
TITLE**COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT** **POLICIES/PROCEDURES**
600.11**Effective Date:** 7/22/16 **Supersedes:** 2/7/14, 3/2/11,
3/20/06, 2/28/02

POLICY:

1. North Community will provide high quality Community Psychiatric Supportive Treatment services which comply with the standards set by OHMAS, CARF, ADAMH and other accrediting organizations.
2. Each client who has a severe mental disability or a severe emotional disturbance shall have an assigned CPST worker assigned, unless a determination has been made that counseling and psychotherapy services are appropriate, and Community Psychiatric Supportive Treatment services are not indicated. A CPST worker and/or a clinician will be assigned to serve the client as determined. In any case, one person (a case manager or a clinician if there is no case manager) shall have primary responsibility for determining appropriate services, coordinating services, and ensuring the implementation of the ISP.

PROCEDURES:

1. Community Psychiatric Supportive Treatment services shall be accessible and available for all adults with severe mental disabilities, all youth with serious emotional disturbances, and all other persons determined to be in need of it.
 - a. For youth with serious emotional disturbances, Community Psychiatric Supportive Treatment services shall be ensured and monitored by the agency, but may be provided under written agreement by another child-serving agency or system.
 - b. Children and youth with serious emotional disturbances located in out-of-home placements shall be considered a priority for Community Psychiatric Supportive Treatment services.
 - c. Special attention shall be given to locating and serving persons with severe mental disabilities who are homeless, and others at risk who are not already clients of the mental health system.
 - d. Adults with severe mental disabilities in psychiatric hospitals shall be considered a priority for Community Psychiatric Supportive Treatment services and aftercare services to avoid re-hospitalization.

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3. CPST workers shall be qualified according to Ohio Administrative Code 5122-29-30 of the administrative code.
 4. Community Psychiatric Supportive Treatment services shall not be time-limited, but be designed according to the needs of the person served, significant others and their families in their homes, schools, workplaces, etc., and shall include coordination with parent or guardian or significant other, as applicable. The level of service intensity shall be in a direct relationship to the severity of the illness and the need to stabilize the condition and reduce symptoms.
 5. The agency service plan shall include a description of the agency Community Psychiatric Supportive Treatment service which is in compliance with all relevant standards. A significant proportion of Community Psychiatric Supportive Treatment services is performed face-to-face with clients and is performed in the clients' natural environment.
 6. The purpose of Community Psychiatric Supportive Treatment is to assist the client in their process of recovery toward a stable level of functioning that matches their need with a system of support. Community Psychiatric Supportive treatment (CPST) is designed to support recovery, health or well-being of the clients served. It is to enhance their quality of life and to reduce their symptoms, or needs and to build resilience. This service is designed to help restore or improve functioning and to help support the integration of the person served into the community.
 7. Community Psychiatric Supportive Treatment services shall be the responsibility of a specified staff member or team of staff whose major responsibility is the provision of Community Psychiatric Supportive Treatment. Major components of a Community Psychiatric Supportive Treatment service shall include the following:
 - a. Coordinating the assessment of the needs of persons served
 - b. Coordinating the treatment planning
 - c. Coordinating crisis assistance
 - d. Providing training and facilitating linkages for the person in the use of basic community resources

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- e. Monitoring of overall service delivery
 - f. Obtaining any services necessary for meeting basic human needs.
 - g. Promoting a condition of awareness and interdependency for the individual in his/her community.
8. CPST workers shall perform the following actions:
- a. Monitor and coordinate delivery of necessary evaluations (i.e., psychiatric, medical, vocational) and assessments in order to identify each person’s needs
 - b. Coordinate and participate in the development of an individualized service plan that shall include services and assistance necessary to achieve specific objectives, as well as an explanation of the availability, intensity and duration required of each service and which indicates the criteria for discharge from this level of service.
 - c. Engage the person served to participate in the development of the individual service plan.
 - d. Provide coordination and assistance in crisis intervention and stabilization
 - e. Assist persons served to achieve their objectives and maximize their interdependence and productivity through support and training in the use of personal and community resources.
 - f. Review and monitor services and activities and note progress.
 - g. In cooperation with the person served, reassess needs and expressed preferences as required by the ISP standards at least every year and/or at the request of the person served.
 - h. Assist the person served in increasing social support networks of relatives, friends, and/or volunteer organizations that ameliorate life stresses resulting from the person’s disability and, if necessary, accompany the person served to activity sites and assist in daily living activities.

