Dane County CCS Comprehensive Assessment Guidance

Assessment Defined by DHS 36

> *"Assessment" means the process used to **identify** the strengths, needs and desired outcomes 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

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.

Initial Comprehensive **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.)

Updated 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.
- **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.

Updated Comprehensive **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 updating the Comprehensive Assessment)

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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 CCS@danecounty.gov for filing in the participant file. Ensure there is a corresponding progress note that documents the CSSRS was completed with the client to screen for suicidal ideation.

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.

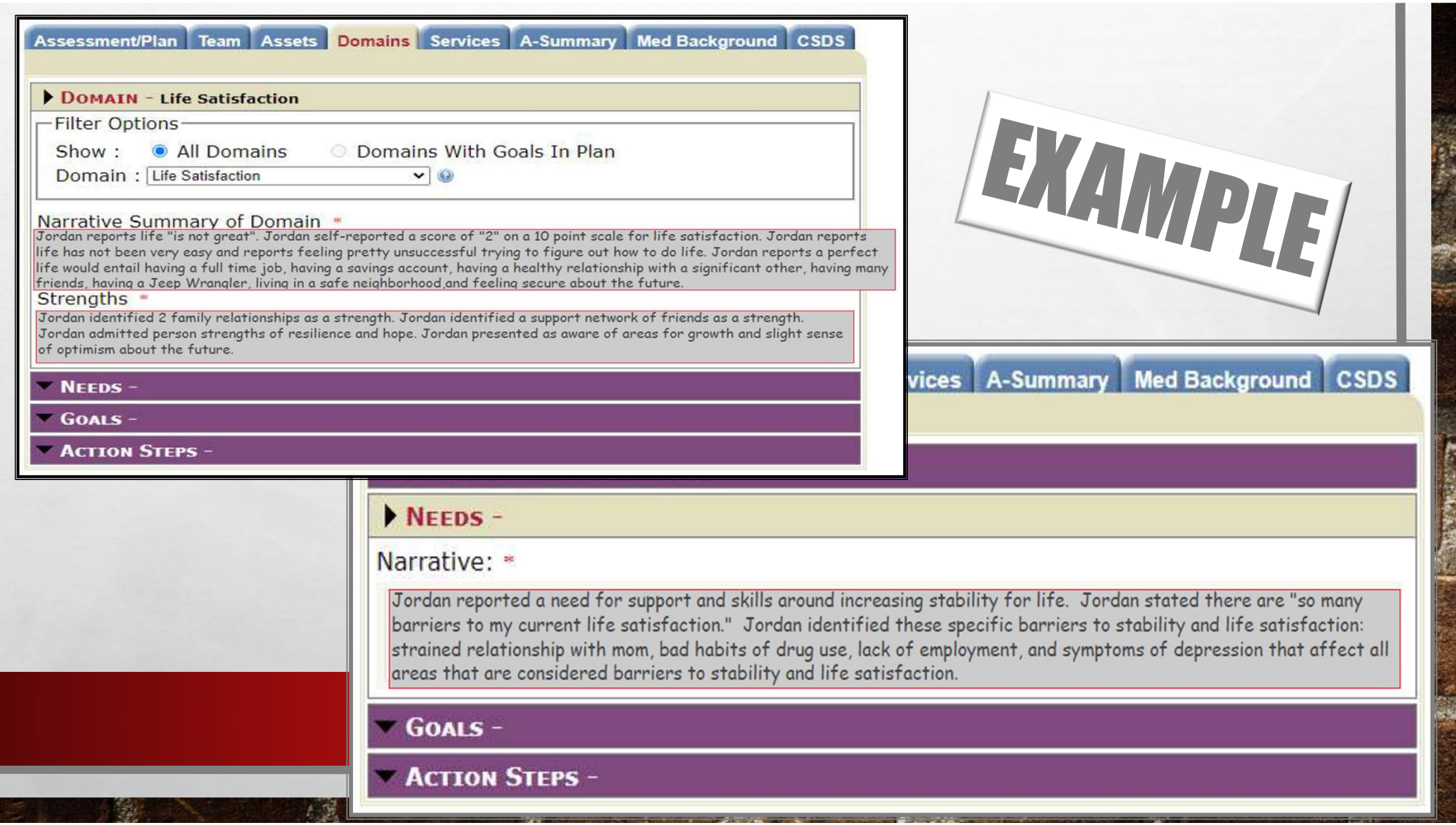
Jordan also reports being kicked out of the family home because of being a "queer", yet still lives in the same town. Prior to the Jordan's father passing, there was no contact with either parent for over 4 years. The last interaction with Jordan's mother occurred at church. They argued and created a 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.

