Dane County CCS Comprehensive Assessment Guidance

Assessment Defined by DHS 36

"Assessment" means the process used to **identify** the <u>strengths</u>, <u>needs</u> and <u>desired outcomes</u> of a consumer and to **evaluate progress** toward desired outcomes.

Assessment Expectations from Forward Health

Assessments (clinical findings, studies ordered, or diagnosis or medical impression).

- **a**. Intake note signed by the therapist (clinical findings). CCS Screening and Assessment Progress Note from SF and MHP
- b. Information about past treatment, such as where it occurred, for how long, and by whom (clinical findings). Historical narrative entered in initial assessment and retained throughout CCS programming. c. Mental status exam, including mood and affect, thought processes principally orientation X3, dangerousness to others and self, and behavioral and motor observations. Other information that may be essential depending on presenting symptoms includes thought processes other than orientation X3, attitude, judgment, memory, speech, thought content, perception, intellectual functioning, and general appearance (clinical findings and/or diagnosis or medical impression). MSE documented in all progress notes with any client contact.
- d. Biopsychosocial history, which may include, depending on the situation, educational or vocational history, developmental history, medical history, significant past events, religious history, substance abuse history, past mental health treatment, criminal and legal history, significant past relationships and prominent influences, behavioral history, financial history, and overall life adjustment (clinical findings). Every domain on assessment has information.
- **e**. Psychological, neuropsychological, functional, cognitive, behavioral, and/or developmental testing as indicated (studies ordered).
- f. Current status, including mental status, current living arrangements and social relationships, support system, current activities of daily living, current and recent substance abuse usage, current personal strengths, current vocational and educational status, and current religious attendance (clinical findings). Updated as new information becomes available (per DHS 36) and at a minimum of every 6 months (per DCDHS).
- g. Substance abuse assessments are required to include documentation of nationally approved screening assessment to assure the appropriate level of care (e.g., the ASAM (American Society for Addiction Medicine) placement criteria).

Dane County CCS Guidance for Comprehensive Assessments

- > Summary of current expectations (page 2)
- Frequently Asked Questions about Comprehensive Assessments and Assessment Summaries (pg 3-5)
- Jordan Example client story (page 6)
- Jordan Example of 3 domains of assessment (page 7-11)
- Jordan Example of Assessment Summary (page 12-13)

Assessment Expectations - Updated as of 5/15/2023.

It is expected your comprehensive assessment is comprehensive; encompassing historical information, baseline functioning information, and current information for each domain assessed. It is expected you assess ALL domains. It is expected you have conversations with the participant to facilitate the comprehensive assessment.

Initial Comprehensive Assessments will be considered complete if:

- ➤ There is no missing information. Every section has information in it. "N/A" is not an acceptable answer.
- It is clear the participant participated in the assessment.
- The assessment has been approved in the module by the SAP and MHP.

<u>Initial Comprehensive</u> Assessment Summaries will be considered complete if:

- There is no missing information
- All meeting dates that occurred to obtain information for the completion of the Comprehensive Assessment and all individuals who participated in the assessment process are identified.
- The required signatures have been obtained (CCS Participant, Guardian if applicable, Service Facilitator, all others who participated in the Comprehensive Assessment process.)

<u>Updated Comprehensive Assessments</u> will be considered complete if:

- > There is no missing information. Every section has information in it. "N/A" is not an acceptable answer.
- > Historical information is retained in all domains of the updated Comprehensive Assessment.
- > Current updates are added at a bare minimum to the Narrative section of each domain.
- > It is clear the participant participated in the assessment.
- There is no indication that the assessment is considered "abbreviated".
- The updated assessment has been approved in the module by the SAP and MHP.