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- i. Maintain relevant documentation and provide statistical reporting data.
 - j. Help the person served to understand the illness and current best practices to manage the illness.
9. The agency service plan description of Community Psychiatric Supportive Treatment services shall include, but not be limited to, the following:
- a. Availability of Community Psychiatric Supportive Treatment services twenty-four hours a day, seven days a week
 - b. Description of how a client or family can contact the assigned case manager
 - c. Description of how the agency case managers interface with the community mental health board's area crisis intervention services
 - d. Description of how North Community differs from any known standards of client-to-staff ratio, how caseloads are built and maintained, and the need for differing staff-to-client ratios based on the special needs of identified population groups
 - e. Description of the process for development of the service plan that reflects input from and expressed wishes of persons served and their families, and revision based on that input
 - f. Description of how the agency identifies and ensures that population groups identified as most in need have priority access for Community Psychiatric Supportive Treatment services.
 - g. Description of how persons served will provide information on satisfaction and outcomes for the purpose of developing best practices and ensuring accountability.
10. All individuals who deliver Community Psychiatric Supportive Treatment services shall:
- a. Demonstrate the skills and ability to communicate and work with persons receiving services and service providers
 - b. Possess a working knowledge of community resources

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- c. Manifest a commitment to Community Psychiatric Supportive Treatment philosophy and standards.
11. Community Psychiatric Supportive Treatment staff composition and training shall be sensitive to the cultural needs and characteristics of the local service area. All staff providing Community Psychiatric Supportive Treatment services shall have the ability to provide services in various environments such as jails, homeless shelters, street locations, etc.
12. According to OAC 5122 29-30, the eligible providers performing case management services are defined as Qualified Mental Health Specialists (QMHSs). Per OHMAS, CPST can be performed by QMHSs and Licensed Clinicians.
13. North Community will develop and implement a training plan for all QMHS staff that includes, but is not limited to, the following:
- a. Orientation on Community Psychiatric Supportive Treatment standards and functions, including:
1. Psychiatric symptoms.
 2. Emergency/crisis services.
 3. Benefits/entitlements.
 4. Delivery of Community Psychiatric Supportive Treatment in the county.
 5. Expected and expressed client outcomes.
 6. The role and responsibility of case managers under the board/state hospital agreement.
 7. Characteristics and description of current population of persons receiving services.
 8. Involvement of and direct communication with persons receiving services, their families and significant others, and natural support.
 9. Client rights.

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10. Risks and precautions in making contact with service recipients in the community.
 11. Risks and precautions in transporting service recipients in case manager's personal vehicle.
 12. The use of First Aid in emergencies.
- b. Orientation that emphasizes the QMHS's role regarding the person's medication regimen, including but not limited to recognition of side effects and adverse reactions and referral to providers qualified to provide medication/somatic services.
 - c. In-service education, particularly concerning knowledge about major service systems in the community, which shall include, but not be limited to:
 1. Information regarding the justice, human services, health, mental health, and housing resources and organizations that may form or be part of the natural support system of persons served
 2. Information regarding ethnic and cultural characteristics of the service area
 3. Information regarding the latest available treatment, rehabilitative and support technologies for persons with severe mental disabilities or with severe emotional disturbances
 4. Information regarding advocacy and client rights organizations.
 5. Cultural Sensitivity training.
 - d. Continuing education including, but not limited to, information and skills concerning the treatment, support, and rehabilitation of persons with severe mental disabilities or with serious emotional disturbances.
14. North Community will utilize, whenever possible, any no cost/low cost training opportunities provided by ADAMH for CPST workers.

