

**Eldercare Services Institute, LLC
(d/b/a Benjamin Rose)
Behavioral Health Services Department**

Provider Service Plan – CY 2026



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Founded in 1908, Benjamin Rose is a Cleveland-based nonprofit whose mission is to serve as a trusted partner in the aging journey for individuals of all backgrounds as well as those who care for them. Throughout our 117-year history, Benjamin Rose has provided direct service to older adults and their caregivers, engaged in applied social research, and led advocacy efforts on their behalf. Benjamin Rose continues to develop and enhance home and community-based services to best support older adults who are aging in place.

Annually, Benjamin Rose reaches more than 10,000 older adults and caregivers in their homes, at community locations and by phone and email. Benjamin Rose provides behavioral health services, social work, service coordination, Senior Companions and WeCare...Because You DoSM - a telephone-based care coaching program for older adults with chronic conditions and their caregivers.

Throughout our history, Benjamin Rose has remained responsive to the evolving needs of older adults and their caregivers. We continue to develop and manage innovative long-term services and support, to conduct research that further improves our understanding of services for older people and the policies that make better services possible, and to share our work in northeast Ohio and across the country.

Benjamin Rose continues to evolve the way we support the aging journey. Part of that evolution includes (re)introducing ourselves to our community with a refreshed and streamlined public presence. We wanted to make the client's experience easier to navigate and prepare for future growth, so we've done some streamlining, renaming and reorganizing. All of Benjamin Rose's programs and services now fall under four pillars: Home and Community Based Services (where ESI operates), Housing and Homeownership, Financial Wellness, and Research, Education and Advocacy. All the services the community has grown to know and trust will continue to be available and delivered by the same dedicated teams. All subsidiaries of Benjamin Rose will keep their Employer Identification Numbers (EIN) and legal names but will now be operating under "doing business as" Benjamin Rose.

Eldercare Services Institute LLC (d/b/a Benjamin Rose) has a contract with the Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) of Cuyahoga County to provide behavioral health services to older adults in Cuyahoga County. The subsidiary is incorporated as a Limited Liability Corporation and operates with its own National Provider Identification number (NPI) and certification from the Ohio Department of Behavioral Health (ODBH). As a result of this contract, the agency subscribes and adheres to the ADAMHS Board Community Needs Assessment completed in 2024. The agency is accredited to provide behavioral health services by CARF™ (The Commission on Accreditation of Rehabilitation Facilities).

1. Our Mission

Our mission is to serve as a trusted partner in the aging journey for individuals of all backgrounds as well as those who care for them.

2. Our Statement of Racial Equity and Social Justice

Benjamin Rose strives to achieve racial equity and social justice, which are essential for ensuring healthy aging for all, through our research, consumer-responsive services, and client advocacy

3. Our Vision

A world where no one is forgotten and everyone is supported in the aging journey.

4. Our Values

Knowledge Sharing – We actively share research and service expertise for the greater good.

Adaptability – We creatively respond to the evolving needs of older adults in a dynamic environment.

Reliability- We remain cognizant of other people’s needs, always delivering as promised.

Compassion – We dedicate ourselves to listening first, creating a sense of belonging, and offering a safety net for those who need it.

Respect – We embrace individuals of all backgrounds and have openness to the thoughts and opinions of others.

5. The following pillars together work to fulfill our mission:

a. [Home-and Community-Based Services](#)

1. Eldercare Services Institute, LLC

The Eldercare Services Institute (d/b/a Benjamin Rose) offers home and community-based services and programs for older adults aged 60 (or aged 55 for clients diagnosed with a mental illness) and older. It supports older adults who reside primarily in Cuyahoga County, including both inner and outer ring suburbs, by

maintaining their independence and self-sufficiency with services. Services are delivered in-person, either in a group setting or one-on-one in the office or a client's home environment. A home environment could be a residential home, group home, assisted living or nursing home facility. Like other agencies, we started delivering some services via telehealth during the pandemic to ensure client and staff safety. CMS and safety guidelines have permitted us to continue to provide services using telehealth and many of our programs have incorporated a hybrid approach to treatment, allowing us to reach our clients where they are most comfortable receiving services. Services include:

