent Enrichment services may be particularly beneficial for:

- Low-income families or families experiencing poverty
- Kinship caregivers, including grandparents raising grandchildren
- Adolescent parents
- Parents needing access to parenting education or community resources
- Parents of children at risk due to prematurity, low birth weight, or developmental delays
- Parents lacking social or familial support systems
- Children experiencing emotional or behavioral concerns

To meet the needs of these specialized populations, referrals for additional services outside of Child Focus are made when appropriate. Eligible families may also access Temporary Assistance for Needy Families (TANF) support funding which can provide one-time assistance identified needs. Child Focus maintains an updated community resource guide accessible to all team members to assist with referral needs. Referrals for mental health services and additional social services are made as needed. Team members knowledgeable of current community resources in each county served.

Participation of in Parent Enrichment services is voluntary, including for families referred through DJFS.

### **Exclusionary Criteria for Parent Enrichment Services**

Parents with active or open cases with the Department of Job and Family Services Children's Services Division are not eligible for prevention services funded through the Ohio Children's Trust Fund. Parents who have substantiated abuse or open cases with Job and Family Services will be served through the Department of Job and Family Services or will be referred to TANF-funded Parent Enrichment services. Individuals who are currently experiencing active substance use, homelessness, or a mental health crisis may require stabilization and recovery support prior to participation in Parent Enrichment services.

When an individual is determined to be ineligible for this service, the individual and the referral source are informed of the reason and appropriate referrals are provided. Referrals may include Outpatient Therapy, Substance Use Disorder Treatment or other community social service agencies.

### **Service Hours, Days, Frequency and Location/Settings**

Parent Enrichment services are typically provided weekly for 90-120 minutes and may include parent education, coaching and consultation, prevention services, and/or case management. Parent Enrichment services must include a parenting lesson that generally lasts 60-90 minutes and are delivered over 12-20 sessions depending on assessed needs.

In person services are provided in the home, in the community, in an office or through a combination of settings.

Parent Coaches operate from Child Focus offices in Eastgate, Mount Orab and Hamilton County. Services are provided throughout a five-county service area, including Adams, Brown, Clermont, Hamilton and Highland County.

Services are typically available Monday through Friday, with flexible scheduling to accommodate family availability, often between 8am and 8pm.

Parent Enrichment services may also be delivered secure HIPAA-compliant platforms, consistent with Child Focus Telehealth Policy & Procedures.

### **Referral Sources**

Referrals may be made by internal Child Focus programs, Departments of Job and Family Services, schools, courts, other community agencies and self-referral. Referrals may be submitted by phone, fax or email to the Parent Enrichment team.

### **Payors, Funding Sources and Fees**

There is no cost to participating families. Funding for Parent Enrichment services are made possible through County Departments of Job and Family Services, private grants and other community funding sources.

### **Service Modalities**

Parent Enrichment services are provided to individual households and may include individual parent services or family services. Parent Enrichment services are not provided in a group format.

### **Court- and Home-based Services**

Child Focus offers services to both Juvenile and Domestic Relations Court in Clermont County through a variety of programs.

### **Intensive Home-based Treatment (IHBT)/Intensive Family Based Services (IFBS)**

Intensive Home-Based Treatment (IHBT), also known as Intensive Family-Based Treatment (IFBT), is a time-limited, intensive mental health program for youth with serious emotional or behavioral disturbances who are at risk of out-of-home placement or returning home from placement (e.g., inpatient hospitalization or residential treatment). IHBT addresses the mental health issues that put youth at risk while promoting positive development, healthy family functioning, and resilience.

IHBT provides individual and family therapy, case management, and peer support in the home, school, and community to help youth remain in the least restrictive, most normative environment possible. Services are flexible, culturally and linguistically responsive, and available around the clock, typically 2–4 hours per week. Core services include community psychiatric supportive treatment, behavioral health counseling and therapy, mental health assessment, and crisis response.

Parent or guardian participation is required, as research shows that family involvement is critical to a child's progress. Other family members or adults of significant influence may also be included in treatment.

IHBT serves youth involved with probation and/or OhioRISE. Referrals are made through court order, probation officers, or OhioRISE coordinators. The program provides a comprehensive, family-centered approach that targets risk and protective factors in adolescents, addresses family dynamics, and supports interactions with school and juvenile justice systems.

### **Populations Served in IHBT**

IHBT serves youth and families experiencing serious emotional disturbances who are at risk of out-of-home placement or who are returning home from placement. Typical youth served include those who:

- Have serious emotional disturbances with functional impairments.
- Exhibit multiple risk factors and limited protective factors.
- Have involvement with multiple systems.
- Are at risk for placement due to safety concerns.
- Demonstrate skill deficits and developmental gaps.
- Have not benefited from less intensive services.
- Require additional supports, active facilitation, and accommodations for success.

All IHBT services are voluntary. Families or youth unable or unwilling to participate in IHBT are provided with alternative mental health service referrals.

### **Special Population Served**

The IHBT treatment team accepts referrals for youth actively involved with probation and OhioRISE. For juvenile justice-involved youth, the program provides a clear description of the relationship between the juvenile justice system and the treatment team, including confidentiality limitations, potential sanctions, and implications of juvenile justice involvement.

The treatment team may include behavioral health providers and juvenile justice personnel such as detention officers, guards, or probation officers. Youth have the option to decline juvenile justice involvement in their treatment process.

### **Service Settings, Hours, Day and Frequency for IHBT**

IHBT is an intensive service involving multiple in-person contacts per week with the youth and family, including collateral contacts related to the youth's behavioral health needs

Services are provided in the home, school, and community. Two face-to-face contacts per week, totaling approximately three service hours shared by two IHBT staff, one of which must include the youth and family.