<u>Updated Comprehensive Assessment Summaries</u> will be considered complete if:

- There is no missing information
- All meeting dates that occurred to obtain information for the completion of the Comprehensive Assessment and all individuals who participated in the assessment process are identified.
- The required signatures have been obtained (CCS Participant, Guardian if applicable, Service Facilitator, all others who participated in updating the Comprehensive Assessment)

Correcting Incomplete status DCDHS module **Comprehensive Assessments**:

- Service Facilitators and Mental Health Professionals will receive an email the following day after your module assessment is reviewed and processed by the QA team IF the QA team has tracked your assessment as Incomplete. The QA team will note the reason the document was tracked as incomplete.
- Options for updating the module Comprehensive Assessment with the information requested from the QA team are:
 - > Enter requested information in the Domain Update section in the module
 - ➤ Retract the full assessment/ plan from approved status and enter the additional information as requested. Resubmit to SAP and MHP for approval. (This option may or may not effect billing and this option will require a second signature from the participant for the recovery plan associated with the comprehensive assessment upon approval of assessment/ plan with the new date range)

Comprehensive Assessment FAQs

1. How many domains are there to assess??

16

2. Can I use multiple meetings to gather information for the assessment?

Yes

3. Can I use information from multiple sources for the assessment?

Yes if your participant agrees to it.

4. Do I need narrative, strengths, needs/barriers, and goals for all 16 domains??

Yes- You do need answers in every box. "N/A" is NOT an acceptable answer.

5. Does CCS participant need 16 goals??

No. if there is no goal for that particular domain, state No goal in this domain at this time.

6. Can CCS participant have 16 goals?

Yes. We operate a person centered planning model of treatment so participants can have as many goals as they identify.

7. Do all CCS participant goals get added to the recovery plan?

All goals the CCS participant wants on the recovery plan get put on the recovery plan. In the module, the domain goals that have a status of "Include in Plan" will show up on the Recovery Plan. If there are goals stated on the assessment that are not going to be put on the recovery plan, clearly indicate why the participant's stated goal is not going to be on the recovery plan.

8. What is considered a complete assessment?

Assessments entered in the module that have all required information, have evidence the participant participated in the assessment process, and have been approved by your SAP and MHP.

9. When are these documents supposed to be completed by?

30 days from date of participant signature on application.

Assessment Summary

10. Why do I have to complete an Assessment Summary?

DHS 36 identifies this document as a requirement for CCS participant files.

11. When are these documents supposed to be completed by?

30 days from date of participant signature on application.

12. What is considered a complete Assessment Summary?

Documents submitted to DCDHS File that have every box filled out and required signatures.

13. Do I list EVERY meeting date I had to gather information for the Comprehensive Assessment?

Yes

14. Do I list EVERY individual that participated in the assessment process to complete the Comprehensive Assessment?

Yes

15. Do I need signatures of EVERY individual who participated in the assessment process?

Yes

Updating the Comprehensive Assessment

16. When does the Comprehensive Assessment need to be updated?

When new information becomes available. At a bare minimum Comprehensive Assessments need to be updated in the module every 6 months at the time you update the recovery plan.

17. Do I have to involve the participant in the process of updating the Comprehensive Assessment?

Yes. We provide services within a person centered planning model and the participant needs to be reassessed to document updates to the comprehensive assessment.

18. Do I have to leave historical information in the Comprehensive Assessment as I update it?

Yes

19. What do I do if there are no updates in a domain on the Comprehensive Assessment?

It is ok to state "There are no updates for this domain at this time."

20. What do I do if there are no updates in <u>all</u> domains of the Comprehensive Assessment?

Consult with the MHP on the team to discuss if CCS is appropriate programming. QA Team will indicate the updated assessment is incomplete if the domains with recovery plan goals state there are no updates to that domain.

21. What sections need to be updated in an update to the Comprehensive Assessment?

All NARRATIVE Sections of ALL Domains need an update to reflect current and accurate information.

22. When my participant has been in CCS for multiple years, am I able to combine or summarize the historical data as I enter this first module version of the assessment?

DCDHS supports combining or summarizing historical data into one paragraph in the identified section as long as the quality of the information is not compromised. Each dated update can be left as a clearly labeled separate entry if desired. The current dated update needs to be clearly identified and not entered within any combined or summarized historical data.

Updating the Assessment Summary

23. When does the Assessment Summary need to be updated?

When new information becomes available. Every time you update the Comprehensive Assessment. At a bare minimum Comprehensive Assessments + Assessment Summaries need to be updated every 6 months. Update all sections with current and accurate information.