- Behavioral Health Services
 - Diagnostic Evaluation/Mental Health Assessment
 - Mental Health Case Management
 - Community Psychiatric Supportive Treatment (CPST)
 - Therapeutic Behavioral Health Services (TBS)
 - Counseling and Psychotherapy Services
 - Mental Health Day Treatment
- WeCare...Because You DoSM
- Senior Companion Program
- Social Work
 - Intake and Information & Referral
 - Geriatric Case Management
 - Service Coordination

Most services are delivered in-person, in the office or the client's home environment; this includes group homes, assisted living facilities and nursing homes. Our family caregiver support services are provided over the phone or via email.

Our home and community-based programs provide clients with a continuum of care; a client can receive services from multiple programs at the same time. The collaboration of services provides clients with a quality of care not found in other community services. It positively affects quality of care as well as allowing clients to live independently rather than in institutional settings. This has also fostered a strong collaboration between research/advocacy and clinical practice. Examples of this collaboration include: benchmark reports on client satisfaction, beginning development of evidence-based practices and alternative therapy techniques across programs, respite for caregivers, and use of students in programs.

Benjamin Rose receives funding from multiple sources, including but not limited to: the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County, the Centers for Medicare and Medicaid Services (CMS), Corporation for National & Community Service (CNCS), Managed Care Organizations (MCO's), the Ohio Department of Medicaid, PASSPORT Medicaid Waiver, Self-Pay, Senior Housing Provider Contracts and Older Americans Act (OAA) Title III.

2. Rose Centers for Aging Well, LLC

Rose Centers for Aging Well (d/b/a Benjamin Rose) exists to promote successful aging for Northeast Ohio's older adults by offering programs and services that foster choice and independence. The Rose Centers for Aging Well, our senior centers, provide vital opportunities for socialization. Founded in 1954 as the Golden Age Centers of Greater Cleveland, Benjamin Rose has continued the GoldenAge Centers' long-standing history of meeting the needs of older adults in Greater Cleveland.

Today, Benjamin Rose delivers traditional and medically-tailored meals to the homes of older adults, serves hot lunches at seven senior centers and provides opportunities for social, health and wellness programming at four senior centers. On an annual basis, the program helps over 2,000 older adults remain independent in their homes and active in their neighborhood communities within Northeast Ohio.

3. Research, Education & Advocacy

Benjamin Rose Institute on Aging (formerly Center for Research and Education) is one of the nation's premier centers for applied aging research focused on enhancing the lives of older adults, their families and the service providers who care for them. It collaborates with local, national and international organizations, universities and community agencies to focus on research areas that include family caregiving, services and interventions, long-term care, active aging and program evaluation. A major part of Benjamin Rose Institute on Aging's portfolio of research focuses on developing evidence-based programs, which are interventions or programs developed, tested and proved by research to achieve beneficial outcomes for consumers.

b. [Housing and Homeownership](#)

1. [Housing & Financial Wellness](#)

Benjamin Rose helps adults in all stages of life achieve and maintain housing stability. As a HUD-approved housing agency with five individually certified HUD Housing and Financial Counselors, the program integrates services that truly address the root causes of a client's housing and financial issues. During the housing crisis of 2007-10, this service was Ohio's largest foreclosure prevention agency, helping over 55,000 people remain in their homes. Lessons learned from that experience included 40% of foreclosure clients were age 55+, so programming expanded to focus on older adults and affordable housing. Currently, Benjamin Rose helps individuals achieve and maintain affordable housing through HUD-approved housing workshops, homeownership education, pre-purchase counseling and one-on-one financial counseling.

