



Beech Brook

Helping Children
and Families Thrive

Provider Service Plan

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AGENCY PURPOSE, GOALS, AND OBJECTIVES

Serving children, youth, and families for more than 170 years, Beech Brook provides a wide range of mental health, child welfare and educational programming aimed at prevention, early intervention, and treatment. All services are consistent with identified needs of the community and the agency's Board-approved mission, vision, strategic directions, values, and philosophy of care. Organizational structures support the work of the agency.

Our Mission

Helping children and families thrive by promoting healthy child development, strengthening the ability to overcome adversity, and enhancing family health and stability.

Our Vision

Organization: Beech Brook will be a highly effective, efficient, and fast-moving organization. Beech Brook will be a recognized and respected organization serving as a positive example of being a good partner and contributor to our community.

Services: Beech Brook will bring to our community a portfolio of high quality, trauma informed services that anticipate and satisfy the community's desires and needs. Families and the community will seek us out as the provider of choice because we are responsive, respected, and trusted, providing the right service at the right time.

People: Beech Brook will be a place where people are proud to work. The organization will be the preferred employer in our space and employ the best people where staff feel valued, empowered, connected, inspired and part of something meaningful.

Outcomes: Beech Brook will create measurable, meaningful, tangible, and sustainable outcomes that make a positive difference to our families and community.

Our Culture

We inspire creativity, passion, optimism, and fun, remain responsive to change and are insatiably curious. We value diversity and inclusion, and we hold ourselves accountable for our actions and inactions. We empower our people to be innovative and find better ways to solve problems and we learn from our outcomes. We demonstrate resilience and have the courage to change course when needed.

Our Values

Leadership: We have the courage and vision to shape a better future. We are leaders in the field, we are best in class in what we do and can tell our story in a compelling way.

Integrity: We are ethical, and we do what we say and say what we mean.

Diversity: We are as inclusive as our community is diverse.

Collaboration: We are a team, engaged with each other and the larger community and are always finding new partners to leverage collective genius to positively impact our community.

Passion: We are committed in heart and mind.

Quality: What we do, we do well. We operate ethically and hold ourselves accountable to the highest standards of compliance. We continually work to improve safety and the quality of our services.

Treatment Philosophy: Core Values and Guiding Principles

VALUE AND PRINCIPLE	PHILOSOPHY STATEMENT
Permanency with Safety	<i>Children require permanency, the achievement and maintenance of an optimal level of family living and family support.</i>
Community-Focused	<i>Human beings are innately social, and skills necessary for successful community living are taught and learned.</i>
Family Empowerment	<i>Each family and its members need to feel empowered to assume responsibility for their lives.</i>
Developmental Perspective	<i>Consistent with the life cycle from infancy through adulthood, all individuals and families go through developmental stages.</i>
Cultural Sensitivity	<i>Every child and family reflect salient aspects of their racial, ethnic, cultural, and religious background, which must be honored.</i>
Strength-Based	<i>All children and families possess strengths and abilities on which to build a better future.</i>
Trauma Informed	<i>Everyone encounters adverse childhood experiences, if not trauma, which is a reason why it is so important to promote mutual respect and non-violent ways of caring and relating.</i>

Organizational Structures

STRUCTURE	PURPOSE
President/CEO	<i>Top leadership, reporting immediately to the Board of Directors, is responsible for developing and implementing the strategic directions and for the creation and implementation of annual goals. Other responsibilities include, but are not limited to, oversight of development, public relations, business development, leading and managing change, advocacy, customer relations, major new projects, directing and reviewing internal audits, facilitating communication, and designing and evaluating organizational structures.</i>
Executive Leadership Team	<i>Focused on directing and monitoring operational priorities across programs, this team is a clearinghouse for new operational initiatives and the chartering of teams.</i>
Learning and Performance Improvement Team	<i>Chartered to oversee and manage the performance improvement activities of the agency, this team analyzes data collected to identify salient trends for actions to be taken for continuous quality enhancement.</i>
Clinical Excellence and Documentation Compliance Team	<i>This team meets regularly to advance clinical quality and to promote clinical documentation that is of high quality and compliant with relevant standards and rules.</i>
Leadership Team	<i>Agency-wide supervisors meet, as needed, throughout the year for information sharing, feedback, and to acquire training.</i>
Operational Review Meetings	<i>Each program's functioning is discussed at ongoing meetings to achieve established outcomes along with key dimensions of performance including productivity, compliance, outcomes, and budget expectations.</i>
All Staff Meetings	<i>This meeting, which includes participation from all members of the staff, offers an opportunity for communication on matters of agency-wide importance.</i>

Community Needs

The process of determining the needs of our consumers and customers is an ongoing one, and is formalized, in part, through continual strategic planning. Other aspects of the process occur as part of the agency's day-to-day operations.

The Formal Strategic Planning Process

Periodically, Beech Brook conducts a formal full strategic planning process. A key component of this process identifies the needs of our consumers, customers, and other stakeholders through an extensive process of interviews, focus groups, literature review and other data gathering.

Customer and stakeholder interviews are extensive and occur in Cuyahoga County, throughout Ohio, and in Washington D.C. These interviews seek to identify the unmet needs of children and their families, as well as to understand Beech Brook's role in meeting those unmet needs. The Cuyahoga County interviews include representatives from all the systems for which Beech Brook is a provider. In addition, top agency leadership meets with local individuals who have information about needs of consumer populations, such as representatives of the Cleveland Metropolitan School District, the Cuyahoga County Commissioners, etc. Leaders of nearby County child- and family-serving systems are surveyed for their perspectives concerning the needs of consumers in the Northeast Ohio region. Interviews in Columbus, focused on obtaining relevant state-wide information, include the heads of the state departments of Mental Health and Job and Family Services and Education, representatives from the Governor's office and the legislature, and trade associations, such as Ohio Children's Alliance and The Ohio Council of Behavioral Health & Family Services Providers among others. The Washington D.C arm of the process includes meetings with representatives from organizations, such as the Child Welfare League of America, The National Association for Children's Behavioral Health, as well as legislators from the House and Senate. Literature reviews also are conducted. These incorporate articles and e-mails which describe trends in the mental health, child welfare, alcohol and drug, and juvenile justice fields. A final source of strategic planning data relevant to consumers' needs comes from within Beech Brook, and involves information gathering from staff focus groups, as well as data from monitors outlined in the agency's performance improvement plan. The latter subsumes consumer satisfaction and outcome measurement data from Beech Brook's programs and services.

Ongoing Community Needs Assessment

As part of the ongoing operation of the agency, significant energy and commitment are devoted to participation in many community, state and regional committees and forums to understand continually the challenges the child-serving systems face in caring for children, youth, and families. These meetings are with various committees which stem from the Cuyahoga County Department of Children and Family Services, the Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County, Cuyahoga County Juvenile Court, Cleveland Metropolitan School District, Coalition of Greater Cleveland Children, Children and Family First Council, Ohio Children's Alliance, Ohio Council of Behavioral Health Providers, and many others.

Information gleaned through attendance of all these meetings and the planning that co-occurs informs the agency's senior leadership about issues which will affect the agency's ability to meet the needs of the children, youth, and families for whom services are rendered and to assist in overall priority setting.

Communication of Plans

In addition to communication listed above, the staff receives frequent updates on agency plans and priorities at all-staff meetings, in articles in *The Brook* (an in-house publication), through program and supervisory meetings, and through agency-wide e-mails. Managers are updated on matters of importance at Leadership Team meetings and through the supervisory structure. Staff input is communicated through the supervisory structure via meetings with the Executive Office and/or other senior leaders, or through e-mail or individual meetings initiated by staff members. Frequently, the staff has extensive input into service changes.

Contribution to the Development and Implementation of a System of Care for Children and Adolescents

Beech Brook places a high premium on being an integral part of the community's system of care. Beech Brook is generous with staff time, allowing personnel to sit on community committees and to participate in appropriate community activities (e.g., working to pass local and state mental health and child welfare levies) to enhance supports in the community and to promote an effective care system. Leadership for systems enhancements often is piloted by Beech Brook's Executive Office. With full appreciation that community, family, and individual needs extend beyond the scope of resources that one entity can provide, Beech Brook maintains both formal and informal agreements and affiliations with other agencies and institutions to ensure continuity of care for those served by the agency. Beech Brook is a contract agency of the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, and specific services and programs are certified, as required, by the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Job and Family Services.

Narrative Description of Agency Services, the Needs of Persons Served, and Characteristics of People Served

Agency programs and services have been designed to achieve effectiveness, efficiency, high compliance, fiscal responsibility, and overall accountability. Programs and services are administered under the leadership of the Executive Office, and program administrative and clinical leadership. A principal driver is Beech Brook's commitment to high quality care and the provision of safe environments in which hope, and favorable change can be nurtured. This is achieved, in part, through proper staffing ratios and through hiring practices that have appropriately trained, and supervised staff members employed throughout the agency consistent with applicable standards and regulations.