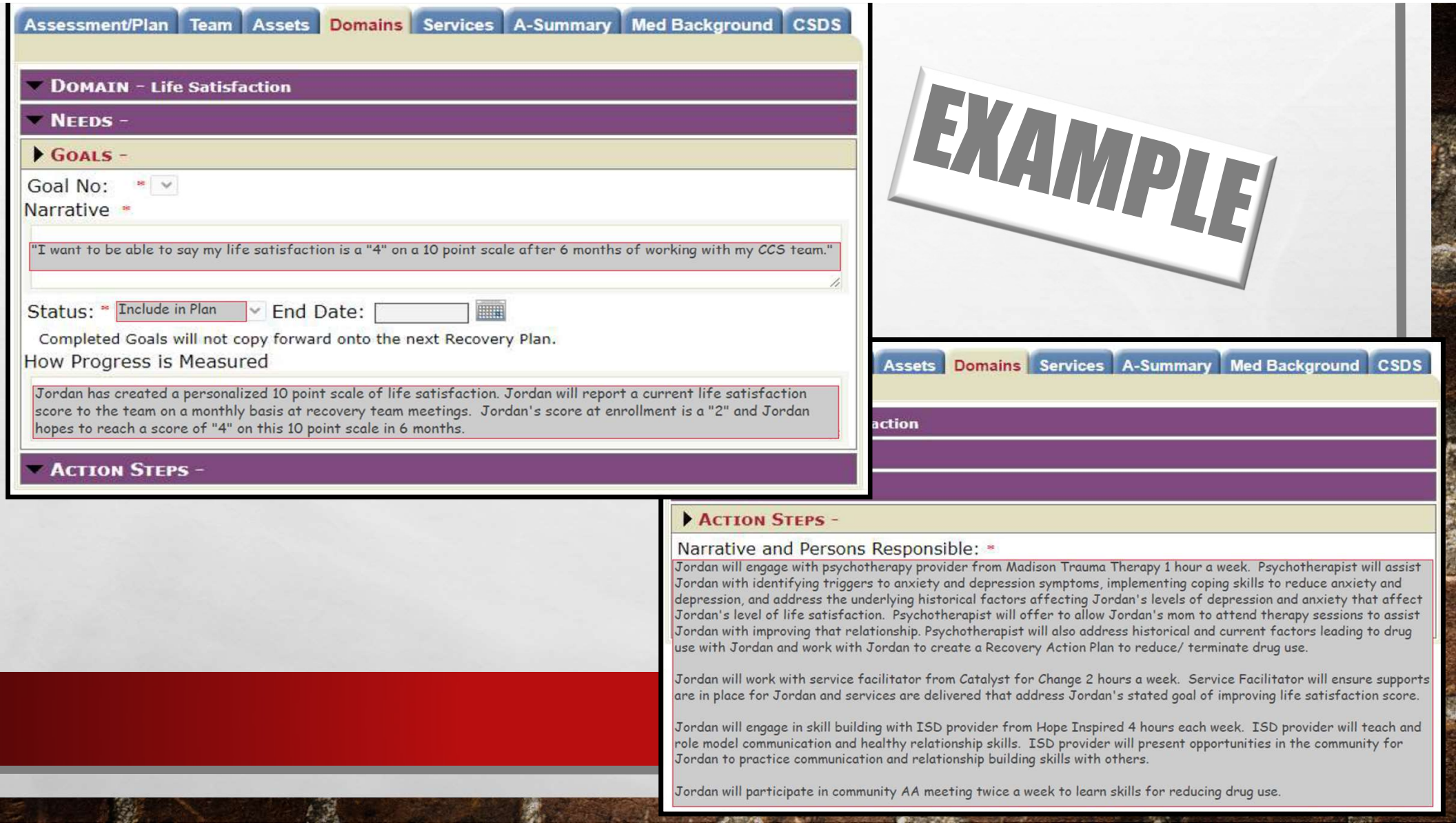
Jordan is single right now, but has a network of friends in the local LGBTQ community who also provide a place to stay. Jordan survived life as a runaway by becoming involved in sexual relationships with older men, many of who were also abusive, but provided food, shelter, and companionship. Jordan had 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.

