Substance Abuse Services

Service Name	COMMUNITY SUPPORT – LEVEL I: ADULT SA
Funding Source	Medicaid Behavioral Health Services
Setting	Community Based – Most frequently provided in the home
Facility License	Substance Abuse Treatment Center license
Basic Definition	Community Support - SA is a rehabilitative and support service for individuals with primary Axis I substance dependence. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual to maintain abstinence, stable community living, and prevent exacerbation of illness and admission to higher levels of care. Service is not provided during the same service delivery hour of other rehabilitation services; DBH exception: For the purposes of continuity of care and successful transition of the consumer from 24 hour levels of care, for an individual already enrolled in community support, the service can be authorized 30 days in and 30 days prior to discharge from the 24 hour treatment setting.
Service Expectations	• A Substance Abuse Assessment by a fully licensed clinician prior to the beginning of treatment. DBH only: A substance abuse assessment completed by a fully licensed clinician from a previous provider in combination with a discharge plan from the previous provider which includes a diagnosis and level of care recommendation can also be accepted and updated via an addendum. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client's team. • A treatment/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, and that includes a documented discharge and relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor. • Review and update of the treatment/recovery and discharge plan with the individual and other approved family/supports every 90 days or more often as medically indicated; approved and signed by the Clinical Supervisor, or other licensed person. • Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall treatment/recovery plan), relapse prevention, social skills, and other independent living skills that enable the individual to reside in their community • Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychopharmacological, psychological, psychiatric, social, education, transportation or other appropriate

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	treatment/support services as well as linkage to other community services identified in the treatment/recovery plan • Develop and implement strategies to encourage the individual to become engaged and remain engaged in necessary substance use/abuse and mental health treatment services as recommended and included in the treatment/recovery plan • Participate with and report to treatment/rehabilitation team on the individual's progress and response to community support intervention in the areas of relapse prevention, substance use/abuse, application of education and skills, and the recovery environment (areas identified in the plan). • Provide therapeutic support and intervention to the individual in time of crisis • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual's transition back into the community upon discharge. • DBH only: Face-to-face contact a minimum of 3 times per month or 3 total hours of contact. • If the client has a co-occurring diagnosis (MH/SA), it is the provider's responsibility to coordinate with other treating professionals.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	• Clinical Supervision (APRN, RN, LMHP, LIMHP, PLMHP, LADC, PLADC, Licensed Psychologist, Provisionally Licensed Psychologist); dual MH/SA licensing preferred) working with the program and responsible for all clinical decisions (ie. admissions, assessment, treatment/discharge planning and review) and to provide clinical consultation and support to community support workers and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • Other individuals could provide non-clinical administrative functions. • DBH: Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Medicaid and Long-Term Care: Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities

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	DBH only: 1:20 Community Support worker to individuals served.
Hours of Operation	24/7 Access to service during weekend/evening hours; in times of crisis, access to a mental health professional
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without/with decreased professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	BHS: See Behavioral Health Services rate schedule 1 unit =1 month; Medicaid: See Medicaid fee schedule