

OPERATIONAL ISSUES FOR IMPLEMENTING COMMUNITY SUPPORT SERVICES

DMH/DHS – Fall 2007

Presenters

2

DMH/DHS

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Overview

3

- Review of Day One
- Community Support Services
- Organizational Models & Structures
- Staffing Issues
- Supervision
- Productivity
- Implementing Best Practices

4

Review of Day One

Rehabilitation Focus

5

- Focus on Restoring/Improving Function
- Medical Necessity derives from functional impact of illness/condition
- Core rehabilitation interventions include:
 1. Support to facilitate recovery/resiliency and rehabilitation
 2. Skill building
 3. Developing Natural Supports

Clinical Processes Must Support Rehabilitation

6

- Assessments
- Treatment/Rehabilitation Planning
- Documentation
- Supervision

Federal Proposed Regs Point the Way

7

- ❑ Incorporate all rehab services: physical as well as psychiatric
- ❑ Clear emphasis on restoration (or improvement) of function
- ❑ Require person-centered planning in psychiatric rehabilitation
- ❑ Require progress; maintenance of effort not sufficient
- ❑ Distinguish between clinical and rehabilitation

8

Community Support Services

ACT, CSI, CST, CSG

More than Taking Care of

9

- Community support:
 - is an active, rehabilitation and recovery oriented set of interventions.
 - requires a variety of skills, approaches, and information.
 - builds capacity within consumer – active empowerment through skills and support.

Two Levels of Illinois Community Support

10

Community Support Individual

- Mental health rehabilitation services and supports for children, adolescents, families and adults necessary to assist individuals in achieving rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

Community Support Team

- Mental health rehabilitation services and supports available 24 hours per day and 7 days per week for children, adolescents, families and adults to decrease hospitalization and crisis episodes and to increase community functioning in order for the individual to achieve rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions delivered by a team that facilitates illness self-management, skill building, identification and use of natural supports, and use of community resources.

IL Community Support Functions

11

- Coordination and assistance with the identification of individual strengths, resources, preferences and choices;
- Assistance with the identification of existing natural supports for development of a natural support team;
- Assistance with the development of crisis management plans;
- Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies;
- Support and promotion of individual self-advocacy and participation in decision making, treatment and treatment planning;
- Assisting the individual to build a natural support team for treatment and recovery;
- Support and consultation to the individual or his/her support system that is directed primarily to the well-being and benefit of the individual; And
- Skill building in order to assist the individual in the development of functional, interpersonal, family, coping and community living skills that are negatively impacted by the individual's mental illness

Interventions Across Services

	ACT	CST	CSI	PSR
Clinical Work	On team	On & off team	separate	separate
Skill building	Yes	Yes	Yes	Yes; on-site
Recovery awareness	yes	yes	yes	yes
Crisis Mgt	yes	assist	Assist with plan	During program
Build natural supports	yes	yes	yes	Teach how
Psycho-ed for families	yes	yes	yes	no
Therapy/Counseling	yes	yes	no	no
Illness self-management	yes	yes	yes	yes
Case Management	yes	no	no	no

Distinguishing Community Support from Counseling

13

Community Support

- Demonstrate
- Practice
- Role Play
- List
- Develop
- Use
- Behavior
- Restore/Improve Function

Therapy/Counseling

- Insight
- Understand
- Reflect
- Resolve
- Self Esteem
- Perceptions
- Internal
- Reduce Symptoms, Treat Illness

Distinguishing Community Support from Case Management

14

Community Support

- Demonstrate
- Practice
- Role Play
- List
- Develop
- Use
- Behavior
- Teach
- Restore/Improve Function

Case Management

- Do for, on behalf
- Link
- Connect
- Make appointment
- Researching/identifying resources
- Apply for, assisting in applying for
- Supervise family visits

Distinguishing CSG from PSR

15

Community Support Group

- ❑ Primarily community, *in vivo* based
- ❑ Primarily used for coaching, skill practice, or application of skills in natural settings
- ❑ May or may not be multiple sessions
- ❑ As part of skill development and practice
- ❑ Not “doing groups” in public settings
- ❑ Small size (3 or 4)