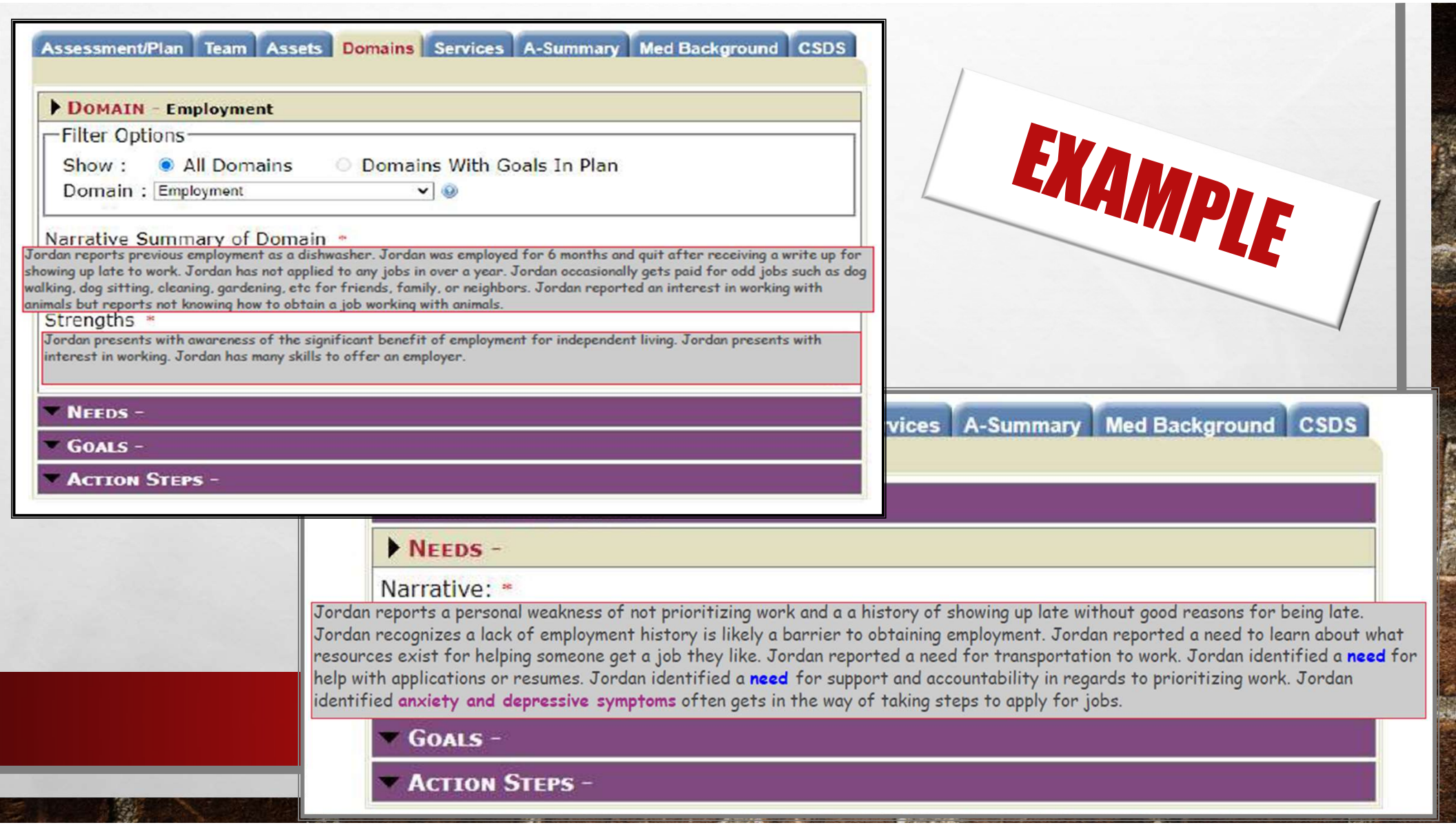
Complete the following For Domain(s) _____