24. Do I have to leave historical information in the Assessment Summary as I update it?

No. Use this document to summarize the most recent Comprehensive Assessment.

CSSRS

25. Why does a Columbia Suicide Severity Rating Scale print out with the Assessment Summary from the module?

November 16, 2021 it was stated at the DCHDS CCS Service Director meeting that as part of our Quality Improvement Plan we would be asking as of January 1, 2022 that Service Facilitators facilitate a Columbia Suicide Severity Rating Scale with their CCS participants when they complete the CCS Comprehensive Assessment. Screen your participants with this CSSRS screener, fill it out, and submit it to <a href="https://ccs.com/ccs.c



Jordan is a 22 yr old individual self-referred to CCS due to drug and alcohol abuse. Jordan is currently unemployed, homeless, and has charges pending due to a number of "bounced" checks written over the past several months. Having become depressed about the situation and not seeing a way out, Jordan decided to get help for drug abuse. Previous attempts to quit using have failed due to temptation to use when hanging out with friends. Jordan reports that both parents were drug addicts and were physically, sexually and emotionally abusive to all of their children.

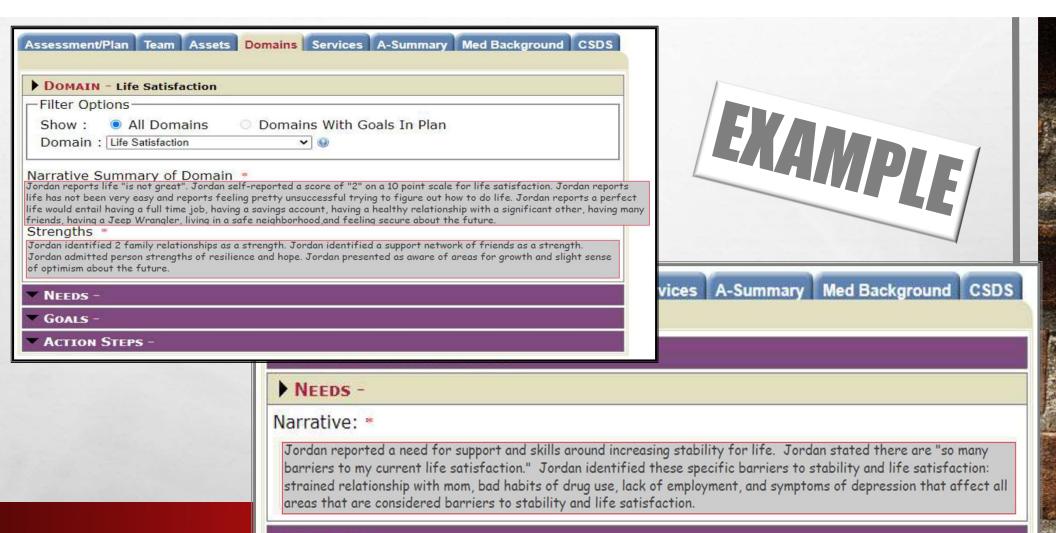
Jordan's father died of liver disease a few months ago at the age of 37. Jordan didn't go to the funeral because there would be "too much drama". As far as dads go, Jordan never felt understood or loved by him, so going didn't make sense at the time. Jordan's mom has been clean for nearly 6 years. It breaks her heart to see her child going down a similar path.

Jordan also reports being kicked out of the family home because of being a "queer", yet still lives in the same town. Prior to the Jordan's father passing, there was no contact with either parent for over 4 years. The last interaction with Jordan's mother occurred at church. They argued and created a scene. Their pastor had to intervene then recommended the family get therapy to address their family history of trauma. That was also the last time Jordan went to church. Jordan has a sister named Marcella and describes their relationship as "fair." They hang out occasionally & go to the gym or shopping, but she doesn't approve of Jordan's "lifestyle" so they aren't very close. Their cousin Casey likes to go dancing & parties a lot too, so they hang out on weekends when Jordan has money. Jordan wants to do more socially but money is tight.