2. [Margaret Wagner Apartments](#)

Margaret Wagner Apartments offers 80 units of independent supportive housing for low-income adults age 62 and older. The apartments are subsidized under the Department of Housing and Urban Development (HUD) Section 202 Supportive Housing for the Elderly Program.

c. [Financial Wellness](#)

1. [Housing and Financial Wellness \(formerly ESOP\)](#)

Benjamin Rose's financial literacy counseling approach overlays all services provided at Benjamin Rose as each program is based on helping the client obtain financial capability; this is defined as knowledge + skills + access to resources. The housing and financial counselor's goal is to help guide clients to financial success by establishing an action plan with goals and facilitating behavioral change. Financial counseling is conducted on an individual basis, to allow the client to actively engage in determining their individualized goals. This method allows the counselor to slowly assist in developing a workable but consistent financial plan. Benjamin Rose's program Connecting Our Seniors to Technology (COST) aims to eliminate the digital divide for older adults by providing free webcam-ready laptops, technology training, Internet up to 1 year, and one-on-one financial counseling. The goal is to decrease expenses, reduce debt, increase income, build savings and attain financial capability.

6. Other activities and services conducted by Benjamin Rose complement and support organizational strength, include:

a. Community Advocacy

Benjamin Rose staff inform and educate municipal, county, regional, state, and federal policy makers. The organization works collaboratively with other advocates to formulate policies, to identify, educate and mobilize others, and to convene in-district meetings with policy makers.

7. Intake Services

In 1933, Benjamin Rose began a centralized Intake program designed to be responsive to all consumers, referral sources and the community at-large. The underlying principle is to promote accessibility of services for individual older adults and their family, friends, and caregivers. Every request for service is reviewed and assessed with every effort to match the need to services in the community, whether through Benjamin Rose or other appropriate service providers.

In 1993, referral, information and telephone assistance were expanded to the five-county area (Cuyahoga, Geauga, Lake, Lorain, and Medina). Historically, many calls have been for resources in the counties surrounding Cuyahoga.

a. Intake Procedures

To be enrolled in services, the eligibility criteria must be met, and the prospective client (or his/her representative) must agree to become a client and pay the fees associated with the service or program.

In those cases when Intake staff and the referral source agree an assessment is warranted, Intake staff inform the referrer of how soon a clinician will be available to schedule the visit. Intake informs the referrer that he/she (or a specified contact person) can expect a call from the assigned clinician. If the referral source determines they cannot wait, or if Intake determines that the situation is of an urgent nature, information on other community resources and service providers will be given.

Note: If the referral source agrees to services, the following information is obtained and entered in BR360/Intake App:

- Prospective client name.
- Home address.
- City, State, 9-digit zip code.
- Telephone number.
- Email (if applicable).
- Date of birth.
- Social security number.
- Payor source(s) information.
- Services requested.
- Referral source information

8. Information and Referral (I&R) to Community Resources

The Intake department of Benjamin Rose is dedicated to ensuring clients are connected to the best service to meet their needs, whether that service is provided by Benjamin Rose or an external provider. Intake has an array of resources to present as relevant to the callers' needs. These resources are continually being gathered and catalogued to ensure appropriate referrals. The department emphasizes quality of services for all callers, regardless of whether they connect to Benjamin Rose for ongoing services.

9. Behavioral Health Services

Benjamin Rose Behavioral Health Services enhance the life of adults 55 and older, living in Cuyahoga County and experiencing symptoms of mental illness or emotional struggles by providing holistic mental health care, which will enable them to continue living in their homes or in the most comfortable environment to them. Our services are also available to caregivers of older adults in need of support and counseling.