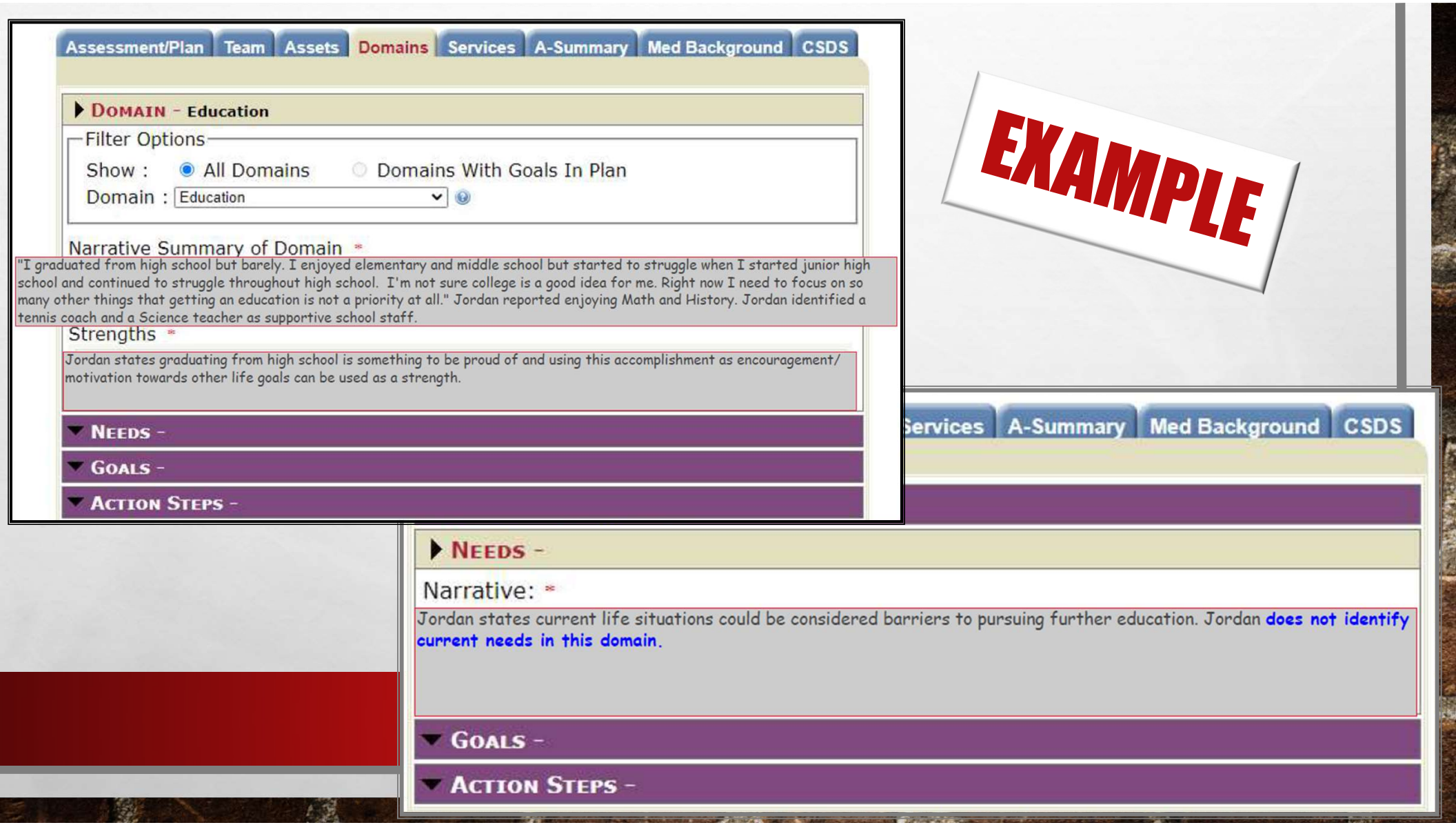
Narrative:
Strengths:
Needs/Barriers:
Goals:

