

**COMMUNITY SUPPORT 101**

Presented by:

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**OVERVIEW OF TRAINING**

Introduction - Why are we doing this training?  
What is community support?  
What's community support but not billable?  
What isn't community support?  
What's New that can be billed?  
Documentation  
Q&A opportunity  
Conference call for follow-up

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**INTRODUCTION**

Why do we need to conduct a training on Community Support?

- Significant changes have been made to the community support service
- Community support is a new concept for some providers and very familiar to others

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**INTRODUCTION**  
continued

ADA history of Community Support Services

- Case Management vs Community Support Model
- Message from the Division
- Throw out the old reference document, "Guidelines for Community Support Work, Documentation, and Billing"

Current implementation

- Case Management/Community Support the same
- Service limitations per EOC/Level II/III

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**WHAT IS COMMUNITY SUPPORT**

A community-based option of care that supports individuals with their goals to attain independent functioning, normalization, community integration and rehabilitation.

Rehabilitation:

- Restoration of skills
- Redevelopment of skills
- Family education/supports
- Interventions that assist with accessing.....medical, social, educational and other services.

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**WHAT'S NEW ABOUT COMMUNITY SUPPORT?**

New definition

New staff qualifications

New training requirements

New key service functions

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### NEW DEFINITION

- ❖ Community Support consists of specific activities with or on behalf of a person in accordance with an **individualized treatment plan**.
- ❖ Services are provided to maximize an individual's immediate and continued community functioning while **achieving and sustaining recovery/resiliency** from mental illness and/or substance use disorders.
- ❖ These services are **delivered in an amount and scope** defined by each individual's plan, and not all plans will contain all services.

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### FOUR DIMENSIONS OF RECOVERY

- ❖ Health
- ❖ Home
- ❖ Purpose
- ❖ Community

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### NEW DEFINITION

- ❖ Community support services for both adults and children focus on helping individuals **develop skills, access resources and learn to manage illness** in order to be successful in the living, working, learning, and social environments of their choice.
- ❖ Community Support staff **teach, model, and practice skills** with persons served in order to increase self sufficiency and independence. The specific skills and supports are addressed on an individualized treatment plan (ITP) and **based on the life domains that the person has identified as being impacted** directly or indirectly by their serious mental illness, or substance abuse, or both.
- ❖ Community support services are **time-limited** based on recipient need, and rehabilitative in nature.

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### NEW DEFINITION

- ❖ Community Support for **children and youth** is designed to coordinate and provide services and resources to children, adolescents and their families as necessary to promote resiliency.
- ❖ The focus is on **teaching/modeling** developmentally appropriate skills, necessary for positive self esteem, a sense of identity, positive relationships with family and peers, social competence, and success in school.

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### NEW DEFINITION

- ❖ The specific skills and supports are addressed on an individualized treatment plan (ITP) and based on the life domains that the child/family have identified as being impacted directly or indirectly by their serious emotional disturbance, or substance abuse, or both.
- ❖ A key in promoting resiliency is building on the strengths of the child's natural support system which is also a key element of the ITP.

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### NEW QUALIFICATIONS

- ❖ A mental health professional as defined in 9 CSR 10 - 7.140 (2) (QQ);
- ❖ An individual with a bachelor's degree in a human services field, which includes social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, sociology, human services, behavioral science and rehabilitation counseling;
- ❖ An individual with any four year degree and two years of qualifying experience;
- ❖ Any four year combination of higher education and qualifying experience, or
- ❖ An individual with four years of qualifying experience.

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### NEW QUALIFICATIONS

Qualifying experience must include delivery of service to individuals with mental illness, substance abuse or developmental disabilities.

- ❖ Experience must include some combination of the following:
  - Providing one-on-one or group services with a rehabilitation/habilitation and recovery/resiliency focus;
  - Teaching and modeling for individuals how to cope and manage psychiatric, developmental or substance abuse issues while encouraging the use of natural resources;
  - Supporting efforts to find and maintain employment for individuals and/or to function appropriately in families, school and communities;
  - Assisted individuals to achieve the goals and objectives on their individualized treatment or person centered plans

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### NEW TRAINING REQUIREMENTS

- ❖ Moving to a competency based system
- ❖ Competency companion document suggests training topics for each competency

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### CORE COMPETENCIES

- To be demonstrated within first 30 days of employment:
1. Know the organization's consumer population, scope of program, mission, vision, and policies and procedures.
  2. Understand and perform respective job assignments.
  3. Abide by applicable regulation for rights, ethics, confidentiality, corporate compliance and abuse and neglect.
  4. Know agency protocols for responding to emergencies at the program facility or while providing services in the community, to include protocols for infection control and agency procedures to maximize safety for consumers, staff members and the public.

