Leading Community Support Teams: A Toolkit

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Introduction

From 2022 to 2024, the North Carolina Department of Health and Human Services (DHHS) contracted with the Technical Assistance Collaborative (TAC) and the University of North Carolina's (UNC) Center of Excellence to provide targeted coaching and training to Community Support Team (CST) providers serving individuals in Transitions to Community Living (TCL). As part of the work, coaches began to support agencies in creating or enhancing their infrastructure to better support CST team leads, as well as provide more standardized support, oversight, and accountability across CST within each agency. This toolkit serves to consolidate information disseminated during coaching support provided to agency leadership during this process. The primary focus of this toolkit is to enhance leadership's approach to creating, managing, and overseeing CST to ensure quality tenancy support services for TCL participants. However, given the toolkit's focus on agency infrastructure, its practical application is not limited to TCL.

Defining Leadership Roles and Expectations

To provide effective CST services to TCL members, clear roles and expectations should be designated at each level of the agency. The development of these roles and responsibilities should reflect the agency's mission, vision, and values, which in turn influence organizational structure, culture, and support.

Mission, Vision, and Values

Defining an agency's and program's mission, vision, and values is critical to the success of all community-based services. These guiding statements and principles affect how services are delivered and how decisions are made, holding the team accountable. Defining mission, vision, and values also helps the larger community understand what the agency does and why its work is important. The following paragraphs suggest strategies to effectively develop and implement mission, vision, and values statements.

What is a Mission Statement?

A mission statement is one or two sentences long, and defines the purpose of the services that the agency provides. Every decision made as a team should be in line with the identified mission. A good mission statement can guide service delivery, hiring, and programmatic changes. A mission statement for community-based organizations could be something like: "Our mission is to provide accessible, compassionate, and culturally responsive tenancy support services that allow individuals to thrive in the community they choose." This is just one example, but the key takeaway is that an agency's mission statement should reflect its overarching reason for providing services.

What is a Vision Statement?

A vision statement should answer the following question: What do we hope to achieve through the delivery of our services? This should be a long-term goal that is both ambitious and achievable. An example of a vision statement for an agency that provides services to individuals who are unhoused could be: "No one without a home." or "Ending homelessness once and for all."

What are Team Values?

Team values outline the core principles that guide how a team delivers work. These values hold the entire team accountable to a standard of behavior that drives forward the agency's mission and vision. Examples could be: Dignity, respect, autonomy, going above and beyond.

See Appendix A for tips on how to create and implement effective mission, vision, and values statements.

Organizational Structure

Forbes Advisor defines organizational structure as "how the company delegates roles, responsibilities, job functions, accountability and decision-making authority."[1] While functional organizational structure is the most common type, agencies take different approaches based on their own unique needs. Whichever organizational structure the agency utilizes, it should include key roles, with specific oversight responsibilities, that are imperative to providing quality tenancy support services.

Administrative Oversight and Management

Agencies providing any publicly funded behavioral health services need to have administrative oversight and management. There are several authorities to which any agency must answer (Medicaid, the LME/MCO, and any accreditation body, to name a few), and agencies also benefit from having someone to monitor and document services provided, handle billing and reimbursement of such services, and prepare for likely services audits. Qualifications vary for these oversight roles, depending upon the structures already in place and on any additional duties this person may assume within the agency. It can be beneficial if this position is filled by someone with a business background and with some years of experience managing publicly funded services. Depending upon the agency's size, this person could also have accounts payable/receivable and contract manager responsibilities, for which they would report to a lead administrative manager.

Clinical Oversight and Management

Agencies that provide behavioral health services need competent and skilled clinical oversight due to the complexity of behavioral health treatment. This oversight is distinct from the direct clinical supervision of team members provided by the team leader. Clinical oversight and management ensure that required training is made available to staff; evidence-based practices are implemented and evaluated for effectiveness as needed; and ethical issues are resolved effectively. Through direct supervision, the person in the oversight role also ensures that the CST team lead is an effective supervisor for their staff. It is recommended that the person in this position have an advanced degree in

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[1] Orban, C. (2023). 7 organizational structure types (with examples). *Forbes Advisor*.

the human services/behavioral health field and hold a clinical license. Depending upon how diverse the services provided by an agency are (e.g., multiple types or levels of services), an agency may choose to have service-specific clinical oversight and management positions (examples: CST program manager, Assertive Community Treatment [ACT] program manager, enhanced services program director) that report directly to a lead clinician or clinical director.

Clinical leaders must remain in regular communication with administrative support staff so that everyone is informed of situations affecting both administrative and clinical services. Depending on the size of the agency and its organizational chart (see below), the administrative and clinical leaders may be one position or separated into two.

Organizational Charts

It is important for agencies to maintain a clear organizational chart. Also known as an org chart or an o-chart, this is a visual representation of the organizational structure of the agency — showing each employee's role and to whom they report. There are several ways to format an agency's organizational chart, based on the type of structure of the agency. See Appendix B for an example of a functional organizational chart.

Organizational Culture

According to Beth Kanter and Aliza Sherman in *The Happy, Healthy Nonprofit: Strategies for Impact Without Burnout*, "Organizational Culture can be hard to define, but we know it when we see it – or more precisely – when we work in it and feel it every day. Organizational culture is a complex tapestry made up of attitudes, values, behaviors, and artifacts of the people who work for your nonprofit. Culture is an often-unwritten set of norms that influences the way everyone in your nonprofit agency perceives his or her work, behaves at work and does his or her work."[2]

A healthy organizational culture that is clearly understood by the people who work for the agency can have the following positive impacts:

- Increase employee engagement
- Reduce employee turnover
- Improve stability of the agency
- Drive inclusivity, trust, and flexibility
- Increase level of purpose that people find in their work
- Promote use of best practices
- Encourage healthy boundaries

Additional Resources on Organizational Culture

- Fearless Culture

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[2] Kanter, B., & Sherman, A. (2016). *The Happy, healthy nonprofit: Strategies for impact without burnout*. John Wiley & Sons, Inc.

Organizational Support

Researchers exploring the effects of "perceived organizational support" on employee performance and commitment define it as "how the organization considers the wellbeing of their employees and increases their happiness."[3] It is what an agency does to support the employees within the agency. These supports can be monetary, through salary and benefits (e.g., paid mileage, paid on-call, discounted or free insurance, covering cost of trainings and licensure); physical, through the office space and supplies that are offered to employees; and emotional, by attending to employees' well-being (supervision; adequate paid time off and encouraging people to use it; promoting self-care as a necessity, not a guilty pleasure). Most important in this area is how employees *perceive* the level of support they are receiving. Leaders must consider that benefits are only effective if the employees find them valuable and important.