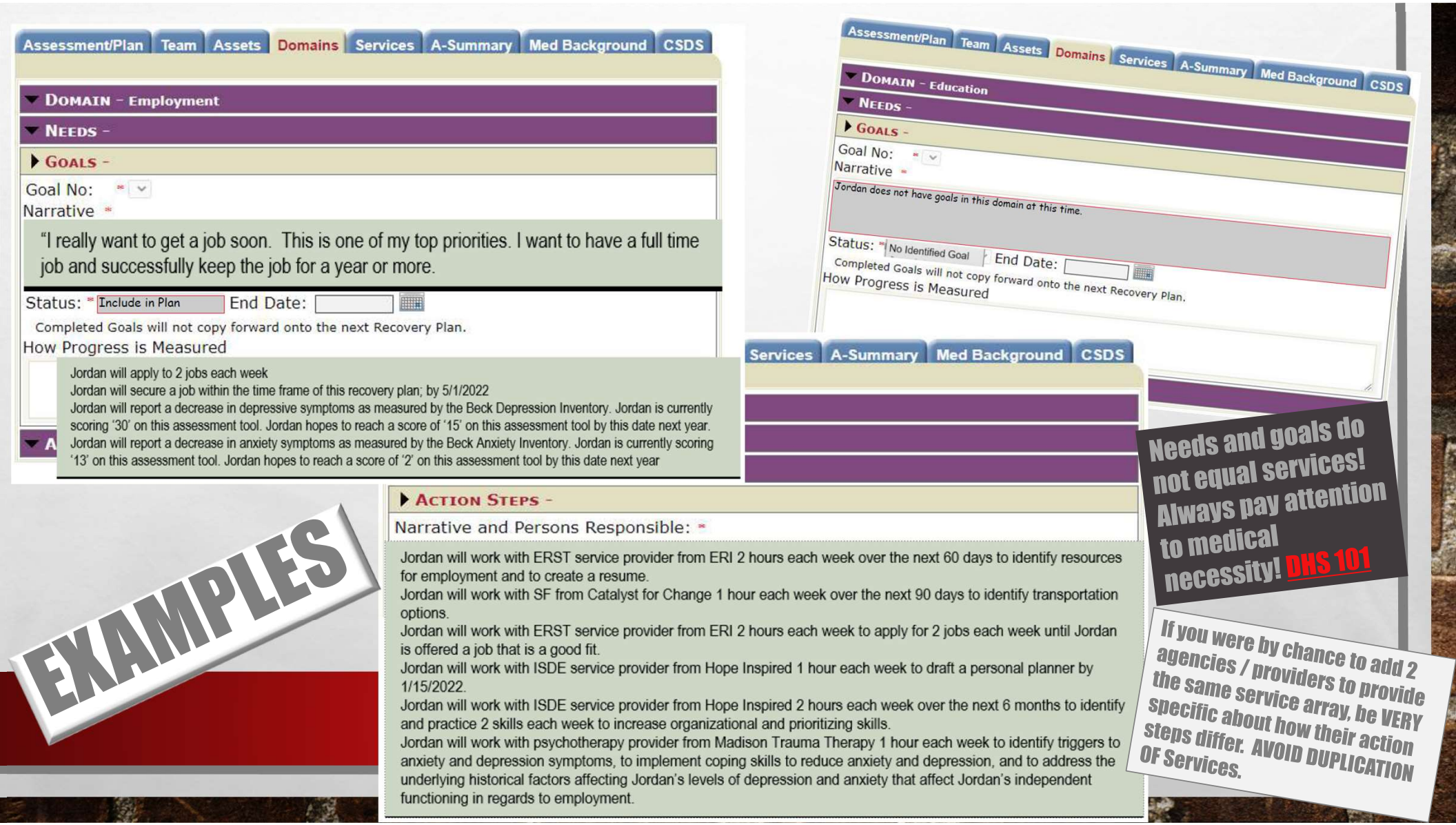
Narrative:
Strengths:
Needs/Barriers:
Goals:


