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<i>Policy Name</i>	Admission Criteria for CSS
<i>Effective Date</i>	October 7, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 16, 2025

Policy: CODI provides community support services to individuals with severe and persistent mental illness, including those with co-occurring disorders, who seek greater independence and demonstrate the ability to live successfully in a community setting.

Procedure: When evaluating an individual for community support services, the following criteria must be met:

1. The individual is 18 years of age or older.
2. The individual has a current diagnosis of a serious mental illness.
3. The individual requires active rehabilitation and support services to restore functioning and promote integration into the community, including participation in valued social, employment, educational, or housing roles.
4. In addition, one or more of the following conditions must apply:
 - i. The individual is currently functioning at a level that places them at risk of hospitalization or placement in another intensive treatment setting (e.g., 24-hour supervised group home or nursing facility).
 - ii. The individual is experiencing a decline in functioning that, without community-based services and support, would likely lead to hospitalization or other intensive treatment.
 - iii. The individual lacks sufficient resources or support to live safely in the community.

CODI shall not discriminate against an individual due to race, color, culture, creed, religion, sex, pregnancy, familial status, affectional or sexual orientation, gender identity and expression, age, ancestry, national origin, nationality, ethnicity, language, socioeconomic status, marital status, domestic partner or civil union status, liability for military status, political belief, atypical hereditary cellular or blood trait, genetic information, mental or physical disability including perceived disability, obesity, HIV or AIDS, alcoholism or substance use with legitimately prescribed medication[s] or other status protected by applicable federal, state, or local law or the ability to pay for services.

<i>Policy Name</i>	Advance Directive
<i>Effective Date</i>	April 11, 2011
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 16, 2025

Policy: Consumers shall be informed of their right to develop an Advance Directive for Mental Health Care as well as an advance directive for medical care. CODI is committed to supporting consumers in understanding and exercising this right.

Procedures: The following procedures shall be followed upon admission and throughout the duration of services:

- Staff shall provide informational materials to assist consumers in discussing and executing Advance Directives. These materials shall be available to interested consumers, their families, and designated mental health care representatives.
- If a consumer has an existing Advance Directive, staff shall request a copy. The directive shall be stored in both the consumer's case record and electronically on the public server in a designated folder titled, "Advance Directives."
- Advance directives shall be reviewed and considered during the development, review, or modification of the consumer's Individualized Rehabilitation Plan (IRP).
- Consumers shall be informed of available services related to End-of-Life care. End-of-life refers to the anticipated final days, weeks, or months of life due to advance, incurable disease or severe injury. Consumers shall be encouraged to create or update an Advance Directive addressing End-of-Life care. Discussions may include, but are not limited to, life-sustaining treatment preferences, Do-Not-Resuscitate (DNR) orders, hospice care, other health care options, and individual values and wishes.
- The consumer's face-sheet shall document whether an Advance Directives is in place. If a directive has not been executed, staff shall record efforts made to inform and assist the consumer in creating one.
- All executed or revised Advance Directives shall be registered online through the New Jersey Division of Mental Health and Addiction Services at: <http://www.state.nj.us/humanservices/dmhas/resources/mental/pad/>

<i>Policy Name</i>	Comprehensive Rehabilitation Needs Assessment
<i>Effective Date</i>	October 11, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: To establish eligibility for Community Support Services (CSS), the Division, its designee, or a referring entity, in consultation with CODI and the consumer where feasible, shall develop a preliminary rehabilitation needs assessment for that consumer, which may include information from any prior service provider, any records of prior treatment accessible to the Division or CODI, and records that identify community support needs documented by a hospital, screening service, health care provider, or licensed agency.

Additionally, Comprehensive Rehabilitation Needs Assessment (CRNA) shall be developed for each consumer. The CRNA is a consumer-driven, face-to-face process conducted in collaboration with the consumer.

Procedure: The following steps shall be followed in the completion of the CRNA:

- I. A CRNA must be completed by licensed clinical staff or a registered nurse (RN) within fourteen (14) days of admission, every six (6) months for the first year after initial assessment, and annually thereafter.
- II. At the consumer's request, family members, significant others, and collateral service providers may participate and contribute relevant information, provided that confidentiality requirements are upheld.
- III. The CRNA shall include:
 1. Identifying information (name, gender, date of birth, religion, race, and Social Security number), referral date, and source.
 2. Psychiatric history, current mental status, and diagnosis or diagnoses (any secondary source of a consumer's psychiatric diagnosis shall be noted in the assessment).
 3. Current health status and medical history.
 4. Medication history, including current medication/dose/frequency and name of prescribing physician(s).
 5. Past and current involvement with other agencies/mental health and health care services.

6. Legal matters relevant to treatment.
7. Name and phone number of emergency contact person and notation of any existing advanced directive for mental health care or living will. If one exists, a copy must be included in the consumer's record.
8. The valued life role consumer wants to achieve, as well as consumer's aspirations, strengths, and goals related to that valued life role, improving their life and achieving wellness and pursuing recovery.
9. Precursors or contributing factors to recent crises or increased distress and ways the consumer has de-escalated crises, such as relying on supports or accessing mental health or health care services.
10. Social and leisure functioning, including ability to make friendships, communication skills, and hobbies.
11. Social supports, including family friends, social, and religious organizations.
12. Trauma and abuse history.
13. The consumer's understanding of their mental health and health condition(s) and coping mechanisms.
14. Vocational and educational factors, including employment and education history, learning disabilities/needs, task concentration, potential for self-employment, and motivation for work.
15. Activities of daily living, including self-preservation skills, fire safety (including fire prevention during activities such as cooking and smoking) and evacuation skills, transportation, self-care, and hygiene.
16. Previous, current, and desired living arrangements.
17. Financial status; current entitlements; amount, type, and date of eligibility for subsidies; skills in knowledge of budgeting, including any history of managing entitlements and paying rent.
18. Substance use, including any substances used currently and, in the past, triggers for use of each substance, efforts made to stop or reduce using, consequences of use, substance abuse services received in the past and currently, the effectiveness of those services, community supports used to stop or reduce using, the effectiveness of those supports, and activities engaged in to avoid using.
19. Other important characteristics of the individual, such as special skills, talents and abilities.
20. Characteristics and behaviors resulting in barriers to successful community integration.
21. Recommendations regarding rehabilitation services to be provided.

22. Recommendations regarding housing arrangements.

<i>Policy Name</i>	Coordination and Management of Services
<i>Effective Date</i>	October 18, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: Community Support Services (CSS) shall be guided by the goals, objectives, interventions, and strategies outlined in each consumer's Individualized Rehabilitation Plan (IRP). CODI will deliver a comprehensive array of services approved by the Interim Managing Entity (IME), ensuring that services are person-centered and recovery oriented.