Perceived organizational support is important because it is associated, to varying degrees, with lower burnout and stress; higher organizational commitment and job satisfaction; higher job performance; lower intentions to leave; and lower actual turnover.[4]

One way perceived organizational support can be measured is by conducting a survey of employees. The following questions — based on the Perceived Organizational Support Scale[5] developed by Eisenberger et al., and rated on a scale of 1 (not at all) to 5 (all the time) — can be used:

- The organization strongly considers my goals and values.
- Help is available from the organization when I have a problem.
- The organization really cares about my well-being.
- The organization is willing to extend itself in order to help me perform my job to the best of my ability.
- The organization cares about my general satisfaction at work.
- The organization cares about my opinions.
- The organization takes pride in my accomplishments at work.
- The organization tries to make my job as interesting as possible.

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[3] Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology, 71*(3): 500-507.

[4] Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2017). Perceived organizational support: A meta-analytic evaluation of organizational support theory. *Journal of Management, 43*(6), 1854–1884; Rockstuhl, T., Eisenberger, R., Shore, L. M., Kurtessis, J. N., Ford, M. T., Buffardi, L. C., & Mesdaghinia, S. (2020). Perceived organizational support (POS) across 54 nations: A cross-cultural meta-analysis of POS effects. *Journal of International Business Studies, 51*(6), 933–962.

[5] Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology, 71*(3): 500-507.

Forming a Community Support Team

From a leadership perspective, managing a CST within the agency starts even before hiring team members and providing services. What are the agency's policies and procedures related to CST? (Examples: what is the team's coverage area, who gets hired), and how does the structure, culture, and support of the team connect to the agency's mission, vision, and values?) By preparing to provide the service in a way that encourages best practices and follows clinical coverage policy and service definition requirements, the team and the agency are planning for success.

Policies, Procedures, and Guidelines

All agencies are required to have a policies and procedures manual for accreditation, but when you are developing policies and procedures specifically for CST services it may be helpful to focus individually on each policy, procedure, or guideline, with a clear understanding of what differentiates these categories. While you might pull information for the agency's policies and procedures from your clinical coverage policy and service definition, it is also important to be specific about how the agency will implement CST. These policies and procedures need to go deeper than the clinical coverage policy and service definition, which provide only the baseline requirements. Clear policies and procedures support role clarity and accountability; set expectations and standards; and provide guidance.

Figure 1: Policy Creation
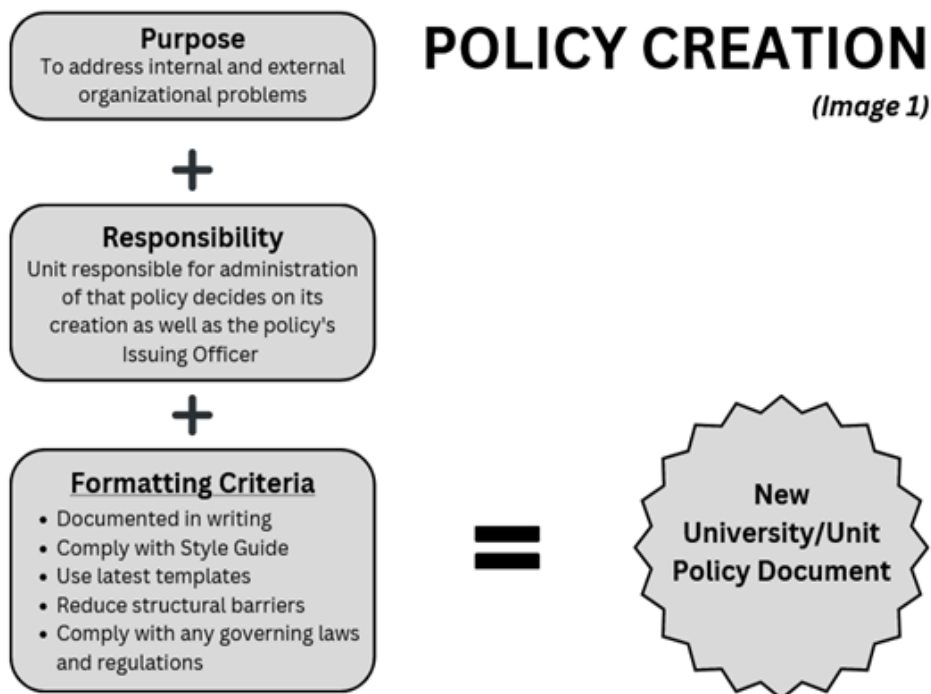
Source: The University of North Carolina at Chapel Hill, "Policy on Policies"

Good policies, procedures, and guidelines use plain language; have enough detail to avoid confusion but are not too narrow; are relevant, legal, and enforceable; clearly define roles and responsibilities; and are accessible and equitable.

Policy

A policy is a high-level statement that establishes a standard by which an agency manages its services and affairs. Policies are written statements that enhance the agency's mission by mandating, specifying, or prohibiting certain conduct to ensure coordinated compliance with applicable laws and regulations; promote operational efficiency; and/or reduce agency risk. Policies are the "why" of what an agency does, should be developed at an agency level, and are unlikely to change once established.[6]

Examples of policies each agency should have (along with others as needed):

- Requirements of Employment
- Documentation (what's required and when it needs to be completed)
- Assessing Level of Care
- Critical Incident Review
- Participant Rights
- Privacy Practices
- Provision of Services from a Person-Centered, Trauma-Informed, Recovery-Oriented, and
- Strengths-Based Approach Using Evidence-Based Practices
  - Service Delivery
  - Provider Choice
  - Outcomes Tracking

Procedure

A procedure provides instruction for how to apply a policy in specific situations. Procedures can be customized to make them applicable to each team in the agency, and changed as needed to improve efficiency and adherence to policies. They describe the operational processes that an agency uses to implement its policies — who does things, when, and under what circumstances. Procedures are the "how," can be developed at a team level, and can change as necessary.[7]

Here are some examples (not an all-inclusive list) of procedures related to CST service delivery policies:

- Referral and Intake
- Admission, Continued Stay, and Discharge of Participants
- Outreach and Engagement
- Provision of Tenancy Supports Using a Permanent Supportive Housing model
- TCL Expectations

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[6] University of Washington–Madison Policy Library (2022, June 1). Is it a policy, procedure, or guideline? Virginia Tech Policy Library (n.d.). Policy process.

[7] University of Washington–Madison Policy Library (2022, June 1). Is it a policy, procedure, or guideline? Virginia Tech Policy Library (n.d.). Policy process.