Clinical leadership identifies, and advances agency-wide implementation of core competencies required to intervene successfully with those served by Beech Brook. Through supervision, consultation, program planning, model development, risk management, and training activities, clinical services promote high quality care consistent with the agency's mission, vision, strategic plans, and clinical philosophy. It is a beacon for both clinical innovation and the use of evidence-based practices, playing a pivotal role in expanding upon Beech Brook's impact on the community it serves.

Below is a list of evidence-based practices, some of which will be described in greater detail elsewhere in this document, currently in use in the organization. Many of the evidence-based practices listed are models endorsed by the National Child Traumatic Stress Network and reflect Beech Brook's strong commitment to trauma-informed care. The latter has been advanced by participation in numerous national, state, and local learning communities and collaboratives.

Prevention and Early Intervention

- Devereaux Early Childhood Assessment (DECA)
- Ohio Consultation Model
- Nurturing Parenting
- STEPS (Security, Touch, Eyes, Pay and Sound) Early Brain Development
- Effective Black Parenting
- CONNECT
- Child-Parent Psychotherapy
- Get Real - Comprehensive Sex Education that Works
- Body Safety Training – The Body Safety Training Workbook
- Darkness to Light – Stewards of Children
- The Puberty Workshop (Evidence-Informed)

Intervention for Children and Adolescents

- National Wraparound Initiative’s High-Fidelity Wraparound Model
- Motivational Interviewing
- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)

It is important to note that, in accordance with Beech Brook’s policy, all independently licensed and all other licensed practitioners experience a careful review of their qualifications, including education, training and licensure status. Practitioners are subject to a regular review of their performance, licensure status, credentials, and ability to bill Medicaid for services provided. Refer to Appendix A for listing of direct service staff.

Regardless of where clients are served, Beech Brook staff members strive to address identified needs. This sometimes is achieved through provision of contract-defined services to special populations, such as when family life educators teach classrooms of students on how to make good personal choices. More often, service delivery is based on a formal assessment of an individual and his or her family, which then becomes the basis for either an Individualized Family Service Plan (I.F.S.P.) or an Individualized Treatment Plan (I.T.P.). Standard information to be gathered on behavioral health cases is outlined in the agency’s *Right the First Time* case documentation manual. Staff members at intake have access to and the involvement of interdisciplinary team members, as needed, to complete competent assessments of incoming consumers. Clients and, if available, key family members participate actively in assessments conducted, and findings of the assessments are shared with those involved. Established admission and discharge criteria are used to make sound decisions about the appropriate level of care and specific services to be provided by Beech Brook, and when referrals elsewhere are indicated. (Refer to Appendix B for specific admission and discharge criteria used at Beech Brook.) Intake procedures include consumer education not only to achieve informed consent for interventions to follow, but also to outline arrangements for payment, and to specify fees, if any, to be assumed by the consumer’s family.

Relative to treatment planning and continuity of care, the following key concepts apply across the board at Beech Brook:

- Parent/guardian and child participation in assessment, treatment planning and services rendered is expected and promoted.
- Agency staff members work with clients to plan for time-sensitive intervention that is measured for effectiveness.
- Interventions are provided in the least-restrictive treatment setting capable of meeting consumer needs.
- When client needs extend beyond the agency’s scope of practice, referrals to alternate resources are facilitated.
- Regarding treatment cases, discharge planning begins at intake, and a continuity of care plan is provided as part of the termination process unless aftercare services are not indicated. Treatment cases continue to be seen, even if funding is exhausted, until a continuity of care plan is created. At the time of discharge, appropriate information is shared, as permitted by signed releases and indicated, to facilitate continuity of care.

Programs and Services at Beech Brook

Executive Office & Other Services	Out-of-Home Services	Community-Based Services
Orange Program ¹ Chardon Program ¹ Twinsburg Program ¹ Medication Management Services ^{1&2}	Family Foster Care - Level I ¹ Treatment Foster Care - Level II & III ¹ Therapeutic Foster Care - Level IV ¹ Adoption Services ¹ Bridges ¹	Comprehensive Sex Education ² Stewards of Children ² Body Safety Training ² Parent Education ² Anger Management ² Parent Cafes ² Early Childhood Prevention ² Early Childhood Consultation ² Early Childhood Mental Health Treatment ² Technical Assistance Consultation ² Community Intake ¹ Beech Brook Family Center ² Health and Wellness ² Violence Prevention ² Police Assisted Referrals (PAR) ² Supportive Visitation ² Nurturing Parenting ² STRIDE ² School-Based Therapy Program ¹ REACH ¹ Outpatient Services ^{1 & 2} Family Stability Homeless Prevention ² S.A.F.E. ¹ Mentoring ² Art Therapy ¹ CONNECT ¹ Child-Parent Psychotherapy ¹ Behavioral Health Respite ¹

Program Operations Location Key:

(1) Main Location, 13201 Granger Rd., Garfield Heights, 44125

(2) Carl B. Stokes, 6001 Woodland Ave., Cleveland, 44104

Ohio Department of Mental Health and Addiction Services

Certified Behavioral Health Services:

General Services*

- Psychiatric Diagnostic Evaluation*
- Pharmacologic Management*
- Individual Counseling*
- Group Counseling*
- Crisis Psychotherapy*

Prevention

Consultation

Community Psychiatric Supportive Treatment (CPST)*

Therapeutic Behavioral Service (TBS)*

Psychosocial Rehabilitation (PSR)*

*Services billed to Medicaid (Refer to Appendix C for a description of Medicaid services provided)

Out-of-Home

Beech Brook offers four levels of Foster Care: family foster care (Level I), treatment or specialized foster care (Levels II and III), and therapeutic foster care (Level IV). Beech Brook foster homes provide around-the-clock supervision, helping those served to prepare actively for reunification with existing family members, adoption, or independent living. Provisions for necessary services, such as respite care, in-home treatment, or outpatient therapy, are secured, as indicated, to achieve case goals. All foster caregivers receive extensive ongoing training, consultation, and support from Beech Brook staff. Beech Brook’s foster care programs are certified by the Ohio Department of Job and Family Services.

Level IV Foster Care meets the challenging needs of children and teenagers, who previously might have been served in residential treatment settings or even psychiatric hospitals. Those admitted present with very serious emotional and behavioral problems that require the assistance of the most highly skilled foster caregivers in the community, all of whom are supported actively through interdisciplinary team collaboration and strong clinical risk management processes. Advanced is a strength-based “do what it takes” philosophy to help these foster care youth find success in family, school, and community activities.

Bridges is a voluntary program that extends housing and other supportive services to eligible young adults who leave foster care on or after their 18th birthday. The program allows eligible youth to have a financial and supportive safety net as they transition to adulthood. This program is available to eligible youth until their 21st birthday.

Community-Based

Programs and services administered within *Community-Based* range considerably in terms of their focus. They are designed to promote prevention, early intervention, and ongoing care or treatment. All are delivered to children and youth living in community-based situations and are intended to advance adaptation for successful community living.

Prevention Services

Parent Education

A wide range of parenting groups is offered by Beech Brook to assist parents seeking to improve their skills. Some of these parents are at risk of losing their parental rights or attempting to regain custody of their children.

Anger Management/Conflict Resolution Training

Using established curricula, this initiative is designed to advance parents' anger and stress management along with conflict resolution skills for improved family and community functioning.

Parent Café

Parent Café are physically and emotionally safe spaces where parents and caregivers talk about their challenges, strategies, and successes. Through participation in cafes, parents and caregivers build leadership and relationship skills as well as the protective factors that strengthen their families.

Comprehensive Sex Education

Beech Brook provides school-based education throughout the Northeast Ohio area to assist child and adolescent students, helping them to make responsible decisions about sex and related complex life choices.

Stewards of Children

A Child Sexual Abuse Prevention Education Training that teaches adults to prevent, recognize, and react responsibly to child sexual abuse.

Body Safety Training

This is a school based sexual abuse prevention education that teaches and empowers young children to say NO and learn about body safety.

Family Stability Homeless Prevention (FSHP)

The FSHP Program is a collaborative effort with the Famicos Foundation whereby case management services (individual, family, and group) are provided by Beech Brook to assist families identified as being at risk for eviction/homelessness to remain in their home setting. This service is provided to all families who are Famicos residents who reside in Historic Newton, Park Village.

Violence Prevention

Group and individual educational and support programming that provide tools to foster healthy relationships and to support non-violent lifestyles.

Police Assisted Referral (PAR)

Case management services are provided to families and individuals who are involved with Cuyahoga Metropolitan Housing Authority Police Department due to conflict and/or violence including domestic violence.