Procedure: CODI shall adhere to the following procedures to implement and support the CSS program:

1. Provide oversight for the implementation of the consumer's IRP, ensuring that stated goals, measurable objectives, and strategies are pursued and achieved within defined timeframes.
2. Ensure all service activities are delivered, including collaboration, consultation, and guidance to other staff involved in supporting the consumer and their family, as appropriate.
3. Monitor and follow up on services to assess whether they adequately meet the consumer's identified needs.

Other services shall be provided as outlined in the IRP and include, but are not limited to, the following:

1. Housing search assistance, including assisting the consumer in locating housing opportunities, taking into consideration the consumer's housing preferences, experiences, household management strengths and weaknesses, financial responsibilities and long-term housing goals; meeting housing eligibility requirements and requesting reasonable accommodations, lease negotiations, saving for or obtaining security deposits, furnishing the home, and/or accessing household supplies.
2. Assist the consumer in setting up utility accounts and identifying natural supports to develop and carry out a move-in plan.
3. Assist the consumer and natural supports to set up and decorate their new home, help the consumer to become familiar with the local community resources, accessing transportation services, and locating resources, such as the supermarket, bank, library, post office, and pharmacy.
4. Establish relationships with landlords, provide contact information, assist consumers in developing skills to identify tenancy issues and resolve them where possible, and encourage landlords and consumers to bring unresolved

- problems to the attention of staff for resolution before considering termination or eviction.
5. Develop a plan to help the consumer manage their mental health and healthcare, monitor their symptoms, track early warning signs, develop coping skills, and prepare a plan to prevent or minimize a relapse or worsening of health conditions.
 6. Observe the consumer's symptoms, help the consumer manage symptoms not reduced with medication, and assist the consumer to adapt and cope with internal and external stresses.
 7. Assist consumers in advocating for themselves regarding health care and medication concerns and act as a liaison to clinical service providers.
 8. Provide training and support in all areas concerned with the consumer's finances, including weekly/monthly budgeting, establishing bank accounts, balancing checkbooks, looking for sales, using coupons and rebate offers, avoiding impulse buys, responding to telemarketing or mail "schemes," establishing a savings plan designed for emergencies, and enhancing self-sufficiency.
 9. When a substance use problem is identified, help consumers identify triggers for relapse and focus on a lifestyle centered on recovery; refer to co-occurring mental health and substance abuse treatment and substance use disorder treatment services and recovery support resources, including medication assisted treatment as appropriate.
 10. Educate the consumer on the interactive effects of substance use on psychiatric symptoms, psychiatric and other medications, and social behavior.
 11. Share self-help recovery and local co-occurring recovery group meeting lists with consumers and accompany to local groups and/or meetings to encourage attendance.
 12. Encourage an alcohol and substance free-living environment in shared living arrangements.
 13. Provide coaching in the use of Medicaid taxi service, carpools, buses, trains, etc., and help consumers obtain access to low-cost transportation resources, if available.
 14. Assist with reading maps, reading bus/train schedules, locating bus stops/train stations, etc.
 15. Assist consumers to identify and access low-cost methods of transportation, for example, saving for a bicycle.
 16. Where all other transportation options have been exhausted, provide direct transportation in an agency vehicle for appointments, shopping, and education courses.
 17. Assist consumers to develop a support network other than professionals, which may include neighbors, family, friends, co-workers, clergy or members of religious institutions, spiritual advisors, shopkeepers, etc.

18. Explore with the consumer opportunities for social networks (including exploring social organizations, recreational groups, or places of worship or spiritual practice) and coach the consumer to strengthen these connections.
19. Education and training on relapse identification, prevention, and the promotion of recovery.
20. Development of a comprehensive relapse prevention plan that offers skills training and individualized support focused on self-management of mental illness and other aspects of recovery.
21. Co-occurring disorder education, which provides basic information to consumers, family members, or other significant individuals on the nature and impact of substance usage and how it relates to the symptoms, experiences, and treatment of consumers with co-occurring disorders.
22. Medication assistance, in accordance with the following:
 - a. Consumers shall be provided with pertinent information regarding medication effectiveness, medication side-effects, and safety to make informed decisions regarding medication issues.
 - b. Staff shall assist and support consumers in adhering to their medication regimes, and where appropriate, shall implement interventions, such as those described in (a)9 through 12 above.
 - c. Consumer family members shall be invited to participate in consumer medication efforts where appropriate, and in accordance with State and Federal confidentiality laws.
23. Linkages to legal assistance.
24. Crisis intervention, consisting of face-to-face, short-term interventions with a consumer who is experiencing increased distress and/or an active state of crisis. Interventions and strategies include:
 - a. Contributing to the development and implementation of the consumer's crisis contingency plan and psychiatric advance directive.
 - b. Brief, situational assessment.
 - c. Verbal interventions to de-escalate the crisis.
 - d. Assistance in immediate crisis resolution.
 - e. Mobilization of support systems.
 - f. Referral to alternative services at the appropriate level.
25. Provide guidance regarding accessing emergency response services.

<i>Policy Name</i>	Direct Care Training
<i>Effective Date</i>	October 18, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: CODI shall develop, update, administer, and document a comprehensive training program and community support services training manual for all staff. The training program shall be consistent with the requirements set forth at N.J.A.C. 10:37D-2.14 and 10:77A-2.4. Direct care training shall include a comprehensive description of the training curriculum, aligned with the required topic areas listed below, the qualifications of the training providers or source, the format of training delivery, and any instructional materials used or distributed.

Procedure:

Training topics include:

1. Overview of adult mental health rehab services, including, but not limited to:
 - a. Psychiatric rehabilitation principles and methods;
 - b. Illness management and recovery;
 - c. Wellness and recovery action planning;
 - d. Advance directives for mental health care;
 - e. Professional ethics and boundaries; and
 - f. Confidentiality.
2. Emergency preparedness, including but not limited to:
 - a. CPR/First Aid/AED (training issued by American Heart Assoc. or American Red Cross trainer must be current);
 - b. Obstructed airway (usually part of CPR training);
 - c. Infection Control; and
 - d. Fire safety.
3. Suicide prevention, including but not limited to risk factors and warning signs.
4. Substance use disorders in conjunction with mental illness;
5. Crisis intervention and prevention skills, including:

- a. Development of a crisis plan;
 - b. Crisis assessment;
 - c. Crisis prevention techniques;
 - d. Verbal intervention;
 - e. Crisis resolution; and
 - f. Mobilization of supports and how and when to access additional resources.
6. Documentation, including but not limited to:
- a. Assessment;
 - b. Individualized rehabilitation plan;
 - c. Progress notes;
 - d. Termination summary; and
 - e. Objective vs. subjective recording of information.
7. Policies and procedures for verbally assisting the consumer in self-administering prescription and non-prescription medication.
8. Other medication/clinical issues including:
- a. Classes of medication, therapeutic objectives, and side effects, including documentation and reporting of side effects to appropriate medical professionals; and
 - b. Clinical communication, including how to report symptoms when encountering problematic medical/clinical situations and pertinent information to share with medical providers during emergencies.
9. Activities of daily living and personal care management, including:
- a. Personal hygiene;
 - b. Food preparation and nutrition;
 - c. Household maintenance, laundry, and budgeting; and
 - d. Monitoring of prescribed individual eating modifications.
10. Self-care health management and chronic health conditions.

