Community Support Training: Functional Assessments

DMHAS

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3/3/11 slide #32 revised – LOCUS for CSP – changed from every 6 mths to annually

DMHAS CSP/RP – General Info

COMMUNITY SUPPORT PROGRAM/RECOVERY PATHWAYS:

- **22 AGENCIES – 6 STATE, 16 PNPs**
- **Opportunity to enhance & re-align MH Case Management services to Community Support Program/Recovery Pathways (CSP/RP).**
- **CSP/RP services focus on building & maintaining a therapeutic relationship with the individual while delivering rehabilitative, *skill building* interventions & activities.**

DMHAS CSP/RP – General Info

- Every agency has a CSP/RP Champion & DMHAS staff have been meeting with them since 8/5/10 – every other Thursday – alternating between – in person meetings and conference calls.
- Champions have access to email address to post questions, if they cannot be answered at the agency level.
- DMHAS WEBSITE - www.ct.gov/dmhas

  Major Initiatives - Community Support Program (CSP) Initiative

The Switch: Rehab for Clinicians

- Justification is based on the medical necessity for assistance as the result of the psychiatric illness & how it impacts the individual's daily living which is assessed by the use of a functional assessment which in turn helps to define and inform the provision of restoration or improvement of functioning.
- Symptom reduction is not the focus, symptom and disability self management are.
- Focus is on teaching, cueing, reminding, training and overcoming barriers.
- Focus is not medical or clinical, but Rehabilitative activities.

Service Definition

- CSP: a Team Service with a mixture of staff who focus on Rehabilitation, Restoration and Recovery
- In an initial treatment plan, this may mean building support and assistance along with defining what recovery means to the client by:
  - Establishing goals that help clients build the capacity to reach recovery and independence, while always trying to show/demonstrate their progress and the types of assistance & support provided.
  - Reducing the duration and intensity of care to the least intrusive level that will sustain health.

If we are trying to …

- Establishing goals that help clients build the capacity to reach recovery and independence, while always trying to show/demonstrate their progress and the types of assistance & support provided.
- Eventually reduce the duration and intensity of care to the least intrusive level that will sustain health.

We need to….

Assess a person's capacity and/or ability to perform and/or learn the skills of day to day living.

Functional Assessments

- Measure a person's ability to Function in a way that is fair, objective and relevant to an individual's lifestyle.
- Over time, measure "Change in Ability to Function" which is important to the individuals, their loved ones, their social support systems and healthcare planners
- FAs are strengths/capabilities and needs-based along with providing an ongoing process that is responsive to changes
- Focuses comprehensively on functioning & capabilities
- Documents the impact of illness and/or condition on functioning AND demonstrates that functioning can be improved and/or restored

Functional Assessments:

- Provide the justification and evidence for decision-making re: Assistance and Skills Training
- Should be a major informer/driver (*with the client's choice & agreement*) for Rehabilitation/Recovery plan goals, objectives and interventions
- Determines "Levels of Assistance" needed for teaching & building skills
- Assists in defining "Interventions" with expected duration, frequency & intensity of skill building
- Helps to define "Rules" to be followed (who, what, when, how, etc.) in providing interventions

Functional Assessments

DMHAS has approved two Functional Assessments:

- DMHAS Community Support Program Functional Skills Assessment
- CASIG (DMHAS version with LOA)

both of which incorporate information from:

- Self-report
- Direct Observation
- Collateral Records
- Conservators (if applicable)

Functional Assessments:

- These assessment tools are utilized to contribute and inform the development of the individual's Recovery Plan Goals, Objective & Interventions.
- The "Skills Assessed" cover the major "Domains" of a person's day to day living skills (12 in DMHAS CSP FA & 23 in the CASIG DMHAS version)
- It helps to define the "Current Functioning Level" of an individual from a "point in time" perspective
- *And* it assesses the "Level of Assistance" (levels & types of skills teaching) that should be provided for that individual to learn the skills they need to help them achieve their Recovery Goals.