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### SERVICE COMPETENCIES

To be demonstrated within first six months of employment:

- 1 Operate from person-centered, consumer driven, recovery-oriented, stage-wise service delivery approaches that promotes health and wellness;
- 2 Develop cultural competence that results in an ability to understand, communicate with, and effectively interact with people across cultures.
- 3 Deliver services according to key service functions as well as evidence-based and best practices;
- 4 Practice in a manner that demonstrates respect for and understanding of the unique needs of persons served;
- 5 Use effective strategies for engagement, re-engagement, relationship-building and communication

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Now moving on to the  
new Community Support  
key service functions

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### NEW KEY SERVICE FUNCTIONS

1. Providing holistic, **person-centered** care with emphasis on personal **strengths**, skill acquisition and harm reduction, while using **stage-wise** and motivational approaches that promote **active participation by the individual** in decision making and self-advocacy in all aspects of services and recovery/resiliency.

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**NEW KEY SERVICE FUNCTIONS**

2. Using interventions, based on **individual strengths and needs**, to develop interpersonal/social, family, community and independent living **functional skills** including adaptation to home, school, family and work environments when the natural acquisition of those skills is negatively impacted by the individual's mental illness and /or substance use disorder.

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**NEW KEY SERVICE FUNCTIONS**

3. Facilitating and **supporting recovery/resiliency** through activities including:

- defining recovery/resiliency concepts in order to **develop and attain recovery/resiliency goals**;
- identifying needs, **strengths, skills, resources and supports** and teaching how to use them;
- **identifying barriers** to recovery/resiliency and finding ways to overcome them.

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**NEW KEY SERVICE FUNCTIONS**

4. Developing, implementing, updating, and revising as needed, a treatment plan that identifies specific, **measurable and individualized interventions** to reduce and manage symptoms, improve functioning and develop stability and independence.

This plan is **developed by a team** consisting of the following as appropriate: the individual, family, community support specialist, community support supervisor, therapist, medication providers, schools, child welfare, courts and other supports.

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**NEW KEY SERVICE FUNCTIONS**

5. Providing **services that result in positive outcomes** including but not limited to the following areas:

- employment/education
- housing
- social connectedness
- abstinence/harm reduction
- decreased criminality/legal involvement
- family involvement
- decreased psychiatric hospitalizations
- improved physical health

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**NEW KEY SERVICE FUNCTIONS**

6. Working **collaboratively** with the individual on treatment goals and service including the use of **collaborative documentation** as a tool to ensure that individuals are active in their treatment.

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**NEW KEY SERVICE FUNCTIONS**

7. Documenting **services** that clearly describes:

- the need for the service
- the **intervention** provided
- the relationship to the treatment plan
- the provider of the service
- the date, actual time and setting of the service
- the individual's response to the service

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### EXAMPLE FORMAT

**Purpose:** Met with Mary this date @ 10:10 am at the office to provide assistance to Mary in establishing planned interventions she will enlist when she has urges to use Meth. Meeting ended 11:01 am. This intervention relates to Mary's goal: "Mary will get her children back."

**Intervention provided:** CSS provides examples Mary could consider based upon her strengths, interests and resources identified in her assessment. CSS was supportive as Mary experienced various emotions with this task. CSS offered to set up an appointment with a counselor to receive therapy interventions on issues Mary reported.

**Response:** Mary initially was not sure how to proceed with the task of identifying interventions to prevent relapse but after suggestions were made, she was able to formulate interventions she felt would be helpful to her. Mary did become tearful as she was working on this task as she recalled memories from a prior relationship that made her sad but Mary felt she would be ok until she could talk with a counselor at a later date.