Services include:

- **Mental Health Case Management** – This includes intensive short-term therapeutic behavioral services (TBS) and Community Psychiatric Supportive Treatment (CPST). The responsibilities of each provider include:
 - a. Outreach/engagement of clients

- b. Identification of client goals and completion of individual service plans (ISP)
 - c. Provision of symptom monitoring and management services
 - d. Coordination with other members of the treatment team and external treatment providers to ensure client safety and stabilization
 - e. Provision of information, referral and linkage to connect clients with needed community resources
 - f. With a release of information, the provision of psycho-education to client family members, and external stakeholders
 - g. Provision of advocacy to ensure client access to needed supports and services
 - h. Review of client progress toward identified goals
 - i. Provision of crisis management and stabilization services
- **Counseling and Psychotherapy Services** – Individual counseling is provided by licensed clinicians for adults age 55 and older with mental illness to navigate changes and cope with the emotions that come with transition. The responsibilities of each service provider include:
 - a. Outreach/engagement of clients
 - b. **Ongoing assessment of diagnoses and clinical needs**
 - c. Identification of client goals and completion of individual service plans (ISP)
 - d. Provision of psychotherapy interventions, aligned with evidence-based therapeutic modalities (i.e. CBT, DBT, ACT, SFBT, MI, EMDR) to facilitate the development of coping skills and symptom self-management
 - e. Review of client progress toward identified goals
 - f. With a release of information, the provision of psycho-education to client family members and external stakeholders
 - g. Provision of crisis management and stabilization services
- **Mental Health Day Treatment** – Daily intensive group therapy is for individuals discharged from a psychiatric hospital or in need of more intensive therapy to live as independently as possible in the community. The responsibilities of each service provider include:
 - a. Review of referrals for day treatment service
 - b. Ongoing assessment of diagnosis and clinical needs
 - c. Identification of client goals and completion of individual service plans (ISP)
 - d. Provision of group psychotherapy services, using evidence-based practices
 - e. Review of client progress toward identified goals
 - f. With a release of information, the provision of psychoeducation to client family members and external stakeholders

- g. Provision of crisis management and stabilization services

The service location for Mental Health Day Treatment Program is:

11890 Fairhill Road
Cleveland, OH 44120-1053
Phone: 216-791-8000
Fax: 216-373-1814

Note: All clients receiving Behavioral Health Services except for Mental Health Day Treatment may be seen in their home setting or receive telehealth (phone or virtual) services. If a client is able and chooses to receive the above services at the agency, they are invited to do so.

Any client receiving behavioral health services is eligible for all other Benjamin Rose services when available and appropriate. The Behavioral Health Services Department is certified to provide services by the Ohio Department of Behavioral Health (ODBH) and accredited by the CARF.

The agency headquarters are located at:

11890 Fairhill Road
Cleveland, OH 44120-1053
Phone: 216-791-8000
Fax: 216-373-1814

a. **Criteria for Behavioral Health Services**

Clients eligible for behavioral health services are represented by the following broad categories:

- Age 55 and older
- Individuals experiencing or struggling with symptoms of a mental illness or emotional issues such as:
 - Trauma
 - Depression
 - Anxiety Disorder
 - Bipolar Disorder
 - Schizophrenia
 - Schizoaffective Disorder

- Personality Disorders
 - Hoarding Disorder
- Caregivers who are experiencing depression or stress-related problems.

b. Criteria for Admission

1. Dementia, alcohol, or drug abuse cannot be the primary diagnosis.
2. The client must have no recent history of violent behavior.
3. For Mental Health Day Treatment and individual psychotherapy services, the client has sufficient cognitive functioning to benefit from the therapeutic service.
4. A prospective client must voluntarily agree to accept services. Individuals under guardianship will be considered for services.
5. If the client is in need of crisis or emergency-level services, they will be linked with the appropriate higher level of care.

10. Hours of Operations

Benjamin Rose operates from 8:30 AM to 5:00 PM, Monday through Friday. Staff can be reached by calling the main agency (216-791-8000). In the event of an after-hour client psychiatric crisis necessitating a home visit, Benjamin Rose will contact Frontline Service Crisis Hotline by calling or texting 988 or 216-623-6888 for 24/7 assistance.

