
Appropriate Use of Community Support for Transition Age Youth in School, Training and Workplace Environments

Missouri Department of Mental Health



This document is designed to provide guidance to community support specialists on billing for elements of assisting transition age youth in school, vocational training and/or the workplace. Youth served in Community Psychiatric Rehabilitation and Comprehensive Substance Treatment and Rehabilitation programs can develop pre-vocationally through developing their interpersonal skills and abilities to interact with others. Development in these areas will produce confidence and further develop resiliency in completing their education and preparing for the workforce.

Introduction

The Division of Behavioral Health hopes you will find this document assists in your efforts to help Transition Age Youth (TAY) develop employment goals, obtain and keep jobs. TAY spans mid-adolescence to early adulthood, thus, persons served might have services delivered under both youth and adult systems. We have chosen to use the term “Individual Care Plan” throughout the document, though we realize that those in the adult system may be more familiar with the terms “Treatment Plan” or “Recovery Plan.”

This guidance has been prepared to provide clarity about the appropriate use of Medicaid funded services in support of employment goals. Some readers may recall a previous document that discussed both Community Support and Targeted Case Management. Since that time, the definition of covered services under Community Support was expanded, leading to a diminution of the use of TCM, thus we are not addressing that service in this document.

As a reminder, Medicaid is a program designed to fund medical services. Demonstrating the “medical necessity” of services is an administrative requirement attached to the development and documentation of an individual plan. The individual care plan should clearly demonstrate the clinical need, which provides the justification for services prescribed in the individual plan. Ongoing progress notes will tie the intervention(s) to the established need, and the regular review process will determine if the interventions are helpful and will facilitate a change in course of treatment if needed.

Effective development and documentation of comprehensive and holistic individual care plans is both an acquired skill as well as a clinical art.

The individual care plan:

- Helps to integrate information about the youth and family as related to clinical needs;
- Facilitates prioritization of needs, interests, resiliency and developmental goals;
- Provides a strategy for managing complexity and describes interventions defined by measurable outcomes;
- Is an ongoing process connecting clinical assessments with targeted service delivery; and
- Identifies responsible parties and ensures follow through by assigning a date it will be completed/reviewed.

Progress notes should clearly state activities and interventions that are directly related to the goals and interventions described in the individual care plan.

The majority of Community Psychiatric Rehabilitation (CPR) program activities in a workplace, school or training environment focus on helping an individual overcome or address psychiatric symptoms and limitations that interfere with strengthening resiliency, pursuing age

appropriate developmental milestones and achieving success within an education and/or employment setting. Likewise, the Comprehensive Substance Treatment and Rehabilitation (CSTAR) program focus on helping an individual overcome or address substance use triggers and/or urges in an education and/or employment setting.

Community Support for children and youth coordinates and provides services and resources that promote resiliency. The focus is on teaching and modeling appropriate skills necessary for positive self-esteem, sense of identity and positive relationships with family, peers, co-workers, and the broader community. It also addresses areas of social competence for success in school.

Individual care plans should address the areas noted above and documentation (action plans, progress notes, etc.) should refer to the individual's identified concerns in these areas, and indicate why they need assistance. This establishes the platform of "medical necessity" and creates the "golden thread" between diagnosis, functional limitations, interventions, and outcomes.

Vignettes

Here are a few examples of Community Support interventions focused on work, training and school for Transition Aged Youth (TAY):

Example #1

Juan is 16 years old and has been having a lot of conflict at school with teachers and has been skipping classes. He is disruptive when he does attend. He has an Individual Education Plan (IEP) focused on his issues with concentration, time keeping, and disruptive classroom behavior, a likely result of his ADHD and anxiety disorders, and there have been some signs that he may experience distorted (paranoid) thinking. He has had some minor issues with police because of late night loitering with buddies at a convenience store. Because Juan struggles in the classroom, his mother has commented that she does not think he will be able to work if he cannot be successful at school.

Juan has shared with you that he is scared about what kind of job future he will have and he says he can't imagine that he could stand anymore school after high school, and he "doesn't see the point anyway" because he is "a loser," and will "just go on welfare and apply for SSI."

He tried a part-time job at a grocery store but he only stayed a week. He said the noise and chaos were too much and the supervisor was "stupid." You ask Juan to describe jobs he thinks are appealing and to tell you what he likes about each one. You determine from this conversation that he has very rudimentary ideas about what particular jobs actually entail, which is part of the reason he is so nervous about his future. He can't picture how the strengths he DOES possess (intelligence, good reader, sense of humor, reasonably good social skills when in control of anxiety) could fit into work.

You make an agreement with Juan that he will do the following:

- Accompany you to three diverse job sites where you have arranged a half day “shadowing” experience. You work with the school so that he can attend the job opportunities.
- After this, he will discuss the experience with you and start thinking about different aspects of jobs: working with things, data or people; work atmosphere (inside? outside?), etc.