**Plan:** CSS will consult with the counselor that specializes in trauma care and provide Mary with the appointment date. CSS will follow-up with Mary tomorrow to check on how she is doing and inform her if the appointment has been set up. CSS will discuss plans for reviewing transportation needs at next visit in one week.

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### NEW KEY SERVICE FUNCTIONS

8. Developing a discharge and aftercare/continuing recovery plan to include, if applicable, securing a successful transition to continued services.

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### NEW KEY SERVICE FUNCTIONS

9. Contacting individuals and/or referral sources following missed appointments in order to re-engage and promote recovery/resiliency efforts.

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**NEW KEY SERVICE FUNCTIONS**

10. Supporting individuals in crisis situations including locating and coordinating resources to resolve a crisis.

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**NEW KEY SERVICE FUNCTIONS**

11. Maintaining contact with individuals who are hospitalized for medical or psychiatric reasons and participate in and facilitate discharge planning for psychiatric hospitalization and for medical hospitalization as appropriate.

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**NEW KEY SERVICE FUNCTIONS**

12. Provide information and education in order to learn about and manage mental illness/serious emotional disturbance and/or substance use disorders including symptoms, triggers, cravings and use of medications.

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**NEW KEY SERVICE FUNCTIONS**

13. Reinforce the importance of taking medications as prescribed and assist the individual to make medication concerns regarding side effects or lack of efficacy known to the prescriber.

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**NEW KEY SERVICE FUNCTIONS**

14. Building skills for effective illness self-management including psychoeducation, behavioral tailoring for medication adherence, wellness/recovery planning, coping skills training, and social skills training.

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**NEW KEY SERVICE FUNCTIONS**

15. In conjunction with the individual, family, significant others and referral sources, identifying risk factors related to relapse in mental illness and/or substance use disorders and develop a plan with strategies to support recovery and prevent relapse.

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**NEW KEY SERVICE FUNCTIONS**

16. Make efforts to ensure that individuals gain and maintain access to:

- necessary rehabilitative services
- general entitlement benefits
- employment
- housing
- schools
- legal services
- wellness or other services

by actively assisting individuals to apply and follow-up on applications; and to gain skills in independently accessing needed services.

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**NEW KEY SERVICE FUNCTIONS**

17. Ensuring communication and coordination with and between other interested parties such as:

- service providers
- medical professionals
- referral sources
- employers
- schools
- child welfare
- courts
- probation/parole
- landlords
- natural supports

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**NEW KEY SERVICE FUNCTIONS**

18. Ensuring follow through with recommended medical care, to include:

- scheduling appointments
- finding financial resources
- arranging transportation

when individuals are unable to perform these tasks independently.

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**NEW KEY SERVICE FUNCTIONS**

19. Developing and supporting wellness and recovery goals in collaboration with the individual, family and/or medical professionals, including healthy lifestyle changes such as:

- healthy eating
- physical activity
- tobacco prevention and cessation
- coordination and monitoring of physical health and chronic disease management.

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**SAMHSA'S EIGHT DIMENSIONS OF WELLNESS**

- Emotional
- Financial
- Social
- Spiritual
- Occupational
- Physical
- Intellectual
- Environmental

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**NEW KEY SERVICE FUNCTIONS**

20. Assisting to develop natural supports including identification of existing and new natural supports in relevant life domains.

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**NEW KEY SERVICE FUNCTIONS**

21. In coordination with the treatment team, **improving skills** in:
- communication
  - interpersonal relationships
  - problem solving
  - conflict resolution
  - stress management
  - identifying risky social situations and triggers that could jeopardize recovery

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**NEW KEY SERVICE FUNCTIONS**

22. Providing family education, training and support to **develop the family as a positive support system to the individual**. Such activities must be directed toward the primary well-being and benefit of the individual.

