POLICY AND PROCEDURE

REACH for Tomorrow

POLICY: RC-912

TITLE: Community Psychiatric Supportive Treatment Services

EFFECTIVE DATE: 2/16/21 AUTHORIZED BY: Board of Trustees

(ODMH 5122-29-17)

1. REACH for Tomorrow will provide Individual and/or Group Community Psychiatric Supportive Treatment Services (CPST) to adult, youth, and adolescents meeting criteria for mental health/SUD services. CPST services provide an array of services delivered by community based, mobile individuals meeting the requirements of OAC 512-29-17 (licensed professional or trained others).

2. Services address the individualized mental health/SUD needs of the client. Services are expected to vary with respect to hours, type and intensity of services, depending on the changing needs of each individual.

3. The purpose of CPST services is to provide specific, measurable, and individualized services to each person served. CPST services should be focused on the individual's ability to:
    a. succeed in the community;
    b. to identify and access needed services;
    c. to show improvement in school, work and family; and
    d. to be integrated into the community.

4. Activities of CPST shall consist of one or more of the following:
    a. Ongoing assessment of needs;

    b. Assistance in achieving personal independence in managing basis needs as identified by individual and/or parent/guardian;

    c. Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian;

    d. Coordination of the ISP including:

i. services identified in the ISP;
ii. assistance with accessing natural support systems in the community; and
iii. linkages to formal community services/systems;
iv. symptom monitoring;
v. Coordination and assistance in crisis management and stabilization as needed;
vi. Advocacy and outreach;
vii. Appropriate level of care provided to individuals, and when appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn;
viii. Mental health/SUD interventions that address symptoms, behaviors, thought processes, etc. that assist an individual in eliminating barriers to seeking or maintaining education and employment; and
ix. Activities that increase the individual's capacity to positively impact his/her own environment.

5. Methods of CPST service delivery shall consist of :
    a. service delivery to the person served and/or any individual who will assist in the person's mental health/SUD treatment;
    b. service delivery may be face-to-face, by telephone, and/or by video conferencing; and
    c. service delivery may be to individuals or groups.

6. CPST services are not site specific, however, they must be provided in locations that meet the needs of the persons served.

7. Providers of CPST services shall have a staff development plan based upon identified individual needs of the CPST staff. REACH will maintain documentation that the plan is being implemented. The plan shall address, at a minimum, the following:
    a. an understanding of systems of care, such as natural support systems, entitlements and benefits, inter- and intra- agency systems of care; crisis response systems and their purpose; and the intent and activities of CPST;

b. characteristics of the population served; such as psychiatric symptoms, medications, culture and age/gender development and
c. knowledge of CPST purpose, intent and activities.

8. Providers of CPST shall be supervised as required by OAC 5122-29-17; example being, licensed supervisors may supervise activities of trained others.

9. REACH Clinician's will be identified as the clients' primary CPST staff whenever possible. The REACH Clinician may designate other qualified providers within the agency (trained others) to provide CPST services.