The Mental Health Day Treatment program meets from 9:00 a.m. to 12:00 p.m., Monday through Thursday. An additional group is being held on Tuesday and Thursday afternoons from 12:15 p.m.- 3:15 p.m. Staff are available from 8:30 a.m. to 5:00 p.m, Monday through Friday.

11. Mental Health Assessment / Diagnostic Evaluation

a. Goal

1. The goal of the Mental Health Assessment/Diagnostic Evaluation is to gather comprehensive information, establish medical necessity, develop treatment recommendations for ongoing services and to create an individualized plan for each person served.

b. Objective

1. Assessment of the client is completed in a manner sensitive to his or her ethnic and cultural background.

2. Assessment is completed in a manner sensitive and responsive to his or her social and physical environments.
3. A client-centered service plan is developed, which meets the person's identified needs.
4. The client's strengths, needs, abilities and preferences are identified and incorporated into their treatment.

c. Activities

1. Face-to-face or telehealth interviews are conducted to gather information interviews with client and/or caregivers at client's request.
2. Information is also gathered from collaterals (MD's, hospitals, other agencies, family members) with client's signed or verbal consent, to assist in the assessment process.
3. Documentation is completed in the agency's electronic medical record system to make the assessment available to clinical staff involved with the client.

d. Diagnostic Evaluation

1. Any referral for Behavioral Health Counseling and Psychotherapy Services, Mental Health Case Management or Mental Health Day Treatment will require a comprehensive evaluation of the client's health, mental health, social networks, environment, economic resources, and cultural aspects. An assessment may require more than one visit.
2. Diagnostic Evaluation shall be:
 - a. Provided on a face-to-face or telehealth basis.
 - b. Sensitive and responsive to factors of the person's social and physical environment **that offsets the person's functioning and mental health.**
 - c. Conducted in a manner sensitive to the person's social and physical environment.
3. Each Diagnostic Evaluation requires:
 - a. A description of the strengths, needs, abilities and preferences of the person being assessed.
 - b. A diagnostic impression or DSM 5- TR diagnosis as part of the assessment process.

- c. A discussion of fees and third-party payment resources.
- d. A discussion of the Client Bill of Rights, which includes the availability of the Clients Rights Officer and the client grievance procedure.
- e. The signature and professional credentials of the individual(s) who have conducted the assessment.
- f. An orientation to the agency and the agency services and programs.

e. **Needs of Persons Served**

- 1. Clients who have a mental health problem or concern requesting services or who are referred for services by either family, friends, other agencies or hospitals, are candidates for a diagnostic evaluation. Diagnostic evaluations are voluntary.

f. **Characteristics**

- 1. See Criteria for Behavioral Health Services, page 12.

g. **Staff Credentials**

- 1. Staff providing Mental Health Assessment/Diagnostic Evaluation may include a Licensed Independent Social Worker (LISW), a Licensed Professional Clinical Counselor (LPCC), a Licensed Social Worker (LSW) or a Licensed Professional Counselor (LPC).

h. **Supervision**

- 1. Supervision is provided by a Licensed Independent Social Worker Supervisor (LISW-S) or Licensed Professional Clinical Counselor (LPCC)

12. Counseling and Psychotherapy Services

Psychotherapeutic counseling can be provided to older adults who have the capacity and the interest in receiving goal directed counseling.

a. Goal

1. The goal of this service is to help the client deal with his or her emotional difficulties and to continue to reside in the community, if possible.

b. Objective

1. To assist the older adults in articulating goals that would help him or her improve the day-to-day emotional functioning.
2. To empower the older person with mental health problems to assume more responsibility for recognizing the onset of his or her own mental health symptoms to seek appropriate resources to alleviate psychiatric/medical conditions, once recognized.
3. To assist the older person in developing self-care skills to remain in the community.

