Washington County Human Services Department
Residential Services Description and Scope

Introduction and Purpose:

New Chestnut CBRF and South Hartford AFH are residences with 24/7 staff that are designed to help clients develop independent living skills and advance their recovery. Clients who will reside in and receive services from New Chestnut and South Hartford staff will be in either Comprehensive Community Services (CCS) or Community Recovery Services (CRS).

New Chestnut and South Hartford leadership will assure that clients in residence are offered at least 4 hours of programming each day. All services must be requested and agreed to by the client, documented on the client's service plan, and delivered in a respectful and effective manner.

New Chestnut and South Hartford staff will provide a variety of direct mental health services to clients from staff who per DHS Chapter 36 are referred to as *Rehabilitation Workers*. A rehabilitation worker is defined as a staff person working under the direction of a licensed mental health professional or substance abuse professional in the implementation of rehabilitative mental health and/or substance use disorder services as identified in the client's individual treatment plan. Rehabilitation workers must be at least 18 years old and must successfully completed 30 hours of training during the past two years in recovery concepts, consumer rights, consumer− centered individual treatment planning, mental illness, co−occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and consumer confidentiality.

Rehabilitation Worker services are billable to Medicaid under Comprehensive Community Services (CCS), when documented as a medically necessary intervention on a client's service plan.

Recovery Worker Scope of Practice:

Recovery Workers, employed through external residential vendors, will provide the following services to residents:

Services	Description
Service Facilitation	Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services.
Medication Management	Medication management services for non-prescribers include: • Supporting the member in taking his or her medications. • Increasing the member's understanding of the benefits of medication and the symptoms it is treating. • Monitoring changes in the member¡¦s symptoms and tolerability of side effects.

Physical Health Monitoring	Physical health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks. Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.
Individual Skill Development and Enhancement	Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan. Services provided to minors should also focus on improving integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor. Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.
Wellness Management and Recovery	Wellness management and recovery services, which are generally provided as mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psycho-education; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.

Residential Services Program Goals and Measured Outcomes:

Residential Services Program Goals:

- 100% of Residential Services clients will express satisfaction with the Program, as measured by agreement (per satisfaction survey) that they would refer others to the Program

- 100 % of Residential Services clients will express improved understanding about their own Mental Health and/or AODA diagnoses
- 100% of Residential Services clients will express 100% goal achievement.
- Clients in the Residential Services clients program will report fewer *"Days Lost"* and fewer *"Days Unproductive"* per the *Sheehan Disability Scale*
- Other items identified

The Residential Program outcomes will be collected and analyzed monthly so that it can be continually improved. The following will be used to measure (per client perspective) the effectiveness of the Residential Program and client satisfaction with the program.

- The *Residential Services Client Satisfaction Survey* (made specific and tested within CPS Program) will measure:
    - Client satisfaction with Residential Program
    - Client perspective regarding his/her illness, mental health system, care options, level of motivation to participate in care, relationship with service team, hope
    - Level of goal achievement
- The *Sheehan Disability Scale* will identify symptom(s) impact on client work, school, social, and family life; in addition, it collects from the client's perspective, the number of lost and unproductive days in the client's week due to his/her symptoms
- Other Tool identified.

Dashboard Development:

Washington County HSD will use a program dashboard to organize Residential Program data related to specific program outputs and outcomes. Leaders and staff will review the program dashboard monthly to assure that the program is meeting its operational, financial and clinical outcomes. The dashboard will include the following data points:

- Number (not names) of clients in residence at either New Chestnut or South Hartford
- Rehabilitation staff monthly and YTD productivity in units
- Monthly and YTD revenue generated from New Chestnut
- Monthly and YTD revenue generated from New Chestnut
- Monthly and YTD costs for New Chestnut
- Monthly and YTD costs for South Hartford
- Monthly and YTD client satisfaction data from *"CCS Client Satisfaction Survey"*
- Monthly and YTD client improved understanding data from *"CCS Client Satisfaction Survey"*
- Monthly and YTD illness/disability data from *"Sheehan Disability Scale"*
- Other Items

Rehabilitation Worker Training:

The Program Coordinator will provide in depth training in regards to the above-identified tasks (see chart). The Recovery Worker will familiarize him/herself with the Illness Management and Recovery Model, and any other specific worksheets, articles, books, etc used in practice with clients.

In addition, and per HSD Supervision Policy, the Residential Program Leader and Clinical Supervisor will complete the following process to further inform the orientation and ongoing training plan:

Referral Process:

The Residential Program Referral form will be used by CCS, CRS and CSP staff, and sent to the CTS Supervisor for approval. Prior to referral, staff will assure clients understand the scope and options available for them through the Residential Program. In addition, all HSD staff associated with the referred client should be aware of the referral and its identified goals.

Upon receipt of the referral, the CTS Supervisor will make contact with the external vendor, who will work with internal HSD staff and "assess" the client for the program. Following a meeting and assessment the external vendor will follow up with the CTS Supervisor and referring staff, communicating that the referral was received, and will communicate next steps.