Supportive Visitation

Trained coaches provide support to parents whose children have been removed from the home by the Cuyahoga County Department of Children and Family Services. Support is provided before, during and after mandated visitations.

Nurturing Parenting

Trained Family Life Educators provide parent education in the home to parents whose children have been temporarily removed from the home by the Cuyahoga County Department of Children and Family Services or are at risk of being removed. The program also provides the families with group support on an ongoing basis.

Health and Wellness

This service is provided by a certified Community Health Worker and Health Coach for individuals with a chronic illness (Diabetes, High Blood Pressure, Asthma, GI disorder, etc.) The service assists individuals with understanding the chronic condition and helping the individuals to better manage the condition through goal setting, and navigation of the health care system. Services to address/remediate social determinants of health in addition to chronic illness are also provided to pregnant women and individuals via the Pathways Hub. Smoking cessation coaching is also available.

Early Intervention Services

Beech Brook's Early Childhood Department works with families, Head Start programs, and childcare centers to assess, case manage and treat children, aged birth through age six, who demonstrate mental health and/or social/emotional developmental concerns. Emphasis is placed on prevention services, strengthening family relationships, and on supporting children at home, in school and in the community. Programs include Starting Point childcare Technical Assistance consultation program, Intensive Classroom Technical Assistance, Early Childhood mental health Consultation program for children 0-5 years, Early Childhood prevention program for children 0 to 5 years, and outpatient mental health services for children 3 to 6 years of age.

Early Childhood Mental Health Consultation & Prevention Program

The home-based mental health prevention and consultation programs address social/emotional concerns. Both programs use the DECA to assess the child's areas of strengths and needs and use these results to identify what the family would like to work on. Consultation is a short-term service comprised of either 5 or 10 sessions focused on assisting a family with general concerns related to their children. Prevention services are available for young children who need therapy and may have experienced trauma. The program is comprised of licensed therapists who have been trained in early childhood development and home-based services. The interventions occur primarily with the parents and children together to work on the parent/child relationship. The goals of the program are to:

- Stabilize children's environments by alleviating stressors and enhancing coping abilities of children and their caregivers.
- Keep child's social and cognitive development on track so they can be successful in Head Start, preschool, and school.
- Enhance parenting skills and parents' abilities to use resources and supports, and
- Foster a positive and satisfying child and parent/caregiver relationship.

Early Childhood Mental Health Treatment

Beech Brook provides mental health services to young children between the ages of 3 and 6 years and their families. These services include outpatient therapy services for families with young children ages 3-6 who have behavioral and/or developmental problems. Mental health issues in young children are often related to developmental issues, parenting issues, and a lack of ability on the child's part to express thoughts, fears, feelings, and needs using their speech and language. Specific treatment goals are developed, and a developmentally focused goal-oriented treatment approach is used. Other mental health services are available as needed based upon an individualized Psychiatric Diagnostic Evaluation, such as Pharmacologic Management and Community Psychiatric Supportive Treatment service.

Child Care Technical Assistance Consultation Program

Programming includes training and site-based consultation for childcare providers, to young children with behavioral problems. The staff provides consultation, education, and training on both childhood development and how to work with children with behavioral and social-emotional problems and provide support to the families of these children. The DECA is used for classroom observation and assessment. Technical assistance to providers focuses on developmentally appropriate activities for children with behavioral concerns to support social, emotional needs and healthy development of skills. In-service training sessions for childcare professionals focus on working with children in their programs who have behavioral problems and how to successfully engage families in addressing these needs.

Intensive Classroom Technical Assistance

The ICTA Provider uses the DECA Reflective Checklist to assist teachers with better aligning classroom structure with activities to improve strengths and resilience in the children in their classrooms. This is a 12-week service that is provided in classrooms at Universal Pre-Kindergarten sites as assigned by Starting Point.

Security Touch Eyes Play Sound (STEPS)

Curriculum based education for parents of children ages 0 to 5 to provide early brain development and kindergarten readiness. Service provided in individual and group settings.

Ongoing Care/Treatment Services

Outpatient Program

The Outpatient Program offers Psychiatric Diagnostic Evaluation services and behavioral health counseling/therapy to children, adolescents and transitional youth and their families. Therapy services may also be provided to adults already associated with Beech Brook through their children, when clinically appropriate and medically necessary. These services may be offered apart from or in conjunction with a child and family's participation in other Beech Brook programs and services (such as Pharmacologic Management). Ongoing outpatient therapy is designed to meet, in a time-sensitive manner, individualized needs related to diagnosed mental health disorders. Services are provided in office-based and community-based settings dependent upon the needs of the client and family. Beech Brook also offers teletherapy to children, adolescents, adults and families, a format feasible as long as it is supported by Medicaid.

School Based Mental Health Services

This program provides therapy to emotionally and behaviorally challenged elementary, middle, and high school students and their families in Cleveland Metropolitan School District sites, Bedford City Schools sites, as well as other district sites within Cuyahoga County, Summit County Schools, Lorain County Schools, Alternative School sites, Project ACT, and charter schools. Services offered include Psychiatric Diagnostic Evaluation and Psychotherapy (individual, family format and group). These services can be combined with REACH Therapeutic Behavioral Services (TBS) and Pharmacologic Management services to address the more complex needs of those in care.

School-Based Consultation Program

Consultation Services are provided to children, youth, and families in Cuyahoga County schools to promote the well-being of at-risk and emotionally, and behaviorally challenged students. The goal of consultation is to increase services for students and to reduce or eliminate barriers that can prevent students and families from accessing needed support for social-emotional development. At times, consultation is also offered to teachers, school administrators and other personnel regarding the social/emotional needs of their students. Consultation provides a broad approach to serve schools/districts and to meet their specific and unique needs.

Many children may have had adverse experiences, such as domestic violence, community violence, child abuse, neglect, poverty, etc. Children who experience these events are likely to need social and emotional support for optimal

progress. Many schools and teachers can not alone address these challenging issues. Therefore, children and their families are identified for services by their teachers and principals when they demonstrate a need for social or emotional support. Interventions are primarily intended to reduce issues which interfere with daily living, personal development, and school performance. If counseling or more intensive services are needed, children and families are referred to an appropriate provider of those services.

The Ohio Consultation Model, offered frequently within pre-school settings, also is utilized effectively in other school settings through grades 12. The model allows students with social-emotional distress to be assessed to determine the most appropriate informal and/or formal intervention(s) for mobilization. The frequency and duration of services are selected to meet the short-term needs of individual students and their families. If the child or family needs additional or more intensive services, they are referred to an appropriate provider of those services.

Services are designed to provide prevention services to classrooms, small group, or individual support. Activities of service include, but are not limited to:

- Conducting observations and needs assessments for children, classrooms, and centers
- Meetings with teachers and parents
- Meetings with the teachers / staff to gather pertinent information
- Linking families with community resources
- Modeling and conducting trainings for the staff
- Implementing evidence-based techniques
- Providing services to individual children

In addition, Consultation services are geared to promote social-emotional development by increasing awareness, education and skills for the child, parents, teachers, school administration, and others involved in a child's life. Often, services focus on topics such as:

- Self-Awareness
- Self-Management
- Social-Awareness
- Relationship Skills
- Goal-Directed Behavior
- Personal Responsibility
- Decision-Making
- Optimistic Thinking

Beech Brook uses the Mini-DESSA, Devereux's assessment tool, to measure effectiveness relative to groups and individual consultation sessions and to determine social-emotional progress.

REACH (Releasing Excellent Alternative Community Help)

This program provides Community Psychiatric Support Treatment (CPST) and Therapeutic Behavioral Services (TBS) assistance to emotionally and behaviorally troubled children, teens and their families as individually determined by assessment and client/family preferences. The provider is a mobile worker who delivers CPST and/or TBS services in the community where assistance is desired by the student and family. CPST and TBS are intended to provide individualized supports or care coordination of health care, behavioral health care, and non-health care services. These services may include linkages to other programs and services as needed and determined by the Psychiatric Diagnostic Evaluation and client/family preference.

STRIDE (Skill Building, Teaching, Role Modeling, Independence, Development and Empowerment) is a fee-for-service program designed to support and assist children and their caregivers by providing time-limited and goal-oriented mentoring services. Mentoring Interactions are aimed at engagement, trust building, community engagement, prosocial skill development and stress reduction.

Other Agency Programs and Services

Beech Brook operates select programs, as described below, which are administered or sponsored directly either from the agency's Executive Office or Clinical Services.

Pharmacologic Management Services

Beech Brook's Pharmacologic Management Services Department employs a psychiatric nurse practitioner and a psychiatrist to meet the psychiatric needs of children, youth, and select young adults served throughout the agency. Psychiatric care is a service intended to augment mental health intervention furnished by other Beech Brook providers and treatment teams.