- Crisis Prevention and Intervention (including on-call coverage)
- Roles and Responsibilities of Staff Members

Guideline

Guidelines are non-mandatory recommendations that provide helpful information about how to achieve a particular aim based on best practice. Guidelines are "helpful things to know" for staff to accomplish tasks related to procedures, can be developed at a team level, are not mandatory, and can change frequently based on environment, needs, and services being provided.[8]

For CST, here are some examples (not all-inclusive) of guidelines related to the team's procedures for service delivery:

- Completing a root cause analysis for a housing separation
- Tracking assertive engagement efforts
- A checklist for documents and trainings needed when onboarding staff
- A flow chart for on-call response

See Appendix C for more tips on how to write strong policies and procedures.

Team Composition

CST is an intensive service that is available to recipients 24/7/365 to help them meet their recovery goals. A key aspect of this service is the team approach; CST is not a case management service. It is designed for services to be delivered by more than one member of the team, depending on what the individual receiving services needs as documented in their person-centered plan. Not all team members are required to provide direct interventions to each recipient; rather, interventions should be provided by the team member with the most appropriate skill set. At any given time, a person receiving services might be scheduled to see two or three staff members to work on their recovery goals. As the composition of the team is planned, it is important to determine a coverage area for the team as well as hiring the correct people into team positions to ensure that the team can meet the needs of the individuals being served, including providing on-call coverage for crisis situations.

Establishing a Coverage Area

The team's coverage area will first be determined by the LME/MCO(s) with which the agency has a contract. Best practice would be to limit the team's coverage area to locations within an estimated 45-minute travel time from the office space assigned to the team, in counties covered by the agency's LME/MCO contract(s). This distance is defined in terms of travel time rather than miles in consideration of the team's response time to service recipients, should an urgent need arise. The number of miles that a staff member can cover in 45 minutes varies greatly depending on whether the team's coverage area is urban or rural. For example, a team operating out of an urban area might only provide services to

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[8] University of Washington–Madison Policy Library (2022, June 1). Is it a policy, procedure, or guideline?

Virginia Tech Policy Library (n.d.). Policy process.

individuals located in a single city or county, while a team operating out of a rural area might provide services in a couple of different counties.

Establishing a set coverage area is important for several reasons:

- It enhances the level of services that the team is able to provide, ensuring that the team is meeting recipients' clinical needs.
- It encourages appropriate use of the service by allowing more than one staff member to regularly provide services based on an individual's recovery goals.
- It allows for appropriate response time for staff should the need arise for the on-call staff to respond to a crisis in person.

Staffing the Team

According to North Carolina's CST clinical coverage policy, a CST is composed of four to six staff who fill the four positions on the team as follows:

- One full-time equivalent (FTE) dedicated team lead
    - Licensed clinician (full or associate if actively seeking full licensure and will be fully licensed within 30 months of hire date)
    - Has at least one year of experience working with the population served

- One FTE dedicated substance abuse specialist
    - Licensed substance abuse professional

- Two FTE qualified professionals, associate professionals, paraprofessionals, or NC Certified Peer Support Specialist (NCCPSS)
    - Have at least one year of experience working with population served
    - These two positions shall be filled by no more than four individuals.

Once the team leader is hired, as the supervisor of the team they should be involved in the hiring process for the rest of the team. They should be involved in reviewing resumes and interviewing potential hires, and their input should be considered in the final hiring decisions. In addition to being most familiar with the clinical skills needed on the team, the team lead is also aware of how new hires will fit in with team dynamics.

It is important that potential hires understand the in-person nature of the role (75% of the team's contacts must be in person with the individual receiving services); that work will be performed in the team's established coverage area; that there is an on-call component to the work which may require in-person response; and that they will be expected to attend meetings in person.

When an agency is short-staffed, it can be tempting to hire the first person who applies for a position; however, it is important to hire a qualified candidate who ascribes to the team's values and is well-suited to meet the requirements of the role. When agencies or teams rush through the process to simply fill a role, higher staff turnover can result if it becomes clear the new hire was not the right fit for the team or the service.

Team Functions

Team Meeting

Agency leadership, in coordination with the team lead, should determine how the team meetings will take place — in person or virtually, location, expectations of attendance, days and times. While there are benefits to both in-person and virtual meetings, per the state's CST clinical coverage policy, teams should be holding "a weekly face-to-face team meeting" and per NC Medicaid Special Bulletin COVID-19 #265 (p.17), pandemic flexibilities allowing for holding virtual team meetings have ended. Additionally, it has been shown that in-person meetings provide enhanced communication between team members, improved engagement, relationship-building between team members, creativity and innovation, and personalized attention from leadership.[9] All CST staff should be expected to attend these meetings, which should be scheduled for a set day and time in a location where all CST staff can easily attend. If a team member will be unable to attend a meeting, they should give prior notice to the CST team lead. Establish guidelines both for how information from absent staff members is shared during the meeting and how relevant information discussed in the meeting is shared with members who could not attend.

Scheduling Visits

An important function of the team is scheduling and holding staff accountable for their visits. The team schedule should be coordinated by the team lead and based on the recovery goals in the person-centered plan for each service recipient. As the clinical supervisor of the team, the team lead has knowledge of the clinical needs of the caseload and can identify level-of-service needs based on the barriers each recipient faces in achieving their personal recovery goals; assign staff based on the service recipient's needs, goals, and appropriate planned interventions; and ensure that emerging and proactive needs are addressed in the schedule.

The following practices can help structure an effective CST schedule:

- Create a monthly calendar for each service recipient that includes the date, staff name, and reason for the visit.
  - Make sure the calendar can easily be shared with a service recipient should they want a copy.

- Utilize a weekly staff schedule that contains information on service recipients to be seen, the days when they will be seen, and specific interventions that will be provided by staff during the visits.
- Use the weekly staff schedule to track whether interventions are carried out.
- Remember that schedules and staff need to be flexible — schedules must be monitored and their intensity modified to meet the changing needs of the service recipient.
  - Example: During times of change or stress (such as move-in or rehousing), people are likely to need daily interventions for about two weeks).

- Build into the team's schedule both collateral contacts to locate and engage the person in treatment as well as regular contact with natural supports.

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[9] Schefft, M. (2023, June 20). Which is better: in-person or virtual business meetings? UC's 1819 Innovation Hub weighs in. University of Cincinnati

On-Call Coverage

North Carolina's CST clinical coverage policy says that CST "service consists of a variety of interventions available 24-hours-a-day, 7-days-a-week, 365-days-a-year, and delivered by the CST staff, who maintain contact and intervene as one organizational unit" and specifies as a program requirement "Crisis Intervention: Face-to-face, short-term interventions with a beneficiary who is experiencing increased distress or an active state of crisis." The agency, in coordination with the CST team lead, needs to determine how the team fulfills this role and requirement. To prevent staff burnout, on-call coverage is best provided through a rotation where all team members take turns as on-call staff. This rotation can be determined by the team to best meet members' needs (e.g., on-call rotates weekly, daily, or every three days; one person is on-call during the week and another is on-call during the weekend; etc.) and should be regular so that team members know in advance when they will be on call. The on-call staff member is responsible for any calls to the team for crisis situations, both during their typical working hours and after hours or on the weekend and holidays. The team can have a phone that they rotate between staff, a number that is forwarded to the on-call staff person's phone, or other options if calls are answered directly by a team member and do not go through an answering service that routes the call to the team. On-call staff need access to practical and useful service recipient crisis prevention plans; this is often accomplished by accessing the service recipient's electronic medical record.