Levels of Assistance:

Assistance is the process of providing step by step physical, verbal, written and visual directions/demonstrations (through cueing and prompting/coaching) that teach, aid, enable and/or assist a participant in performing skills/tasks. These are the different Levels of Assistance defined in the two DMHAS approved FAs:

5. MAXIMUM ASSISTANCE
4. MODERATE ASSISTANCE
3. MINIMUM ASSISTANCE
2. STANDBY ASSISTANCE
1. INDEPENDENT
0. UNABLE TO ASSESS

LOAs Defined

Both of the DMHAS approved FAs have a Level of Assessment scale used to rate/score skills assessed in each Domain Area:

5. **MAXIMUM ASSISTANCE – Unable to meet minimal standards of behavior or functioning in order to participate in daily living activities or performance of basic tasks approximately 75% of time. Cues – Step by step physical gestures, pointing and demonstrations.**

   Prompts/Coaching - Step by step physical demonstrations with visual and verbal directions that prompt the participant to perform the skills and/or tasks.

4. **MODERATE ASSISTANCE – Needs constant cognitive assistance such as 1:1 cueing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately approximately 50% of time. Cues - Hints to help organize thoughts. Prompts/Coaching – Step by step verbal directions. (continued on next slide)**

LOAs Defined

3. MINIMUM ASSISTANCE – Needs periodic cognitive assistance (cueing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems approximately 25% of time. Cues -Hints related to the task. Prompts/Coaching – Step by step written and/or verbal directions.

2. STANDBY ASSISTANCE – Supervision by one person is needed to enable the individual to perform new procedures for safe and effective performance. Cues – Visual demonstrations related to the task. Prompts/Coaching – Visual and physical directions that prompt the participant to perform the skills and/or tasks.

1. INDEPENDENT – No physical or cognitive assistance needed to perform activities or tasks.

0. UNABLE TO ASSESS – Individual refuses or has chosen to not actively participate in providing any evidence of skills and/or abilities or demonstrating any skills and/or abilities for this assessment.

Using the Functional Assessment

The purpose of a FA assessment is to gather information about an individual's functioning in his/her day to day life, things he/she would like to change, and goals he/she may have for the future based on his/her strengths, needs, abilities and preferences and the assessed strengths, needs, abilities, risk and functional status. This functional assessment should be utilized as a baseline assessment and as a periodic assessment to help capture goal and skills progress and/or attainment.

Using the Functional Assessment

These assessments can be conducted by any licensed (LCSWs, RNs, etc.) or non-licensed staff (case managers, mental health assistants, etc.) upon adequate training and supervision.

The person conducting the assessment should employ person-centered and motivational interviewing techniques along with having an awareness of any Psychiatric Trauma which may have resulted in lasting mental and physical effects in order to cultivate a respectful, professional alliance and partnership with the individual being assessed and to establish and maintain a positive and productive, collaborative working relationship.

The assessments can and should be completed during several meetings with the individual which can be conducted in non-office settings or in the individual's home.

15 minute Break

Break
into Groups

Demo: Using the Functional Assessment

How do you briefly explain the CSP model to a client and also talk to him/her about the Functional Assessment that you will be working on with him/her?

Demo: Using the Functional Assessment

Steve is a 48 year old man who has been is diagnosed with schizophrenia and panic attacks. He has been a DMHAS client for the past 20 years. He tells you that a few years ago, his life was a mess. He explains that he “was hearing voices, had a lot of thoughts that were hard to get out of his head and ended up living on the streets". He was drinking and using street drugs to try and get rid of the "voices". He remembers being in and out of hospitals for short and long term stays. The last time he was hospitalized was about a year ago. Now he states that he is doing much better. He has his own apartment and feels that he does okay with it. He only drinks occasionally and states that he does not "do drugs anymore". Steve tells you that he never really pays his bills and has no idea about how to shop for food, take the bus or prepare meals. His last Case Manager and took care of all of his finances, drove him to all of his appointments, took him shopping and arranged for him to get lunch at a Clubhouse and receive “Meals on Wheels”. Steve is very upset and angry about the change in his services. He says that he has been told that he will now have a new team to work with and he will not be getting the same types of services he has been receiving, such as; transportation for shopping and to his appointments. He doesn't understand why this is happening to him or why he is meeting with you.