PSR

- ❑ Exclusively facility based
- ❑ Facility-based rehabilitative skill building, group or individual
- ❑ Within an organized program
- ❑ Higher medical necessity/level of need

Back to Documentation

- ❑ The narrative of the documentation should tell you what service is being delivered.
- ❑ Interventions in narrative should match up with those described in service definitions.
- ❑ Documentation should clearly spell out that this is rehabilitation.
- ❑ Assessments and treatment plans should explicitly point to the covered services.
- ❑ Supervisor's job to ensure staff know which service to do when, and how to write it.

What service is this?

- “Laura said she was feeling good and had good news. She finished her past-due homework and is waiting to hear about her final grades. She may want to go on and finish high school. I praised her and told her that if she wants to she should continue. She said she was walking several times a week and feels good about the exercise; she continues to try to get along with her foster family and do puzzles. She will work to maintain stability. ”

What service is this?

18

- “Discussed consumer’s symptoms. She described several issues relative to mood fluctuations. Is reporting an increase in hearing voices. Attributes all these to bronchitis she had last week.”

Critical Differentiation

19

	ACT	CST	CSI
Consumers in multiple services	NO	YES – but limited	YES
Clinical incorporated into service	REQUIRED	YES	NO
Shared caseload of team	REQUIRED	REQUIRED	Best-Practice
Expected LOCUS & CALOCUS Scores	20 and above Level 4	17 and above Level 3	16 and below Level 2
Risk of Hospitalization, out of home placement etc	high	moderate	low