Because on-call staff must be able to provide in-person crisis intervention if necessary, the agency needs clear policies and procedures in place for what is expected. The following considerations should be addressed in agency and CST on-call policies and procedures:

- How quickly must staff be physically able to respond in person?
- Are on-call staff paid for on-call time?
  - Is this pay different if they respond in person vs. over the phone?
- How, when, and for what reasons should the on-call staff member inform the team lead of the on-call situation?
- Are there differences between how on-call situations are responded to during business hours vs. outside of standard business hours (i.e., evenings, weekends, holidays)?

Supervision for the Team and the Team Lead

Supervision has been covered in depth in our CST toolkit; please refer to the sections on best practices for supporting employees through supervision. From an agency perspective, it is important that the team lead feel supported through receiving supervision from their supervisor at the agency that is formal (regularly scheduled); monitors interventions to note whether they are being provided effectively; and addresses both clinical and administrative concerns and challenges. Supervision of CST staff is covered within per diem rates and must not be billed separately.

Best Practices for Supporting CST Staff

Standardized Onboarding and Expectations

Standardized onboarding processes, including a new hire orientation, are critical to ensuring that all team members are given the tools and information to succeed in their roles and in the agency. "In general, onboarding describes a series of events that enable new employees to learn what they need to do to meet the responsibilities of their new positions. Orientation, on the other hand, refers to the initial welcome a company provides to the new hire (usually over the course of a single day)."[10]

During orientation, new employees should be trained on the following aspects of the agency:

- Mission, vision, values
- Organizational structure
- Organizational culture
- Organizational support
- Policies, procedures, and guidelines — some of this can happen by providing staff with an employee handbook

Additional orientation activities should include:

- Completion of required paperwork
- Review of their job description
- An introduction to key leadership or administrative staff as well as the team
- Technology — staff should be provided with computers and other technology, as well as necessary logins

Ideally offered at an organizational level, orientation helps to ensure that all staff, no matter which team or department they join, receive the same information about organizational structure, priorities, norms, and practices.

Onboarding is often referred to as an employee's "first 90 days." During this time, staff should be completing new hire training; becoming more familiar with their team, service recipients, and partner organizations (MCO staff, benefits, community resources, etc.); and progressively taking on more responsibility. For at least two weeks, new staff should have no productivity or billing requirements but instead focus on completing training, shadowing experienced staff and other team members, meeting the service recipients, learning resources, and meeting with the team lead or supervisor to review role requirements and team norms, and to establish a supervision plan.

See Appendix D for an example of an onboarding checklist.

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[10] Paychex (2022, April 12). Onboarding vs. orientation: A guide for employers (blog post).

Additional Resources on Onboarding:

- Effective New Hire Onboarding: 4 Tips For Busy Managers
- Onboarding Planning Toolkit

Shadowing Expectations

Shadowing seasoned staff members is a critical part of the new employee onboarding experience. Shadowing occurs when the new staff person observes an established team member at work — in the community and in the office — for the purpose of learning about the role and the work in real time. Shadowing should be set up intentionally by the team lead or supervisor who pairs the new employees with team members who are in good standing with the organization and whose approach is in line with agency values. The new employee should be encouraged to ask questions of the staff members to learn more about them and their role. The new staff member should be instructed to observe what went well during the shadowing experience, what they might have done differently, questions the experience raised, interventions and skills they saw employed, etc. The supervisor and new staff member will review the shadowing experiences together so the staff member can ask questions, clarification can be provided, and learning shared.

Shadowing can also be utilized if a staff person transitions to a new role in the organization or if they are struggling to work with a particular service recipient or perform a particular task.

Shadowing gives new team members the opportunity to see good services as well as agency style and norms in action. It also allows staff to ask questions of their colleagues directly about real-life, on-the-job situations; to process interactions with the team lead or the supervisor; and to be introduced to service recipients prior to providing services directly. Shadowing can also help to ensure new staff are clear on the way work is completed within the agency.

A Shadowing Observation Form can be found in Appendix E. This tool is designed to help the new employee capture observations and thoughts about the shadowing experience.

CST Team Member Training

For CST, there are several required training courses outlined in the clinical coverage policy and service definition, and these must be prioritized for new CST members. New employees should be made aware of these training requirements as part of their onboarding, and a detailed training plan should be put in place for all training to be completed in the timeframes required. In addition to the training required in the service definition, internal or supplemental training focused on the topics listed below should be covered during an employee's first 90 days. These may be offered by the new employee's supervisor, agency leadership or subject matter experts, or an external trainer. The CST Coaching Collaborative has offered training options covering a number of these topics that can be used as training tools for new staff.

Best practice training topics should include:

- Golden Thread Note Training
- Documentation Expectations
    - Agency Note Format
    - Note Review Process
    - Electronic Record Platform Training

- Tenancy Support Best Practices
- Providing Person-Centered Care
- Cultural Humility and Providing Responsive Care
- Fair Housing and Reasonable Accommodation
- Housing First Principles
- Tenant Rights
- Navigating Challenging Tenancy Situations
- Engaging Natural Supports
- Harm Reduction Strategies

Agency policies and procedures that may require specific training or review with the supervisor:

- Ethical and Liability Issues (boundaries, dual relationships, transportation, unmet service recipient needs/gifts)
- Resources and Community Partners
- Performance Evaluation Process
- Performance Coaching and Corrective Process
- Staff Grievance Process

Additionally, staff should be made aware of agency policies and procedures regarding ongoing training needs and opportunities. When and how often are additional training opportunities offered or made available? Who is responsible for paying for additional training? Are hourly staff paid to attend trainings? How should training be requested and how is training tracked or documented? Throughout the 90-day onboarding period, the new staff person and their supervisor should review the staff member's roles and responsibilities. The supervisor and other identified agency leaders should provide additional "on the job" training as needed to increase the employee's comfort in the role and mastery of skills needed to succeed.