Jordan is single right now, but has a network of friends in the local LGBTQ community who also provide a place to stay. Jordan survived life as a runaway by becoming involved in sexual relationships with older men, many of who were also abusive, but provided food, shelter, and companionship. Jordan had one serious relationship that went badly a few years ago and caused Jordan to go into a "severe depression", not getting out of bed for weeks and eventually attempting suicide by taking pills.

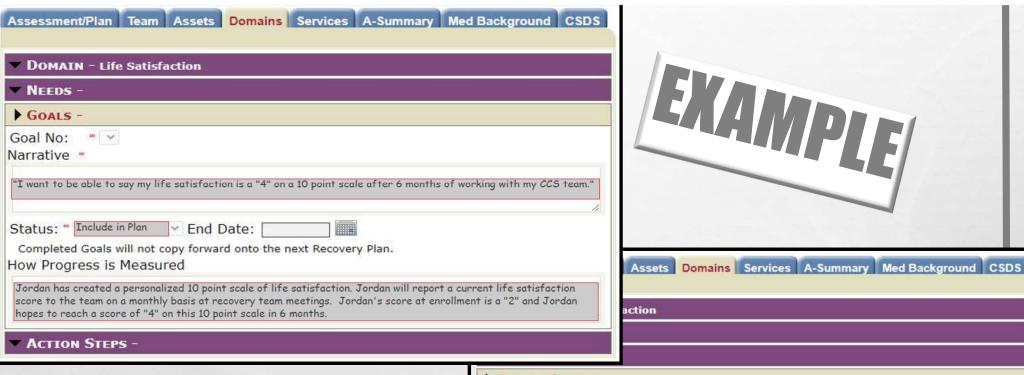
Complete the following For Domain(s)

•
Narrative:
Strengths:
Needs/Barriers:
needs/barriers:
Goals:
coals.
Narrative:
Otherwither
Strengths:
Needs/Barriers:
Goals:



GOALS -

▼ ACTION STEPS -



ACTION STEPS -

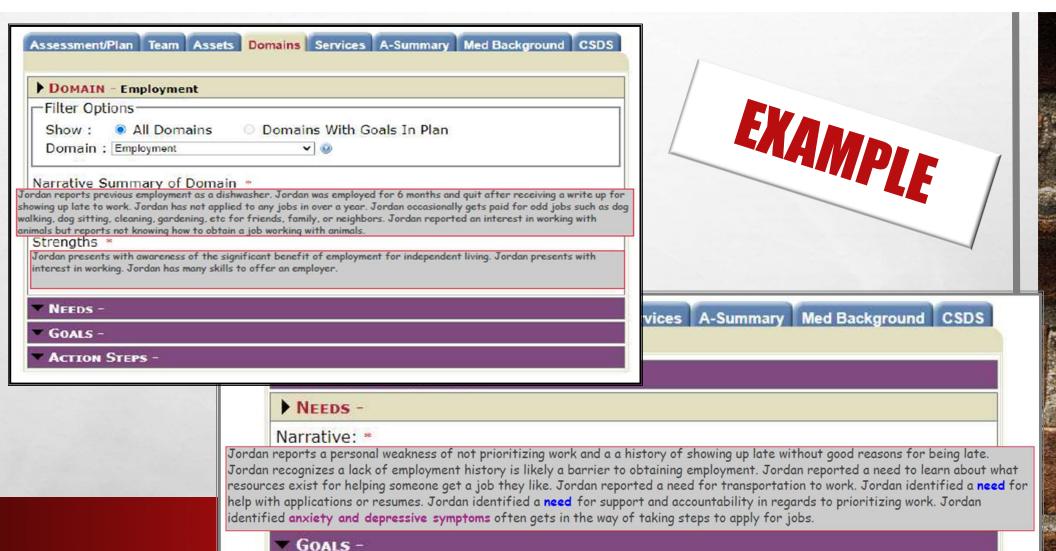
Narrative and Persons Responsible: *

Jordan will engage with psychotherapy provider from Madison Trauma Therapy 1 hour a week. Psychotherapist will assist Jordan with identifying triggers to anxiety and depression symptoms, implementing coping skills to reduce anxiety and depression, and address the underlying historical factors affecting Jordan's levels of depression and anxiety that affect Jordan's level of life satisfaction. Psychotherapist will offer to allow Jordan's mom to attend therapy sessions to assist Jordan with improving that relationship. Psychotherapist will also address historical and current factors leading to drug use with Jordan and work with Jordan to create a Recovery Action Plan to reduce/ terminate drug use.