Frequency may vary based on assessed behavioral needs.

### **Referral Sources for IHBT**

Referrals originate from court orders, probation officers, or OhioRISE coordinators for youth involved with both juvenile court and OhioRISE care coordination.

### **Payers, Funding Sources, Fees for IHBT**

IHBT services in Clermont County are funded by the Clermont County Juvenile Court. Services are also covered by Medicaid and other insurance providers.

For juvenile justice-involved youth, a clear description is provided regarding the relationship between the juvenile justice system and IHBT, including confidentiality, sanctions, and potential implications. The team may include behavioral health providers and juvenile justice personnel. Youth may refuse active involvement by the juvenile justice system.

### **Strengthening Families Program (SFP)**

SFP is an evidenced-based program that focuses on enhancing parenting skills, children's life skills, and strengthening family communication and cohesion. It is a 14-week program for children and parents to participate in group sessions separately and together. The overall goals of SFP are to reduce risk factors, build protective factors, and strengthen family resiliency.

### **Juvenile Detention Center Services**

A large percentage of youth held in Juvenile Detention Centers across the United States have mental health issues. Child Focus provides a therapist to complete assessments and ongoing consultation with youth, to work on anger management, problem solving skills, stress and anxiety, and many other areas.

### **Domestic Relations Court Liaison**

Child Focus provides a Domestic Court Liaison who connects parents with needed services, offers Cooperative Co-parenting groups, and provides Parent Enrichment services.

## **Peer Support**

Family Peer Support is provided by an individual who has self-identified as a caregiver of a person with behavioral health challenges, has successfully navigated service systems for at least one year on behalf of that person, and meets the requirements to be a Certified Peer Recovery Supporter through the Ohio Department of Mental Health and Addiction Services. Child Focus offers Peer Support within MRSS and Intensive Home Based Services.

### **Family Peer Supporters:**

- Provide empathic listening and emotional support
- Assist families in navigating complex service systems
- Share information about child-serving systems, mental health and development, and community resources
- Render advocacy support on behalf of families
- Encourage engagement in self-care activities
- Facilitate productive collaboration between families and service providers
- Model effective family-professional partnerships
- Participate in safety and care planning, identifying and addressing barriers to care plan follow-through
- Offer skill-building for parents to enhance resiliency, communication, advocacy, and other competencies that support maintaining a child with complex needs in the home, school, and community
- Share personal experiences to foster connection and understanding
- Provide hope and encouragement

## **OhioRISE**

The State of Ohio developed a restructured Medicaid system to better serve children and youth with complex behavioral health needs and their families or caregivers. The Ohio Resilience through Integrated Systems and Excellence (OhioRISE) Program is designed to improve care and outcomes for children and youth with complex behavioral health and multi-system needs by: 1) creating a seamless and integrated delivery system for children, youth, families or caregivers, and system partners; 2) providing a clear locus of accountability through community-driven, comprehensive care coordination; and 3) expanding access to essential services while supporting families, state and local child-serving agencies, and other health providers in identifying and utilizing these services as needed.

## Child Focus Service Locations & Hours of Operation

513.752.1555

Location	Address	Hours	Services
Child Focus Mt. Carmel, Ohio (Clermont County) <b>Owned by Child Focus</b>	4633 Aicholtz Road Cincinnati, Ohio 45244 Ph# 513-752-1555	M - TH 8:00 am - 9:00 pm F - 8:00 am - 4:30 pm S - 8:00 am - 4:30pm (by appointment)	Therapy, Diagnostics, Case Management, Medication Services, Prevention, Crisis Services, Crisis Call Center, OhioRISE
Child Focus Mt. Carmel, Ohio (Clermont County) <b>Owned by Child Focus</b>	4629 Aicholtz Road Cincinnati, Ohio 45244 Ph# 513-752-1555	M - F 8am to 4:30pm	Intensive Family-Based Services (IHBT), Parent Enrichment
Wasserman Day Treatment (Clermont County) <b>Owned by Child Focus</b>	4286 Wuebold Lane Cincinnati, Ohio 45245 Ph# 513-732-8800	M - F 7:30 am - 4:30 pm	Day Treatment, Therapy, Case Management, Medication Services
Wasserman Day Treatment (Brown County) <b>Owned by RULH School District</b>	2300 Rains Eitel Road Aberdeen, OH 45101 Ph# 937-392-4384	M - F 7:30 am - 4:30 pm	Day Treatment, Therapy, Case Management
Genesis and STAR Owensville, Ohio (Clermont County) <b>Owned by CNE School District</b>	463 South Broadway Owensville, OH 45160 Ph# 513-724-8555	M - F 7:00 am - 4:00 pm	Therapy, Case Management
Child Focus Mt. Orab, Ohio (Brown County) <b>Owned by Child Focus</b>	710 North High Street Mt. Orab, Ohio 45154 Ph# 937-444-1613	M - TH 8:00 am - 8:00 pm F - 8:00 am - 4:30 pm	Therapy, Case Management Prevention, Crisis Services, Crisis Call Center, Medication Services OhioRISE, Parent Enrichment
Health Source Georgetown, Ohio (Brown County) <b>Owned by Health Source</b>	631 E State Street Georgetown, Ohio 45121 Ph# 937-378-6387	By Appointment	Therapy
Child Focus Cincinnati, Ohio (Hamilton County) <b>Leased Space</b>	4760 Red Bank Expwy, Suite 226 Cincinnati, Ohio 45227 Ph# 513-685-5040	M - F 8am-4:30pm	Therapy, OhioRISE, Parent Enrichment

\* This document will be revised and updated when any information related to services changes.

\*\*This document is available for review by persons served, their family, significant others and the public upon request.