Providing staff with initial and ongoing training opportunities helps to ensure employees can do their jobs efficiently, effectively, and in line with the agency's mission, vision, and values. Additionally, "Employee training and development is important for ensuring that staff are prepared for their role; that they feel supported, valued, and capable; and that they have upward movement."[11] Training can also serve as a way to retain employees — giving them additional tools and possibly growth opportunities with additional credentials and skills.

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[11] Hastwell, C. (2023, April 21). Employee training and development: The benefits of upskilling or reskilling your team (blog post). Great Place to Work.

Understanding the Transitions to Community Living Process and Tenancy Supports

Agencies providing CST services will intersect with service recipients connected to or eligible for Transitions to Community Living (TCL). Leadership staff need to be familiar with this initiative — the reason it exists, eligibility criteria, components, implementation, funding, TCL's operationalization within the agency and in working with LME/MCOs, and what happens when there is a housing separation. This familiarity and knowledge will ensure that leaders can educate, train, and support the team lead who in turn can educate, train, and support the team in this area of service provision.

Successful outcomes for service recipients connected to the TCL initiative depend on a coordinated effort between CST staff, the LME/MCO, the property manager/landlord, natural supports, and the service recipient. For this coordinated effort to be effective, the agency needs a clear workflow document showing who is responsible for each piece of the effort that is assigned to the agency.

Examples of information to include in the workflow related to TCL include, but are not limited to:

- Who assists with taking individuals to look at housing options?
- What does the team do to assist with move-in?
- What is the timeline for responding to LME/MCO and landlord/property manager requests related to tenancy needs and documentation?
- Who notifies the LME/MCO and landlord/property manager if the team's point of contact leaves the agency?

Clear workflows and procedures within the agency related to TCL are important, as each LME/MCO has a different structure and different expectations for agencies when it comes to supporting TCL participants.

To learn more about the expectations of the LME/MCO(s) with which the agency contracts, you will need to visit each LME/MCO's website and connect with its TCL staff.

Additional Resources on Transitions to Community Living (TCL)

- Learn more about the history of TCL.
- Learn more about the *Olmstead* decision.
- See an overview of TCL.
- Learn more about the Referral Screening Verification Process (RSVP) for referring individuals to TCL (fact sheet) (frequently asked questions).
- Learn more about the in-reach and transition process practiced by LME/MCOs.
- Find guidelines and tools related to TCL.
- Download the *Tenancy Support Toolkit for Community Support Teams*.

While not every service recipient from the agency will be eligible for or connected with TCL, housing is an area of service where the team will regularly be providing support, whether helping a person to choose, obtain, maintain, or change their housing. Leadership staff will need to be familiar with evidence-based practices for supportive housing — the Housing First model and the permanent supportive housing (PSH) model — so they can set an agency structure and culture in which these approaches are utilized. An individual's ability to succeed in housing involves more than just having housing. Familiarity with tenancy as a social determinant of health, part of community inclusion and one of the "eight dimensions of wellness" as defined by the Rutgers Wellness in Recovery program, is also essential. As with a clear understanding of TCL, familiarity with these models will enable leaders to educate, train, and support the team lead who in turn can educate, train, and support the team in this area of service provision.

> **Additional Resources on Evidence-Based Supportive Housing Models:**
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> - Housing First (National Alliance to End Homelessness)
> - Permanent Supportive Housing Evidence-Based Practices (EBP KIT) (SAMHSA); you can also attend an NCDHHS-sponsored PSH training offered by LME/MCOs or the UNC Institute for Best Practices.
> - Social Determinants of Health (U.S. Department of Health & Human Services)
> - The 8 Dimensions of Wellness (Rutgers Center of Alcohol and Substance Use Studies)
> - Temple University Collaborative on Community Inclusion

Productivity Standards and Multilevel Oversight

A successful agency continually adjusts in order to balance the quality and quantity of care provided. The number of billable hours each position should regularly aim to complete is based on several factors, with the commitment to providing high-quality, person-centered care being of utmost importance. Ensuring that staff can reasonably and regularly complete job responsibilities within their 40-hour work week is one way to strengthen employee retention and reduce burnout.

To determine productivity targets for each role, ask these key questions:

- What is the bottom-line number of units that need to be billed to cover staff salaries and overhead expenses in a pay period?

- What other meetings will staff be required (and paid) to attend on a weekly basis?
  - Why is it important that staff attend these meetings?
  - What can they and the agency gain from their attendance at these meetings?

- How many service recipients can the team serve well?
  - How many service recipients are in the housing-seeking phase with a need for increased services?
  - How likely is it that the service recipients will utilize the hours they have available?

- How often do service recipients tend to transition onto or off of the team?

- How much responsibility that is unbillable is on the team lead?
  - Reviewing notes, providing supervision, completing authorizations, and NC Treatment Outcomes and Program Performance System (NC-TOPPS) data

- How do we create a healthy environment for staff? (See organizational support section)
  - How much time do staff need to complete documentation?
  - Is there technology that could streamline documentation? Are staff able to complete billable time, meetings, and documentation within a standard 40-hour workweek?
  - How will training be accommodated? Will staff be given a certain number of training hours in a set period during which productivity expectations will be reduced?
  - What is the geographic service area? Does driving time affect the amount of billable hours possible?

Performance Management

"Performance Management is the broader process of how an organization manages its employees and evaluates work performance on an ongoing basis."[12]

A high-quality performance management process will help employees develop skills and behaviors to support the agency's mission and vision, and ensure that they successfully perform the responsibilities of their roles in ways that are consistent with the agency's values. Performance coaching should be provided on an ongoing basis in the context of regular supervision meetings and more formally during regular, more structured performance reviews. Performance reviews should occur at a regularly. Increased frequency gives employees timely feedback about their work performance and the opportunity to collaborate with their manager on a plan to learn, self-correct, and grow when challenges or areas for improvement are identified.

A structured performance management process — grounded in the agency's mission, vision, and values — is important to organizational health, as it streamlines communication about what is expected of employees and makes clear what can be gained by meeting these expectations including promotion, pay increase, and bonuses. Performance management can increase employee engagement, as staff feel valued when given individualized feedback on both accomplishments and areas for growth. And when employees are engaged and driven, and can see their efforts and good work rewarded, staff retention rates improve. Agency culture will be positively affected by the transparency and growth mindset demonstrated by leaders willing to share ways employees are already doing well and areas in which they need to grow. An agency whose employees are valued and rewarded for their contributions to the agency's purpose will likely see organizational outcomes achieved and service recipients satisfied.[13]

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[12] Krumholz, J. (2021). Performance reviews: Overview & tips from HR experts. *Nonprofit Resource Hub*.