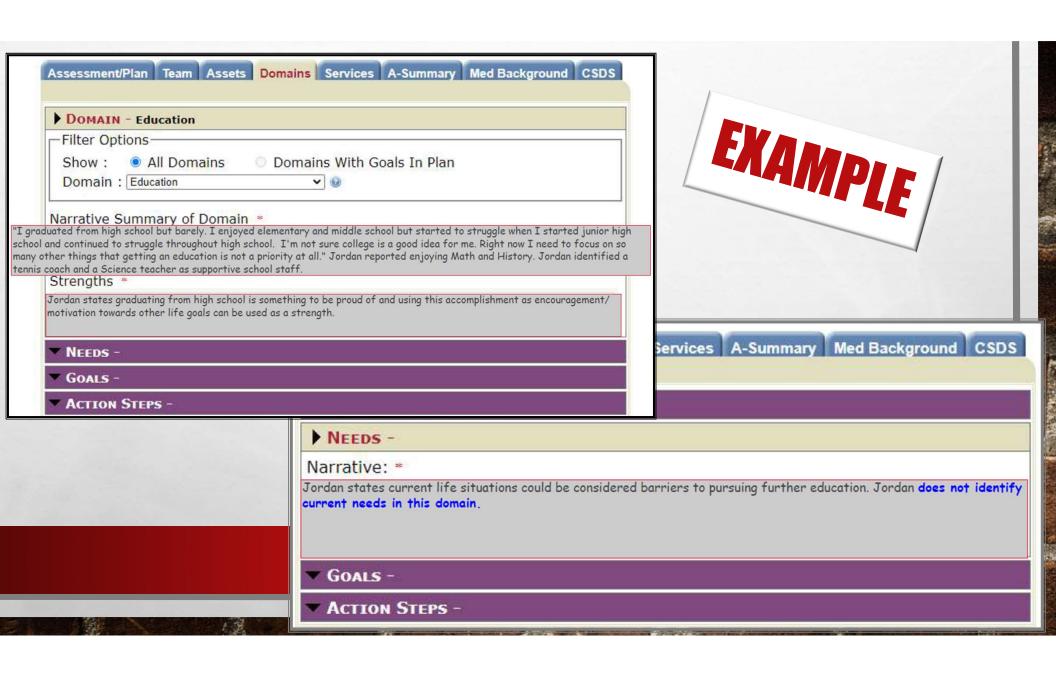
Jordan will work with service facilitator from Catalyst for Change 2 hours a week. Service Facilitator will ensure supports are in place for Jordan and services are delivered that address Jordan's stated goal of improving life satisfaction score.

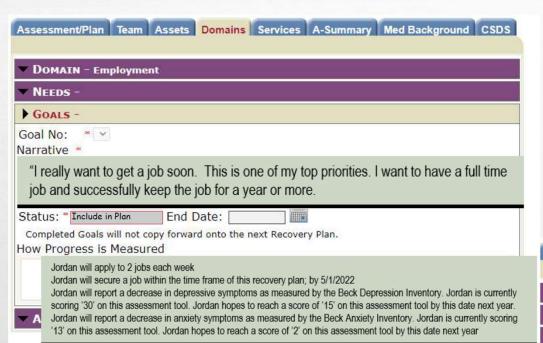
Jordan will engage in skill building with ISD provider from Hope Inspired 4 hours each week. ISD provider will teach and role model communication and healthy relationship skills. ISD provider will present opportunities in the community for Jordan to practice communication and relationship building skills with others.

Jordan will participate in community AA meeting twice a week to learn skills for reducing drug use.



ACTION STEPS -









ACTION STEPS -

Narrative and Persons Responsible: *

Jordan will work with ERST service provider from ERI 2 hours each week over the next 60 days to identify resources for employment and to create a resume.