20

Organizational Models & Structures

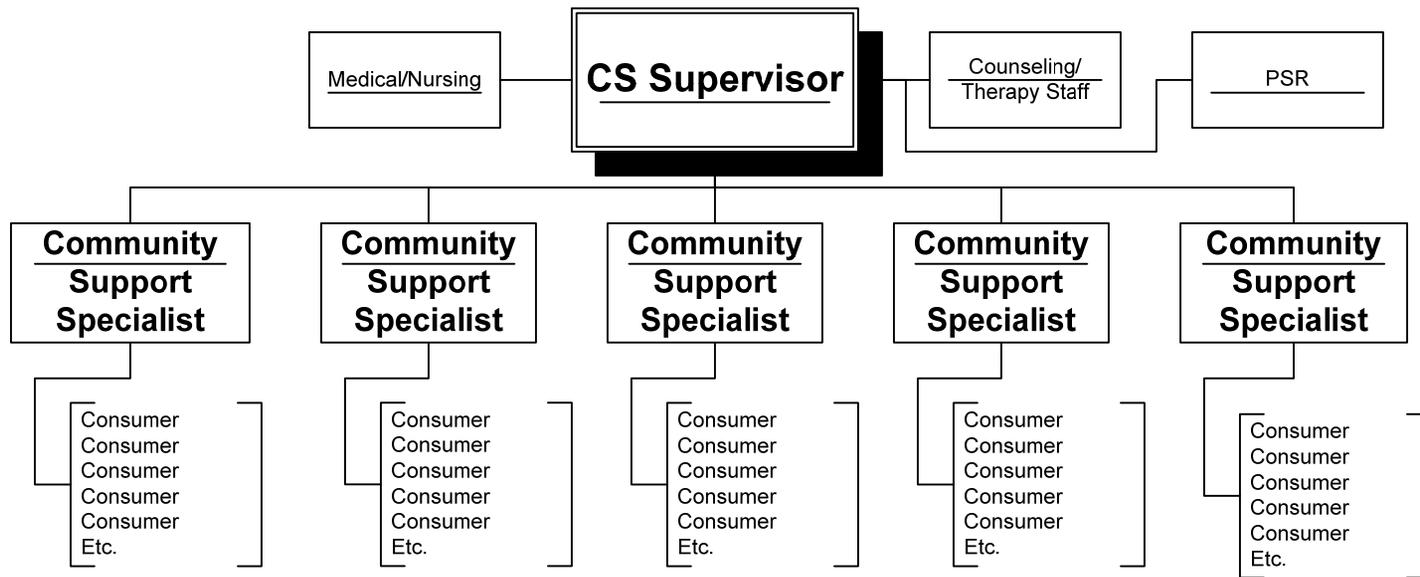
Community Support

Primary Community Support Model

21

- Community Support Staff work together in an identified unit, and deliver primarily community support services.
- Each consumer has an identified primary community support staff member, who serves as point person for coordination and communication among staff
- Community Support Staff work as a team with a shared caseload, even as CSI.

Preferred Structure



Advantages

23

- ❑ Coordinated, consistent approach to community-based rehabilitation
- ❑ Staff become specialists – better skills
- ❑ Consistent point of communication across teams, staff, agencies
- ❑ Improved implementation of rehab plan
- ❑ Better coverage across staff changes/absences
- ❑ Increased productivity
- ❑ More than one staff member known to and serving each consumer

Supervisor's Roles in Model

24

- Treatment Planning/Updating/Review
- Team Coordination & Assignments
 - ▣ Scheduling, Prioritizing, Coverage
- In-Office “Crisis” Management
- Counseling (if qualified)
- Supervision of treatment plan implementation
- Coordination/communication with other teams/services

Strategies for Smaller Agencies

25

- Consolidate CS functions as much as possible under one supervisor
- Differentiate CS staff from PSR and Therapy/Counseling staff as much as possible
- Find ways to approach a “shared-caseload” model

26

Special Issues for CST

CST Does More for Those who NEED More

27

- Consumers have higher service needs
 - (LOCUS \geq Level 3)
- Smaller staff to consumer ratio
- Therapy & Counseling from Team
- Increased clinical perspective and symptom management
- Enhanced substance abuse interventions including motivational interviewing, staged interventions, cognitive behavioral interventions, etc.
- 24/7 availability

Team Process

28

- While each CST staff member may be primary contact for a given consumer, each team member participates in planning and delivering care to all consumers
- Each team member contributes their skill set and expertise
- Evidence that a team process exists – not just smaller caseloads
- Evidence of team functioning and integration
- Evidence that more than one team member involved with each consumer

Rehab Focus of Clinician on CST

29

- CST, like ACT, is more than a collection of individual services that happen to be billed through the same code
- Each intervention delivered should be expected to evidence a rehab focus
- Rehabilitation infused throughout the team approach and service delivery

30

Staffing Issues

Developing Core Skill Set

31

1. Service Definition
2. Designing & Delivering CS Interventions
 - a. Support to facilitate recovery/resiliency and rehabilitation
 - b. Skill building
 - c. Developing natural supports
3. Managing Case Load
 - a. Organizing time & setting priorities
 - b. Meeting consumer needs
4. Documenting
5. Meeting Productivity Expectations

Using Strengths of Staff

32

- Functional assessments
- Helping consumers get connected to services
- Helping consumers/families develop recovery & resiliency visions and goals
- Intervention planning – sequenced, concrete steps for skill development
- Resources
- *In Vivo* practice

Characteristics of Good CS Staff

33

- ❑ Develop skills in context
- ❑ Experience with training, education, rehab, community-based work
- ❑ Linear planning – flexible implementation
- ❑ Work well with people
- ❑ Like to see people grow
- ❑ Focus on others
- ❑ Enjoy diversity: of work, of people, of locations
- ❑ Write succinctly and clearly
- ❑ Organized

Using Recovery Specialists

34

- ❑ Ideally, treatment from a different agency (if in treatment)
- ❑ If must be treated at same agency as team, then must be treated off the team and firewall between treatment issues and performance issues
- ❑ Full member of team, sharing common generalist activities and with clear productivity and participation expectations
- ❑ Strengths and special skills sets acknowledged and used
- ❑ Managed and held accountable as an employee
- ❑ Opportunities for peer support encouraged

35

Supervision

ACT, CST, CSI, CSG

From Rule 132

- Each provider shall develop, implement and maintain a plan for clinical supervision of all non-licensed staff who perform Part 132 services. A LPHA or QMHP must provide the supervision for a minimum of one hour per month through face-to-face, teleconference or videoconference. Supervision must be documented in a written record.