A training completion summary sheet shall be maintained for each employee. This record must include all required training topics and subtopics, the date each training was completed, the source or provider of the training, and any competencies demonstrated or certifications earned. The evaluation of staff competencies after completion of any training module shall include demonstrated, documented evidence of the knowledge and skills acquired by each participating employee.

<i>Policy Name</i>	Documentation Requirements for CSS
<i>Effective Date:</i>	October 21, 2016
<i>Approved By:</i>	Linda Carney, President/CEO
<i>Most Recent Revised Date:</i>	May 20, 2025

Policy: CODI requires all documentation to be accurate, comprehensive, and completed within timeframes that align with applicable regulatory standards and organizational expectations. Staff shall create a record for each consumer who receives CSS that shall document all assessments, individualized rehabilitation plans, and other services required to be provided, and shall also include in that record, as needed, progress notes, financial records, and a termination summary at the time of separation of the consumer from the services provided.

In addition to the recordkeeping requirements CODI shall keep appropriate financial records when charging CSS consumers fees. Financial records shall include specific charges for all service-related items applicable to each consumer. CODI shall make available, to the consumer, any and all financial records related to fees charged to that consumer.

Procedure: All documentation shall be completed within the designated timeframes by the staff responsible, as outlined below:

DOCUMENT	FREQUENCY	Responsible Staff
Application	Upon referral or prior to admission	Referral source or consumer
Initial Assessment	At first face to face contact	Recovery Plan Coordinator
Release of Information	At first face to face contact and annually thereafter	Recovery Plan Coordinator and Assigned Caseworker
Consumer Status Memo	Within 24 hours of admission, transfer, or discharge	Assigned Caseworker
USTF [electronic]	Within 72 hours of admission	Recovery Plan Coordinator
Community Support Services Agreement	Reviewed prior to admission, signed at admission, and reviewed annually	Recovery Plan Coordinator and Assigned Caseworker
Notice Consumer Rights	Within 5 days of admission	Assigned Caseworker
Grievance Procedure	Within 5 days of admission	Assigned Caseworker
Admission Note	On day of admission into Foothold	Assigned Caseworker
Face Sheet entered into Foothold	On day of admission and updated every 3 months	Assigned Caseworker
Privacy Statement [HIPAA]	Within 5 days of admission	Assigned Caseworker
Preliminary Comprehensive Needs Assessment	Prior to admission	Recovery Plan Coordinator
Preliminary Individualized Rehabilitation Plan	Within 5 days of admission	Recovery Plan Coordinator
Enrollment Form	Within 5 days of admission	Recovery Plan Coordinator
Comprehensive Rehabilitation Needs Assessment	Within 14 days of admission; Every six months for the first year after the initial assessment, and annually thereafter	Recovery Plan Coordinator
Face-to-face visits [Service Plan linked]	In Foothold within 24 hours	Assigned Caseworker

DOCUMENT	FREQUENCY	Responsible Staff
Individualized Rehabilitation Plans	In Foothold within 14 days of admission for CSS; Reviewed every 90 days and submitted for approval every 180 days [a summary note documenting meeting is also required]	Recovery Plan Coordinator
Notice of Hospitalization	In Foothold within 48 hours of admission	Assigned Caseworker
Discharge Summary	Within 10 days of discharge	Assigned Caseworker
USTF [electronic]	Within 72 hours of discharge	Recovery Plan Coordinator

<i>Policy Name</i>	Enrollment and Admission
<i>Effective Date</i>	October 7, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: CODI shall accept referrals through its online application system and assess whether applicants meet established admission and exclusionary criteria. Priority consideration will be given to individuals referred from Ancora Psychiatric Hospital.

Procedure: The following steps shall be followed in processing and reviewing referrals:

1. Names of individuals referred for admission, along with relevant background information (e.g., psychiatric history), shall be forwarded to the Recovery Plan Coordinator.
2. A complete referral package shall be submitted to the Residential Admission Committee (RAC) within five (5) business days of receiving the referral.
3. Upon receipt of referral, the Recovery Plan Coordinator shall complete an Initial Assessment, which shall be reviewed by RAC. Recovery Plan Coordinator shall complete a suicide risk screening tool during initial assessment interview. If any indication of suicide risk is identified during the assessment, 911 will be contacted immediately. Suicide risk screening tool shall be maintained in the consumer's file. RAC shall be composed of the VP of Residential Services, Recovery Plan Coordinator, and President/CEO.
4. The RAC shall review each referral and, by simple majority vote of those present, decide whether to approve or deny the referral.
5. The Recovery Plan Coordinator shall complete the CSS Enrollment Admission Form and the DMHAS CSS Eligibility Criteria Checklist.
6. If the referral is approved, the Recovery Plan Coordinator or designee shall complete INDA and schedule the admission. If the referral is denied, the Recovery Plan Coordinator shall complete the INDA to formally notify the referral source of the decision.
7. For approved community referrals, the Supportive Housing Coordinator shall assign staff to coordinate admission.

<i>Policy Name</i>	Exclusionary Criteria/ Denial Services
<i>Effective Date</i>	October 17, 2016
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: Individuals shall be denied services based on the following exclusionary criteria:

1. Under the age of 18
2. Do not have a serious mental illness or severe mental health needs as defined under N.J.A.C. 10:37B-1.2 (includes specific qualifying diagnoses and conditions).
3. History of serious assault, including sexual offenses, against another individual.
4. Danger to self or others.
5. Failure to demonstrate a willingness to engage in treatment or recovery.