Assessment/Plan
Team
Assets
Domains
Services
A-Summary
Med Background
CSDS
DOMAIN - Life Satisfaction
Filter Options
Show : All Domains Domains With Goals In Plan
Domain : Life Satisfaction
Narrative Summary of Domain *
Jordan reports life "is not great". Jordan self-reported a score of "2" on a 10 point scale for life satisfaction. Jordan reports life has not been very easy and reports feeling pretty unsuccessful trying to figure out how to do life. Jordan reports a perfect life would entail having a full time job, having a savings account, having a healthy relationship with a significant other, having many friends, having a Jeep Wrangler, living in a safe neighborhood,and feeling secure about the future.
Strengths *
Jordan identified 2 family relationships as a strength. Jordan identified a support network of friends as a strength. Jordan admitted person strengths of resilience and hope. Jordan presented as aware of areas for growth and slight sense of optimism about the future.
NEEDS -
GOALS -
ACTION STEPS -
EXAMPLE
vices
A-Summary
Med Background
CSDS
NEEDS -
Narrative: *
Jordan reported a need for support and skills around increasing stability for life. Jordan stated there are "so many barriers to my current life satisfaction." Jordan identified these specific barriers to stability and life satisfaction: strained relationship with mom, bad habits of drug use, lack of employment, and symptoms of depression that affect all areas that are considered barriers to stability and life satisfaction.
GOALS -
ACTION STEPS -


Assessment/Plan
Team
Assets
Domains
Services
A-Summary
Med Background
CSDS
DOMAIN - Life Satisfaction
NEEDS -
GOALS -
Goal No: *
Narrative *
"I want to be able to say my life satisfaction is a "4" on a 10 point scale after 6 months of working with my CCS team."
Status: * Include in Plan
End Date:
Completed Goals will not copy forward onto the next Recovery Plan.
How Progress is Measured
Jordan has created a personalized 10 point scale of life satisfaction. Jordan will report a current life satisfaction score to the team on a monthly basis at recovery team meetings. Jordan's score at enrollment is a "2" and Jordan hopes to reach a score of "4" on this 10 point scale in 6 months.
ACTION STEPS -
EXAMPLE
Assets
Domains
Services
A-Summary
Med Background
CSDS
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.