Adoption Service

The adoption services allow for children and adolescents in the foster care system to receive permanency. This involves recruiting, training, and assessing potential foster- to-adopt families; providing pre- and post-placement referrals as needed; helping children and families to link up with other necessary resources; and delivering foster-to-adopt services and training. Because many of the children and adolescents who require specialized adoption services suffer from early neglect and abuse culminating in attachment disorders, agency experts often are used to provide intensive treatment to augment the adoption process.

Orange Schools Program

The Orange Schools Program offers social work support to the district's at-risk and behaviorally challenging students and their families to promote progressive learning and social success. Programming includes individual and group work with students, consultation to teachers and administrators, training for parents and school staff, home visitation, and case management services.

Chardon Schools Program

Beech Brook provides social work services to students (and their families) throughout the district. Additionally, the agency offers consultation to the administration and faculty and co-leads special projects to support the aims of the program.

Twinsburg Schools Program

Beech Brook serves the Twinsburg City School District by providing individual and group intervention, crisis management assistance, and consultation to parents, teachers, and administrators. In addition, Beech Brook provides wrap around support for students and families to help ensure their success at home and in the community. The program's overriding purpose is to help reduce the impact of mental health issues on students' academic, social, and emotional growth.

SAFE (Successful Alliance for Family Engagement)

Beech Brook's SAFE program helps families by linking them with community supports, as well as providing therapeutic support. Implementation entails a family group decision making process and other tools associated with the National Wraparound Initiative's High-Fidelity Wraparound Model, an evidence-based practice. The model is both a philosophy of how to be helpful to complex children, youth, and their families, and an innovative way to provide services to those who have not fared well in conventional service delivery systems. With a focus on family strengths, cultural competency, and family "voice and choice," a care coordinator helps families to select the right services to get exactly what they need. Families advance a Wrap Plan, an Individualized Service Plan, and a Crisis (Prevention) Plan, as indicated, to attain case goals and objectives.

CONNECT

CONNECT is a trauma-informed program for parents and caregivers of pre-teens and teenagers. It is a structured 10-session manualized program delivered in a group format to parents and caregivers of preteens and teens who have internalizing and externalizing behaviors. Connect aims to promote parental reflective function, emotion regulation, sensitive care, and parent-child mutuality and cooperation. In essence, the parent master attachment principles strategies that they model at home, thereby influencing the behavior of their pre-teens and or their adolescents. Experiential and emotion-focused role-plays and reflection activities integrate a trauma-informed, strength-based, and collaborative approach to promoting the development of new parenting skills and parent-child attachment security.

Child-Parent Psychotherapy

Child-Parent Psychotherapy (CPP) is a therapy for young children from birth through age 5 and their parents/caregivers. Respectful of family cultural values and strengths, the model helps families heal and grow after stressful life experiences. Outcomes achieved include improvements in children's mood, problem behaviors, learning, and trauma symptoms. Improvements in parental mood, parenting stress, trauma symptoms, and partner relationship dynamics also are common. Perhaps the most important outcome achieved is enhancement of parent-child relationships, which create a favorable developmental trajectory for the future.

Behavioral Health Respite

Behavioral Health Respite is provided as part of the Ohio resilience through integrated systems and excellence program (OhioRise). This service provides short-term, temporary relief to the primary caregiver of youth who are enrolled in the OhioRise plan. Respite services may include general supervision of the child, supporting the child in the home or in a community setting, assisting with daily activities, and transporting the youth while providing respite activities. These services may be provided during normal awake hours or overnight depending on the youth's needs.

Integration and Expansion of Services

Children, youth, and their families often benefit from participation in more than one agency service, or program at any point in time. For example, a youth in out-of-home programming may receive individual and/or family therapy, as indicated, from an outpatient or community-based therapist. Administrative structures and operational systems at Beech Brook serve, in part, to ensure seamlessness of care.

Beech Brook continues to expand the range of services offered as opportunities present themselves. In terms of future priorities, the agency is advancing its focus on prevention and early intervention services.

Learning and Performance Improvement

Beech Brook is committed to providing quality care in an effective and efficient manner to the individuals it serves. Learning and Performance Improvement are integral parts of Beech Brook operations, and significant resources are allocated to ensure compliance with licensure, accreditation, certification, and contractual requirements, and to

promote continual improvements in safety and quality of care. Learning and Performance Improvement activities include measurement and study of both process and outcome activities and are congruent with the agency's Mission and Vision. Data are collected and analyzed in a systematic way to monitor and prioritize improvement efforts. Some sources of external guidance for performance efforts include but are not limited to: Joint Commission standards; Ohio Department of Mental Health and Addiction Services (OHMHAS) regulations; Ohio Department of Job and Family Services (ODJFS) regulations; Medicaid regulations, and the Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County (ADAMHSBCC) Quality Performance Indicators.

Promoting Safety

Beech Brook seeks to create a culture of safety throughout the agency and to help families to maintain safe homes for their children. Allegations of maltreatment, regardless of whom they involve, are taken seriously, reported to the proper authorities, and managed consistent with applicable laws and regulations. Agency administrative structures, policies and procedures, client rights advocacy efforts, supervision processes, training, and performance improvement initiatives provide a strong platform for the promotion of safety. It is incumbent upon all staff members to assume responsibility for safety matters, and staff members are actively encouraged to participate in agency safety initiatives and programs. The Safety Committee and established procedures, such as those contained in the Safety and Health Manual and the various Mitigation, Management and Response Plans which make up Beech Brook's Safety, Security, Emergency Management and Recovery System, address safety matters related to the physical environment of care. Safety is a topic that appears with frequency on agendas of meetings outlined on the Organizational Structures table that appears earlier in this document.

Client Rights, Civil Rights and Confidentiality

Delivery of care, treatment and services includes full appreciation of the utmost importance of the rights of those served. Therefore, Client Rights, Rule 5122:26-18 of the Administrative Code is posted and enforced at each Beech Brook site. The agency also fully honors clients' Civil Rights as specified in the Ohio Administrative Code 5101:2-5-13(A)(25). On the rare occasions that a concern about rights surfaces, Beech Brook's Client Rights Advocate assumes leadership for managing a proper agency response. As indicated, the Client Rights Advocate cooperates fully with other entities, including but not limited to the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, the Cuyahoga County Department of Children and Family Services, the Ohio Department of Mental Health and Addiction Services, and Disability Rights Ohio (formerly Ohio Legal Rights), to achieve a rapid and equitable resolution of the issue at hand. Confidentiality and privacy matters fall under the purview of the Privacy Officer. Beech Brook is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the agency maintains a range of policies and procedures to promote strict adherence to confidentiality and privacy practices that are consistent with the law.

Hours of Operation of Beech Brook Sites – Access After Hours¹

Site	Medicaid Services Provided	Hours of Operation ¹
Main Location 13201 Granger Road Garfield Heights, OH 44125	Psychological Diagnostic Evaluation General Services CPST Psychotherapy Therapeutic Behavioral Service (TBS) Pharmacologic Management Service	<u>Outpatient Clinic:</u> Mon - Fri: 8:30 am – 5:00 pm (or by appointment) <u>Administrative Offices:</u> Mon - Fri: 8:30 am – 5:00 pm
Carl B Stokes 6001 Woodland Avenue Cleveland, Ohio 44104	Psychiatric Diagnostic Evaluation Service General Services CPST Service Therapeutic Behavioral Service (TBS) Pharmacologic Management Service	<u>Outpatient Clinic:</u> Mon - Fri: 8:30 am – 5:00 pm (or by appointment) Sat: 9:00 am – 2:00 pm (groups only) <u>Administrative Offices:</u> Mon-Fri: 8:30 am – 5:00 pm

¹ An on-call administrator is available 24 hours a day, seven days a week, and can be accessed through the agency's main telephone number (216) 831-2255 to facilitate a quick resolution to emergency situations. Additionally, many programs are available outside of regular business hours based upon client/family need. On-Call cell phones are carried by representatives of foster care, and other critical services in addition to the Administrator-On-Call.