Procedure:

1. Notification of Denial:
 - Individuals who meet one or more exclusionary criteria may be denied services.
 - A written notice shall be provided, detailing the specific reason(s) for denial.
2. Right to Appeal:
 - The individual shall be informed of their right to appeal the denial.
 - Appeals may be submitted to the President/CEO, who will make a final determination regarding service eligibility.
3. Additional Appeal Options:

Individuals may also submit appeals to the following authorities:

 - Kathy Quish, Atlantic County Mental Health Administrator
Phone: 609-645-7700 ext. 4519
Address: 201 Shore Road, Northfield, NJ 08225
 - Amy Dindak, NJ Division of Mental Health & Addiction Services
Phone: 609-567-7352
Address: 301 Spring Garden Road, Ancora, NJ 08037

4. The program shall maintain comprehensive data related to all denials of service.
5. This data shall be reviewed annually to identify any potential accessibility barriers. If barriers to access are identified, the Admissions Committee shall develop and implement a remediation plan.
6. Data on denials and any accessibility recommendations shall be presented annually to the Compliance Team and Leadership Team for review and action.

<i>Policy Name</i>	Freedom of Choice
<i>Effective Date</i>	October 7, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 20, 2025

Policy: Consumers receiving Community Support Services (CSS) have the right to make informed choices regarding their service providers and care. CODI is committed to honoring each consumer's freedom of choice in the selection and delivery of CSS.

Procedure: The following procedures shall be followed to ensure consumer choice is respected:

1. Each consumer determined eligible for CSS has the right to choose one agency to serve as their primary service provider.
2. Within the selected agency, each consumer will be assigned to a primary caseworker, who will serve as the main point of contact. While the primary caseworker may deliver the majority of services, the consumer will have access to a team of community support workers to meet their individual needs.
3. Consumers retain the right to request a change in assigned staff within the agency or to select a different agency at any time, in accordance with their preferences and needs.
4. Some community support services may be designed to operate as programs for targeted population subgroups of consumers who live in consumer rented or consumer owned housing, and eligibility for those programs may have additional clinical requirements provided in contracts with the Division; as such, those programs may not be available to all consumers. They currently include "enhanced supportive housing," "medically enhanced supportive housing," "at risk (of homelessness) supportive housing," and consumers served by a "residential intensive support team (RIST)" or "medically enhanced RIST."

<i>Policy Name</i>	IMR/WRAP
<i>Effective Date</i>	October 21, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: CODI is committed to promoting health and wellness by encouraging consumers to develop and utilize individualized wellness plans. Emphasis will be placed on evidence-based practices that support personal recovery goals, particularly through the use of Illness Management and Recovery (IMR) and Wellness Recovery Action Planning (WRAP).

Procedure: As outlined in each Individualized Rehabilitation Plan (IRP), support staff shall:

1. Assist consumers in defining what recovery means to them and in setting meaningful, personal recovery goals.
2. Provide education about mental health conditions to support informed decision-making.
3. Support consumers in building social networks and engaging natural supports in recovery-oriented activities.
4. Help consumers identify early warning signs of relapse and develop proactive plans to manage them.
5. Teach strategies for managing symptoms, coping with stress, and enhancing overall quality of life.

WRAP is an evidence-based, self-directed wellness and recovery process designed by and for individuals. It empowers consumers to take control of their well-being by developing personalized plans that include a wellness toolbox, daily maintenance plan, triggers, early warning signs, and crisis planning. These tools support consumers in maintaining wellness, preventing relapse, and creating a life aligned with their values and goals.

<i>Policy Name</i>	Individualized Rehabilitation Plan
<i>Effective Date</i>	October 11, 2016
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: In accordance with State and Federal confidentiality laws, rules, and regulations, CODI shall collaborate with identified providers and the consumer's significant others in the development of the individualized rehabilitation plan (IRP).

Procedure: The following procedures shall guide in the development and implementation of each consumer's IRP:

1. Upon admission, each eligible consumer shall have a Preliminary Individualized Rehabilitation Plan (PIRP) developed in collaboration with the referring agency, healthcare provider, or the Division, and with consultation with CODI. This plan is based on the medical necessity established during the eligibility determination process. The PIRP shall guide the delivery of medically necessary services for up to sixty (60) calendar days after admission.
2. Within sixty (60) days of admission, CODI staff shall work in partnership with the consumer to develop and implement a comprehensive IRP.
3. Each IRP must be based on a comprehensive rehabilitation needs assessment (CRNA), the preliminary PIRP, and any other relevant assessments, including the WRAP® and any existing mental health advanced directive.
4. All IRPs shall include:
 - a. The consumer's desired valued life role, specific recovery and rehabilitation goals, and measurable, time-framed objectives.
 - b. Strategies and interventions to be used, anticipated outcomes, and the following details:
 - i. Expected frequency and duration of each community support service.
 - ii. The location where each service will be delivered.
 - iii. The type and name/title of the practitioner responsible for each intervention.
 - c. Clearly defined measurable criteria to track progress, including desired behavioral changes or skill acquisition.

- d. If psychotropic medications or controlled substances are included, documentation of the consumer's ability to self-administer, assistance to be provided by the service provider, and procedures for medication storage and retrieval shall be in the IRP.
5. Training and support services shall be provided as needs are identified in each consumer's IRP.
6. Services provided shall include, but are not limited to, evidence-based practices appropriate for implementing community support services:
 - a. Motivational Strategies: Encouraging personal connections to goals, promoting hope, exploring change readiness, and reframing experiences.
 - b. Cognitive Behavioral Strategies: Reinforcement, modeling, role-playing, behavioral shaping, cognitive restructuring, adherence strategies, coping and relaxation techniques, and social skills training.
 - c. Educational Strategies: Interactive teaching, simplification of information, comprehension checks, worksheet-based application, and collaborative homework planning.
 - d. Illness Management and Recovery (IMR).
7. Each IRP and its revisions shall be signed and dated by:
 - a. A physician or licensed practitioner authorized by State law to recommend treatment.
 - b. Appropriate team members, including intervention staff, the primary service coordinator, and the supervisor.
 - c. The consumer.
 - i. If the consumer declines to sign, staff must document the refusal in Foothold and on the IRP.
8. Review of the IRP shall occur as follows:
 - a. A consumer may request a review or revision of the IRP at any time.
 - b. In addition to any request by the consumer, CODI shall review and update the IRP as needed, at least every three (3) months.

- c. CODI shall collaborate with the consumer during any requested or scheduled review.
- d. Each review shall be documented with the date and signatures of the consumer, the staff member coordinating the services, and the supervisor overseeing the services.

<i>Policy Name</i>	Lost to Contact
<i>Effective Date</i>	October 19, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: An individual's ability to remain safe and connected in the community can be compromised by factors such as social isolation, medical issues, psychological trauma, stress, economic hardship, or environmental challenges. These issues, either individually or in combination, may hinder a consumer's ability to maintain contact with services and support networks.

