

CHAPTER 4

Functional Assessments for Specialty Services Overview_FY17

The functional assessments conducted by NorthCare are based on the population group to which the member belongs. The four assessment measures are used within NorthCare meet the BBA requirements for Practice Guidelines and/or Evidence Based Practices

The Functional Assessment of Individuals with Intellectual/ Developmental Disabilities meets the Practice Guideline criteria:

The BBA allows the adoption of practice guidelines either from a nationally recognized expert body or a consensus of healthcare workers in a particular field. The federal agency charged with providing guidance in our field is the Substance Abuse & Mental Health Services Administration (SAMHSA). They offer the following definitions of Practice Guidelines (PG) and Evidence Based Practices (EBP): **Practice Guidelines** Systematically developed statements to standardize care and to assist in practitioner and patient decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines. (SAMHSA)

The Supports Intensity Scale (SIS) and CAFAS and the LOCUS meet the Evidence Based Practices (EBP) criteria –

In the health care field, evidence-based practices generally refer to approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. (SAMHSA)

1. The Child and Adolescent Functional Assessment Scale (CAFAS) or the PECFAS (for younger children) is a mandatory risk assessment tool required by the Michigan Department of Community Health. It is administered with for all children between 4-18 years of age entering the NorthCare system who are being evaluated for serious emotional disorders.

Description: Designed for youth aged 5 to 19, the CAFAS is the gold standard tool for assessing a youth's day-to-day functioning and for tracking changes in functioning over time. The CAFAS is backed by over 20 years of research supporting its validity and sensitivity to detecting change in behaviors. It is widely used to inform decisions about type and intensity of treatment, level of care, placement and need for referral. The CAFAS can be quickly completed by a practitioner based on information from routine clinical evaluation providing a comprehensive and objective assessment focusing on observable behaviors. Widely in use across North America, over 60 papers and presentations have shown CAFAS to be the most reliable and valid instrument available for measuring outcomes.

2. The Level of Care for Utilization of Services (LOCUS) is an assessment tool developed by community psychiatrists for assessing the current functioning of an adult individual with mental health problems as well as comorbid substance use disorders or physical health disorders. This tool was adopted by NorthCare region when it was integrated into the electronic medical record (EMR) implemented October 1, 2009.

The Level of Care Utilization System was developed by the American Association of Community Psychiatrists' Health Care Systems Committee Task Force on Level of Care Determinations. It was also developed in cooperation with St. Francis Medical Center of Pittsburgh and the suggestions of multiple reviewers across the country. We would also like to acknowledge the

intellectual stimulation provided by the review of multiple documents previously developed to address placement issues. Of particular influence in the conceptualization of LOCUS were the Patient Place Criteria-1 of the American Society of Addiction Medicine, the Level of Care Assessment Tool of US Healthcare, and the Level of Need-Care Assessment (LONCA) Method.

LOCUS Instrument: The Dimensional Rating System is an assessment that determines the level of severity of a client's needs. It operationalizes many of the factors clinicians would consider in trying to determine the most appropriate services for a client who presents for care. In the Dimensional Rating System, there are six evaluation parameters (dimensions):

1. Risk of Harm
2. Functional Status
3. Medical, Addictive and Psychiatric Co-Morbidity
4. Recovery Environment: Sub-Scale: A-Stressors and B-Supports
5. Treatment and Recovery History
6. Engagement

Each dimension has a five-point rating scale. For each of the five possible ratings within each scale, a set of criteria is clearly defined. Only one criterion needs to be met for the rating to be selected in each scale. The highest rating in which at least one of the criteria is met is the rating that is assigned for the patient. Not only is there a score for each of the dimensions, but a composite score is also calculated. This allows interaction and gives us an overall indicator of the level of need for a given client. For the most part, the use of the rating scale is quite self-explanatory. Each dimension has a paragraph describing its use and what it is designed to measure. Even people who have had no training with LOCUS can do a fairly good job of figuring out how to use it after an initial reading.

3. Two Functional Assessment of Individuals with Developmental Disabilities are currently being used:

The NorthCare Functional Assessment of Individuals with Intellectual/Developmental Disabilities

has a version for adults and children with intellectual and developmental disorders. It was the consensus of the professional experts in the NorthCare 15 county region 11 years ago that there was not a sufficient tool to properly identify the full scope of the impact of developmental disabilities. A key concern was the lack of a measure that evaluated challenging behaviors. A Panel of ten (10) content and clinical experts worked for approximately 1 year to develop this tool. It has been utilized by the region for the past 9 years and identifies through assessment the range of disability but also the network of support around an individual. The tool consists of ten sections:

A. Self-Care: This includes personal hygiene, dressing, grooming, etc.

B. Receptive and Expressive Language: This includes my ability to make my needs known through verbal and/or expressive language, independent communication and the ability to attend to non-verbal and social cues.

C. Learning: This includes my *abilities* to learn new skills and to process information in a logical manner. Academic performance is at expected grade levels.

D. Mobility: This includes my ability to get from place to place, to negotiate within my home and community.

E. Self-Direction: This includes the ability to organize my time, engage in preferred leisure activities, express age-appropriate play, manage frustration when it occurs and can effectively regulate changes in mood.

F. Capacity for Independent Living: This includes my ability to function safely and independently in my own living arrangement and manage all tasks of daily living, including self-administration of medications. For children, consider age appropriate level of independent skills.

G. Economic Self Sufficiency: This includes the ability to sustain paid employment and manage finances appropriately. For children, consider the ability to successfully participate in academic environments, and have an age appropriate understanding of money and how it is used.

H. Compute Challenging Behavior Index (CBI): The behaviors to be considered will be defined as: 1) aggressive behaviors of such magnitude that the consumer presents a danger to self or others; and/or 2) destructive behaviors or property damage (e.g., throwing things that could cause harm to others, breaking windows, kicking holes in walls, ripping doors off hinges, etc.); and/or 3) engaging in acts of destruction or self-abuse that have the potential to result in significant harm to the consumer (i.e., Pica behaviors, head banging, biting, etc.).

I. Non Aggressive Behaviors that are addressed through program plans/ procedures and have a negative impact upon my ability to move to a lesser restrictive environment and require some type of ongoing monitoring (i.e.: spitting, ripping, smearing, ritualistic behaviors, obsessive verbalizations and/or actions, etc.).

J. Significant Requests for Health and Professional Services and Supports.

The Supports Intensity Scale (SIS) is currently being phased in as the functional assessment tool for adults with intellectual/developmental disabilities. The State of Michigan intends over the next three years to have all adults with intellectual/ developmental disabilities participate in a SIS interview and from then on it will be the primary functional assessment tool used for adults. NorthCare will continue to utilize the NorthCare Functional Assessment for children for the time being. There is a SIS version for children that MDCH may decide to implement in the future. Information about the SIS is available in the documents below. You can review the MDCH document formalizing the adoption of the SIS or visit the AAIDD website listed below.

Whichever functional assessment is used, the results are entered into the bio-psycho-social assessment for each member being assessed and become part of the overall assessment process to determine the specific services and level of intensity of the services that would provide effective treatment.

Supporting documents on the NorthCare website, www.northcare-up.org under the Practice Guidelines Manual

- ✚ MDHHS PECFAS-CAFAS Guidance
- ✚ Locus trainingmanual_2010
- ✚ NorthCare I-DD Functional Assessment_v3
- ✚ NorthCare I-DD Functional Assessment Instructions_v3
- ✚ Supports Intensity Scale Brochure
- ✚ SIS Information for Participants