One Definition . . .

- **“Clinical supervision** is the process of control and direction of a recipient’s mental health services by which a mental health professional who is a provider accepts full professional responsibility for the supervisee's actions and decisions, instructs the supervisee in the supervisee's work, and oversees or directs the work of the supervisee.” – MN Medicaid regs

What's that include?

38

- Productivity management
- Practice oversight (implementation of treatment plan)
- Treatment Plan oversight (could include development & review)
- Oversight of documentation
- Developing staff's core competencies

Supervisor Roles for Effective CS

39

- “Traffic” cop
- Symphony Conductor
- Dispatcher
- Assignments Editor
- In-Office Support and Service

Supervisor Schedules Staff

40

- Use Treatment Plans to Begin Scheduling
 - ▣ Large calendars (across consumers and staff)
 - ▣ Schedule cards (individual consumer schedules)
 - ▣ Individual staff schedules
- Facilitate productivity
 - ▣ Geography
 - ▣ Groups
- Assignments, rather than self-selection of activities
 - ▣ Establishes tx plan priorities

Individual or Group Supervision

41

- Both focus on significant issues of service delivery
- Both reference documentation, treatment plans and assessments
- Both lead to scheduled implementation of treatment plan, improved skills, and coordination of care.
- Both use service delivery and consumer data

Group vs Individual Supervision

42

Group Supervision

- ❑ Address performance goals and issues common to all
- ❑ Assess/teach skills application to all
- ❑ Use team data
- ❑ Team practice improvement & modification
- ❑ Apply information/ changes to entire group

Individual Supervision

- ❑ Address individual performance goals & issues
- ❑ Address individual data
- ❑ Assess/Teach skills unique to one
- ❑ Discipline

Supervision vs Case Conference

43

Clinical Supervision

- Focus on Clinician & Organization
- Process Improvement
- Use program, financial, organizational and customer data and results
- Plan practice and delivery system changes

Case Conference (CCC)

- Focus on consumer Needs & Interventions
- Use outcomes & clinical data
- Plan individual service delivery changes

Case Load Management

44

- Direct Line of Supervision/clinical management
- Team management – backup
- Match skills to needs
- Schedule for efficiency
- Partnering staff
- Not just who has openings
- Tx Plans & regs define number of cases
- Capacity management

Core Internal Controls

45

- ❑ Time from service delivery to billing
- ❑ Time from service delivery to documentation done & filed
- ❑ Treatment plans always current
- ❑ Scheduling adequate encounters to meet productivity
- ❑ Eligibility/benefits verification & tracking
- ❑ Authorizations
- ❑ Community ratios
- ❑ Compliance standards met

Key Data Sets for CS Supervisors

46

- Productivity
- Key ratios
 - ▣ Minimum contacts
 - ▣ Face-to-face/collateral
 - ▣ Community-office
 - ▣ Primary caseload assignment
- Treatment Plan & Auth dates
- Number of consumer crises/hospitalizations
- No-shows/failed appointments

Practical Suggestions for Community Support Supervision

47

- Keep the focus on consumer's goals
- In vivo demonstration & supervision when possible
- Question why a consumer hasn't achieved their goals.
- Use incentive systems to reward good clinical work, success with a difficult consumer case, etc.
- Consider how to build community/team virtually: publishing clinical data and team performance routinely; introduce new team members via email and newsletters; name a worker of the month; etc.

Practical Suggestions for Community Support Supervision

48

- Encourage the development of off- site activities. Look for opportunities for in vivo learning and skill practice – individually and in small groups. More than just going to individual's home.
- Track hospitalizations & assigned CS staff
- CS staff should start off their day with a scheduled event and not just go to the office and “see what’s up.”
- Teach, teach, teach.

