

THE COUNSELING SOURCE, INC.

POLICY AND PROCEDURE

TITLE: Community Psychiatric Supportive Treatment (CPST) Service

PURPOSE: “To provide specific, measurable and individualized services to each person served.” Services will “address the individualized mental health needs of the client.”

POLICY: The Counseling Source, Inc. will provide an array of services delivered by community based, mobile individuals as defined by the Ohio Department of Mental Health and the program standards as outlined below.

PROCEDURE:

1. CPST should be focused on:

- the individual’s ability to succeed in the community
- identifying and accessing needed services
- showing improvement in school, work and family and integration and contributions within the community

2. Criteria for Enrollment in CPST:

- Client is age 6 years or older
- Client suffers from documented mental health symptoms which are diagnosable using the DSM-5
- Suffering from problems related to:
 - Inability to live successfully in the community
 - Inability to access needed services
 - Problems with school, work or family
- NOTE: Problems encountered need to be as a result of the mental health or alcohol and other drug issue. The problems cannot be in relation to normal developmental stages or problems of the parent/guardian. Client may participate in only CPST services if clinically indicated. There is no requirement to also receive Counseling Services.

3. Specific Services included in CPST: OHMAS Certification Standards include 10 activities that a clinician can provide and bill for under CPST. These are:

A. *On-Going Assessment of Needs*

This can include assessing need for social support, transportation, vocational assistance, income support, housing, etc. The CPST assessment needs to be separate from the diagnostic assessment completed on the client. This includes assessing what additional needs (beyond mental health counseling) the client has that are limiting his/her “ability to live successfully in the community” and function appropriately at school, work or home.

These would be services the client is unable to access on his/her own. Examples of areas to be assessed would include need for: a mentor, a tutor, vocational counseling, Healthy Start benefits, etc.

B. *Assistance in Achieving Personal Independence in Managing Basic Needs as Identified by the Individual (Client) and/or Parent or Guardian*

This needs to be specifically stated on the ISP as a goal. Typically “achieving personal independence” would be applicable to an adult, or an adolescent who is preparing for adulthood/independent living. However, even in the latter scenario, the problems encountered must be related to pathological problems interfering with the client achieving personal independence on his/her own.

C. **Facilitation of Further Development of Daily Living Skills, if identified by the Individual and/or Parent or Guardian**

This needs to be specifically stated on the ISP as a goal. This relates to *skill building* or teaching of the daily living skills. This can be provided to the parent IF there will be a direct benefit to the client. An example would be teaching behavioral management to parent/guardian. If this takes an extended time or is complicated by the parent/guardian's deficits, document this to justify.

D. **Coordination of the ISP, Including: SERVICES IDENTIFIED IN THE ISP** (such as collaboration with other service providers related to specific treatment goals of the client which are documented on the ISP)

1. ASSISTANCE WITH ACCESSING NATURAL SUPPORT SYSTEMS AND THE COMMUNITY (such as referrals to the needed services identified in the "Ongoing Assessment of Needs")

2. LINKAGES TO FORMAL COMMUNITY SERVICES/SYSTEMS (such as referrals to the needed services identified in the "Ongoing Assessment of Needs")

"It is very important that the development and the ongoing implementation of the ISP be carefully coordinated to assure continuity of care and consistency in the development of the client's treatment goals. It is generally the role of the primary CPST worker to assure this important coordination."

This can include but not limited to CSB involvement, attorney/judge in custody case, other community agencies currently involved with the client.

E. **Symptom Monitoring**

"This allows the CPST worker to actively engage and document the mental health related symptoms of the client." However, a large amount of pure observation can be deemed problematic by Medicaid. An example of Symptom Monitoring would be assessing (not just "observing") a child in class or at home interacting with siblings/parents.

F. **Coordination and/or Assistance in Crisis Management and Stabilization as Needed**

This involves providing coordination and/or assistance during or immediately after a crisis with the client. Examples include assisting with obtaining a psychiatric hospitalization and coordinating services upon discharge from the hospital back to the community.

G. **Advocacy and Outreach**

This allows the worker to "advocate for the client in all situations within the community the client is unable to advocate for themselves due to the symptoms of their mental illness." Examples include advocacy with other agencies or professionals. This should link back to the "On-Going Assessment of Needs," specifically documenting that the clients has difficulty advocating for his/herself due to mental illness.

H. **As Appropriate to the 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**

This is not intended to be treatment to the family or significant other. Rather it can be *skills training or education* provided to the family related to the needs/limitations/behavioral management of the client, etc. This needs to be specifically documented in the ISP as a goal.

Examples include: Educating parent/teacher on the specific DSM IV diagnosis the child has and ways to help, behavioral modification techniques, etc.

I. **Mental Health Interventions that Address Symptoms, Behaviors, Thought Processes, Etc., that Assist an Individual in Eliminating Barriers to Seeking or Maintaining Education and Employment**

Skill building with the client related to mental health issues that interfere with education and employment.

This needs to be specifically documented in the ISP as a goal. Examples include:

1. Teaching the client skills to cope with mental health symptoms, behaviors or thought processes and problems encountered in dealing with disability.
2. Teaching the client appropriate social skills to increase interpersonal relationships with peers, family, etc.
3. Educating and assisting the client through the recovery process
4. Teaching/Assisting the client in the development of a personal support system

5. Assisting/Teaching the client how to acquire employment, income and/or money management skills that are interfered with by the client's mental illness
 6. Educating the client on mental health diagnosis
- J. ***Activities that Increase the Individual's Capacity to Positively Impact His/Her Environment*** This needs to be specifically documented in the ISP as a goal. This can include:
1. Activities to empower the client
 2. Activities to increase client's self-esteem
 3. Activities to educate the client on how to positively impact his/her environment

Documentation Requirements:

- Diagnostic Assessment or Diagnostic Assessment Update:
 1. Must document the need for CPST intervention to assist with the mental health treatment of the client.
 2. Must indicate under "Recommendations" section that CPST services are recommended along with frequency, duration and focus.
- ISP (Individual Service Plan):
 1. Must document a goal/objectives related to CPST services to be provided. It must be clear that this goal relates to the mental health treatment of the client.
 2. Must list Community Psychiatric Supportive Treatment (CPST) as a "Service" on the ISP with accompanying Frequency & Duration
 3. If CPST services are being delegated to another staff person, must be documented on ISP
- Progress Notes:
 1. Must fill out a CPST note for each service provision
 2. Must specify on the note clearly how the CPST services provided by the clinician directly relates to the client's mental health needs
 3. Must clearly indicate which of the 10 CPST activities was provided on the service date

Method of Service Delivery:

1. Location: "CPST Services are not site specific, however, they must be provided in locations that meet the needs of the persons served."
2. Service Delivery: "May be face-to-face, by telephone, and/or by video conferencing"
3. Responsible Clinician: Must have a clinician responsible for the client's case coordination as documented on ISP
4. Frequency & Duration: CPST Services will "vary with respect to hours, type and intensity of services, depending on the changing needs of each individual."
5. TCS Clinicians approved by OhioMHAS as CPST providers include:
 - Social Work Assistant
 - Licensed Social Worker
 - Licensed Independent Social Worker
 - Counselor Trainee
 - Licensed Clinical Counselor
 - Licensed Professional Clinical Counselor
 - Licensed School Psychologist Assistant
 - Licensed School Psychologist
 - Psychology Intern/Psychology Fellow
 - Psychology Assistant/Assistant
 - Psychologist
6. Those that are approved by ODMH to supervise CPST services include:
 - Licensed Social Worker
 - Licensed Independent Social Worker

- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Psychologist

REVIEWED: February 2018