[13] Van Vulpen, E. (n.d.). What is performance management? The complete guide. *Academy to Innovate HR.*

"360-degree feedback is a method of employee review that provides each employee the opportunity to receive performance feedback from their supervisor or manager and four to eight peers, reporting staff members, coworkers, and, in some cases, service recipients."[14] Feedback is submitted anonymously, often via a virtual platform or application, and is formatted to be shared with both the employee and their manager. This type of performance review can provide individuals with balanced feedback from a variety of perspectives and can reduce bias in the evaluation process. 360s can open lines of communication, strengthen team collaboration, and clarify expectations; they can also be an excellent way for a leader to receive transparent feedback from direct reports that might not otherwise be shared. If "managers take the 360° feedback they receive from their direct reports and translate them into actions, they have a chance to build better relationships and improve themselves as leaders."[15]

Onboarding Team Leads

Team leads play a critical role in the functioning of a CST team and require unique skill sets. A team lead must be a strong clinician with leadership and management skills. For the agency, it is imperative that your team lead be supported to learn the necessary skills to excel in their role. There is a unique excitement and eagerness at the start of a new role, and this is a great opportunity to maximize the benefits of onboarding by providing a robust and thorough orientation process. This includes structured and frequent individual supervision and mentoring sessions with leadership. It's recommended that extra support be given to team leads in their first six months.

To empower your team lead, their roles and responsibilities must be made clear to staff being onboarded (or "re-onboarded" if someone is promoted from within). Team leads must be able to reference a specific task list that covers the duties of this role.

Team leads are responsible for clinical oversight, direct clinical practice, team management, program operations, community public relations, and intra-agency communication. To support them in juggling these responsibilities, all early check-ins must emphasize both clinical and leadership skills. Table 1 gives more detail about each aspect of the team lead's role.

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[14] Heathfield, S. (2022). What is 360-degree feedback? See the good, the bad, and the ugly. *The Balance*.

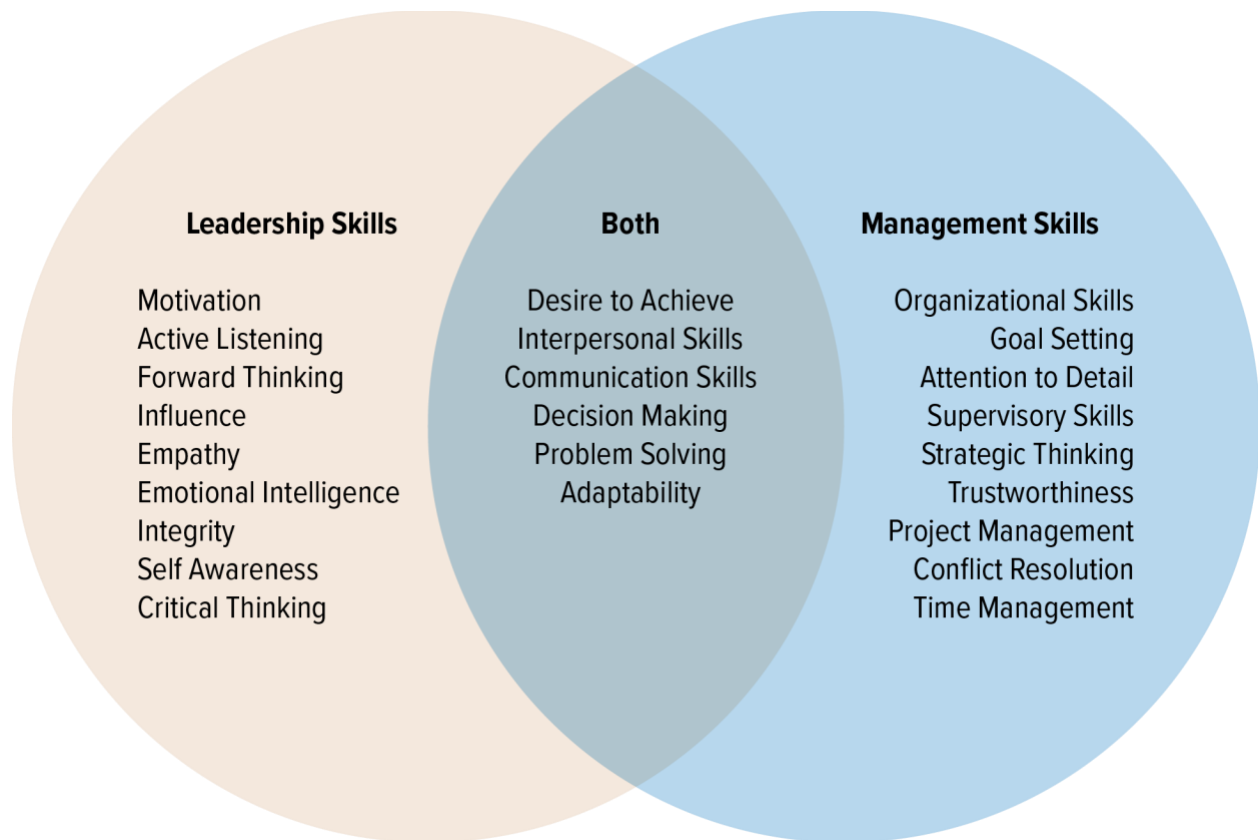[15] Lee, S. (2023). 360° feedback: Benefits for individuals, teams, and managers. *Culture Amp*.

Table 1: CST Team Lead Skills

Good Clinician	Good Leader	Good Manager

Knowledge of illness and treatment
 	
• Experience with the population
• Clinical competencies
• Credentials
 	
Clinical judgment
 	
• Ability to assess and analyze a clinical situation quickly; accordance with the service recipient's goals and service plan
• Ability to direct service delivery in a timely manner
 	
Community-based treatment and rehabilitation philosophy
 	
• Embrace recovery principles and implement them in practice
• Model respectful communication and relationship skills with service recipients to maximize the therapeutic alliance
 	
Complete and well-written documentation
 	
• Understand the importance of documentation and the golden thread
• Awareness of legal aspects of care
	• Sets and maintains the team vision; builds a trusting and safe work environment
	   o Knowledge of teamwork
	• Takes calculated risks; makes judicious decisions that are solution-focused
	• Optimistic, can-do attitude with an awareness of resources; inspiration, charisma
	• Moral character, integrity, trustworthy
	   o Has emotional stability; doesn't personalize information; mature
	   o Flexibility, tolerance of ambiguity and appropriate empowerment of staff
	• Respectful, practices with humility, openness to learning and views mistakes as opportunities for growth
	• Demonstrates direct and assertive communication
		• Holds staff accountable for treatment
		   o Clinical and administrative supervision and performance feedback across all disciplines
		• Good communication skills
		• Hiring and training staff
		• Resource management and how that "fits" into bigger picture
		• Organized at macro and micro levels
		   o Attentive to details
		   o Efficiency and optimal use of resources
		• Organizes and leads productive team meetings

Strengthening Management Skills

Licensed employees, along with non-licensed employees who demonstrate exceptional clinical skills in a role where they are not supervising others, are often promoted into open supervisory positions at an agency. But the fact that someone is great at their job in a non-supervisory position does not mean they innately have the skill set necessary to be in a supervisory position. Uniquely, in behavioral health agencies, employees in supervisory roles need to have a combination of leadership and management skills. We often use these terms interchangeably, however as referenced in the onboarding team lead section, it is important to recognize the differences between the two skill sets and also to understand where the skill sets overlap.