Case Example #1

Geraldo is 40 and lives in a fairly large city. He goes to a Clubhouse 5 days a week where he receives lunch. He is able to walk there. Other than that, he relies on his case manager to provide him with transportation to the grocery store, doctors' appointments, etc. He appears to be comfortable with this arrangement and he states that he would like to get a job. He has a high school diploma, although he attended some Special Education classes. Geraldo periodically complains of hearing voices that disturb him and it is very hard for him to concentrate. He is compliant with his medication regime. Geraldo seems to have to concentrate all his attention on whatever he is trying to do. He is constantly looking for approval and can get easily frustrated when others tell him what to do. Recently, Geraldo has expressed that he is interested in learning to do things on his own, such as cleaning his apartment and cooking. His hygiene is not the best. His bathing is irregular and it seems that he does not always wash his hair, shave, brush his teeth or wear clean clothes.

Using the Functional Assessment

Practice Example 1: page 3, DMHAS CSP/Recovery Pathways Functional Skills Assessment

Domain 2 - Personal Care:

As a group come up with a minimum of 5 "approaches and/or ways of discussing the FA" that you would use to engage "Geraldo" in participating in the process and allowing you to work with him on discovering how he "functionally" manages his "Personal Care Skills" as they are covered in the FA . Use your knowledge, skills & training in Motivational Interviewing, Stages of Change & the Person Centered Approach.

REMEMBER: The assessments can and should be completed during several meetings with the individual which can be conducted in non-office settings or in the individual's home

Case Example #2

Mabel is 48 years old, does not have many friends and her behavior is continually getting her in trouble. She has recently been caught by one of the staff in her supervised apartment smoking pot behind the bushes on the property. She knows that this is against the policies of the agency who owns the property. She received a written notice stating that if this occurs again she will be evicted. Mabel has also told you that she likes to drink wine. She claims that she only does this occasionally (1x per week). You suspect that is more frequent. Mabel's psychiatrist has diagnosed Mabel with bipolar disorder. He has suggested that she take her medication as prescribed and go to the mental health center to receive services. Mabel doesn't think there is anything wrong and she doesn't want to take the medication because it "inhibits her creative ability." She can't understand what all the fuss is about and wishes that people would just leave her alone to do what she wants to do.

Using the Functional Assessment

Practice Example 2: page 1, CASIG – DMHAS version w LOA

Domain 1: Housing and Living Goals

Practice asking "Mabel" to describe how she manages her Housing and Living situations in detail to you. List at least five other "Domains" that your conversation/inquiries could also touch on or "lead into" naturally as you discuss the Housing and Living Goals questions with her (3 narrative questions, 2 "yes/no" questions). Use your knowledge, skills & training in Motivational Interviewing, Stages of Change & the Person Centered Approach.

***REMEMBER** – You are also trying to determine the LOA for how Mabel "functionally manages" her Housing and Living Goals.

Using the Functional Assessment

It is important to note that both the DMHAS CSP/Recovery Pathways Functional Skills Assessment & the CASIG–DMHAS version with LOA have included the following questions in each Domain that ask the individual the following about their Personal Goals:

- What do you currently have (e.g.: assets, past experience or resources) that could help you meet that (these) goal(s)?
- Will improving your _____ situation help you achieve your personal recovery goals?
- How much help or support would you need to improve your _____ situation?
- Will developing this skill help you achieve your personal recovery goals?

