Community Residential Support Guidelines

Service Definition

Community Residential Support covers activities necessary to assist adults with serious mental illness to live with maximum independence in community housing with the goal of increasing community tenure, as identified in the participant's Person-Centered Recovery Plan (PCRP). This service ensures 24/7 on-site support, as appropriate, dependent upon individual resident needs. On-call availability must be assured on a 24/7 basis.

Services provided include assistance with:

- Community living including home management, housekeeping, shopping, meal planning, and cooking
- Community access and use of transportation
- Financial budgeting and money management
- Activities of daily living including medication self-management, nutritional guidance and personal hygiene;
- Access, referral and/or coordination of emergency services and treatment
- Development of supportive personal social networks;
- Community integration and participation, including shopping, recreation, and personal/spiritual interest activities
- Vocational skills preparation, training, and development of positive work habits.
- Educational skills development,
- Participation in activities that increase the participant's self-worth, purpose and confidence.

Community Residential Support is provided in a manner that is consistent with principles of recovery defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). These principles include equipping participants with skills, emphasizing self-determination, using natural and community supports, providing individualized interventions, providing a caring environment, practicing dignity and respect, promoting participant choice and involvement, emphasizing functioning and support in real world environments, and allowing time for interventions to have an effect over the long term. Activities are intended to assure successful community living through utilization of skills training, cuing and/or supervision as identified by the person-centered recovery plan.

The frequency and intensity of the service is based on the needs of the participant as identified by the person-centered recovery plan; which by design is continually adapting to the individual's ever-changing needs and abilities. Therefore periodic adjustments of the staffing and service levels is allowable provided that 24/7 staffing is provided when needed.

Community Residential Support programs should meet the following parameters:

- Provide housing to individuals who meet the terms of the Settlement Agreement;

- Provide capacity to serve individuals who meet Level of Care Utilization System (LOCUS) Level 5 or greater;
- Be available to individuals transitioning from any region of the state;
- Incorporate permanent supportive housing principles and ultimately reach "good" fidelity to the Permanent Supportive Housing (PSH) Fidelity Scale. Within one year and annually thereafter, the provider must meet minimum fidelity standards as established by DBHDID based on a nationally recognized tool. Minimum fidelity to the PSH model is considered to be a score of 18 or above.

At no time will medications be administered by staff within the program, including non-prescription and OTC medications. The program is not appropriate for individuals who require administration of medications.

Service Locations

Housing must be integrated into the community (e.g. no more than three residents in a single family home; no more than 20% of residents with the same disability in multi-family projects). Each participant will have their own private sleeping quarters, and at minimum, shared access to bathing/toilet facilities, common living and outside areas and full access to food and food preparation areas. Apartments may be dispersed within a complex of housing units with a common space for socialization and support and within close proximity to staff support.

DBHDID does not require that settings meet ADA requirements; however should an individual need accommodations, the setting would need to be adapted to the individual's needs and meet ADA requirements.

A separate room for staff office is not required although it is permissible.

Service Planning/ Documentation

Each service provided shall be documented in the client record, and should substantiate the service provided. Documentation shall include the type of service provided, date of service, place of service, the person providing the service and the PCRP objective associated with the activity. The documentation shall be signed by the staff member performing the service (electronic signatures are acceptable). All services provided shall directly relate to each participant's Person-Centered Recovery Plan.

All records shall be retained for six years, per HIPAA regulations. All records shall be available to the Cabinet for review upon request.

Supervisors should periodically review documentation of services and provide supervision as required by Medicaid/DBHDID for each specific service provided.

Medically necessary clinical and other services may be provided in the home and billed as separate services.

Community Residential Support Guidelines

Provider Qualifications

The provider must be:

- A licensed Community Mental Health Center (CMHC) or
- Behavioral Health Services Organization (BHSO) or
- A business entity that employs licensed and non-licensed health professionals and meets the following criteria:
  - Experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
  - Administrative capacity to provide quality of services in accordance with state and federal requirements;
  - Use of a financial management system that provides documentation of services and costs;
  - Capacity to document and maintain individual case records in accordance with state and federal requirements.
  - Employment of a Qualified Mental Health Professional (QMHP) that oversees clinical services within the agency.

