

Central Wisconsin Health Partnership
CCS Service Facilitation Forum
Mauston, WI
Tuesday, March 22nd, 2016

Present: Andrea Behnke, Michelle Carpenter, Hans Brammer, Celia Wagner, and Kim Whitaker – Waushara County; Erika Cattle, Erica Baldwin, Amanda Negaard, and Sarah Kasten – Juneau County; Lenna Hamilton and Julie Izzo – Adams County; Lori Martin – White Pine Consulting

1. Issues Basket – What challenges or barriers do you face related to your current assessment form and process?

- Form needs to be user friendly, for example expanding fields to type in, and consistent formatting
- Some of the information collected is redundant to what’s collected during the Functional Screen
- Don’t want the process to seem “generic” or “one size fits” all. Limit number of check boxes. Needs to lend itself to building a relationship – hearing the consumer’s story.
- Some service facilitators, especially experienced ones, don’t need (or want) too many leading questions.
- 30 day timeline for completion of assessment and plan is unrealistic in most cases – quality suffers. (discussed the Abbreviated Assessment as an appropriate option in some cases)

2. Regional Consistency of Forms

- The Service Directors have asked White Pine to develop several standardized/regional forms including the Physician’s Prescription and Discharge Summary (which are nearly completed), the Assessment, and the Recovery Plan.
- Other forms the Service Facilitators felt would be helpful to standardize – template for notetaking, a paperwork/process flow chart, and crisis planning template. Question – are crisis plans required for every consumer in CCS? If so, do they have to be open in “Crisis”.
- Lori has been working on the Assessment, based on samples from other counties, feedback from the Service Directors, and DHS 36 requirements. Other areas of priority:
 - To accurately reflect the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the consumer.
 - Utilize information already collected as part of the functional screen
 - Completion of the assessment process/form should directly lead to planning
- Group reviewed a partial draft of the Assessment form (attached). Feedback included:
 - Like the layout – Assessment Summary information on first page. Inclusion of option for an abbreviated assessment process.
 - Like the inclusion of three standard questions/items for every domain:
 - Is this an area you would like to work on as an area of intervention?
 - If so, what are your priorities in this area?
 - Additional comments or notes:
 - Like the reference to sections of the functional screen when relevant.

- Prompting questions are simple/adequate – give enough information for experienced facilitators. A supplemental document with sample questions for each domain may be helpful for less experienced staff.
- Suggestion to have two versions of the form – one for typing and the other for use “in the field” with more space to write.
- Next steps – Lori will complete the draft form, and would be looking to sites to pilot it and share suggestions.

3. Open forum

- Future CCS Learning Collaborative dates
 - Group liked the idea of choosing topics relevant to our region, and specifically to service facilitators. Lori shared that the training committee would be discussing this topic later this week and that she would share the committee’s recommendations with this group. Discussed possible topics:
 - Service Facilitators are very interested in having Langeston Hughes do a workshop on writing case notes. Lori will see if Langeston is available on either May 4th or June 1st.
 - Q & A related to creative community services – documentation, billing, staff requirements.
- Service provider development
 - Discussed shortage of some types of providers and importance of expanding the CCS provider network, including the possibility of shared services (will be discussing with training committee)

4. Plan for next meeting – location, date, time, topic(s)

- Wednesday, April 20th 10:00 – noon, Wautoma (Waushara County)
- Agenda
 - Results of assessment form pilot – ideas and suggestions for final draft
 - Further discussion of training topics and schedule (for former learning collaborative dates)

**Central Wisconsin Health Partnership
Regional Comprehensive Community Services
Consumer-Centered Assessment - INCOMPLETE DRAFT**

Consumer's Name: Enter Name **Consumer ID #:** Enter ID #
Date of Birth: DOB **Service Facilitator:** Service Facilitator
Date of Application for CCS: Application Date

Assessment Summary

Individuals Participating in the Assessment	Relationship to the Consumer	Dates of Involvement/Contact	Signature	Signature Date
Consumer				
Parent/Guardian				
Service Facilitator				
Mental Health Professional				
Other support				
Other support				
Other support				

Information on which outcomes and service recommendations will be based during the planning process:

Domains/areas of identified need

Summary of Consumer's priorities and goals: Summary of Consumer's priorities and goals

Significant differences of opinion, if any, which are not yet resolved among members of the recovery team:

Differences of opinion among team members

Instructions: This comprehensive assessment should be completed within 30 days of the consumer's application for CCS (unless an abbreviated process is necessary due to the needs of the consumer), and should incorporate, to the greatest extent possible, the *consumer's unique perspective and own words about how he or she views his or her recovery, experience, challenges, strengths, resources, and needs* in each of the domains. (Adapted from DHS 36.16)

The consumer's completed Functional Screen should serve as a supplemental tool to this document.

