

COMMUNITY SUPPORT PROGRAM

- A. The Contractor shall provide Community Support Program (CSP) services to individuals age eighteen (18) or older who have serious and persistent psychiatric disorders, or co-occurring psychiatric and substance use disorders, who are determined by a Department approved assessment tool to be clinically appropriate to receive such services and who are medically indigent. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage.

CSP services are a set of rehabilitative services provided by mobile, community based staff operating as multidisciplinary teams of professionals, paraprofessionals and recovery support specialists, trained in providing CSP services. CSP services shall be recovery oriented, and include engagement, skill building, and community support. CSP services shall include rehabilitation and psychosocial services and the active integration of clinical services. The Contractor shall maintain compliance with the Department's fidelity standards (www.ct.gov/dmhas/-----/CSPfidelitystandards.pdf).

- B. Specifically, the Contractor shall:

1. Cultivate and maintain positive and productive relationships that assist individuals to attend and participate in services and activities that support their recovery;
2. Conduct assessments at least annually or more frequently as warranted by changes in the individual's clinical presentation or life situation. The provider shall conduct, at minimum, the Level of Care Utilization System (LOCUS) Assessment and a functional assessment. An individual shall have a LOCUS score between seventeen (17) and nineteen (19) to be considered for CSP services. Providers may use any Department-approved functional assessment tool that includes the following domains:
 - a. Independent Living Skills,
 - b. Personal Care,
 - c. Safety,
 - d. Money Management,
 - e. Transportation,
 - f. Interpersonal Communication Skills,
 - g. Health Awareness,
 - h. Coping, Stress & Impulse Control Skills,
 - i. Cognitive Functioning,
 - j. Employment & Education,
 - k. Leisure, and
 - l. Rights;
3. Assist individuals to identify and use personal strengths to develop skills, and identify recovery resources and supports needed for independence and successful community living;
4. Develop, with each individual, a recovery plan that addresses identified needs in areas such as employment, education, self management skills, relapse prevention, and social skills training. Such plans shall contain goals identified by the individual and shall provide detailed information on goals, objectives, tasks, and interventions, and shall identify the individual responsible and time frames for accomplishment;
5. Provide skill building instruction and other rehabilitative activities to increase the individual's independence in accordance with their rehabilitation plans. Such instruction and activity shall include at minimum, but are not limited to the following:
 - a. Teaching, coaching and assisting with daily living activities such as personal grooming, meal planning and preparation, shopping, medication compliance, the use of transportation, management of financial resources, use of leisure time, and interpersonal communication,
 - b. Assistance with the development of coping strategies, self-management alternatives, response strategies for substance use triggers, and problem-solving skills,
 - c. Supportive counseling directed at resolving problems related to community living and interpersonal relationships,

- d. Individualized and group instructions pertaining to the alleviation and management of psychiatric symptoms and substance use disorders. CSP services shall be provided primarily as an individual service; groups shall have no more than six individuals,
 - e. Orientation to community resources and recovery supports including mentors, self help and advocacy groups, and facilitation of access to such resources, and
 - f. Assistance in gaining access to other necessary rehabilitative services, medical services, general entitlement benefits, or other community services and recovery supports through service coordination activities;
6. Assist and support individuals during crisis situations;
 7. Assist individuals to gain successful competitive employment or enroll in educational programs;
 8. Facilitate the development of community connections in areas related to faith, recreation, civic activities and facilitate productive relationships with others;
 9. Involve family members, significant others, and advocates authorized by the individual receiving services in the development of the recovery plan and the delivery of services, as desired by the individual and appropriate;
 10. Provide education, support and consultation to family members of individuals enrolled in CSP;
 11. Monitor the individual's rehabilitation plan on an on-going basis;
 12. Complete a review of the rehabilitation plan and determine the appropriateness of the placement every ninety (90) days;
 13. Provide a minimum of three (3) hours per month of supervision to all CSP staff through weekly meetings with a master's level clinician; and document such supervision in the personnel record;
 14. Maintain successful collaboration with the Local Mental Health Authority (LMHA), and successful relationships with other community providers of services and supports;
 15. Facilitate the development of a recovery community by providing one or more of the following:
 - a. A mutual support/self help group to develop and foster interdependence on networks of friends and allies to promote self sufficiency and decrease dependence on provider resources;
 - b. Workshops that use a recovery skills curriculum and wellness activities that assist individuals in achieving their goals (e.g., Wellness Recovery Action Plan or Illness Management and Recovery conducted by certified trainers);
 - c. Opportunities to share skills and experiences to develop leadership skills.

C. The Contractor shall provide CSP services that are:

1. Provided by mobile, community based, multidisciplinary teams of professionals and paraprofessionals, including peer Recovery Support Specialists, that have been trained to provide CSP services. Recovery Support Specialists must be certified through a Department approved process;
2. Delivered by CSP teams that maintain a staffing ratio of not less than one (1) staff to twenty (20) individuals;
3. Available through scheduled services for a minimum ten (10) hours a day Monday through Fridays, including evenings. The Contractor shall have CSP staff available to respond to urgent needs of individuals twenty-four (24) hours, seven (7) days a week when staff are not scheduled;
4. Provided in community settings at times and locations that reasonably accommodate the individual's needs, and that do not interfere with the individual's work, education and other scheduled activities;
5. Delivered by CSP staff through face to face contacts at least 55% of their time; and
6. Delivered face to face, individually or in groups, a minimum of three hours per month. Each contact shall be a minimum of fifteen (15) minutes, and shall be documented in the individual's record;

D. The services shall be provided at the following location, with the capacity and hours of operation described below:

Location	Capacity	Hours of Operation

E. The Contractor shall implement the services described herein to result in the following outcomes. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the Department through data reported by the contractor to the Department's

information systems, in observations through site visits and/or in any other required reports. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

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Outcomes	Measures
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Department's data collection system no later than the 15 th day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Contractor will meet the expected services or contacts volume for this level of care.	At least 90% of projected services or contacts will be achieved.
4. Individuals will report satisfaction with their services.	At least 80% of respondents to the Department consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services.
5. Individuals will improve or maintain their overall functioning.	At least 95% of individuals served annually will maintain or increase their level of functioning as measured by the Global Assessment of Functioning Scale (GAF), or Modified Global Assessment of Functioning Scale (MGAF).
6. Individuals will improve or maintain their living situation.	At least 80% of individuals served annually will improve or maintain their living situation.
7. Individuals will maintain or improve their employment status.	At least 20% of individuals served annually will maintain or increase their amount of competitive employment.
8. Individuals will improve or maintain their social supports.	At least 60% of individuals served annually will have increased or maintained the number of social supports.
9. Individuals will successfully complete treatment.	At least 65% of individuals discharged will have substantially completed the objectives identified on their recovery plans.