Major Agency Affiliations and Defined Responsibilities

Agency/Agent	Summary of Responsibilities of Affiliate	Summary of Responsibilities of Beech Brook
Mobile Crisis Team (MCT)	<ul style="list-style-type: none"> • Provision of crisis intervention services. • Conduct pre-hospitalization screenings. • Operate County’s hotline. • Authorize transfers from ER rooms to psychiatric hospitalizations. • Coordinate use of other ADAMHSBCC-funded services. • Link new clients to ADAMHSBCC-funded services. 	<ul style="list-style-type: none"> • Refer clients who are experiencing psychiatric crisis. • During business hours, first attempt to resolve client crises through provision of appropriate services. • During non-business hours, provide available information to MCT to assist in crisis intervention. • Provide CPST and psychiatric services to BB clients assisted by MCT after resolution of the crisis or upon admission to a bed facility. • Accept MCT referrals consistent with BB mission and admission criteria.
Cuyahoga Metropolitan Housing Authority	<ul style="list-style-type: none"> • Identify CMHA residents in need of service. 	<ul style="list-style-type: none"> • Work collaboratively with partners to provide prevention and early intervention services.
Cuyahoga Metropolitan Housing Authority Police Department	<ul style="list-style-type: none"> • Primary contractor and fiscal holder of grant. • Refer individuals and families. 	<ul style="list-style-type: none"> • Provide case management services to families and individuals.
Clinisync (Notify – Health Information Exchange)	<ul style="list-style-type: none"> • Provide real time data for clients who are admitted/discharged for emergency room visits and inpatient stays for behavioral health 	<ul style="list-style-type: none"> • Monitor Notify daily to identify any active Beech Brook clients for emergency room visits and/or inpatient stays for behavioral health. • Notify Beech Brook clinicians regarding client status. • Follow-up with clients within 7 days and 30 days of discharge from inpatient stays or emergency room visits.
Bridges	<ul style="list-style-type: none"> • Strive to ensure that potentially eligible young adults are aware of Bridges and understand how to apply. • Identify/refer eligible young adults who leave foster care on or after their 18th birthday who meet the criteria of the program. 	<ul style="list-style-type: none"> • Include young adults as active participants in the development of their “life plan.” • Encourage young adults to have and maintain employment that meets their financial needs. • Promote an educational foundation. • Ensure that young adults have access to safe, stable, and secure housing. • Link young adults to appropriate services to address physical and behavioral health needs.
Invest In Children (IIC)	<ul style="list-style-type: none"> • Facilitate funds for local ADAMHS Board and Starting Point to contract with agencies that provide Early Childhood services. • Advocate for processes and system changes and additional funds. • Search for dollars to train therapists serving the early childhood population or to fund consultants to look at systemic problems. • Employ the ECMH System Navigator. 	<ul style="list-style-type: none"> • Use ECMH System Navigator to report waitlists and other administrative tasks. • Attend trainings made available to therapists. • Execute contracts with ADAMHS Board and Starting Point according to agreements.

<p>Ohio Children's Alliance (Collaboration with United Health Care)</p>	<ul style="list-style-type: none">• Negotiate and manage contract with United Health Care.• Identify HEDIS measure monitors.• Provide individual outcome reports to collab providers.	<ul style="list-style-type: none">• Monitor clients according to HEDIS measures for behavioral health care.• Follow-up with clients within 7 and 30 days of discharge from inpatient stays or emergency room visits.• Remind clients to pick up refills for psychotropic medication.
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Plan Amendments Based on Service Evaluation, Performance Improvement and Program Evaluations

Performance Improvement is integral to Beech Brook's day-to-day operation as an agency. Administrative structures, roles, and functions reflect *learning organization* concepts, which promote systems thinking, personal mastery, and challenges to established mental models, shared vision, and team learning.¹ Beech Brook's use of the *learning and performance improvement cycle*, a systems approach to problem solving, promotes data-driven decision making and continuous quality improvement.

Each year, the agency implements a Performance Improvement Plan that contains meaningful monitors to assess quality and compliance functioning. Included in this is a wealth of research on key variables. As feasible, efforts are made by Beech Brook to compare internally achieved results with results achieved elsewhere in the state. This data, as well as findings from client satisfaction surveys (which are distributed agency wide to consumers), and other research projects, many of which employ standardized measures, such as the Ohio Scales and the Devereux Scale of Mental Disorders, help to inform Beech Brook as to how services, programs, and interventions can be enhanced.

Almost without exception, research and performance improvement initiatives are continuing to convey that Beech Brook remains a high-quality agency with satisfied consumers as evident in the following:

- Ohio Scales data analysis that demonstrates statistical and clinical improvement for those served in agency mental health programs,
- Level of care data that reveals sound admission decisions,
- Sustained high consumer satisfaction with all services rendered, with consumers and their parents expressing that they feel engaged actively in intervention decisions,
- Parenting Group feedback that demonstrates program efficacy in teaching child development and appropriate discipline strategies.
- Outcomes measures for the Cuyahoga County Alcohol, Drug Addiction, and Mental Health Services Board (ADAMHS).

Because performance improvement activities are ongoing, this Provider Service Plan is subject to amendment at any time to reflect changes made to enhance the quality of care provided. Moreover, it is available for review by persons served, their family, significant others, and the public.

¹ Senge, Peter, *The Fifth Discipline* (New York: Doubleday, 1990).



Beech Brook
HELPING CHILDREN & FAMILIES THRIVE

APPENDIX A

Licensed Direct Service Employees

Last Name	First Name	Job Title	Licensure/Certification
Badford	Katie	Clinical Lead Therapist 1	LSW
Bannenberg-Berdin	Coco	Case Manager Therapist	LSW
Bernstein	Melanie	Clinical Lead Therapist	LSW
Berry	Bridgett	Supervisor of Supportive Visitation	LSW
Blackburn	Joan	Director, Chardon Project	LISW-S
Bohlander	Elisabeth	Clinical Supervisor/CMT 3	LISW-S
Borowy-Salamon	Nicole	Supervisor, Comprehensive Sex Education/CRA	LPC
Bowman	Kara	Clinical Lead Therapist	LSW
Bressler	Julia	Twinsburg - Case Manager Therapist	LSW
Brown	Janalee	Supportive Services Coordinator	LSW
Chaignat	Jaime	Clinical Supervisor	IMFT
Congeni	Pauline	Clinical Lead Therapist 2	LSW
Corbett	Matthew	Clinical Supervisor	LISW-S
Daugherty	Katrina	PRN School Based Therapist	LSW
Davlin	Annette	Clinical Lead Therapist 3	LISW-S
Ersig	Alyssa	Case Manager Therapist 1	LSW
Fields	Kristin	Clinical Lead Therapist 3	LPCC
Friedman	Katherine	Outpatient Therapist	LSW
Galland	Katherine	Clinical Lead Therapist 2	LPC
Garg	Aseem	Clinical Supervisor	LPCC
George	Nautica	Twinsburg School-Based Mental Health Case Worker	LPCC
Gilbert	Sela	Clinical Lead Therapist	LSW
Godek	Anna	Early Childhood Mental Health Therapist	LSW
Gooch	Erin	Nurse Practitioner	APRN.CNP
Green	Denise	Clinical Lead Therapist 2	LSW
Grenier Pawlikowski	Anna	Director, Early Childhood/STRIDE and IC/H&W	LISW-S
Haught	Christine	CMT3 Case Manager Therapist	LISW
Holland	Laura	Clinical Supervisor	LISW
Homrighausen	Jean	Clinical Lead Therapist 3	LISW-S
Humphrey	Rachel	Clinical Director	LISW
Hunt	Shelley	CMT Case Manager Therapist	LPC
Jackson	Alfred	Telehealth Therapist	LSW
Jordan	Vanessa	Clinical Lead Therapist 2	LSW
Karlie	Hannah	Clinical Lead Therapist	LSW
Kazmierczak	Jillian	Clinical Lead Therapist 3	LISW
Kimble	Kelly	Director, Orange Program	LISW-S
Kozelj	Caitlyn	Social Worker - Counselor Chardon Schools Program	LPC
LeBrun	Gabriela	Clinical Lead Therapist 3	LISW
Leistiko	Patty	Case Manager Therapist (Chardon Schools)	LPCC
Leonard	Cynthia	Clinical Lead Therapist 2-HA	LSW
Love	Colby	Clinical Lead Therapist	LSW
Madden	Bryan	Clinical Lead Therapist	LPC
Mangosh	Matthew	Supervisor of Interns	LISW
Marks	Sophie	CMT 10/12 Case Manager Therapist	LSW
McClain	Brittney	Clinical Supervisor	LSW
Mills	Kathleen	Clinical Lead Therapist	LISW
Owens	Melinda	Outpatient Therapist	LPC
Perdue	LaTanya	Clinical Supervisor	LISW
Reese	Tonya	Clinical Supervisor, Foster Care	LSW
Reginelli	Teresa	Clinical Lead Therapist 3	LISW-S
Robinson	Ronald	Manager PAR Program	LSW

Rule-Hoffman	Richard	Clinical Lead Therapist 3	LC-S
Schonauer	Teresa	Foster Care Services Manager	LISW
Shaw	Alexandra	CMT2 10/12 Case Manager Therapist	LSW
Smith	Brittany	Nurse Practitioner	CNP
Smith	Emma	Clinical Lead Therapist 2	LSW
Soltisz	Lindsey	Clinical Lead Therapist	LSW
Taliaferro	Robin	Clinical Lead Therapist 2	LSW
Tamburro	Stephanie	Assistant Clinical Director	LISW
Tulino-Bell	Carrie	Director of Twinsburg Program	LISW-S
Walker	Stacie	Clinical Lead Therapist 1	LSW
Waterford	April	Clinical Supervisor	LPCC - S
Withee	Leia	CMT2 10/12 Case Manager Therapist	LSW