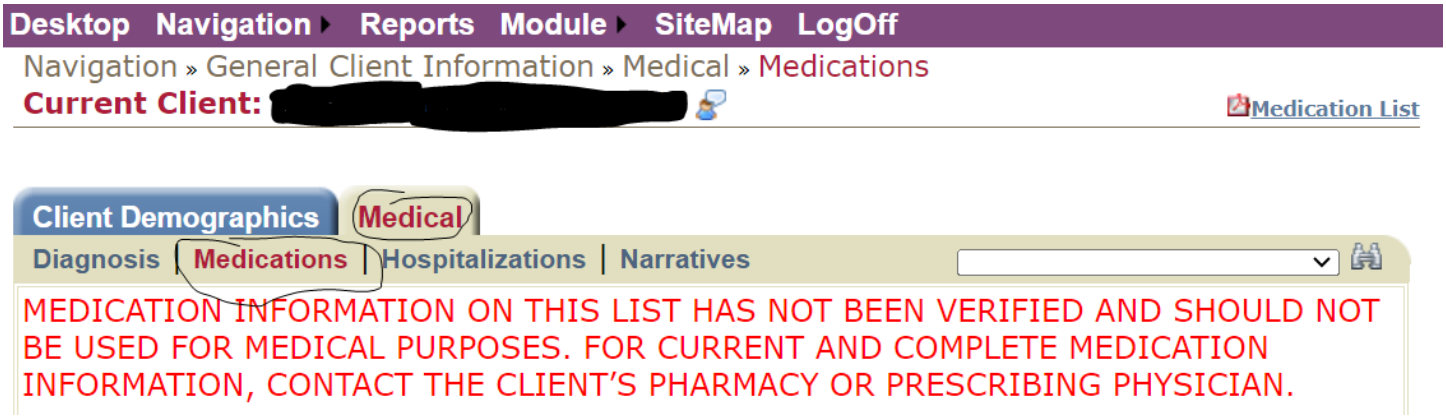

Assessment/Plan
Team
Assets
Domains
Services
A-Summary
Med Background
CSDS
DOMAIN - Employment
Filter Options
Show : All Domains Domains With Goals In Plan
Domain : Employment
Narrative Summary of Domain *
Jordan reports previous employment as a dishwasher. Jordan was employed for 6 months and quit after receiving a write up for showing up late to work. Jordan has not applied to any jobs in over a year. Jordan occasionally gets paid for odd jobs such as dog walking, dog sitting, cleaning, gardening, etc for friends, family, or neighbors. Jordan reported an interest in working with animals but reports not knowing how to obtain a job working with animals.
Strengths *
Jordan presents with awareness of the significant benefit of employment for independent living. Jordan presents with interest in working. Jordan has many skills to offer an employer.
NEEDS -
GOALS -
ACTION STEPS -
EXAMPLE
vices
A-Summary
Med Background
CSDS
NEEDS -
Narrative: *
Jordan reports a personal weakness of not prioritizing work and a a history of showing up late without good reasons for being late. Jordan recognizes a lack of employment history is likely a barrier to obtaining employment. Jordan reported a need to learn about what resources exist for helping someone get a job they like. Jordan reported a need for transportation to work. Jordan identified a need for help with applications or resumes. Jordan identified a need for support and accountability in regards to prioritizing work. Jordan identified anxiety and depressive symptoms often gets in the way of taking steps to apply for jobs.
GOALS -
ACTION STEPS -


Assessment/Plan
Team
Assets
Domains
Services
A-Summary
Med Background
CSDS
DOMAIN - Education
Filter Options
Show : All Domains Domains With Goals In Plan
Domain : Education
Narrative Summary of Domain *
"I graduated from high school but barely. I enjoyed elementary and middle school but started to struggle when I started junior high school and continued to struggle throughout high school. I'm not sure college is a good idea for me. Right now I need to focus on so many other things that getting an education is not a priority at all." Jordan reported enjoying Math and History. Jordan identified a tennis coach and a Science teacher as supportive school staff.
Strengths *
Jordan states graduating from high school is something to be proud of and using this accomplishment as encouragement/ motivation towards other life goals can be used as a strength.
NEEDS -
GOALS -
ACTION STEPS -
EXAMPLE
Services
A-Summary
Med Background
CSDS
NEEDS -
Narrative: *
Jordan states current life situations could be considered barriers to pursuing further education. Jordan does not identify current needs in this domain.
GOALS -
ACTION STEPS -


Assessment/Plan
Team
Assets
Domains
Services
A-Summary
Med Background
CSDS
DOMAIN - Employment
NEEDS -
GOALS -
Goal No:
Narrative
"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.
Status: Include in Plan
End Date:
Completed Goals will not copy forward onto the next Recovery Plan.
How Progress is Measured
Jordan will apply to 2 jobs each week
Jordan will secure a job within the time frame of this recovery plan; by 5/1/2022
Jordan will report a decrease in depressive symptoms as measured by the Beck Depression Inventory. Jordan is currently scoring '30' on this assessment tool. Jordan hopes to reach a score of '15' on this assessment tool by this date next year.
Jordan will report a decrease in anxiety symptoms as measured by the Beck Anxiety Inventory. Jordan is currently scoring '13' on this assessment tool. Jordan hopes to reach a score of '2' on this assessment tool by this date next year
DOMAIN - Education
NEEDS -
GOALS -
Goal No:
Narrative
Jordan does not have goals in this domain at this time.
Status: No Identified Goal
End Date:
Completed Goals will not copy forward onto the next Recovery Plan.
How Progress is Measured
Services
A-Summary
Med Background
CSDS
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.
EXAMPLES
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.