Leadership Skills	Both	Management Skills
Motivation	Desire to Achieve	Organizational Skills
Active Listening	Interpersonal Skills	Goal Setting
Forward Thinking	Communication Skills	Attention to Detail
Influence	Decision Making	Supervisory Skills
Empathy	Problem Solving	Strategic Thinking
Emotional Intelligence	Adaptability	Trustworthiness
Integrity		Project Management
Self Awareness		Conflict Resolution
Critical Thinking		Time Management

Developed from Bojana Pejatovic, "Leadership vs Management: 11 Fundamental Differences" (2023).

When such promotions occur, it is important for higher-level supervisory staff to provide support and promote skill-building in management and leadership skills for those employees whether through in-house or ongoing education training. To embed effective leadership and management skills into the agency culture, all levels of supervisory staff must possess these skills.

Additional Resources on Leadership Skills:

- How to Become a More Effective Leader (Harvard Business School Online)

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CST Program Oversight and Evaluation

Every team benefits from strong leadership. A critical part of leadership lies within the oversight and evaluation necessary to operate a healthy, effective CST.

Oversight includes managing the day-to-day operations of CST, reviewing and monitoring adherence to state and Medicaid requirements, supervising the team (both as individuals and as a group), and being accountable for individual employee as well as group/team performance.

As outlined in this toolkit, leadership in the context of CST includes a deep knowledge of basics such as:

- CST service and the clinical coverage policy and service definition
- Eligibility, admission, continued stay, transition, and discharge criteria
- Authorizations, limitations, and service order requirements
- Documentation; billing and code information
- Team composition, staffing structures, and role delineation
- Program, supervision, and training requirements
- CST expected outcomes

The CST program requires strong oversight to ensure not only that the services are technically delivered according to requirements and standards, but that the program itself is operating in ways that demonstrate high quality. Oversight isn't simply about having knowledge, but about putting that information into practice through many actions such as:

- Clearly written **processes and structures** to help team members do their job effectively and document their work
- Documented **supervision** that balances support with accountability
- **Measurement** of individual and programmatic outcomes
- Initial and ongoing **training and professional development**
- Regularly scheduled **team meetings** to coordinate, share successes, brainstorm challenges, and strategize as a team

In addition to oversight, **evaluation** of the program also assures quality of service delivery. The Substance Abuse and Mental Health Services Administration (SAMHSA) has a policies and procedures document for the evaluation of its own programs and policies. Many of the components of this policy are applicable to community based mental health agencies. The following information is from the SAMHSA policy and procedure 04.01.01.

Some basic elements of evaluation are applicable to almost any program. The Evidence Act defines evaluation as an assessment using systematic data collection and analysis of one or more programs, policies, and agencies, intended to assess their effectiveness and efficiency.[16]

These systematic studies to assess a program or policy are conducted periodically or on an ad hoc basis by experts either inside or outside the agency, as well as by program or policy managers. An evaluation typically examines achievement of program or policy objectives in the context of other aspects of performance or in the context in which it occurs.

There are several types of evaluations, but the most common are[17]:

- **Formative Evaluations**: Evaluations conducted prior to, or during, the early stages of implementation to determine if the program/policy can be implemented as intended and whether the program/policy will have an effect on participants.

- **Process/Implementation Evaluations**: Evaluations conducted to understand how the program/policy works and whether the program/policy was implemented with fidelity and reached the target population that it is intended to reach (coverage).

- **Summative (Outcome/Impact) Evaluations**: Evaluations that assess the impact and outcomes of the program/policy and its effects on participants, the broader health care delivery system, or social service delivery system (if applicable).

- **Economic Evaluations**: This group of evaluations compare costs and consequences of different interventions and might include a variety of approaches including a program/policy cost analysis or an estimation of the cost of implementing a program/policy or intervention per service recipient served.

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[16] PUBLIC LAW 115-435-JAN. 14, 2019, otherwise known as the Foundations for Evidence-Based Policymaking Act of 2018, TITLE 1 – FEDERAL EVIDENCE BUILDING ACTIVITIES.

[17] Centers for Disease Control and Prevention (2020). Types of evaluation.

Appendices A–E: Tips, Forms, and Other Resources

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Appendix A:
Tips for Developing Strong Mission, Vision, and Values Statements

1) ***Make it a Collaborative Process.*** To get the most buy-in to your mission, vision, and values statements it is important to include others in the process. People tend to be more on board with a process in which they play a role. Orient your team to the importance of defining these guiding principles and engage them in a process that creates them together.

2) ***Include the Service Recipient Voice.*** In addition to engaging your team, it would be remiss to define mission, vision, and values without engaging the people you serve, who have invaluable insight into the experience of receiving services from you. They can communicate whether they feel that what they received aligns with the values of your agency or if they feel something was unhelpful or did not support them in reaching their goals. They can also give feedback about some things that a team might want to add to its mission, vision, and values to enhance service delivery.

3) ***Leave Room for Revision.*** In addition to revisiting mission, vision, and values statements regularly to ensure that services are aligned with them, it is important to recognize that the way we deliver services as a behavioral health system will continue to evolve. It is best practice to review these statements regularly.

4) ***Make Them Visible.*** Everyone who works on your team or receives services from your team should know what your mission, vision, and values are. These exist to hold team members accountable not just to each other but also to the service recipient. For example, if a service recipient has a not-so-great experience with front desk staff in which they feel disrespected, they should be able to clearly see that this is not in line with the program's stated values; feedback about such an incident should be welcomed by the program as it will help it to correct course and align more closely with its values.

5) ***Incorporate Them into your Interview and Onboarding Process.*** Interview questions should be designed to screen for whether or not a candidate shares program values. In addition, once a person is hired, the mission, vision, and values should be reviewed at the start of their employment and frequently referenced throughout the onboarding process. This ensures that staff are oriented to the expectations of how and why services are delivered, and hold them accountable to meeting those shared values.