You will reinforce with praise any activities that Juan has achieved in order to bolster confidence in his abilities.

You assure Juan that you can assist him with contacting Vocational Rehabilitation (VR) to assist with future training, and you explain a bit about how VR can be part of his team. You coach Juan to develop a list of questions for VR about how VR will assist him and what to expect when receiving VR services. You also talk with Juan’s mother about her concerns related to Juan working and share resources and success stories about employment and resiliency.

Example #2

Annie is 21 and has been working at Walgreens stocking shelves for six months. She has mood disorder and anxiety disorder. She is hyper-vigilant and very easily rattled. Her intellectual functioning is somewhat low. Before Walgreens, she worked at a fast food shop for one year and did well. She left the job because Walgreens pays better. Your employment specialist helped her get this job.

Her first three months on the job were good, and her training went well, but now the employer called to say that she is very slow. This does not make sense to you because she has not had that kind of feedback before and she managed the fast food environment just fine. You meet with Annie to see what she says about the employers concern. She is mystified and upset, saying she never stops working except her assigned breaks and she says she understands how to read the labels to find the correct spots on the shelves for products. She thinks the boss is mad at her and now she is really nervous. You work with her on her self-management skills (breathing exercise, visualization, positive self-talk) and assure her you will visit the job site to get more information.

You visit the store and observe her work. You notice that while she is stocking shelves, customers approach her and ask where particular items can be found. She stops her work to escort customers to the item, rather than just telling them what aisle to find it, and this is slowing her down considerably. You point this out to Annie, who says she is very fearful that it will be “bad customer service” if she does not take the customer to the item. You have a brief conference with Annie and her supervisor, having coached her to explain this to the boss. She has a hard time making eye contact with him and is trembling, but manages to explain. The boss tells her he wants her to just direct, rather than escort, the customers, so she can meet her stocking goals. He is relieved to find out the reason for the issue.

You plan to work with Annie in role play to gain confidence speaking with the boss in the future.

Example #3

Richard is 18 years old and living in a homeless shelter and sometimes the street. He has experienced psychotic symptoms (hearing abusive voices) and they are sometimes exacerbated when he smokes pot, or methamphetamine (he rarely uses meth) but he says they are relieved if he drinks enough beer. Richard's social group is composed of people at the shelter, and they frequently smoke and drink together. He says these folks are "his family."

He has been able to get occasional day labor with a landscaping crew which has gone pretty well, but the season is slowing down and he would like steadier work so he can get out of the shelter before winter.

You tell Richard that you can help him get steady work, and you ask him how he thinks his substance use might affect this. He asks what you mean, and you tell him that some jobs have drug tests, and if he tests positive he would not get the job. He is somewhat irate to hear this, as he thinks if people do good work it should not be the employers business what they do on their own time. He says he has no intention of stopping pot or booze.

You are now quite sure that he is "pre-contemplative" about addressing his substance use problem, but you don't want to discourage him from working. You agree to begin to search job resources together to see which ones have drug tests. You work with him to generate a list of pros and cons and hope this information will resolve his ambivalence about work and help him to see that the substances may be limiting his higher aspiration of getting housing, but you stay "on his side" and maintain the relationship.

Example #4

Jenise is an 18 year old recent high school graduate. This was a huge accomplishment and she is the only one of her five siblings to do so. She spent some time in foster care, as did her siblings. She has experienced episodes of both mania and depression, but was able to manage through careful daily scheduling, paying attention to her eating and sleeping schedule, judicious use of prescribed medication, and accepting a lot of support from her friends and teachers.

She has decided to go on to a two year college AND work a part time job at the same time. Her classes and homework have to wrap around her job at a busy restaurant where she has the least seniority and her shifts change frequently.

She is determined to succeed with this plan, but she is lately showing signs of wear and tear, such as coming late to both class and work. Her full schedule precludes any social time with the friends who supported her in high school, and her siblings don't understand why she won't just concentrate on getting a better job and "quitting this school nonsense."

She comes to see you in tears, relating how she stayed up all night to finish a paper and then got a bad grade because it was “disorganized.” She relates also, that her unpredictable schedule is causing her to miss doses of her medications and she is feeling out of control.

You feel that she has so many issues that you barely know where to start. You have a good relationship with her and so you start by assuring her of your support and your confidence in her abilities to ultimately achieve her goals. You ask her permission to give her some suggestions about what to do in the next three days (the weekend is coming up).

You suggest to her to reach out to her friends for at least a coffee date over the weekend so she can get some relaxation and keep her healthy social network strong. You assist her in contacting her psychiatrist for an emergency consultation about whether she needs one or two doses of PRN medications to assure restful sleep. You ask her to think about whether she would like to meet with your employment specialist to discuss a possible job change; one with more regular and predictable hours.

You make an appointment to see her next Tuesday. You offer to meet her at the end of her class, at school, so she does not have to make a trip to see you.

