



Youth Intensive Services

3212 Mahoning Ave., Suite 4 Youngstown, OH 44509
Phone: 330-318-3436 Fax: 1-330-319-8800

D & A/Mental Health Residential, Respite, Hi Fidelity Wraparound, Individual & Family Counseling,
Drug & Alcohol Services, Consultation, School Based Services,

Agency Service Plan (Outpatient)

I. *Mission, Vision, and Goals:*

- a. Youth Intensive Services for the purposes of services provided to youth is a for-profit corporation established under the laws of the Ohio Secretary of State and whose mission is to help those in our care lead healthy and fulfilling lives. Youth Intensive Services vision and goals include:
 - Respecting and responding to the unique needs and concerns of youth and families of at-risk and/or youth and individuals suffering from addiction and mental and emotional disturbance.
 - Striving to provide essential accessible substance abuse treatment, support, education, rehabilitation, and referral services to the residents of Mahoning County and surrounding communities.
 - Providing quality services and programs in a professional, confidential manner that meets the needs of our consumers and the community at large.
 - Maintaining a team of competent health care professionals and support staff committed to serving in a responsible, sensitive and effective manner.
 - Cooperating with human service providers, businesses, government, and other organizations to enrich the lives of those suffering from addiction.
 - Commitment to act in accordance with all state and federal laws in a non-discriminating manner.

II. *Proposed Services:*

- a. **Behavioral health counseling and therapy service:** Therapy is for those individuals who demonstrate a need for psychotherapy during the mental health assessment. The client is seen individually if problems are primarily associated with his/her functioning.
 - i. **Service Availability:** Monday-Friday 8:00am-8:00pm; Saturday by appt.
 - ii. **Needs & Characteristics:** youth and/or adults with mental disabilities, and/or with serious emotional disturbances or in need of mental health services. Ages 3 years and up.
 - iii. **Settings:** Services may be delivered in the office, home, school, or community setting. Needs determined by assessment.
 - iv. **Frequency:** Services are provided as deemed necessary by assessment
 - v. **Goals & Scope:** a series of time-limited, structured sessions that work toward the attainment of mutually defined goals as identified in the ISP.
 - vi. **Payer and funding sources:** Medicaid, Medicare, Private insurances (limited coverage), County funding, Sliding fee scale available.
- b. **Mental health assessment:** Mental health assessment is the initial contact/interview with client. Information collected during this interview includes: Demographics, mental health history, medical history, social history, substance abuse history, legal history, occupational history, mental status, etc. The assessment results in the preparation of an

interpretive summary that is: Based on the assessment data; used to formulate treatment needs and development of the individual plan; identify any co-occurring disabilities and/or disorders and how they will be addressed in the development of the individual plan; assess whether the individual has other needs that might be better met by alternative treatment or providers

- c. **Crisis intervention:** Crisis intervention is that process of responding to emergent situations and may include: assessment, immediate stabilization, and the determination of level of care in the least restrictive environment in a manner that is timely, responsive, and therapeutic.
 - i. **Service Availability:** Monday-Friday 8:00am-8:00pm; Saturday by appt.
 - ii. **Needs & Characteristics:** youth and/or adults with mental disabilities, and/or with serious emotional disturbances or in need of mental health services. Ages 3 years and up.
 - iii. **Settings:** Services may be delivered in the office, home, school, or community setting. Needs determined by assessment.
 - iv. **Frequency:** Services are provided as deemed necessary by assessment
 - v. **Payer and funding sources:** Medicaid, Medicare, Private insurances (limited coverage), County funding, Sliding fee scale available.
 - ii. **Goals & Scope:** Outcomes may include: de-escalating and/or stabilizing the individual and/or environment, linking the individual to the appropriate level of care and services including peer support, assuring safety, developing a crisis plan, providing information as appropriate to family/significant others, and resolving the emergent situation.

- d. **Community psychiatric supportive treatment (CPST) service:** YIS' CPST service is the organized approach to coordinating segments of a service delivery system in order to ensure the most comprehensive process for meeting an individual client 's needs for care. Clients with complex, multiple problems will receive needed individualized services in a coordinated fashion at the time they are needed. CPST provides evaluation of the client's strengths and needs, service planning and goal setting, linking, implementing, monitoring, and advocacy. CPST will not provide treatment but will provide services that enhance the treatment process. The goals of YIS' CPST services are to: (1) increase client retention in and completion of treatment in order to move clients toward stabilization and independence and, (2) increase client access to core services such as primary health care, psychiatric care, stable and secure living environments, positive support networks, education, vocational training and employment. These services are provided where the individual resides or needs services. Also, YIS' CPST service will assist in crisis management and stabilization.
 - i. **Service Availability:** Monday-Friday 8:00am-8:00pm; Saturday by appt.
 - ii. **Needs & Characteristics:** youth and/or adults with mental disabilities, and/or with serious emotional disturbances or in need of mental health services. Ages 3 years and up.
 - iii. **Settings:** Services may be delivered in the office, home, school, or community setting. Needs determined by assessment.
 - iv. **Frequency:** Services are provided as deemed necessary by assessment
 - v. **Payer and funding sources:** Medicaid, Medicare, Private insurances (limited coverage), County funding, Sliding fee scale available.
 - ii. **Goals & Scope:** The purpose/intent of CPST services is to provide specific, measurable, and individualized services to each person served

III. The agency service plan shall be available for review in the main office by persons served, their family, significant others and the public or by request.

IV. Youth Intensive Services shall revise and update the service description when any of the information required in paragraph (C) of OAC 5122-26-09 changes.

Entry Criteria: Referral from outside source or self-referral
 Completion of intake
 Completion of mental health assessment

Exit Criteria: Discharge criteria will be determined on an individualized basis and set within the treatment plan.

Client may be discharged due to non-compliance with treatment or frequent cancellations or no show for appointments.

ADMIN. MED.

**USE OF SAFE MANG.
PRACTICE**

RESIDENTIAL	YES	YES
OUTPATIENT	NO	NO
SCHOOL BASED	NO	NO
EMPLOYMENT SERVICES	NO	NO
MEDICATION MANG.	YES	NO

For further information regarding services available, local resources, or funding. Please contact the main office at 330.318.3436

Updated: 12.03.24