Medications Tab and Medication List

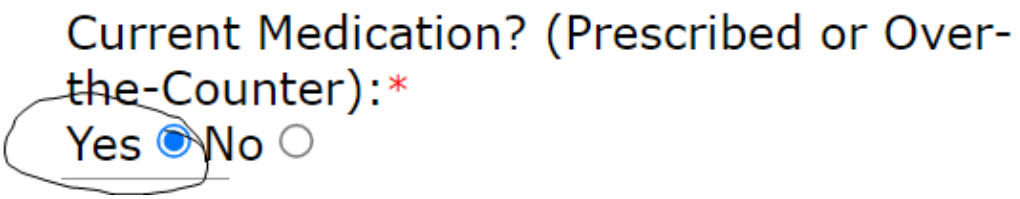
If a client is prescribed a medication whether it be for mental health needs or physical needs, all prescribed medications must be added to the Medications Tab of the module.



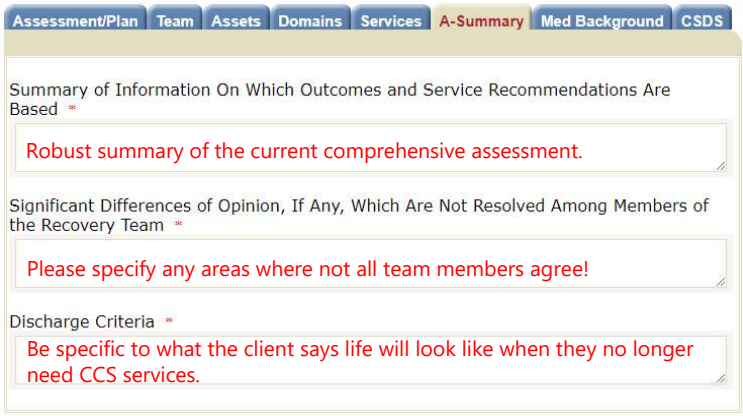
Medications should be continuously updated throughout the Assessment/Plan period when there are changes! **MHPs**, please ensure the medication list is updated prior to approval of the Assessment/Plan as this must be done in order for the medications to pull to the Assessment.

FAQ

1. What pieces are required in the Medications Tab per DHS 36?
    a. Medication Name
    b. Dosage
    c. Frequency
    d. Route of Administration
    e. Prescribing Doctor – Please list full name of individual prescribing the medication.
    f. Current Medication – Yes or No
    g. Intended Purpose
2. What if a client is no longer being prescribed a medication already on the list?
    a. Please put an end date as that is best practice for record keeping.
    b. Please select "No" for Current Medication.
3. What if a client is taking an Over the Counter Medication regularly?
    a. Please select "Yes" for Current Medication
    b. If a doctor is not prescribing the OTC medication, please put "OTC" for Prescribing Doctor.
4. What if a client is prescribed a medication, but is not taking it?
    a. If the medication is currently prescribed, please select "Yes" for Current Medications. The SF can clarify the client is not taking the medication through a domain update under the Medication Tab. However, if it's a current prescription, it is required to select "Yes".



5. What if a client's Assessment was called incomplete after a QA Review due to missing medications?
    a. Please add the missing medications to the medication list and notify the QA Specialist who left their initials in the comments to review and update the doc audit.



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
	Me
	Service Facilitator
	Substance Abuse Professional
	Mental Health Professional
	Parent/Guardian?? Please add this individual to the **Team Tab**.

All this information is pulled directly from the module. Ensure Team Tab is up-to-date with array providers and parent/guardians!

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).

My signature below indicates that I was in attendance at the assessment meetings as listed above:	
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.