Staffing Requirements

Must maintain sufficient staffing to provide up to 24/7 on-site support for three (3) individuals per household. Ultimately the staffing ratio will be determined by the need for supports of individuals to ensure safety and the delivery of identified supports. At times when no residents are in the house (e.g. all residents are at a day program and/or work or other activity or service), no support staff is required.

The Program Coordinator must be an adult with a minimum bachelor's degree who is knowledgeable of the rules, policies and procedures relevant to the program's operations.

Staff must meet the following qualifications:

- At least 18 years old;
- High school diploma or GED;
- Relevant experience is preferred (paid or unpaid).

Provider shall maintain on-call capacity 7 days a week, 24 hours per day for resident emergencies. Programs shall be in operation 7 days a week, 24 hours per day.

Staff training must include permanent supportive housing principles (PSH), person-centered recovery planning (PCRP) and Level of Care Utilization System (LOCUS) administration.

Community Residential Support Guidelines

Client Rights

Upon admission to the program, each client must be provided an orientation which includes minimally the following:

- Explanation of the facility's services, activities, expectations,
- Rules, regulations and program description;
- Orientation to the home's premises, the neighborhood, community, emergency services and public transportation - Written explanation of client rights and grievance procedures.

Program Evaluation/ Quality Improvement

Program evaluation and quality improvement activities may include:

- Consumer demographic and outcome data,
- Reviews conducted by DBHDID or its representatives;
- Evaluations using the SAMHSA Permanent Supportive Housing Fidelity Scale, and action planning subsequent to a fidelity review.
- Training and technical assistance activities; and
- Other program evaluation or quality improvement activities mandated or requested by DBHDID.

Supportive Housing Principles

1. ***Choice of housing:*** Providing access to scattered-site housing offers the best opportunity to meet tenants' expressed choice of location; housing that is convenient to transportation, mental health services, family, shopping, and other essentials.

2. ***Functional separation of housing and services:*** Staff who provide support services such as case management, helping people find housing, and advocating for tenants should not perform property management functions such as reviewing rental applications, collecting rent, and making eviction and renewal decisions. Separating housing provision from service provision helps ensure that tenants' rights under local and state landlord-tenant laws are respected.

3. ***Decent, safe, and affordable housing:*** Helping people with psychiatric disabilities live in the community requires that decent housing be made affordable. For housing to be considered affordable, tenants must pay no more than 30 percent of their income toward rent plus basic utilities. Research indicates that access to housing subsidies improves housing quality, encourages engagement in mental health services, and leads to shorter hospital stays.

4. ***Housing integration:*** An integrated setting is one that allows people to interact with others who do not have disabilities. A desirable level of integration may be achieved by helping people find

scattered-site homes on the rental market or by developing mixed-use buildings, in which most of the units are *not* reserved for people with psychiatric disabilities.

5. ***Rights of Tenancy:*** Housing is permanent in the sense that people have a lease, and as long as they meet the basic obligations of tenancy, such as paying rent, they are able to stay in their home. They do not need to move out their home if their service needs change.

6. ***Access to housing:*** Part of having the same housing rights as everyone else is the ability to qualify for and keep housing regardless of whether services are accepted. Although Supportive Housing is designed for people who need services to live independently, and needed services are made available to tenants, acceptance of these services, including mental health treatments and medications, is not a requirement of receiving or maintaining housing.

7. ***Flexible, voluntary, and recovery-focused services:*** Supportive Housing is distinguished from residential treatment programs and congregate housing by the flexibility of the services offered and the freedom of tenants to choose the services that they need. Services and supports to foster success in desired housing should be accompanied by a thorough evaluation of what the individual needs and what they are willing to accept.