Using the FA to inform the development of a Person Centered Recovery Plan

Summary page of FA - Please note that each of the "Domain /Skills Assessed" should be used as a Guideline to inform the Interventions in a Person Centered Recovery Plan . Also, remember the focus of the Functional Assessment is try to assess the "functionality and capabilities" of each individual. Client choices (Person Centered) need to be the focus in the designing of the Goals, Objectives & Interventions in the Recovery Plan.

Using the FA to inform the development of a Person Centered Recovery Plan

How would you write a Person Centered Recovery Plan Goal with focused, comprehensive, functionality/capability based Skill Building Interventions incorporating information from "Geraldo's" FA?

His first Goal is (stated in client's own words) "I want to get a job". His initial FA determined that in the Domain of Personal Care he was functioning at an LOA of MINIMUM ASSISTANCE .

Objective 1: Geraldo will work on developing health hygiene skills in order to help him get a job.

List at least 5 examples of Personal Care Interventions focused Skill Building to assist him with his Goal "to get a job".

Using the FA to inform the development of a Person Centered Recovery Plan

**Remember-*

An LOA of MINIMUM ASSISTANCE = Needs periodic cognitive assistance (cueing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems approximately 25% of time.

Cues - Hints related to the task.

Prompts/Coaching – Step by step written and/or verbal directions.

Using the Functional Assessment to inform the development of a Person Centered Recovery Plan "GERALDO"

Goal: (in client's own words) "I want to get a job"

Objective 1: Geraldo will work on developing health hygiene skills in order to help him get a job.

Interventions:

- Educate Geraldo on appropriate hygiene procedures
- Have Geraldo list what items are needed in his home so he could promote good hygiene
- Teach Geraldo to use the bus to get to the store to buy hygiene items
- Develop a daily routine for good hygiene (create a list with morning, afternoon and evening hygiene tasks with Geraldo)
- Create a weekly chart for Geraldo to check off when he completed his hygiene routine

FA Questions

Can the Functional Assessment be done over 2 or 3 visits?

Yes, actually we encourage it to be administered that way the first time, so that the assessment facilitator can really get a good idea of the individual's capabilities in the 12 different domains.

If the client is known to the facility, can the CM complete some of it independently?

We really would like to make sure that the individual's capabilities in the 12 different domains are being assessed at "a point in time". Some individuals might have lost some skills due to aging or other medical complications that the CM is not currently aware of.

FA Questions

Where there are sections in the FA that really don't apply (e.g., financial section: client has a conservator; or the client is retired and work is not going to be an issue, or the client is a recipient of Meals on Wheels) – should the CM score those as 'independent'?

No. Having a Conservator or receiving Meals on Wheels does not qualify as an individual having the skill set to function Independently. It demonstrates that at some "point in time" that person was considered to be incapable of performing those specific skills (i.e., money management and meal preparation). These would be scored as "5 = Maximum Assistance - Unable to meet minimal standards of behavior or functioning in order to participate in daily living activities or performance of basic tasks approximately 75% of time." and should be reassessed. The "retirement" statement should be explored with the individual to determine whether or not they understand the possible benefits of employment (e.g., financial, increased self-esteem, positive use of time, etc.) and whether or not they would be interested in pursuing some type of employment. It's important to first develop life/recovery goals with the individual based on their interests and strengths, and then the functional areas identified by the FA can be turned into objectives & interventions on the recovery plan to help the individual reach their goals.

FA Questions

Regarding the need for an integrated Recovery Plan, could, for example, one of the overall goals on the master treatment plan be 'increase socialization', and then a separate but attached Recovery Plan could expand, i.e., 'use CSP skill building model to increase opportunities for socialization'?

In agencies that provide both clinical and CSP/RP rehabilitation services, we would like to see the overall goals and the CSP interventions in one Comprehensive Recovery Treatment Plan that contains the Clinical and Rehabilitation goals and interventions in one document which is accessible and referenced by all staff working with the individual.