Because contact with Community Support Services (CSS) staff may represent the consumer's primary or only connection to care, CODI considers it essential to maintain consistent communication to monitor and support the individual's well-being. To guide staff in cases where a consumer becomes lost to contact despite outreach attempts, the following procedures shall apply.

Procedure:

- During admission, CODI shall encourage consumers to provide copies of any existing Psychiatric Advance Directives (PAD) and the name of an emergency contact.
- Existing PADs shall be reviewed during each Individualized Rehabilitation Plan (IRP) update. Emergency contact information, listed on the Face Sheet, shall be reviewed quarterly and updated as needed. If a consumer has an active PAD, staff shall request a copy, which will be stored in both the consumer's case record and on the public server in the folder labeled "Advance Directives."
- If a consumer misses a scheduled appointment or outreach, staff shall attempt to contact the individual by phone within one (1) hour of the missed contact and document the outreach attempt in Foothold.
- If the consumer cannot be reached, staff must notify their immediate supervisor by the end of the same business day. Staff shall also inform the supervisor if the consumer has recently displayed behavioral changes, been discharged from an inpatient or crisis setting, or presented other risk indicators.
- If the immediate supervisor determines that the consumer is not at imminent risk, staff shall continue weekly outreach efforts.

- If no contact is established within thirty (30) days, CODI shall follow its established policy and procedures for service termination due to lost contact.
- If supervisor determines that consumer is at imminent risk, staff shall follow missing person policy.
- All contact attempts, assessments, and actions taken must be documented promptly and thoroughly in Foothold.

<i>Policy Name</i>	Medication
<i>Effective Date</i>	October 14, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: Consumers receiving Community Support Services (CSS) are expected to self-administer their medications. Self-administration of medication means the consumer removes the individual dose of medication from a container provided by a pharmacy, sample medication container provided by the prescriber, or a container of non-prescription medication, and consumes the medication, places it into another container for consumption at a later time, applies the medication externally, or injects themselves with the medication.

Procedure: When a consumer's Individualized Recovery Plan (IRP) includes medication management services, the following procedures shall be followed:

1. The consumer's clinical record must include a comprehensive list of all prescribed medications. This list shall detail the name, purpose, dosage, frequency of self-administration, and the date each medication was prescribed.
2. Staff shall also educate the consumer on proper medication storage and retrieval procedures.
3. Staff shall regularly provide counseling services aimed at informing consumers about medication(s) and the potential interactions if combined with alcohol or non-prescribed drugs.
4. Staff must document all instances of medication self-administration in the consumer's clinical record.
5. CODI shall educate staff and consumers on medication annually including self-administration techniques and responding to medication errors.
6. Staff shall receive medication education during Heat Advisory training and educate consumers, which shall be completed annually before May 1st.

<i>Policy Name</i>	On-Call Support
<i>Effective Date</i>	October 14, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: To ensure continuous support for individuals receiving Community Support Services (CSS), the CSS program shall maintain an after-hours, on-call system to provide timely assistance during times of stress or crisis. Staff support must be accessible at all times.

Procedure: Consumers enrolled in CSS will be provided with the on-call phone number: (609) 965-4873 to reach the designated caseworker after hours.

Residential Counselor shall contact the on-call caseworker in the following situations:

1. Suicidal ideation, intent, or suicide attempt
2. Medical emergency or Emergency Room visit/follow-up (**For life-threatening emergencies, call 911 first**)
3. PIP (Psychiatric Intervention Program) involvement or follow-up
4. Consumer requires support to de-escalate a situation or needs evaluation

On-call staff is required to respond to calls within fifteen (15) minutes. If the on-call caseworker does not respond within the expected timeframe, staff shall contact the Supportive Housing Coordinator. If no response within fifteen (15) minutes, contact the Vice President of Residential Services. If no response within fifteen (15) minutes, contact the President/CEO.

Individuals (consumers, families, etc.) calling CODI's main office after regular business hours will be directed to the on-call line at (609) 965-4873. On-call caseworkers will provide consultation and connect individuals to crisis/emergency services as needed. Caseworkers will rotate on-call duty and are responsible for the following:

1. Respond to an emergency call twenty-four (24) hours per day during weekends, holidays, and after regular business hours.
2. Respond to calls within fifteen (15) minutes and be available to respond on-site within sixty (60) minutes, if necessary.
3. Actively listen to obtain relevant information and determine the nature of the emergency, including:

- a. Is the emergency medical, psychiatric, or property related? Staff shall determine whether or not the emergency is life-threatening. If life-threatening, on-call staff shall call 911.
 - b. Is face-to-face contact required?
 - c. Is there a suicidal or homicidal threat with a plan or a history of self-abuse or violence to others?
 - d. Is there active hallucinations or delusions?
 - e. Is there potential for physical confrontation?
 - f. Is there a threat or a potential use of weapons?
 - g. Is there a potential danger to self, others, or property?
4. Consumer may require a face-to-face contact when there is clinical reason to provide such a contact. Contact may include providing de-escalation interventions, etc. Prior approval for face-to-face outreach must be obtained from VP of Residential Services or President/CEO.
 5. PIP shall be called when the individual is considered to be of danger to self or others. On-call caseworker shall provide PIP with relevant clinical information.
 6. On-call caseworker shall document each on-call contact, including face-to-face and telephone contacts, in Foothold by the next business day.
 7. If 911 is called, on-call caseworker shall complete a CIR.

At no time shall an employee be granted vacation while they are on-call. Cell phones must also be physically handed to the next on-call caseworker.

<i>Policy Name</i>	Policy & Procedure Manual Creation & Review
<i>Effective Date</i>	October 19, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: CODI shall develop, implement, maintain, and revise a written policies and procedures manual to ensure that its service delivery system, organizational structure, and management practices remain in compliance with all applicable statutory and regulatory requirements.

Procedure: The following procedures shall apply:

1. CODI shall document the meaningful and integral involvement of consumers and their families in the development and revision of the manual. The manual shall be made available for review by consumers and their families upon request.
2. The manual shall:
 - a. Be reviewed annually by CODI staff, with evidence of review documented through dated staff signatures.
 - b. Always be accessible to direct care staff.
 - c. Serve as a guide for staff to ensure adherence to the principles and requirements outlined in N.J.A.C. 10:37B-11.1 and any other applicable regulatory standards.

<i>Policy Name</i>	Progress Notes
<i>Effective Date</i>	October 21, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: CODI shall document and maintain progress notes for each Community Support Services (CSS) consumer following every encounter, as well as during times of crisis and transition, to ensure continuity of care and compliance with regulatory standards.