Example #5

Kylie is 16 years old and has been having more problems at school and at home. Although her attendance is fairly good, her teachers are reporting that her level of participation in class has diminished, her assignments are late and her grades are failing. Her mother is reporting that she has become argumentative and is spending more time in her room when she’s home, but often leaves the house reporting she’s taking a walk. Her mother is suspecting she is depressed and angry over her recent divorce from her father and believes she is “hanging around the wrong crowd and using drugs again.” Approximately one year ago, Kylie had been arrested with a group of friends for driving while intoxicated. She was referred to and is currently receiving outpatient treatment services with your organization.

Kylie shared with you that she does not feel like she fits in with the various groups anymore at school. She explained that she feels she isn’t college material and really isn’t “in to” the school thing so doesn’t plan to attend college but would like to find a job. She believes her mother is just too busy with her own job and care for the home to be able to help Kylie with her problems.

You make an agreement with Kylie that she will do the following:

- Follow through with her appointment with her counselor to discuss her parent’s divorce and other concerns.
- Accompany you to a meeting with her mother, teacher and treatment team to address the problems identified at school.
- Work with you to identify possible jobs to include following through with applying for 3 jobs.

You provide Kylie support and encouragement as she explores employment opportunities. You offer her information about other options besides college such as trade or technical schools and provide information about VR. You assure Kylie that you can assist her with contacting VR to assist with future training, and you explain a bit about how VR can be part of her team and how these services may benefit her.

Example #6

Ryan is 17 and lives at home with his mother and 13 year old half-sister. Ryan does not know his biological father who has never had any involvement in his life. His mother kicked his step-father out of the house three months ago due to step-father's drinking and verbal use. Ryan is currently on probation for possession of marijuana and running away from home and was referred into treatment by his Deputy Juvenile Officer (DJO) due to his continued testing positive for marijuana. He has no current medical problems and, in addition to cannabis use, he has been diagnosed with a mood disorder and is currently on Risperidone. He is a junior in high school where he was maintaining a B average before being suspended for truancy and possession of marijuana. His favorite class was auto mechanics and he currently works part-time at an automotive store. His mother works full-time, is actively involved in her church, and has not been involved in the treatment process, although she has been invited.

Ryan shares with you that he feels like his mom spends more time and attention with her church family and his sister than with him. He says that's the reason his step-father drank so much; because his mother drove him to it with her nagging and preaching about God all the time. Ryan felt close to his step-father who works as a mechanic and Ryan would like to have him involved in his treatment and even possibly live with him.

You meet with Ryan to support him for the positives that he has going for him including his grades, job, relationship with his step-father, and motivation towards a career. You make an agreement with Ryan that he will do the following:

- Invite his mother to a family counseling session to discuss his concerns; you role play with him how he will share his feelings with his mother, and ready himself for her possible reactions;
- Accompany you to a meeting with the school counselor, DJO, principal, and mother regarding getting admitted back into school; also discuss the possibility of being mentored by the auto mechanics teacher;
- Continue to take his medications as prescribed;
- Work with you, through role-playing and other assignments, on refusal skills as part of his relapse prevention plan; and
- Actively participate in, and follow through with, setting up his continuing care plan to include community resources and supports.

Example #7

Joe is 21 and has been working at Jiffy Lube for five months. He has a diagnosis of Cannabis Dependence and Alcohol use disorder . He has difficulties interacting with people and

considers himself a social phobic, but has not been diagnosed with this disorder. His intellectual functioning is below average. Prior to Jiffy Lube, Joe has worked as a dishwasher at a local restaurant chain for a few months, but was let go because he was not able to keep up the required pace.

Joe is reporting that he no longer wants to work at Jiffy Lube. He indicated that he had left work early twice last week complaining of headaches. He also indicated that there were changes in management a few weeks prior.

Joe reported to you that he smoked pot each night after work last week because he believes the new manager doesn't like him because he is too slow and inept at his job. He further reported that he believes others are talking about him and his inabilities. You use the "payoff matrix" approach to help Joe think about alternative methods to dealing with stress rather than smoking pot. This helps him see both the benefits and drawbacks to a variety of coping strategies.

You know that Joe has had nothing but good reports from the previous manager about his job performance and that Joe had reported multiple occasions where fellow employees had invited him to lunch and after work activities. You meet with Joe to explore further his concerns about his work and perceptions about his new manager and fellow employees. You offer to meet with the new manager and Joe to discuss Joe's performance. Joe agrees but is anxious about the meeting so you work with Joe through role playing and relaxation techniques to prepare for the meeting.

You meet with Joe and the manager and learn that Joe was assigned a different job duty than his original role. The manager was unaware of any problems and was happy with his work so promoted him to the tire balancer position. You determined that Joe didn't feel comfortable asking for additional training/demonstration and feedback on his work when using the tire balancer so he was not certain his work met requirements. The manager agrees to have another employee demonstrate and work with Joe on how to balance tires until he is comfortable that he is doing the job accurately.

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