Appendix B:
Example of a Functional/Hierarchical Organizational Chart
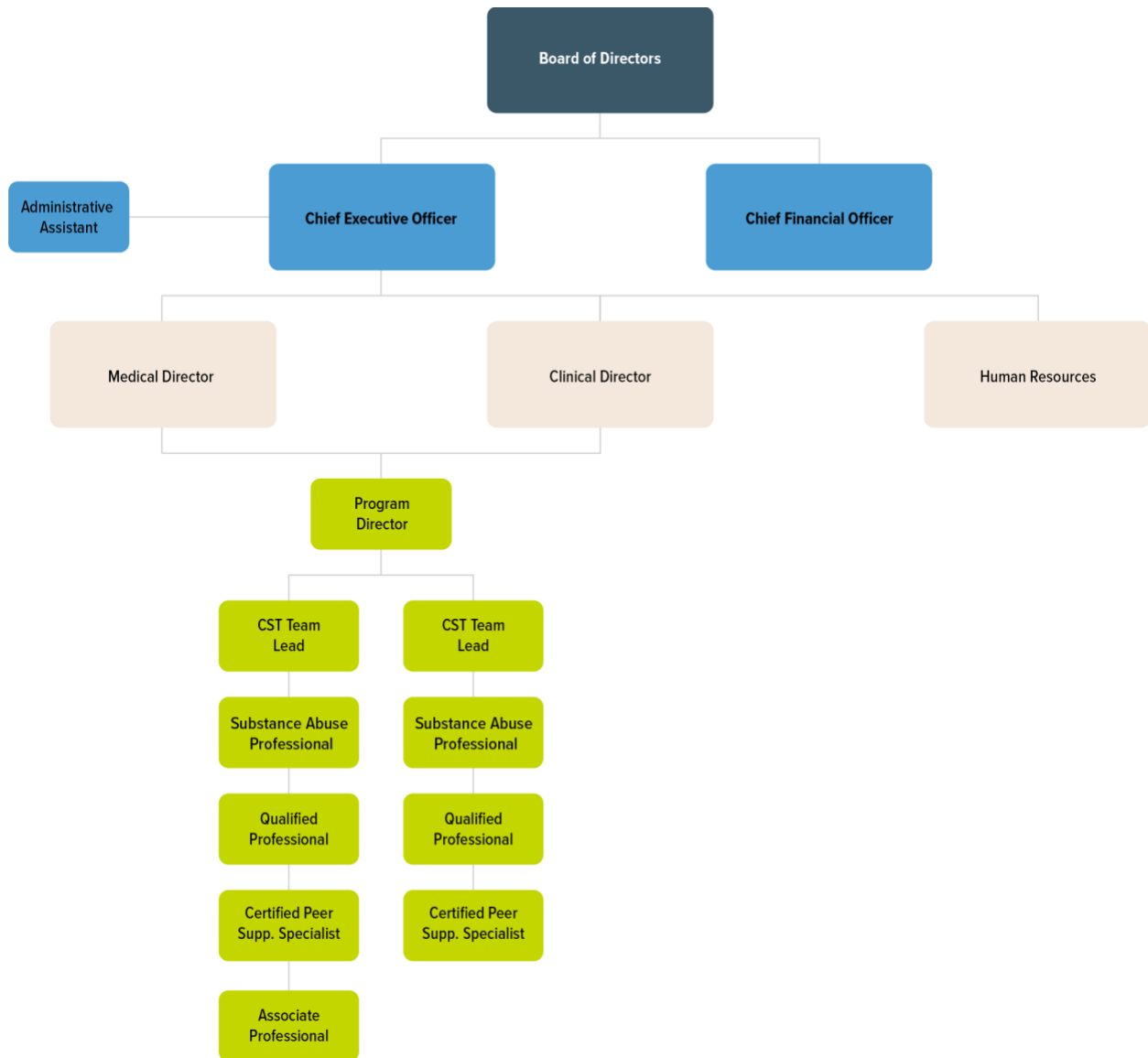
Appendix C:
Tips for Writing Good Policies and Procedures

- Keep it simple: Use plain language; minimize excess words and abbreviations.
- Be specific, but not too specific: There should be enough detail to avoid confusion but policies cannot cover all possible scenarios.
- Remain relevant: Explain why each policy or procedure exists, whom it affects, and when and how it applies; include any restrictions.
- Make sure your policy is consistent with agency standards and the law.
- Make sure your written policies and requirements are enforceable.
- Clearly specify roles and responsibilities.

- Make policies accessible and available in a variety of formats and languages.
- Design policies to be equitable: Avoid gendered language, jargon, negative statements, and loaded terms.
- Follow Federal Plain Language Guidelines to promote accessibility.
- Make use of Grammarly.com for free proofreading.
- Use active voice for clarity.
- Use words that don't leave room for misinterpretation. For example, when appropriate, use "must," rather than "may" or "should.

Policies and Procedures Checklist

A strong policies and procedures document should include the following:

- ☐ A title
- ☐ An effective date
- ☐ Revision date/version history/next review date
- ☐ Who is the policy or procedure for?
- ☐ A purpose statement
- ☐ Hyperlinks to related forms or documents
- ☐ An "approved by" space
- ☐ A way to sign off on review
- ☐ Name of person to contact with questions
- ☐ Definitions if relevant
- ☐ Exceptions if relevant

Appendix D:
Sample Onboarding Checklist

Team Lead Onboarding Checklist

Employee Name: _____

Check off reviewed items and note date reviewed.

Agency Core Values

☐   Mission, Vision, and Values   Date Reviewed: _____

Agency Policies (See policy topic list)

☐   Crisis Response   Date Reviewed: _____

☐   Safety   Date Reviewed: _____

☐   Ethical Situations   Date Reviewed: _____

☐   Finances   Date Reviewed: _____

     ☐   Reimbursement/Mileage   Date Reviewed: _____

☐   Equipment   Date Reviewed: _____

CST-Specific Policies (see policy topic list) and Agency Expectations

☐   Review service definition   Date Reviewed: _____

☐   Inflow – How people access the program   Date Reviewed: _____

☐   Required Actions/Documentation   Date Reviewed: _____

     ☐   Expectations of timeliness   Date Reviewed: _____

☐   Clinical Assessment   Date Reviewed: _____

☐   Team billing/revenue   Date Reviewed: _____

Agency's Team Roles

☐ Shadow other managers and leaders to build rapport and
observe their job duties Date Reviewed: _____

☐ Shadow CST staff to build rapport and learn about staff's role Date Reviewed: _____

Other

☐ _____ Date Reviewed: _____

Appendix E:
Sample Shadowing Observation Form

Staff Member's Name: _____

Supervisor's Name: _____

Client Visited (initials): _____   Date of Shadowing Visit: _____

Skill utilized/observed

Best Practice Interventions utilized/observed

Things you thought went well

Things you thought could have been done/handled differently

Questions for your supervisor

Write a service note for the interaction below