Procedure: Staff are responsible for completing progress notes in accordance with the following guidelines:

1. The consumer's level of goal attainment based on the goals outlined in their Individualized Rehabilitation Plan (IRP), a summary of services provided, any significant events, and contacts or coordination with other service providers.
2. Staff shall use information from progress notes to inform and recommend the appropriate frequency of contact with the consumer.
3. Staff shall complete progress notes within twenty-four (24) hours of contact.
4. Staff shall sign, date, and indicate the time of entry for every progress note they write and shall include their staff titles and credentials.
5. Failure to complete documentation within designated timeframe may result in disciplinary action.

<i>Policy Name</i>	Purpose and Goals of CSS
<i>Effective Date</i>	October 12, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 21, 2025

Policy: Eligible consumers residing in community settings shall be offered Community Support Services (CSS). CODI is committed to providing accessible, flexible support services that promote successful, independent living and integration within the community.

Procedure: CODI shall offer a comprehensive range of services and supports designed to help consumers achieve their mental health rehabilitation and recovery goals. These services may include, but are not limited to:

1. Assisting consumers in achieving and maintaining valued life roles within the social, employment, physical health, educational, or housing domains.
2. Supporting consumers in restoring or maintaining levels of functioning that enable them to achieve community integration and continue living independently in the setting of their choice.
3. Services, including skills development training, shall be provided or arranged for by staff when identified in the preliminary or individualized rehabilitation plan and agreed to by the consumer.

<i>Policy Name</i>	<i>Representative Payee</i>
<i>Approved by</i>	L. Carney, President/CEO
<i>Effective Date</i>	December 23, 2015
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: When a consumer has been previously assigned a Social Security Administration (SSA)-designated representative payee or requires one, CODI shall either assume this responsibility or apply to become the consumer's representative payee.

CODI will retain representative payee status until the consumer is deemed capable of independently managing their finances or formally requests a change in representative payee. Any changes to the representative payee agreement must be documented in writing and signed by the consumer.

Procedure: To ensure accurate accounting and responsible management of representative payee funds, CODI will adhere to the following procedures:

1. The Accounting Office shall be notified by the caseworker via a consumer status memo when CODI is designated as a consumer's representative payee.
2. The caseworker shall ensure that the consumer signs and dates the Representative Payee Agreement form.
3. In accordance with SSA regulations, Social Security checks shall be directly deposited into a designated Representative Payee bank account. These funds will be held in a federally insured financial institution. Any interest earned on account balances will be allocated quarterly among consumers based on their individual percentage of the total balance. Any checks received at the main office shall be logged, copied, and appropriately documented.
4. Accounting shall record all receipts and disbursements for each consumer's account.
5. Consumers may request and receive a statement of their account at any time, detailing all financial activity.

6. Consumers must submit a completed Social Security Monthly Expense Form to the Vice President of Residential Services to establish a monthly budget. The accountant shall pay bills in advance of their due date using the individual's funds. Consumers are responsible for forwarding all bills and any address changes to the accountant in a timely manner.
7. To request funds for non-budgeted expenses, consumers must complete and submit a Social Security Special Fund Request Form to the Vice President of Residential Services. Refer to the Representative Payee Fund Request Policy for additional guidance.
8. After budgeted expenses have been paid, any remaining funds will be disbursed to the consumer as outlined in their approved budget.
9. All correspondence between the SSA and CODI shall be maintained in the consumer's electronic financial file.
10. Consumer financial files are subject to review and may be included in the agency's annual independent audit.
11. The Chief Financial Officer (CFO) is responsible for completing and submitting the annual Representative Payee Report to the SSA.
12. If a consumer receiving SSI benefits under CODI's representative payee status is hospitalized, the caseworker must notify the accountant via a consumer status memo. Upon notification, the accountant shall return the funds to the SSA. Upon discharge, the caseworker shall again notify the accountant to resume account management.

<i>Policy Name</i>	Representative Payee Fund Request
<i>Approved by</i>	L. Carney, President/CEO
<i>Effective Date</i>	October 26, 2016
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: Consumers on Social Security representative payee status must submit a Social Security Request Form (Green Sheet) for initial monthly budgeted expenses, any changes to the existing budget, and requests for additional funds. The Accounting Department will not process or issue any funds without an electronically submitted and approved request.

Procedure: To ensure proper fund management and accountability, the following procedures shall be followed:

1. Staff shall assist the consumer in developing a monthly budget and completing the required Social Security Request Form. Consumers must electronically sign and date the form, indicating they have read and understood the instructions, before submission for approval.
2. For any monetary requests exceeding the approved monthly budget, consumers must submit a Social Security Special Request Form (Green Sheet). This form must also be electronically signed and dated by the consumer to confirm understanding of the process and requirements.
3. Staff shall review the completed request form, electronically sign and date it, and submit it to the VP of Residential Services for further review.
4. The VP of Residential Services will review the request and may approve, deny, or adjust it based on the consumer's financial situation. If the request exceeds the available account balance, the consumer must be consulted to discuss alternative options or budget adjustments.
5. If a consumer demonstrates difficulty managing their budget, the caseworker shall include budgeting assistance as part of the consumer's Individualized Rehabilitation Plan (IRP).
6. The VP of Residential Services may deny a request if it does not meet Social Security's criteria of financial need or involves a large amount that cannot be adequately tracked (e.g., if no receipt or documentation can be provided).

In such cases, the caseworker shall be notified via email. The caseworker must inform the consumer of the denial and discuss potential revisions. The consumer may resubmit a modified request or request reconsideration. The consumer may also request a meeting with the VP of Residential Services to discuss the decision.

7. Consumers who frequently submit special requests may be encouraged to reassess their monthly budget and create a new budget that better reflects their spending needs.
8. Once approved, the VP of Residential Services shall electronically forward the request to the Accounting Department for processing.
9. Monthly checks will be mailed to the consumer at the address provided, following the scheduled monthly disbursement cycle. Special request checks will be mailed within three to five business days of approval unless further clarification is required or the request is denied.
10. Any questions or concerns regarding Social Security fund request questions shall be directed to Supportive Housing Coordinator or VP of Residential Services.

<i>Policy Name</i>	CSS Service Agreement
<i>Effective Date</i>	October 12, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: CODI shall develop and submit for approval to the Division prior to use a consumer service agreement. Any changes to the consumer service agreement including additions, deletions, or revisions must receive written approval from New Jersey Department of Human Services Office of Licensing PO Box 707, Trenton, NJ 08625-0707.

All consumers enrolled in a Community Support Services (CSS) program must have a written consumer service agreement. This agreement shall be reviewed with the consumer prior to acceptance, clearly outlining the roles and responsibilities of both CODI and the consumer. The agreement shall be written in a language sufficiently understood by the consumer to assure comprehension. It must be signed by both parties upon the consumer's admission to the program.