c. Activities

1. Individual treatment sessions are conducted with the older person in need of psychotherapy, either in-person or via telehealth.
2. Information is also gathered (verbal or written, with signed consent) from collaterals (medical doctors, other agencies, family members) to assist in the treatment process.

d. Definition

1. Mental Health Behavioral Health Counseling (psychotherapy) is a face-to-face or telehealth interaction with a person served, which is voluntary. The focus is on treatment of the person's mental illness or emotional disturbance. Behavioral Health Counseling sessions should be time limited, structured, and work toward the attainment of mutually defined goals as identified in the Individual Service Plan (ISP). The Behavioral Health Counseling and Psychotherapy Services relationship is voluntary.

e. Needs of Persons Served

1. Consumers who seek Counseling and Psychotherapy Services for a mental health problem or concern or who are referred to these services.

f. Characteristics

1. See Criteria for Behavioral Health Services, page 12.

g. Staff Credentials

1. Staff providing Counseling and Psychotherapy Services include a Licensed Social Worker (LSW), a Licensed Independent Social Worker (LISW), Licensed Professional Counselors (LPC) or Licensed Professional Clinical Counselor (LPCC)

h. Supervision

1. Supervision is provided by Licensed Independent Social Worker Supervisor (LISW-S) or Licensed Professional Clinical Counselor (LPCC)

13. Mental Health Case Management: Community Psychiatric Supportive Treatment (CPST) and Therapeutic Behavioral Services (TBS)

Our mental health case management services support a partnership between individuals and their caseworkers, helping to develop a person-centered treatment plan, which will assist them in managing their mental health conditions. The case manager can support the individual in making connections to psychiatric and medical care, housing and other entitlements which will help improve their quality of life and independence. As a part of the treatment plan, a case manager will determine the number of sessions that are needed to address the individual's specific needs.

a. Goals

1. The purpose of Community Psychiatric Supportive Treatment (CPST) and Therapeutic Behavioral Services (TBS) is to provide those services necessary to maintain clients in the community, to reduce the symptoms of psychiatric illness, and to restore clients to their best possible functional level by providing intensive group therapy for individuals discharged from a psychiatric hospital or in need of intensive therapy to live as independently as possible in the community. CPST and TBS services are designed to help prevent hospitalization or re-hospitalization and help individuals continue to remain independent in the community.

b. Objective

1. To empower older adults with mental health problems to recognize the onset of their mental health symptoms.
2. To enable older adults and their caregivers to seek appropriate rehabilitative

services/resources to alleviate psychiatric/medical symptoms, once recognized.

3. To assist older adults in developing self-care skills to achieve their optimum functioning and to remain in the community and/or the least restrictive alternative.

c. **Activities**

1. Performance/coordination of necessary evaluations and assessments (i.e., psychiatric, psychological, psychosocial, medical, social, vocational) to identify barriers that impede independent functioning in the community. Performance of such evaluations must be consistent with professional licensure rules.
2. Active participation in the development and coordination of the Individualized Service Plan (ISP), ensuring that goals and services are person-centered and guided by the preferences and input of the individual and/or their guardian.
3. Assistance and support in crisis situations involving the person served.
4. Support, including education and consultation, for family/significant others, which is directed exclusively to the well-being and benefit of the person served to maintain independent living in the community.
5. Individual intervention, which shall have as its objective the development of interpersonal and community coping skills, including adapting to home and work environments. The primary model for intervention is the Illness Management Recovery model prescribed by the Ohio Department Behavioral Health.
6. Symptom monitoring and self-management of symptoms, which shall have as its objective the identification and minimization of the negative effects of psychiatric symptoms that interfere with the individual's daily living, financial management, personal development or work performance.
7. Assistance to the person served in obtaining essential community resources, social support skills and networks that ameliorate life stresses resulting from the person's disability and are necessary to enable and maintain the individual's independent living.
8. Advocacy and outreach.