Practical Suggestions for Community Support Supervision

49

- Time management!
 - ▣ All CS staff should keep an appointment book, write down their schedule for the day, and should make appointments weeks in advance
 - ▣ Ideally all documentation should be done concurrently, with consumer.
 - ▣ If must come to office, arrange a block of scheduled time daily or several times a week for documentation
 - ▣ Consider arranging computer time at the beginning of the day, end of the day or in association with another event, which requires them to be at the office
 - ▣ Make the most of spare moment and transition times. For example, maintain a list of consumer related services that can be spontaneously initiated should the opportunity present itself within a day

Practical Suggestions for Community Support Supervision

50

- ❑ CS staff should remember they are a part of a team. Ask others to help with a consumer when useful or necessary.
- ❑ Explore the possibility of hand held devices that would allow documentation while away from the building.
- ❑ Increase the number of available computers.
- ❑ Continue the judicious use of time for meetings. Continue to evaluate what information can be distributed in writing/email.

51

Productivity

Productivity is a Clinical Issue

52

- Goes to the heart of clinical practice patterns
- Outlines clinical priorities and philosophy by determining what is important enough to count
- Gives supervisors a tool to assist staff in setting priorities and aligning with agency (and payor) philosophy

Productivity 'Biggies'

53

- ❑ Treatment Plans
- ❑ Scheduling
- ❑ Travel
- ❑ Documentation
- ❑ Turnover
- ❑ Billing

Biggie: Treatment Planning

54

- Current
- Congruent with consumer needs and preferences
- Community support “prescribed” appropriately
- Clarity of desired outcomes/activities
- Clarity and accuracy of prescribed intensity of service

Biggie: Schedule & Calendars: Planning Work

55

- Review all cases for recommended times/week, and activities
- Transfer to calendar template to see how to fit work into time
- Block other billable activities
- Prepare a monthly/weekly schedule based on consumer needs from tx plan

Biggie: Travel

56

- ❑ Assign case loads by zip code
- ❑ Organize daily and weekly calendar geographically
- ❑ Take advantage of other scheduled events (PSR, Med checks, etc)
- ❑ Do not always require going to office first
- ❑ Schedule and confirm appointments
- ❑ Make 'no show/not at home' a service and treatment planning issue

Biggie: Documentation

57

- Document with the consumer
 - ▣ Reference goal at start of contact
 - ▣ Summarize accomplishments and plans at end of session
 - ▣ Write the note while with the consumer
 - ▣ Consumer can review if desired
- Consider structured templates with ‘as evidenced by’ section for routine encounters
- People write what they do – good treatment plans mean better service and documentation
- Don’t get behind!

Biggie: Turnover

58

- Inevitable so plan for it
 - ▣ Replacement factors
 - ▣ Plan B's
- Community support should functionally always be a 'team'
 - ▣ More than one person should know consumer
 - ▣ 'Attach' consumer to agency as well as worker
- Require current documentation
- Have a consumer-focused, structured protocol that can be initiated when turnover occurs

Biggie: Billing

59

- Bill for the right things
- Capture all of the good work you do
- Timely documentation—a billing doesn't count until the note is done
- Turn in your billing (SALs, charge ticket)

60

Implementing Best Practices

Focus On

61

- Recovery
- Person Centered Planning
- Concurrent Documentation
- Evidence-Based Practices
 - ▣ IMR/WMR
 - ▣ Supported employment
 - ▣ ACT

Transitioning

62

- Intentional planning to move from one service to another
- Assume increased supports during transitions, not fewer
- Be assertive about structure and support

Supervisory Check List

63

- Key items to focus on with every staff member, in every supervision
- Include EBPs/BPs
- Incorporate key data sets
- Customize to add individual issues to core set
- What gets measured – much more likely to get done

Resources

64

- Extra Resources Available at www.ParkerDennison.com/IllinoisServicesWorkGroup.html
 - Excerpts from APS Clinical Resource Guide (GA) on rehab focused skills, goals, objectives
 - List of curricula focusing on skill building suitable for rehab use