Procedure: To ensure proper documentation and mutual understanding, the following procedures shall be followed:

1. The consumer service agreement shall be reviewed at least annually and updated as necessary to reflect any changes in services, roles, or responsibilities. All reviews and updates must be discussed with the consumer to ensure clarity and mutual agreement.
2. The consumer service agreement shall indicate the consumer's written acknowledgement that the consumer understands the following terms of the agreement:
 - a. A list of available services for which there are no fees.
 - b. The fees for optional services to be provided (if any).
 - c. The consumer's rights (as specified in N.J.A.C. 10:37-4.5(h)1 through 6) and responsibilities, including expectations of the program and complaint process specified in N.J.A.C. 10:37-4.6(b).
 - d. CODI shall ensure that the consumer is afforded the opportunity to be supported in an effort to achieve the wellness and recovery goals outlined in a fully developed WRAP® where one is available, and the consumer chooses to use that tool, and in the consumer's individualized rehabilitation plan;
 - e. The consumer's roles and responsibilities and consequences for program violations.
 - f. Service termination procedures.

<i>Policy Name</i>	Skills Development Training
<i>Effective Date</i>	October 14, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: Staff shall offer therapeutic skills development training with the aim of promoting community integration and restoring individual to maximum possible functional level by improving functional, social, interpersonal, problem-solving, coping, and communication skills.

Procedure: Staff shall provide therapeutic skills development, which involves teaching consumer the physical, cognitive/intellectual, and behavioral skills related to identified goals in a focused manner that leads to increased competence and proficiency in identified skills.

Skills teaching shall be guided by the following principles and staff shall have discussion with consumers about:

1. The skills to be learned, taking into account consumer's past experiences in using skills, what skills entail, when to use skills, and benefits of using skills;
2. Breaking down the skills into component parts;
3. Showing examples of how the skills are correctly used or performed;
4. Arranging opportunities to practice skill use in community setting where skills are to be used;
5. Providing evaluation and feedback on skill performance.

Skills development may target one or more of the following areas:

1. Restoration of daily living skills;
2. Social skills development to promote restoration of appropriate mainstream medical, dental, and mental health services;
3. Skills related to accessing and using appropriate mainstream medical, dental, and mental health services;

4. Skills related to accessing, renewing, and using appropriate public entitlements such as Social Security, rental assistance, welfare, Medicaid, and Medicare;
5. Skills related to how to use recreation and leisure time and resources;
6. Skills training in self-advocacy and assertiveness in dealing with citizenship, legal, or other social needs;
7. Skills of negotiating landlord/neighbor relationships, educating consumers on their rights and obligations as tenants/neighbors, as well as fair housing laws and landlord-tenant laws. Coaching consumers in terms of social skills needed to deal with and maintain good relationships with landlords and neighbors;
8. Cognitive and behavior skills including, but not limited to, handling of emergencies and problem solving.
9. Wellness and a healthy lifestyle;
10. Employment, volunteer, and educational readiness activities, including: communication skills, personal hygiene and dress, time management, navigating linkages and referrals, finding available resources, making and keeping appointments, coaching for interviews, completing necessary paperwork, and other related skills preparing the recipient to be employable.

<i>Policy Name</i>	Staffing Credentials & Responsibilities
<i>Effective Date</i>	October 18, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: CODI shall employ a sufficient number of qualified staff to deliver all required services to consumers. Staffing levels will be determined based on the number of consumers served, their functional levels and individual needs, their employment and living situations, and the geographic distribution of service locations.

Procedure: The following credentialed staff shall be employed to ensure the provision of appropriate and effective services:

1. Clinically licensed staff:
 - a. Registered Nurse (RN): Must be licensed by the appropriate State professional board.
 - b. Other Clinically Licensed Professionals: Must possess a master's degree from an accredited college or university in social work, rehabilitation counseling, or a related behavioral health or counseling discipline.
 - c. Staff employed under this subsection must deliver services as outlined in N.J.A.C. 10:37B-5.2 (1-6).
2. Master's level staff:
 - a. Must possess a master's degree from an accredited college or university in social work, rehabilitation counseling, or another related behavioral health or counseling field.
 - b. Staff employed under this subsection must deliver services as outlined in N.J.A.C. 10:37B-5.2 (2-6).
3. Bachelor's level staff:
 - a. Must have a bachelor's degree in a helping profession (e.g., social work, psychology, human services, counseling, or psychiatric rehabilitation).
 - b. A degree in a non-related field requires a minimum of two (2) years of professional experience in a community behavioral healthcare setting.
 - c. Certification as a psychiatric rehabilitation practitioner may substitute for one (1) year of experience.
 - d. Staff employed under this subsection shall work under the supervision of a physician, psychiatrist, licensed psychologist, advanced practical nurse, registered nurse, or master's level community support staff.

- e. Staff under this subsection must deliver services as outlined in N.J.A.C 10:37B 5.2 (2-6).
4. Associate's degree level staff:
 - a. Must possess an associate's degree in one of the helping professions, such as social work, human services, counseling, psychiatric rehabilitation, psychology, counseling, or other related behavioral healthcare or counseling program from an accredited college or university.
 - b. A degree in a non-related field requires at least two (2) years of professional experience in a community behavioral health setting.
 - c. Certification as a psychiatric rehabilitation practitioner may substitute for one (1) year of experience.
 - d. Staff employed under this subsection cannot supervise others and shall work under the supervision of a physician, psychiatrist, licensed psychologist, advanced practical nurse, registered nurse, or master's level community support staff.
 - e. Staff under this subsection must deliver services as outlined in N.J.A.C 10:37B 5.2 (2-6).
5. High School graduate level staff:
 - a. Must possess a high school diploma or equivalent.
 - b. A minimum of three (3) years of experience in a community-based behavioral healthcare setting is required.
 - c. Certification as a psychiatric rehabilitation practitioner may substitute for one (1) year of experience.
 - d. Staff employed under this subsection cannot supervise others and shall work under the supervision of a physician, psychiatrist, licensed psychologist, advanced practical nurse, registered nurse, or master's level community support staff.
 - e. Staff under this subsection must deliver services as outlined in N.J.A.C. 10:37B 5-2 (2, 3, 4).
6. Peer level community support staff:
 - a. Must be certified as a Psychiatric Rehabilitation Practitioner and have one (1) year of experience in a community-based self-help, wellness, or recovery support role, and two (2) years of experience in a community-based behavioral health or self-help setting.
 - b. Staff employed under this subsection cannot supervise others and shall work under the supervision of a physician, psychiatrist, licensed psychologist,

advanced practical nurse, registered nurse, or master's level community support staff.