d. Definition

1. Community Psychiatric Supportive Treatment (CPST) service shall consist of the following: rehabilitation, environmental support and targeted case management activities which are considered essential to assist the person served in gaining access to necessary services; and in the provision of rehabilitative services intended for maximum reduction of symptoms of psychiatric illness to restore the person served to the best possible functional level; and which are identified in the Individualized Service Plan (ISP) of the person served. CPST connects individuals with resources, improving access to services, and promoting community integration. CPST may involve more coordination of care and linking to external services, potentially through informal contacts.
2. Therapeutic Behavioral Service (TBS) targets interventions to address specific behavioral issues and improve a client's ability to function in daily life. TBS focuses on specific behavioral challenges and skill development.

e. Needs of the Person Served

1. Individuals who have mental health problems or concerns, who ask for Community Psychiatric Supportive Treatment (CPST), Therapeutic Behavioral Service (TBS), or who are referred to services by family members, friends, agencies or hospitals are candidates for Community Psychiatric Supportive Treatment (CPST) services. Community Psychiatric Supportive Treatment (CPST) services are voluntary services.

Individuals and their families are encouraged to develop a meaningful ISP, reflective of the consumer's needs and desires. ISP goals are reviewed every 180 days or sooner if necessary. Input regarding the consumer's needs is solicited in this on-going review process.

f. Characteristics

1. See Criteria for Behavioral Health Services, page 12

g. Staff Credentials

1. Staff providing Mental Health Case Management include a Licensed Independent Social Worker (LISW); Licensed Social Worker (LSW) Licensed Professional Clinical Counselor (LPCC); Licensed Professional Clinical Counselor (LPC) as well as

Qualified Mental Health Specialist (QMHS).

i. Supervision

1. Supervision is provided by Licensed Independent Social Worker Supervisor (LISW-S) or a Licensed Professional Clinical Counselor (LPCC-S)

j. Caseloads

1. Caseload size can average 35 consumers for one Behavioral Health Worker due to the intensity of service needs in this service group of older adults. Where possible, the strategy is to give new CPST or TBS staff cases that have been previously opened by other staff and then gradually assign new cases to reach the target of 40 cases. There is awareness of the varying acuity levels of CPST and TBS caseloads and attempt are made to mix those levels within caseloads.

14. Mental Health Day Treatment

The Mental Health Day Treatment program is designed to provide intensive three-hour group therapy for individuals struggling from mental or emotional issues. The goal is to prevent rehospitalization, while still providing intensive therapy and support.

The morning group session is offered four days a week, Monday through Thursday; the afternoon group meets Tuesday and Thursday.

The program consists of face-to-face and telehealth group therapy provided by licensed mental health professionals who can address the individualized needs of the participants.

a. Definition

1. Mental Health Day Treatment is a service which consists of individual and group therapies that are structured, intensive, planned and goal-oriented, and those which are specified in a comprehensive Individualized Service Plan (ISP). The ISP is modified or adjusted as consumer's needs change.

b. Goal

1. The purpose of Benjamin Rose's Mental Health Day Treatment is to stabilize, increase or sustain the highest level of functioning and promote movement to the

least restrictive level of care for each client. The is for the individual to develop the capacity to continue to work towards an improved quality of life with the support of the appropriate level of care.

c. **Objective**

1. To empower older adults with mental health problems to recognize the onset of their mental health symptoms.
2. To enable older adults and their caregivers to seek appropriate resources to alleviate psychiatric/medical symptoms once recognized.
3. To assist older adults in developing self-care skills to remain in the community and/or to live with the least restrictive alternative.

d. **Activities**

1. Mental Health Day Treatment provides intensive, structured therapeutic activities that are comprised of a blend of elements that include but are not limited to the following:
 - b. Determination of the needed mental health interventions and development of the Individualized Service Plan.
 - c. Skill development that facilitates:
 - a. Interpersonal/social competency as age, developmentally, and clinically appropriate. These skills facilitate: functional relationships with adults, peers, family, and the community.
 - b. Problem-solving, conflict resolution and behavior management
 - c. The development of positive coping mechanisms

a. **Needs of Person Served**

1. Consumers who have mental health problems, who ask for specialized group therapy, or who are referred to this service by family members, friends, agencies or hospitals are candidates for Mental Health Day Treatment. This is a voluntary service.