Beech Brook
HELPING CHILDREN & FAMILIES THRIVE

APPENDIX B

Admission and Discharge Criteria

**ADMISSION AND DISCHARGE CRITERIA
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH OR WITHOUT MEDICAL**

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Individual has known or suspected mental illness, emotional disturbance, or substance-related disorder and has recently entered the service system. • Individual needs initial assessment or reassessment of service plans. • Individual needs an assessment due to change in clinical/functional status 	<ul style="list-style-type: none"> • Individual has withdrawn or been discharged from services. • Individual has no current needs/symptoms to meet Medical Necessity or IDC 10 dx. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • Yes, if more than one per agency per year. <p>Codes:</p> <ul style="list-style-type: none"> • 90791 w/o medical evaluation • 90792 w medical-evaluation is provided by a physician and includes medical/physical exam <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA PSYCHOTHERAPY

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Recipient meets Medical Necessity • Recipient must meet the criteria for an ICD 10 diagnosis which impact at least one facet of daily living skills. • Recipient’s diagnosis can be treated in an outpatient/community setting and lacks the severity of needing a higher level of care. 	<p>Planned Disenrollment</p> <ul style="list-style-type: none"> • Recipient or recipient’s guardian and the treatment team mutually agree upon discharge. <ul style="list-style-type: none"> ○ Goals have been achieved, or ○ The recipient moves out of the geographic area and arrangements have been made for continued treatment elsewhere. ○ Recipient or guardian refuses services and requests disenrollment. ○ The recipient is determined by the Ohio Department of Medicaid to no longer meet eligibility. <p>Unplanned Disenrollment</p> <ul style="list-style-type: none"> • Disenrollment due to inability to locate recipient for more than 45 days. • Recipient is incarcerated, hospitalized, or admitted to residential program, resulting in a transfer of responsibility for healthcare. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • No <hr/> <p>Code(s):</p> <ul style="list-style-type: none"> • 90832 30 Min. • 90834 45 Min. • 90837 53+ Min <hr/> <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA THERAPEUTIC BEHAVIORAL SERVICES

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Recipient meets medical necessity. • Recipient requires goal-directed supports, solution-focused interventions, support for emotional and behavioral management to ameliorate targeted symptoms and to promote coping. 	<p>Planned Disenrollment</p> <ul style="list-style-type: none"> • Recipient or recipient’s guardian and the treatment team mutually agree upon discharge. <ul style="list-style-type: none"> ○ Goals for TBS have been achieved, or ○ The recipient moves out of the geographic area and arrangements have been made for continued treatment elsewhere. ○ Recipient or guardian refuses services and requests disenrollment. ○ The recipient is determined by the Ohio Department of Medicaid to no longer meet eligibility. <p>Unplanned Disenrollment</p> <ul style="list-style-type: none"> • Disenrollment due to inability to locate recipient for more than 45 days. • Recipient is incarcerated, hospitalized, or admitted to residential program, resulting in a transfer of responsibility for healthcare. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • No <p>Code(s):</p> <ul style="list-style-type: none"> • H2019 <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA PSYCHOSOCIAL REHABILITATION

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Recipient meets Medical Necessity. • Recipient requires assistance to compensate for or to eliminate functional deficits and/or behavioral health barriers associated with a behavioral health diagnosis or diagnoses. 	<p>Planned Disenrollment</p> <ul style="list-style-type: none"> • Recipient or recipient’s guardian and the treatment team mutually agree upon discharge. <ul style="list-style-type: none"> ○ Goals have been achieved, or ○ The recipient moves out of the geographic area and arrangements have been made for continued treatment elsewhere. ○ Recipient or guardian refuses services and requests disenrollment. ○ The recipient is determined by the Ohio Department of Medicaid to no longer meet eligibility. <p>Unplanned Disenrollment</p> <ul style="list-style-type: none"> • Disenrollment due to inability to locate recipient for more than 45 days. • Recipient is incarcerated, hospitalized, or admitted to residential program, resulting in a transfer of responsibility for healthcare. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • No <hr/> <p>Code(s):</p> <ul style="list-style-type: none"> • H2017 <hr/> <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (CPST)

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Recipient meets medical necessity. • Recipient requires measured successful mobile services in the community to meet mental health needs for success in family, school and/or work, and the community. <p>Activities of CPST include:</p> <ul style="list-style-type: none"> ○ Ongoing assessment of needs. ○ Assistance in achieving personal independence is managing basic needs as identified by the recipient/family. ○ Facilitation of further development of daily skills as identified by the recipient and/or parent/guardian. ○ Coordination of the ISP (i.e., ITP-defined services; assistance with accessing natural systems; and linkages to formal community services/systems). ○ Symptom monitoring. ○ Coordination and/or assistance in crisis management and stabilization. ○ Advocacy and outreach. ○ As indicated for the recipient and his/her family, education and training specific to the recipient’s assessed needs, abilities, and readiness to learn. ○ MH interventions that address symptoms, behaviors, thought processes, etc., to assist an individual in eliminating barriers to seeking or maintaining education and work. ○ Activities that increase the individual’s capacity to positively impact his/her own environment. 	<p>Planned Disenrollment</p> <ul style="list-style-type: none"> • Recipient or recipient’s guardian and the treatment team mutually agree upon discharge. <ul style="list-style-type: none"> ○ Goals for CPST have been achieved, or ○ The recipient moves out of the geographic area and arrangements have been made for continued treatment elsewhere. ○ Recipient or guardian refuses services and requests disenrollment. ○ The recipient is determined by the Ohio Department of Medicaid to no longer meet eligibility. <p>Unplanned Disenrollment</p> <ul style="list-style-type: none"> • Disenrollment due to inability to locate recipient for more than 45 days. • Recipient is incarcerated, hospitalized, or admitted to residential program, resulting in a transfer of responsibility for healthcare. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • No <p>Code(s):</p> <ul style="list-style-type: none"> • H0036 <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA PHARMACOLOGIC MANAGEMENT SERVICE

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Client is between the ages of 0 and 19 (except Foster Care clients who receive services up to age 23, or client is a parent or adult family member in a caregiving role and in need of individual Behavioral Health Counseling/Therapy to facilitate clinical progress). • Written consent of the client or parent/guardian of a minor has been obtained for medical/somatic services. • Client meets criteria for medical necessity and presents with a clinically significant score on an empirical rating scale and/or has at least one mental health symptom (as checked below) on which the child needs to work for more adaptive functioning <ul style="list-style-type: none"> ○ extremely tense ○ persistent difficulty concentrating ○ worries excessively ○ persistent difficulty paying attention ○ extremely fearful/anxious ○ refuses to follow directions; opposes authority ○ hypervigilant; hyperalert ○ persistent inability to act age appropriate ○ interacts with strangers inappropriately ○ persistently breaks rules ○ shows lack of concern about getting hurt ○ persistently stealing ○ displays excessive need to be in control ○ destroys property (self and/or others') "crazy lying" ○ runs away ○ hurts, tortures, or kills ○ provokes others ○ does not engage with others ○ frequent temper tantrums ○ lacks a conscience/no guilt, remorse ○ verbally threatens to harm others ○ speech is disorganized ○ threatens to exploit others ○ does not make sense, unusual 	<ul style="list-style-type: none"> • Identified client's mental health symptoms/needs are reduced sufficiently, as reflected in progress on I.T.P. Therapeutic Goal(s)/Treatment Outcome(s) and supported by empirical rating data (if available), that the idea that a client is determined to be ready for less intensive assistance (i.e., one or more of the following: normal routines of family life, self-help resources in the community, assistance from an informal support network or other service options) as outlined on the Continuity of Care Plan. • Identified client's mental health symptoms/needs, as reflected in insufficient progress on I.T.P. Therapeutic Goal(s)/Treatment Outcome(s) and supported by empirical data (if available, are determined to be severe enough to warrant a higher level of assistance (i.e., In-Home Family Preservation Services, Foster Care, Day Treatment, Residential Treatment, Psychiatric Hospitalization, etc.). • Progress on I.T.P. Therapeutic Goal(s)/Treatment Outcome(s) and on the identified client's mental health symptoms/needs, as reflected in informed observations and empirical data (if available), is determined to have reached a plateau, and continued intervention at this time is not expected to produce further gains. • Identified client no longer meets age requirement for continued participation in the service and a continuity of Care Plan has been established. • Identified client was removed from the 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • N/A <hr/> <p>Codes:</p> <ul style="list-style-type: none"> • 99201-99205 (new clients) • 99212-99215 (established clients) <hr/> <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