- c. Staff under this subsection must deliver services as outlined in N.J.A.C. 10:37B 5-2 (2, 3, 4).

<i>Policy Name</i>	Substance Use Disorder Services
<i>Effective Date</i>	June 24, 1986
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: CODI provides substance use disorder (SUD) services to support individuals with co-occurring mental health and substance use conditions. These services are designed to promote recovery, enhance wellness, and improve overall functioning.

Procedure: The following procedures shall be implemented to assist consumers in maintaining recovery:

1. CODI shall review the consumer's substance use history and collaborate with the consumer to identify necessary support resources and develop individualized recovery strategies.
2. At intake, or at any point during services, if a consumer is identified as having a history of substance use, CODI shall implement the following interventions:
 - a. Consumers shall be encouraged to attend self-help and peer-support groups with a focus on recovery (e.g., AA, NA, SMART Recovery).
 - b. CODI shall actively support the consumer's efforts to maintain engagement in recovery, including attending medical and mental health appointments, participating in outpatient treatment programs, if applicable, and attending recovery meetings and therapeutic groups.

<i>Policy Name</i>	Termination of CSS
<i>Effective Date</i>	October 19, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: Consumers enrolled in Community Support Services (CSS) program have the right to voluntarily terminate services at any time. CODI may also initiate termination of services based on specific criteria outlined below. Termination of services shall be conducted in a manner that respects consumer rights and complies with all applicable laws and regulations.

Procedure:

A. CODI may terminate CSS for any of the following reasons:

1. The consumer has met the goals outlined in their Individualized Rehabilitation Plan (IRP) and is no longer eligible for services.
2. The consumer refuses services after being informed in writing that refusal will result in termination of specific or all services.
3. The consumer voluntarily selects a different CSS provider.
4. The consumer relocates to a geographic area outside CODI's service range, making services inaccessible.
5. The consumer has been out of contact with CODI for ninety (90) consecutive days, despite repeated outreach efforts. CODI must document all attempts to re-engage the consumer, including phone calls, written correspondence, and home visits, in the clinical record.
6. The consumer repeatedly violates written, reasonable rules of conduct after receiving formal written notice from CODI instructing them to cease such behavior.

Termination of CSS does not affect the consumer's legal right to remain in any owned or leased property. Occupancy rights and any eviction proceedings must comply with New Jersey landlord-tenant laws.

B. Consumer-initiated termination:

1. CODI shall notify the Division of Mental Health and Addiction Services (DMHAS) when a consumer independently terminates services.
2. If the consumer is relocating to a community outside CODI's service area, CODI shall provide the consumer with contact information for CSS providers in the new location. CODI will inform DMHAS to facilitate connection with an alternative CSS provider.
3. Transfer of records and any verbal communication between CODI and other provider shall be accomplished in compliance with Federal and State confidentiality laws, rule, and regulations if and when the consumer agrees to receive services from another community support services provider. CODI can share information pursuant to Federal law, so long as the disclosure is with another PA under contract with the Division in compliance with N.J.S.A. 30:4-24.3, or if the consumer has given written authorization for the disclosure.

C. Termination by CSS program:

1. CODI shall submit a formal request to DMHAS to terminate services for a consumer. Services may only be terminated upon DMHAS approval. Once approval is granted, CODI shall notify the consumer of the termination and inform them of their right to file a complaint. Upon DMHAS request, CODI shall provide records related to services provided to the consumer, copies of applicable rules, policies, and notifications, and documentation of engagement efforts and the rationale for termination.
2. The Division shall notify the Department of the rule violated in any termination pursuant to N.J.A.C. 10:37B-9.1(a)5, and at the time of the next licensure review, the Department shall assure that the rule was agreed to by all consumers who have signed a consumer service agreement and is reasonable, both on its face and as applied.

<i>Policy Name</i>	Termination Summary
<i>Effective Date</i>	October 19, 2016
<i>Approved by</i>	L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: When Community Support Services (CSS) are terminated, a comprehensive electronic termination summary must be completed within thirty (30) days of discharge. This summary will document services provided, progress achieved, and relevant clinical and administrative details to ensure continuity of care and proper closure.

Procedure: Upon notification of service termination, the assigned caseworker shall immediately implement the following discharge procedures:

1. The caseworker shall complete the termination summary, including the following components:
 - Primary presenting problem(s)
 - Summary of services provided and the consumer's response
 - Clinical condition at the time of discharge
 - Recommendations and referrals, including prescribed medications
 - Reason for program termination
 - Consumer's housing status and address at the time of discharge (if applicable)
2. The caseworker shall forward the signed termination summary to the VP of Residential Services.
3. The VP of Residential Services or a master's-level credentialed staff shall review the termination summary. If approved, they will sign and forward it to the Quality Improvement Specialist for inclusion in the consumer's electronic file.
4. On the day of discharge, the caseworker shall complete and submit an electronic Consumer Status Memo to ensure accurate internal tracking and reporting.

<i>Policy Name</i>	Wellness and Recovery Principles
<i>Effective Date</i>	October 7, 2016
<i>Approved by</i>	Linda L. Carney, President/CEO
<i>Most Recent Revised Date</i>	May 22, 2025

Policy: CODI shall operate all Community Support Services (CSS) programs in accordance with wellness and recovery principles, ensuring that services are person-centered, strength-based, and supportive of each individual's long-term recovery journey.

Procedure: The following principles shall guide the delivery of CSS services. These principles include, but are not limited to:

1. Consumers have the right to receive services that help them develop the tools and strategies needed to self-manage their mental health and improve their overall quality of life.
2. Staff shall assist consumers in identifying and building upon their unique strengths to better address their needs, preferences, and goals.
3. Staff shall foster an atmosphere that emphasizes wellness, recovery, dignity, and mutual respect for all consumers.
4. Recognizing that recovery is a long-term, individualized process, CODI shall provide ongoing support tailored to each consumer's changing needs and levels of functioning.
5. Recovery principles shall be integrated into all aspects of service delivery, including residential support, engagement, intervention, treatment, rehabilitation, and supportive services.
6. CSS programs shall be designed to promote stability and long-term recovery, engaging consumers in care with the goal of achieving wellness and independence, even beyond their formal enrollment in the program.
7. Whenever possible, CSS services shall incorporate the consumer's natural support systems, including family, friends, and community resources.
8. Staff shall provide opportunities for consumers to develop practical life skills, build confidence in managing their illness, and reconnect with their communities in meaningful and constructive ways.
9. The CSS program shall employ evidence-based and best-practice intervention strategies to ensure effective, recovery-oriented service delivery.