**Community Support Staff**

**Job Description**

1. Qualifications: Community support staff shall be a mental health professional or an individual with a bachelor’s degree in social work, psychology, nursing, or a related human services field which includes, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, and rehabilitation counseling; and supervised by a clinical social worker. Community support staff that have been within this organization prior to the implementation of this qualification will be “grandfathered” into their present position and will be allowed to practice based on their previous experience in the mental health field combined with their education and competence within this field.

2. Job Duties: To provide activities designed to ease an individual’s immediate and continued adjustment to community living by coordinating delivery of mental health services with services provided by other practitioners and agencies, monitoring client progress in organized treatment programs, among other strategies. Key service functions include, but are not limited to:

 A. Assessing and monitoring a client’s adjustment to community living;

 B. Monitoring client participation and progress in organized treatment programs to

 assure the planned provision of service according to the client’s individual treatment

 plan;

 C. Participating in the development or revision of a specific individualized treatment

 plan;

 D. Providing individual assistance to clients in accessing needed mental health services

 including accompanying clients to appointments to address medical or other health

 needs;

 E. Providing individual assistance to clients in accessing a variety of public services

 including financial and medical assistance and housing, including assistance on an

 emergency basis, and directly helping to meet needs for food, shelter, and clothing;

 F. Assisting the client to access and utilize a variety of community agencies and

 resources to provide ongoing social, educational, vocational and recreational supports

 and activities;

 G. Interceding on behalf of individual clients within the community-at-large to assist the

 client in achieving and maintaining their community adjustment;

 H. Maintaining contact with clients who are hospitalized and participating in and

 facilitating discharge planning and have a face to face contact with the client in no

 more than 5 business days after release from the hospital;

 I. Training, coaching, and supporting in daily living skills, including housekeeping,

 cooking, personal grooming, accessing transportation, keeping a budget, paying bills,

 and maintaining an independent residence;

 J. Assisting in creating personal support systems that include work with family

 members, legal guardians, or significant others regarding the needs and abilities of an

 identified client;

 K. Encouraging and promoting recovery efforts, consumer independence/selfcare, and

 responsibility; and

 L. Providing support to families in areas such as treatment planning, dissemination of

 information, and linking to services.

 M. Provide crisis intervention and resolution, on an unscheduled basis (to include crisis

 not during normal business hours) to the client, designed to resolve crisis, provide

 support and assistance, and to promote a return to routine adaptive functioning. Key

 service functions shall include, at a minimum, but are not limited to:

 1. Interacting with an identified client, family members, legal guardian,

 significant others, or a combination of these;

 2. Specifying factors that led to the client’s crisis state, when known;

 3. Identifying the maladaptive reactions exhibited by the client;

 4. Evaluating the potential for rapid regression;

 5. Attempting to resolve the crisis; and

 6. When indicated, referring the client for treatment in an alternative setting.

 Nonmedical staff providing crisis intervention and resolution shall have

 immediate twenty-four (24) hour telephone access to a QMHP and or physician for consultation

 N. Transportation of clients will be provided in the Community Support Specialist’s

 personal owned vehicle. Community Support Specialist will be required to maintain

 their personal insurance coverage and be able to show proof of said insurance.

 O. Community Support Specialist will assist clients in finding alternative placement,

 when required and arranging for continuing services through another CPRC program,

 if required and completing any discharge documentation as required.

 P. Community Support Specialist will obtain a Level I Medication Aide (LIMA)

 Certificate and will be responsible for setting up and or assisting clients in setting up

 their own medications. Community Support Specialist will also be required to

 implement and follow all procedures required for the certification of a LIMA.

 Q. Community Support Specialist will be able to provide emergency medical response, in

 accordance with the regulations of the American Red Cross CPR First Aide and the

 Emergency Preparedness policies and procedures of this agency, in the event of a

 medical emergency and or natural disaster. Community Support Specialist will be

 required to maintain a current CPR First Aide certification.

3. Documentation Requirements for a Community Support Specialist

 All documentation is required to be completed in a timely manner as required according

 to that specific documents requirements. Documentation is required to be clear in

 understanding, free from grammatical errors, timely, with accurate descriptions

 accounting for the document event.

 A. Community Support Individual Notes (within the next business day)

 B. Collateral Notes (within the next business day)

 C. Quarterly Reviews (Every 3 months except the months that an Assessment is

 completed or updated.)

 D. Crisis Interventions Plans (2 weeks upon client admission, reviewed quarterly and

 updated annually in the same month the Annual Assessments is due.)

 E. Treatment Team Documentation (within the next business day)

 F. Discharge Plan (within 10 days of discharge)

4. Treatment Team Participation: Community support specialist will be responsible for attending and participating in the completion of Initial and Annual Assessments, Treatment Plans, Crisis Intervention Planning, etc.

5. Caseloads: Each Community Support Specialist’s caseload size will vary according to the acuity, symptom complexity, and the needs of the individuals serviced. However, caseload size should not exceed one (1) community support specialist up to thirty (30) adults in the rehabilitation level of care. Community Support Specialist will be required to maintain an average of 25 contact hours per week. Contact hours include; face-to-face, travel time and collateral contact time.

6. Expectations: Community support specialist are expected to be familiar with and adhere to all the policies and procedures of this agency to include but not limited to all HIPPA/Confidentiality, Emergency Procedures, etc. and to attend and participate in continued education and training provided by the agency or through the agency or to meet any new requirements of policies adopted in the future.