FA Questions

Are we to use both the Functional Assessment and the LOCUS to place individuals in CSP vs. RP? How do we do this?

Initially the provider shall conduct a LOCUS Assessment to determine the numbers of current consumers who meet either CSP or RP level of care criteria and then repeat this annually for both CSP and RP clients. Once staff becomes familiar with the LOCUS Tool it takes very little time.

Once it has been determined the individual is appropriate for CSP/RP services by a LOCUS score of 10-16 (RP) and 17-19 (CSP); a Functional Assessment should then be completed. Providers should be in the process of conducting LOCUS assessments now. An acceptable timeframe for the completion of the initial FA would be within a month of client assignment/admittance into CSP/RP. Remember, It is important to develop the recovery plan goals independent of the Functional Assessment. The FA should then be conducted and used to define and inform skill-building interventions to reach the person's goals. The entire Functional Assessment is conducted annually for both LOC's. Every 90 days (CSP) or every 6 months (RP) this document should be re-assessed.

FA Questions

Is it true that we can no longer provide transportation to CSP/RP clients?

This is not true. The goal is to work with clients to identify natural supports for them to use instead of depending on the CSP/RP system, but this will take time. For our long-term clients the agency has become the natural support system for the client and building a different environment will take time and work. The agency may also have to help develop a van system or client-based system to give some support to this endeavor. Some of the agencies have done this already.

If the CSP/RP worker is teaching skills related to banking, shopping or managing their medical co-morbidities, for example, then it would make sense for the CSP/RP worker to drive the client to this environment and use the car time to educate the client on what will happen when they reach their destination. The ultimate goal is independence, but this will not happen overnight and clients will continue to depend on their CSP workers until another system is built.

FA Questions

Functional Assessment is to be completed every 12 months (for CSP clients) and initially with a newly referred client. The FA will also be reviewed with every treatment plan update which for Medicaid is every 90 days. If a client is newly referred with 1 need (ex: housing) and the LOCUS score is high and skills teaching for this area is appropriate and the client only wish for assistance with (example: housing), is the expectation that the entire functional assessment is completed regardless?

Yes, the entire functional assessment (FA) should be completed. The results from the entire FA should inform skill-building in the housing area. It is also important to develop the recovery plan goals first and independent of the FA; the FA will inform skill-building interventions to reach the person's goals. If the recovery plan goals are developed directly from the results of the FA, this is using a deficit-based approach to developing goals, and not a person-centered or strengths-based approach to developing goals. In other words, if the FA identified three areas where the person is struggling, those three areas do not necessarily translate into the three goals on the person's recovery plan; the deficits are not then the goals to work on. The person's life goals based on their interests and strengths, are the recovery goals, and the FA identifies the barriers

FA Questions

If an existing client has only identified 2 goals through the functional assessment out of the 12 domains does this mean that the entire functional assessment needs to be completed again in its entirety or is it just the 2 identified areas that need to be reassessed?

Goals should not be identified from the functional assessment. Goals should be developed in partnership with the individual in recovery and the FA will inform the recovery planning and the types of interventions needed to achieve those goals. The entire FA should be updated/reviewed every 90 days (CSP) with the treatment plan reviews, however the documentation of this could be in the form of a functional assessment update page rather than the original long assessment form. For the RP clients, the FA update should occur every 6 months with the treatment plan reviews.

Some of these rules may change with Medicaid billing.

FA Questions

With regard to the functional assessment/summary, who is supposed to write it? Is it a DDaP or AVATAR activity that can be counted or something that happens during a team meeting, and can DMHAS provide examples of how this has been done in other agencies?

The staff member that conducts the functional assessment should prepare the documentation, including the summary. It is an activity that can be captured in DDaP and AVATAR. The assessment should not be done during a team meeting, but with the individual being assessed; it may take 2-3 sessions to complete it. ***As long as the individual is present this is a billable event or service.***

Other Questions?

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