Jordan will work with SF from Catalyst for Change 1 hour each week over the next 90 days to identify transportation options.

Jordan will work with ERST service provider from ERI 2 hours each week to apply for 2 jobs each week until Jordan is offered a job that is a good fit.

Jordan will work with ISDE service provider from Hope Inspired 1 hour each week to draft a personal planner by 1/15/2022.

Jordan will work with ISDE service provider from Hope Inspired 2 hours each week over the next 6 months to identify and practice 2 skills each week to increase organizational and prioritizing skills.

Jordan will work with psychotherapy provider from Madison Trauma Therapy 1 hour each week to identify triggers to anxiety and depression symptoms, to implement coping skills to reduce anxiety and depression, and to address the underlying historical factors affecting Jordan's levels of depression and anxiety that affect Jordan's independent functioning in regards to employment.

Needs and goals do not equal services! Always pay attention to medical necessity! DHS 101

If you were by chance to add 2 agencies / providers to provide the same service array, be VERY specific about how their action Steps differ. AVOID DUPLICATION OF Services.

Summary of Inf	ormation On V	Vhich Outcor	mes and S	ervice Reco	mmendatio	ons Are
Robust sum	mary of the	current cor	mprehen	sive assess	ment.	
Significant Diffe the Recovery Te		ion, If Any,	Which Are	Not Resolv	ed Among	Members of
Please speci	fy any areas	where not	all team	members	agree!	
Discharge Criter	ia *					
Be specific t need CCS se		lient says l	ife will lo	ok like wh	en they n	o longer

My Assessment Summary

Name: LAST NAME, FIRST NAME [123456]					
Agency / Program: SF AGENCY					
Staff Name: SF STAFF	Enrollment Date:	Plan Start Date:	Assessment Date:		
My Recovery Team					
NAME		ROLE			
All this information is pulled	Me				
directly from the module.		Service Facilitator			
Ensure Team Tab is up-to-date with array providers and parent/guardians!	Substance Abuse Professional				
		Mental Health Professi	onal		
	Parent/	'Guardian?? Please add this individ	dual to the Team Tab .		

Summary of Information On Which Outcomes and Service Recommendations Are Based

Jordan has been struggling to maintain highest level of health, wellness, stability, self-determination and self-sufficiency in multiple assessment domains. Jordan has a history of substance use. Jordan has been homeless and unemployed for a significant period of time. Jordan now has legal issues as well. Jordan has a positive relationship with his sister and cousin but his relationship with his mother is strained. Jordan has experienced various forms of trauma and has attempted suicide in the past.

THIS TEXT BOX SHOULD BE A ROBUST SUMMARY OF THE CURRENT ASSESSMENT.

Desired Outcomes and Measurable Goals Desired by the Consumer

"I really want to get a job soon. This is one of my top priorities. I want to have a full time job and successfully keep the job for a year or more."

"I want to be sober."

"I want to improve my relationships with my family. I hope to be able to participate in Christmas with my family this year and I hope I can re-establish a healthy relationship with my mom by her birthday in April."

"I want to earn healthy coping skills to get over my depression and anxiety. I want to have a full range of healthy coping skills by this time next year and I want to be fully recovered from depression and anxiety by the age of 25."

GOALS WITH A STATUS OF "INCLUDE IN PLAN" WILL AUTOMATICALLY FILL IN FROM THE MODULE ASSESSMENT.

Significant Differences of Opinion, If Any, Which Are Not Resolved Among Members of the Recovery Team

There are no significant differences of opinion at this time.

DO NOT PUT N/A. Remember to summarize any areas where not all team members agree. If there are none, please see the example above!

ASSESSMENT MEETING PARTICIPANTS				
Meeting Date	List of Attendees			
Meeting date should correlate with a S&A progress note documenting an assessment meeting w/ client.	List all individuals who participated in the assessment meeting(s).			

Name	Signature		
List names of all who attended the assessment meeting(s).	Need signatures of all individuals who participated in the assessment meeting(s).		
	**REMINDER - Signature for minor clients who are 14+ years old is required.		