<p>verbalizations</p> <ul style="list-style-type: none"> ○ negatively distorts the intentions of others ○ experiences hallucinations ○ physical aggression towards others ○ preoccupation with death, violence; morbid ○ persistently sexualized behavior ○ feels worthless, useless ○ attempts to or engages others in sexual acts ○ feels excessively sad/depressed ○ urinates or defecates not in the toilet ○ threats to harm self; suicidal ideation/gestures ○ persistently struggles over food/eating ○ acts without thinking; impulsive ○ fire setting ○ persistently annoying, disruptive ○ requires a high degree of supervision for age ○ hyperactive; cannot sit still ○ other: _____ <ul style="list-style-type: none"> • There is a DSM V diagnosis appropriate for mental health service delivery. Excluded are clients with solely non-mental health diagnoses, such as developmental delay, a developmental disorder, and/or chemical dependency/abuse. 	<p>service by his/her legal guardian, or adult client withdrew from service on his or her own accord</p>	
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ADMISSION AND DISCHARGE CRITERIA IN-HOME FAMILY PRESERVATION

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Child is between the ages of 0 and 19. • Written consent of the parent/guardian has been obtained for in-home family preservation services. • Intervention is to be provided with at least reasonable certainty that child is safe from maltreatment. • One or more child and/or family issues are identified that are beyond the scope of office-based intervention and the aim often is to prevent a need for out-of-home placement. • There is a DSM V diagnosis appropriate for mental health service delivery. Excluded are children and teens with solely non-mental health diagnoses, such as developmental delay, a developmental disorder, and/or chemical dependency/abuse. <p>Note: Excluded are children, teens, and their families when either lower levels or higher levels of care are indicated clinically</p>	<ul style="list-style-type: none"> • Identified client’s symptoms/needs are reduced sufficiently, as reflected in progress on I.T.P. Therapeutic Goal(s)/Treatment Outcome(s) and supported by empirical rating data (if available), that the identified client is determined to be ready for less intensive assistance (i.e., one or more of the following: outpatient therapy, self-help resources in the community, assistance from an informal support network, other service options) as outlined on the Continuity of Care Plan. • Identified client’s symptoms/needs, as reflected in insufficient progress on I.T.P. Therapeutic Goal(s)/Treatment Outcome(s) and supported by empirical rating data (if available), are determined to be severe enough to warrant a higher level of assistance (i.e., Foster Care, Day Treatment, Residential Treatment, Psychiatric Hospitalization, etc.). • Progress on I.T.P. Therapeutic Goal(s)/Treatment Outcome(s) and on symptoms/needs, as reflected in informed observations and empirical data (if available), is determined to have reached a plateau, and continued intervention at this time is not expected to produce further gains. • Identified client no longer meets age requirement for continued participation in the service and a continuity of Care Plan has been finalized. • Identified client was removed from the service by his/her legal guardian. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • Contract Referral/Approval <p>Codes:</p> <ul style="list-style-type: none"> • N/A (unless there is a mental health intervention on the ITP AND the client has Medicaid) <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA SPECIAL NEEDS ADOPTION

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Child is between the ages of 0 and 18. • Written consent of the parent/guardian has been obtained for special needs adoption services. • Child needs a permanent family. • Child has one or more special needs, meaning that he/she: a) is school age or older, b) is part of a sibling group, c) is of minority or mixed ethnic or racial heritage, d) has a mental and/or physical disability, and/or e) has a serious emotional and/or behavioral disorder. <p>Note: Excluded are children and teens without special needs as defined above, such as healthy infants capable of being placed by agencies that handle regular adoptions.</p>	<ul style="list-style-type: none"> • Permanency is achieved through adoption. • Client no longer meets age requirement for continued participation in the service and a continuity of Care Plan has been finalized. • Client’s legal guardian has removed him/her from consideration for adoption planning. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • N/A <p>Codes:</p> <ul style="list-style-type: none"> • N/A <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA

SKILL BUILDING, TEACHING, ROLE MODELING, INDEPENDENCE, DEVELOPMENT, AND EMPOWERMENT (STRIDE)

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Client is up to age 18 years old. • Written consent of the parent/guardian for STRIDE services exists. • At time of referral, client is in foster care or placed with relatives. • The aim of service provision is one or more of the following: a) to provide assistance to stabilize a placement, b) to provide assistance in building prosocial skills, c) to alleviate family stress for better family stability.” 	<ul style="list-style-type: none"> • Client has completed stabilization/mentoring services based on sufficient attainment of goals. • Client no longer meets age requirement for continued program participation and therefore is referred elsewhere. • Client is removed from program participation by either his/her legal guardian. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • N/A
		<p>Codes:</p> <ul style="list-style-type: none"> • N/A
		<p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA FAMILY (TRADITIONAL) FOSTER CARE

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Child is between the ages of 0 and 18. • Written consent of the parent/guardian has been obtained for foster care. • Child requires 24 hours a day placement, though not awake caregiver supervision during sleeping hours. • Child rates a 1 on the CCDCFS Level of Care Criteria, and if symptoms are present, they are believed to be transient and not indicative of a need for a higher level of care. <p>NOTE: Excluded are children and teens capable of residing with family members, as well as children and teens who present with significant mental health issues that warrant a higher level of care.</p>	<ul style="list-style-type: none"> • With consent from the legal guardian, family reunification or an adoptive placement has been secured for the identified client. • Identified client’s symptoms/needs, based on the informed observations and, if available, by empirical rating data, warrant movement of the identified child to a higher level of care (e.g., Specialized Foster Care, Specialized Foster Care Plus, Residential Treatment, Psychiatric Hospitalization, etc.), and the plan made meets with the consent of the identified client’s legal guardian. • Identified client no longer meets age requirement for continued participation in the program and a continuity of Care Plan has been established. • Identified client was removed from the service by his/her legal guardian. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • N/A <p>Codes:</p> <ul style="list-style-type: none"> • N/A <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

ADMISSION AND DISCHARGE CRITERIA TREATMENT (SPECIALIZED) FOSTER CARE

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Child is between the ages of 0 and 18. • Written consent of the parent/guardian has been obtained for foster care. • Child requires a 24 hour a day placement, though caregivers typically do not need to be awake during sleeping hours. • Child rates a 2, 3 or 4 on the CCDCFS Level of Care Criteria AND/OR presents with a clinically significant score on an empirical rating scale AND/OR presents with at least one symptom in the mild to moderate range (as checked below): <ul style="list-style-type: none"> ○ extremely tense ○ persistent difficulty concentrating ○ worries excessively ○ persistent difficulty paying attention ○ extremely fearful/anxious ○ refuses to follow directions; opposes authority ○ hypervigilant; hyperalert ○ persistent inability to act age appropriate ○ interacts with strangers inappropriately ○ persistently breaks rules ○ shows lack of concern about getting hurt ○ persistently stealing ○ displays excessive need to be in control ○ destroys property (self and/or others) ○ “crazy lying” ○ runs away ○ hurts, tortures, or kills ○ provokes others ○ does not engage with others ○ frequent temper tantrums ○ lacks a conscience/no guilt, remorse ○ verbally threatens to harm others ○ speech is disorganized ○ threatens to exploit others ○ does not make sense, unusual verbalizations ○ negatively distorts the intentions of others 	<ul style="list-style-type: none"> • Identified client’s symptoms/needs, based on informed observations and, if available, empirical rating data, warrant movement of the identified client to a less restrictive family living placement, and the plan meets with the consent of the legal guardian. • Identified client’s symptoms/needs, based on informed observations and, if available, empirical rating data, warrant movement of the identified client to a higher level of care (e.g., Group Home, Therapeutic Foster Care, Residential Treatment, Psychiatric Hospitalization, etc.), and the plan meets with the consent of the legal guardian. • Identified client no longer meets age requirement for continued participation in the service and a continuity of Care Plan has been established. • Identified client was removed from the service by his/her legal guardian. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • N/A <p>Codes:</p> <ul style="list-style-type: none"> • N/A <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

- experiences hallucinations
- physical aggression towards others
- preoccupation with death, violence; morbid
- persistently sexualized behavior
- feels worthless, useless
- attempts to or engages others in sexual acts
- feels excessively sad/depressed
- urinates or defecates not in the toilet
- threats to harm self; suicidal ideation/gestures
- persistently struggles over food/eating
- acts without thinking; impulsive
- fire setting
- persistently annoying, disruptive
- requires a high degree of supervision for age
- hyperactive; cannot sit still
- other: _____

Note: Excluded are children and teens that are without special needs.