Dates of Completion and Updates:

If the assessment process was abbreviated, please select which of the following circumstances applied:

- The consumer's health or symptoms are such that only limited information can be obtained immediately. Notes/Explanation: Enter notes/explanation
- The consumer chooses not to provide information necessary to complete a comprehensive assessment at the time of application. Notes/Explanation: Enter notes/explanation
- The consumer is immediately interested in receiving only specified services that require limited information. Notes/Explanation: Enter notes/explanation

Expiration date of abbreviated assessment (if applicable): 3 months from application date

Completion of comprehensive assessment: Comprehensive assessment completion date

Assessment Updates: Dates Updated

Life satisfaction

Life Satisfaction Scale			
Scale	Statement to Rate	Score	Results
1 = strongly disagree	In most ways my life is close to my ideal.		31 – 35 = extremely satisfied 26 – 30 = satisfied 21 – 25 = slightly satisfied 20 = neutral 15 – 29 = slightly dissatisfied 10 – 14 = dissatisfied 5 – 9 = extremely dissatisfied
2 = disagree			
3 = slightly disagree	The conditions of my life are excellent.		
4 = neither agree nor disagree	I am satisfied with my life.		
5 = slightly agree	So far I have gotten the important things I want in life.		
6 = agree			
7 = strongly agree	If I could live my life over, I would change almost nothing.		
Total Score:			

Source: Self Report Measures for Love and Compassion Research: Satisfaction with Life Scale; Fetzer Institute

- 1. What aspects of your life do you like or see as strengths?** Consumer’s comments
- 2. What aspect of your life don’t you like, or would you change if you could?** Consumer’s comments

Is this an area you would like to work on as an area of intervention? Yes Not at this time

If so, what are your priorities or goals in this area? Consumer’s comments

Additional comments or notes: Additional comments or notes

Basic needs

- 1. Basic needs include things like food, shelter, and safety. Are there other things do you consider your “basic needs”?** Consumer’s comments
- 2. Do you feel your basic needs are met?** Consumer’s comments
- 3. What basic needs are not being met?** Consumer’s comments

Is this an area you would like to work on as an area of intervention? Yes Not at this time

If so, what are your priorities or goals in this area? Consumer’s comments

Additional comments or notes: Additional comments or notes

Social network and family involvement

- 1. Do you have family members who are supportive of you? How do they support you?** Consumer’s comments
- 2. Who else is supportive of you?** (e.g. friends, neighbors, colleagues at work, religious community) Consumer’s comments
- 3. Are there any cultural or language barriers that inhibit your social involvement?** Consumer’s comments

Is this an area you would like to work on as an area of intervention? Yes Not at this time

If so, what are your priorities or goals in this area? Consumer’s comments

Additional comments or notes: Additional comments or notes

Community living skills

Please refer to and review the **Activities of Daily Living Skills** and **Instrumental Activities of Daily Living** sections of the consumer's Functional Screen. Use the information as a base for discussion and consider the following questions:

1. **What do you see as your areas of strength in this area (these may be things you do well/independently, or things you are receiving assistance in that you are satisfied with)?** Consumer's comments
2. **What areas do you need or want assistance with (or what areas are you receiving assistance with for which you are not satisfied)?** Consumer's comments

Is this an area you would like to work on as an area of intervention? Yes Not at this time

If so, what are your priorities or goals in this area? Consumer's comments

Additional comments or notes: Additional comments or notes

Housing issues

Please refer to and review the **Living Situation** section of the consumer's Functional Screen. Use the information as a base for discussion and consider the following questions:

1. **Are you happy in your current home?** Consumer's comments
2. **Are there any barriers to continuing to live in your current home?** Consumer's comments
3. **If you aren't happy in your current home, what changes in your living situation you would like to make?**
Consumer's comments

Is this an area you would like to work on as an area of intervention? Yes Not at this time

If so, what are your priorities or goals in this area? Consumer's comments

Additional comments or notes: Additional comments or notes

Employment, Finances, and Benefits

Please refer to and review the **Employment** (for adult consumer), or **School and Work** (for youth consumer) section of the consumer's Functional Screen. Use the information as a base for discussion and consider the following questions:

Are you currently employed? Yes Not at this time I am a student

If "Yes":

1. **Where do you work?** Consumer's comments
2. **Do you like your current job?** Consumer's comments **If not, what about it don't you like?** Consumer's comments
3. **Do you have benefits such as paid time off, retirement, and/or health insurance?** Consumer's comments
Is your current income adequate to meet your needs? Consumer's comments

If "Not at this time":

1. **Do you want to be employed?** Consumer's comments

2. **Are you currently looking for employment?** Consumer's comments
3. **What skills do you have that you think would be useful in a job?** Consumer's comments
4. **What was that last job that you had that you liked?** Consumer's comments
5. **What type of income do you need or want?** Consumer's comments
6. **What type of benefits to you need or want?** Consumer's comments

Is this an area you would like to work on as an area of intervention? Yes Not at this time

If so, what are your priorities or goals in this area? Consumer's comments

Additional comments or notes: Additional comments or notes

Education

*If the consumer is a **youth**, please refer to and review **School and Work** section of the consumer's Functional Screen. Use the information as a base for discussion and consider the following questions:*

1. **What are your (or your child's) education strengths; what is he or she good at?** Consumer's comments
2. **Are there any areas of concern (academic, behavioral, attendance)?** Consumer's comments

*If the consumer is an **adult**, please consider their responses in the **Employment, Finances, and Benefits** section of this document and consider the following questions:*

1. **Are you currently involved in or seeking continuing education or training?** Consumer's comments
2. **If not, are you interested in doing so?** Consumer's comments

Is this an area you would like to work on as an area of intervention? Yes Not at this time

If so, what are your priorities or goals in this area? Consumer's comments

Additional comments or notes: Additional comments or notes

Mental health / behavioral health

*Please refer to and review the **Behavioral Health** section (for adult consumer), or **Behaviors, Mental Health, and Diagnoses** sections (for youth consumer) of the consumer's Functional Screen. Use the information as a base for discussion and consider the following questions:*

1. Question
2. Question

Is this an area you would like to work on as an area of intervention? Yes Not at this time

If so, what are your priorities or goals in this area? Consumer's comments

Additional comments or notes: Additional comments or notes

PLEASE NOTE: THIS IS AN INCOMPLETE DRAFT – ADDITIONAL DOMAINS WILL BE ADDED