b. Characteristics

1. Clients must actively participate in a 1-to-3-hour group session
2. Clients must attend a minimum of 2 sessions per week to achieve full therapeutic benefit.
3. Clients must have sufficient cognitive functioning to benefit from a therapeutic program despite the degree of emotional impairment.

c. Staffing Patterns/Coverage

1. Staff providing Mental Health Day Treatment include a Licensed Independent Social Worker (LISW); Licensed Social Worker (LSW) Licensed Professional Clinical Counselor (LPCC); Licensed Professional Clinical Counselor (LPCC)
2. A Staff to client ratio of 1:12 is maintained. Staff time off is planned to maintain the staff to client ratios.

15. Community Partnerships

a. Benjamin Rose recognizes community partnerships in support of our clients and community:

1. Cuyahoga County Division of Senior and Adult Services
 - a. Adult Protective Services
2. Cleveland Housing Court
3. Frontline Service
4. The Centers
5. The City of Cleveland Department of Aging
6. The Legal Aid Society of Cleveland
7. Older Adult Inpatient Behavioral Health Services
8. NAMI Greater Cleveland
10. Western Reserve Area Agency on Aging

16. Community Support Development

a. Community Support System Development is a high priority of Benjamin Rose. Illustrations of this include:

1. Benjamin Rose staff are involved in many community and professional organizations and advisory councils, including the Western Reserve Area Agency on Aging's Five County Advisory Council on Aging, The Center for Community Solutions' Council on Older Persons (COOP), the Cuyahoga County Division of Senior and Adults Services and others.
2. Benjamin Rose undertakes outreach activities to foster an understanding of agency programming and to encourage client referrals for services. Recent visits include other agencies/hospitals, senior housing and senior centers.
3. The Behavioral Health Services Department offers educational programming open to aging service providers and social service professionals. These sessions provide important information and opportunities for networking.

17. Hoarding Connection of Cuyahoga County

Benjamin Rose is co-chair of the Hoarding Connection of Cuyahoga County, whose mission is to educate the community about the need for a coordinated effort of personnel from local government, mental health, and social service agencies to effectively help individuals who hoard and those who work with these individuals. The Hoarding Connection of Cuyahoga County was formed in 2008. It was started by a grant under a three-year initiative of the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County, Benjamin Rose Institute on Aging, Recovery Resources, Adult Protective Services, Mental Health Services (now Frontline Services) and the Adult Guardianship Program with funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The project was designed to help older adults who were in crisis because they had lost their housing due to hoarding issues. Initial funding for the task force was only for six months, but the group continued to meet and work together after the grant expired. In 2014, the ADAMHS Board began to provide annual funding for the operations of the group.

The Hoarding Connection is comprised of voluntary members, with one co-chair a representative of the ADAMHS Board and the other a staff person from Benjamin Rose. The only staff who support their work are Benjamin Rose personnel. Please note Benjamin Rose provides in-kind support to the Hoarding Connection through administrative assistant/support functions performed by a combination of administrative, billing, marketing, and clinical staff.

With funding from the ADAMHS board and in-kind support, the Hoarding Connection can

provide an annual conference and other education opportunities, offer Buried in Treasures (BITs) mutual support groups, and explore other opportunities to raise awareness of hoarding in and outside of Cuyahoga County.

Annual Review and Accessibility

- These service descriptions will be reviewed and updated as clinically indicated, at a minimum of once per year. This review will occur during the first quarter of each year.
- The plan will be made available for review by persons served and the general public by posting it on the agency website www.benrose.org