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**NEW KEY SERVICE FUNCTIONS**

23. Helping individuals develop skills and resources to **address symptoms that interfere with seeking or successfully maintaining a job**, including but not limited to:
- communication
  - personal hygiene and dress
  - time management
  - capacity to follow directions
  - planning transportation
  - managing symptoms/cravings
  - learning appropriate work habits
  - identifying behaviors that interfere with work performance

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**NEW KEY SERVICE FUNCTIONS**

**24. Building skills associated with obtaining and maintaining success in school** such as:

- communication with teachers
- personal hygiene and dress
- age appropriate time management
- capacity to follow directions and carry out school assignments
- appropriate study habits
- identification of behaviors that interfere with school performance

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**NEW KEY SERVICE FUNCTIONS**

**25. Building personal self care and home management skills** associated with achieving and maintaining housing in the least restrictive setting by addressing issues like:

- nutrition
- meal preparation
- household maintenance including house cleaning and laundry
- money management and budgeting
- personal hygiene and grooming
- identification and use of social and recreational skills
- use of available transportation
- personal responsibility

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**GOOD JOB!!!**

If you can accomplish things listed within the 25 Community Support key service functions, then you can celebrate a job well done!!

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**COMMUNITY SUPPORT AND EXTENDED DAY TREATMENT**

- ✕ Is there overlap of these services?
  
- ✕ Are there similarities:

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**WHAT IS NOT COMMUNITY SUPPORT**

- ✕ What's not allowed?
- ✕ What's community support but not billable?

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**NOT ALLOWED**

- ❖ Some community support services **should be provided** according to standards but **are not billable.**
- ❖ While people are
  - in psychiatric hospital bed
  - In modified medical detox
  - In skilled nursing facilities
  - In jail

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**NOT ALLOWED**

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Other community support activities are **not a billable community support activity** and will be recouped during a billing audit.

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**NOT ALLOWED**

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❖ Transportation

- To ADA groups
- To appointments without an identified need
- Simple transportation
- Transport to work
- Travel when going to see a person but no service intervention is delivered

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**NOT ALLOWED**

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❖ Vocational/educational activities

- Vocational specific services such as job development and job coaching
- Educational activities such as teaching or assisting with homework

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**NOT ALLOWED**

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- ❖ Supervision/staffing
  
- ❖ Participation in treatment team meetings
  
- ❖ Cannot bill collateral contact with CS Supervisors, other CSSs, or staff that deliver group services; (nor PSR)

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**NOT ALLOWED**

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- ❖ Activities
  - Meal time
  - Recreational activities
  - Moving clients
  - Watching TV/movies/videos
  - Shopping outside one's home community
  - Attending sporting events
  - Spontaneous unstructured activities
  - Accompanying a client to family visits or to visit friends
  - Advocacy events

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**NOT ALLOWED**

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- ❖ Documentation
  - Time spent on assessments, treatment plans, treatment plan reviews
  - Review of record/QA review
  - Documentation time
  - Preparing documents for the department's management information system
  - Preparing documents for clinical utilization review requests
  - Written communication with referral sources such as Probation and Parole

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**NOT ALLOWED**

- ❖ Other
  - Interventions with multiple clients
  - Frequent repeated activities without justification
  - Collecting urine for drug screens
  - Observation

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**WHAT'S NEW THAT CAN BE BILLED?**

- ❖ Drive time to see consumer when CSS service is delivered upon arrival
- ❖ Verbal collateral contacts not face-to-face with consumer but on behalf of the consumer

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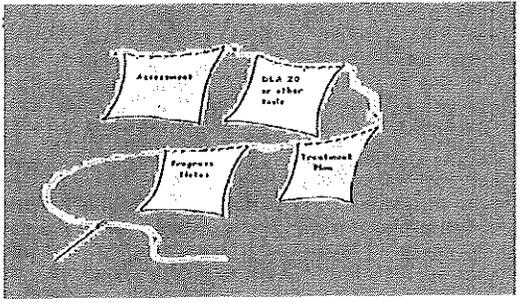
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**THE GOLDEN THREAD**



The diagram illustrates a continuous process flow. It starts with a box labeled 'Assessment', followed by 'BIA 20 or other tools', then 'Treatment Plan', and finally 'Progress Notes'. A dashed line connects these boxes in a sequence, with a solid line looping back from the end of the 'Progress Notes' box to the beginning of the 'Assessment' box, forming a continuous path.

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**SERVICE DELIVERY PROCESS  
AND DOCUMENTATION**

- ❖ Assessment
- ❖ Treatment planning
- ❖ Documentation of the service
- ❖ Collaborative documentation

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**FUTURE PLANS**

- ❖ Q&A Document
- ❖ Follow-up conference calls

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**SEND QUESTIONS TOO:**



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