ADMISSION AND DISCHARGE CRITERIA THERAPEUTIC (LEVEL IV) FOSTER CARE

Admission Criteria	Discharge Criteria	Prior Approval & Service Codes
<ul style="list-style-type: none"> • Child is between the ages of 0 and 18. • Written consent of the parent/guardian has been obtained for foster care. • Child requires a 24 hour a day placement, though caregivers typically do not need to be awake during sleeping hours. • Child rates a 4 or higher on the CCDCFs Level of Care Criteria AND/OR presents with a clinically significant score on an empirical rating scale AND/OR presents with at least one symptom in the severe range from the symptom cluster (as checked below): <ul style="list-style-type: none"> ○ extremely tense ○ persistent difficulty concentrating ○ worries excessively ○ persistent difficulty paying attention ○ extremely fearful/anxious ○ refuses to follow directions; opposes authority ○ hypervigilant; hyperalert ○ persistent inability to act age appropriate ○ interacts with strangers inappropriately ○ persistently breaks rules ○ shows lack of concern about getting hurt ○ persistently stealing ○ displays excessive need to be in control ○ destroys property (self and/or others') ○ "crazy lying" ○ runs away ○ hurts, tortures, or kills ○ provokes others ○ does not engage with others ○ frequent temper tantrums ○ lacks a conscience/no guilt, remorse ○ verbally threatens to harm others ○ speech is disorganized ○ threatens to exploit others ○ does not make sense, unusual verbalizations ○ negatively distorts the intentions of others ○ experiences hallucinations ○ physical aggression towards others ○ preoccupation with death, violence; 	<ul style="list-style-type: none"> • Identified client's symptoms/needs, based on informed observations and, if available, empirical rating data, warrant movement of the identified client to a less restrictive family living placement, and the plan meets with the consent of the legal guardian. • Identified client's symptoms/needs, based on informed observations and, if available, empirical rating data, warrant movement of the identified client to a higher level of care (e.g., Group Home, Therapeutic Foster Care, Residential Treatment, Psychiatric Hospitalization, etc.), and the plan meets with the consent of the legal guardian. • Identified client no longer meets age requirement for continued participation in the service and a continuity of Care Plan has been established. • Identified client was removed from the service by his/her legal guardian. 	<p>Prior Approval:</p> <ul style="list-style-type: none"> • N/A <p>Codes:</p> <ul style="list-style-type: none"> • N/A <p>Significant Changes:</p> <ul style="list-style-type: none"> • N/A

<p>morbid</p> <ul style="list-style-type: none"> ○ persistently sexualized behavior ○ feels worthless, useless ○ attempts to or engages others in sexual acts ○ feels excessively sad/depressed ○ urinates or defecates not in the toilet ○ threats to harm self; suicidal ideation/gestures ○ persistently struggles over food/eating ○ acts without thinking; impulsive ○ fire setting ○ persistently annoying, disruptive ○ requires a high degree of supervision for age ○ hyperactive; cannot sit still ○ other: _____ <p>NOTE: Excluded are children and teens that are without special needs.</p>		
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Beech Brook
HELPING CHILDREN & FAMILIES THRIVE

APPENDIX C
Medicaid Services

MEDICAID SERVICES

The following are Beech Brook-provided Mental Health services, some of which are billable, by contract, to Medicaid and some that are not.

Medicaid Service	Description
Psychiatric Diagnostic Evaluation	Almost all Medicaid-billable behavioral health and substance use/abuse intervention follows the completion of a thorough Psychiatric Diagnostic Evaluation completed by either a psychiatrist (or a Clinical Nurse Specialist, a Clinical Nurse Practitioner or a Physician’s Assistant) or an alternate licensed clinician, such as a social worker, counselor, marriage, and family therapist, etc. Psychiatric Diagnostic Evaluation culminates with determination of whether the identified patient has one or more ICD Codes that indicate a need for a medically necessary intervention. Non-independently licensed clinicians who conduct Psychiatric Diagnostic Evaluations must have their evaluations co-signed by their independently licensed supervisor and the billing claims must include the supervisor’s NPI number for any reimbursement.
Community Psychiatric Supportive Treatment (CPST)	Community Psychiatric Supportive Treatment (CPST) services involve an array of individualized therapeutic interventions aimed at addressing the mental health needs of consumers, enabling them to succeed in the community. Service activities include: a) ongoing assessment of needs, b) assistance in achieving personal independence in managing basic needs as identified by the consumer and/or parent/guardian, c) if identified by the consumer and/or the parent/guardian, facilitation of further development of daily living skills, d) coordination of the I.T.P., including services identified on the I.T.P., assistance with accessing natural community support systems, and facilitating linkages to formal community services/systems, e) symptom monitoring, f) coordination and/or assistance in crisis management and stabilization, advocacy and outreach, g) as appropriate to the care provided to consumers, and when appropriate to the family, education and training specific to the consumer’s assessed needs, abilities and readiness to learn, h) mental health interventions that address symptoms, behaviors, thought processes, etc., to assist a consumer in eliminating barriers to seeking or maintaining education and employment, and i) activities that increase the consumer’s capacity to impact positively his/her environment.
Therapeutic Behavioral Services (TBS)	Therapeutic Behavioral Services are provided in both individual and group formats. These services are goal-directed, and solution focused, and facilitate coping and symptom reduction. Activities of Therapeutic Behavioral Services include treatment planning, identification of strategies or treatment options, counseling, activities to restore social skills and daily functioning, and crisis prevention and amelioration. This service can be provided by someone that has a bachelor’s degree in social work, psychology, nursing or related human services, a high school diploma with a minimum of three years of relevant experience.
Psychosocial Rehabilitation Services (PSR) *Not currently provided	Psychosocial rehabilitation assists individuals in achieving ITP goals and objectives related to compensating for or eliminating functional deficits, interpersonal deficits and/or behavioral health barriers associated with one or more behavioral health diagnoses. This service is delivered face-to-face only. Activities include: 1) restoration, rehabilitation, and support of daily functioning impaired by psychiatric and/or emotional symptoms, 2) supporting improved daily functioning and routines for success at home, school, work, and the community, and 3) restoration of skills to function in a natural community environment.
Psychotherapy	Individual Psychotherapy Individual Psychotherapy involves therapeutic interaction with an identified patient to treat a

Medicaid Service	Description
	<p>mental illness or emotional disturbance. The process often addresses internal distress; dysfunctional patterns of relating and behaving; faulty cognitions; and inadequate problem-solving and coping skills. Experiences from the past that negatively impact present functioning frequently create avenues for better resolution of inner and interpersonal conflict. Desired outcomes of Individual Psychotherapy are often symptom reduction and functional improvement in adaptation.</p> <p>Family Psychotherapy “Family” in this service is defined as the persons who live with, or provide care to a child, and may include a parent, spouse, sibling, children, relatives, guardians, foster caregivers, and significant others. Family Psychotherapy involves treatment of an identified patient with the help of one or more “family members” working to address a medically necessary mental health condition of the identified patient. The identified patient may or may not be in the room when family psychotherapy is occurring. Regardless, family psychotherapy is for the sole benefit of the identified patient; therefore, not true family systems therapy.</p> <p>Multiple Group Psychotherapy Multiple Group Psychotherapy bring families together around a shared mental health or substance use problem experienced by at least one family member in all the participating families.</p> <p>Group Psychotherapy Group Psychotherapy is a mental health service designed to treat a common or similar problem experienced by all members of the group. This form of intervention uses shared problem solving and group support to facilitate a reduction in symptoms and an increase in adaptive functioning.</p>
Adjunctive Therapy	<p>Adjunctive therapy service involves interventions using a variety of media and activities, such as music and art, to develop or maintain community living skills. Adjunctive therapy service at Beech Brook is provided by staff persons who are qualified by professional standards in their field and who are registered or certified by the appropriate regulatory body.</p>
Pharmacological Management Service	<p>Pharmacological Management service is a psychiatric/mental health/medical intervention used to reduce/stabilize and/or eliminate psychiatric symptoms with the goal of improved functioning, including management and reduction of symptoms. Such services are available, as indicated clinically, to support ongoing mental health services. Medication/Somatic services include psychiatric evaluation, prescription of medications, physical health and allergy assessments, education to family and consumer about medications, their potential benefits and side effects, and where to have prescriptions filled.</p>
Prevention	<p>Prevention means actions oriented either towards reducing the incidence, prevalence, or severity of specific types of mental disabilities or emotional disturbances; or actions oriented towards population groups with multiple service needs and systems that have been identified through recognized needs assessment techniques. Included in this service are actions such as personal and social competency building, stress management, and systems change.</p>
Consultation	<p>On behalf of consumers, Beech Brook engages in a formal and systematic information exchange with allied professionals directed towards one or more of the following: a) the development and improvement of individualized service plans, b) techniques involved in the delivery of mental health services, and c) ameliorating conditions in a system (e.g., school) that adversely affect mental health.</p>