

COMMUNITY SUPPORT PROGRAMS ADULTS

I. **Definition of Service:**

Services within the community support system (CSS) represent an array of services, supports, and opportunities that make it possible for people with long-term mental illnesses to reintegrate into their communities through housing, education, work and social participation. This spectrum of services (also known as “wraparound” services) allows for creative and flexible planning, as guided by a consumer’s individual strengths, needs, and desires. In developing treatment plans and coordinating discharge and transition processes, Care Managers and providers will recommend locally-based services and supports including the following:

Housing Programs: A variety of housing services may be available through community-based resources including, but not limited to:

- ***Supported housing services:*** assist people to find their own homes and then provide the rehabilitation services necessary to help them function as effectively as possible.
- ***Supervised apartments:*** a housing arrangement that is shared by several people who receive various levels of supervision and services from rehabilitation agency staff.

Supported Education:

- This program assists people with severe mental illness to develop and achieve academic goals in educational settings.
- Program models include: freestanding career development and assessment services on college campuses, mental health and academic service coordination, and mental health supports to individuals with mental disabilities who are attending school.

Vocational Rehabilitation: Vocational rehabilitation services, often provided by rehabilitation agencies, include the following:

- ***Supported Employment*** services entail the assistance of a job coach who provides on-the-job training and support.
- ***Transitional Employment*** services assist individuals to move from a series of part time placements to full time, permanent employment, with assistance from staff .
- ***Enclave Employment*** supports the development of individuals with severe mental illness by providing a flexible environment in which they can work less than full time but not lose their job if absent on a given day or for a period of time. Under this arrangement, a group of individuals work in various businesses (e.g., landscape maintenance, restaurant operations) and are overseen by an agency supervisor.

- **Agency-Run Businesses** are operated by rehabilitation services programs and provide employment opportunities for individuals with mental illnesses.
- **Group placements** involve small groups of individuals with psychiatric disabilities working in a business with an agency staff person.

Clubhouse Program: Clubhouse programs (i.e., Clubhouse Program/Drop-In Center) provide assistance in developing or reestablishing social relationships, a sense of self-esteem, group affiliation, and reintegration into a meaningful community life. They promote recovery through membership in the club and offer such supports as vocational and leisure activities, skills training, self-help, recovery groups and outreach.

Prevention Services: Prevention services are primarily educational-based programs, which assist individuals with mental illness and those at risk of becoming ill in learning skills to increase preventive self-care and promote wellness. Services may include: classes on stress reduction, parenting, relapse prevention, activities, and development of other coping skills.

Representative Payee Program: Representative payee programs entail the designation of an individual to manage a person’s social security benefit. Representative payees may be a family member, friend, caretaker, volunteer attorney, or human services agency staff, such as the individual’s case manager. A social security worker who is concerned about a consumer’s ability to manage his/her benefit usually makes a referral to the program. Medical documentation that the individual is incapable of benefit management is required.

Guardianship Program: Guardianship programs involve court designation of an individual (the “guardian”) to be responsible for making personal and/or property decisions for another individual (the “ward”). The appointment of a guardian is prompted by a judge’s decision that the ward lacks the capacity to make decisions. Statutes regarding guardianship vary from state to state.

Family/Parenting Support/Treatment Program: These programs are designed to support parents diagnosed with mental illness in developing and working toward parent focused goals. Services may include: parenting education and training programs, support groups and rehabilitation services. For individuals at risk of having their child removed from the home and placed in foster care, services must also be coordinated with the local Social Service agency.

Family Education and Training Program: Family education programs provide families of individuals with severe mental illnesses with support services and educational sessions, which address the following:

1. Coping with a family member’s mental illness;
2. Consumer and family independence;

3. Medications;
4. Advocacy for consumers and family members;
5. Stigma of mental illness;
6. The mental health system (e.g., structure benefits); and
7. How to manage stress

(Examples of ongoing family education and training programs include the Family-to-Family program (formerly known as the Journey of Hope program, produced by the National Alliance for the Mentally Ill) and Supportive Family Training.)

II. Admission Criteria:

All of the following criteria are necessary for admission:

- A. The individual demonstrates symptomology consistent with a DSM-IV-TR (Axis I-IV) diagnosis, which requires and can reasonably be expected to respond to interventions offered by a community support program.
- B. Exacerbation or persistence of a long standing psychiatric disorder results in symptoms of thought, mood, behavior, or perception that significantly impair functioning in one or more major life area.

Psychosocial, Occupational, Cultural and Linguistic factors

These factors should be considered when making level of care decisions.

III. Exclusion Criteria:

Any of the following criteria are sufficient for exclusion from this level of care:

- A. The individual is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required.
- B. The individual can be safely maintained and effectively treated at a less intensive level of care.
- C. The individual does not voluntarily consent to admission or treatment, and/or refuses or is unable to participate in all aspects of treatment.
- D. Individuals with the following conditions are excluded from admission unless there is also a coexisting DSM-IV-TR psychiatric diagnosis/condition with associated behavioral symptoms, which determine the need for this level of care and are the focus of intervention:
 - Autism
 - Mental Retardation
 - Delirium, Dementia, Amnesic and other Cognitive Disorders
 - Mental Disorders due to a General Medical Condition
 - Primary Substance Abuse Problems
- E. The individual requires a level of structure and supervision beyond the scope of the program.
- F. The individual has medical conditions or impairments that would prevent beneficial utilization of services.

- G. The primary problem is socioeconomic (i.e., housing, family conflict etc.), or one of physical health without a concurrent major psychiatric diagnosis meeting criteria for this level of care.
- H. Admission is being used as an alternative to incarceration.

IV. Continued Stay Criteria:

All of the following criteria are necessary for continuing treatment at this level of care:

- A. The individual's condition continues to meet admission criteria.
- B. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- C. Treatment planning is individualized and appropriate to the individual's changing conditions with realistic and specific goals and objectives stated.
- D. There is documented active discharge planning.
- E. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved.
- F. Any lack of progress is addressed by adjustments in the treatment plan.
- G. Care is rendered in a carefully structured and clinically appropriate manner focused on the individual's behavioral and functional outcomes as described in the treatment and/or discharge plan.
- H. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.

V. Discharge Criteria:

Any of the following criteria are sufficient for discharge from this level of care:

- A. The individual's functioning has improved to the point that s/he appears able to remain stable with a less intense level of services including routine outpatient care, physician-prescribed medications as needed, and community-based support.
- B. The individual exhibits severe disruptive or dangerous behaviors (e.g., suicide/homicide attempt, drug/alcohol addiction, symptoms of psychosis) that require treatment at a more intensive level of care.
- C. Despite multiple, documented attempts to address these issues, treatment at this level has been rendered ineffective or unsafe due to lack of participation by the individual, family, guardian, and/or custodian.
- D. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an involuntary level of care.
- E. The individual is not making progress toward treatment goals and experience suggests there is no reasonable expectation of progress at this level of care.

VI. Frequency of Review:

- A. Six months