

Understanding & Documenting the Journey from Assessment to Service

1st Annual NY PROS Academy

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Introduction

- David Buccifero, NYS Office of Mental Health
- PROS Framework and Possibilities
- The IRP as a road-map to recovery and desired life roles!



Documentation: Rigorous **AND** Person-Centered?

- Janis Tondora, Yale Program for Recovery & Community Health
 - Serving two masters in PROS documentation
 - Core planning elements
 - A few examples
 - Take home message!

④ Simple Truth

- Many administrators and practitioners feel stuck between a rock and a hard place... as they struggle to reconcile (seemingly) competing tensions



Ⓜ The Tension of Serving Two Masters

Understanding

Person-centered

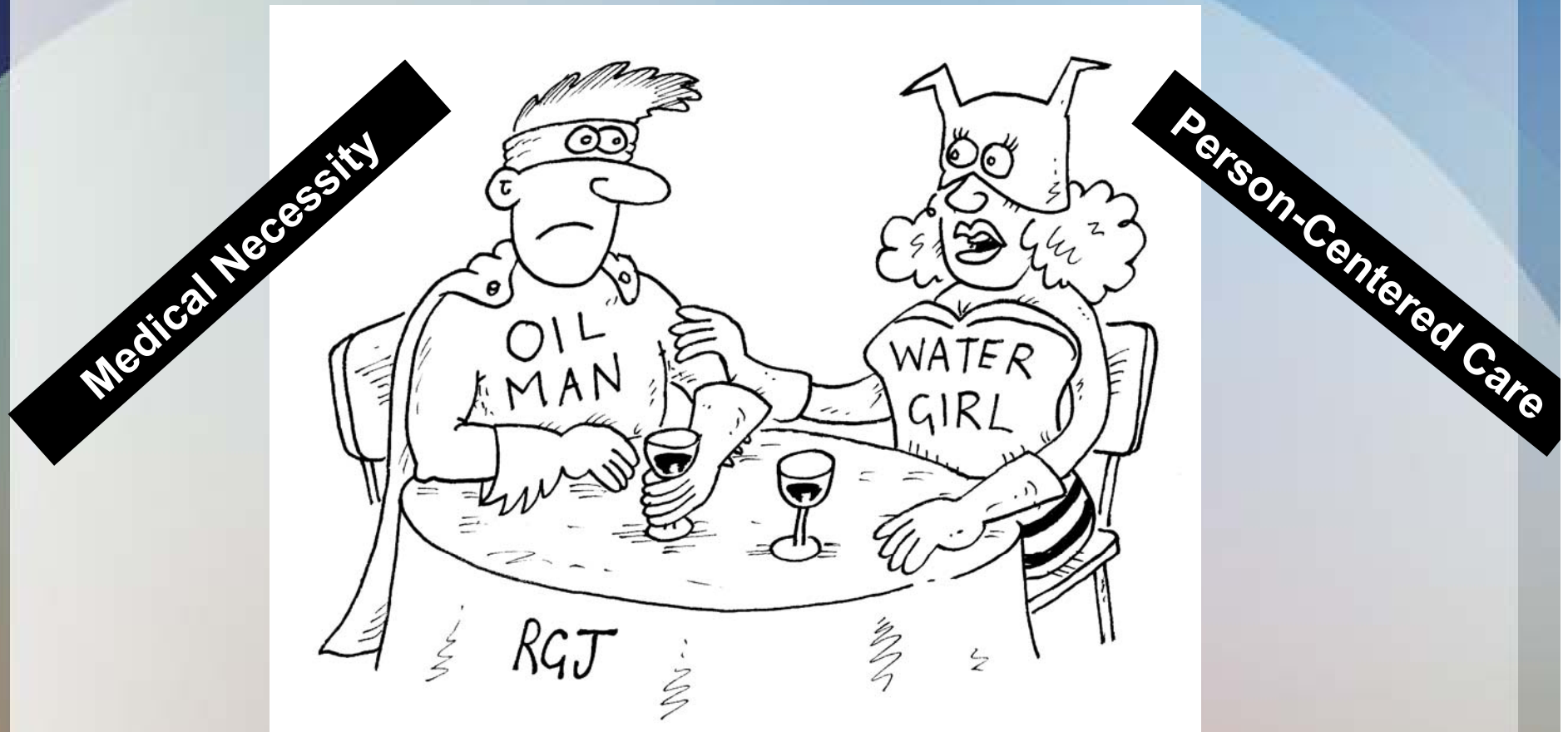
- Recovery
- Community integration
- Core gifts
- Partnering
- Self-direction

Regulation

- Medical necessity
- Diagnosis
- Documentation
- Compliance
- Billing codes

Outcomes and Goals

- ④ Irreconcilable differences, happily ever after... or at least a peaceful co-existence?



"Let's face it – our relationship is doomed!"

④ A more hopeful proposition...

- We can balance person-centered approaches with medical necessity in creative ways to move forward in partnership with persons in recovery
- We CAN create a plan that honors the person AND satisfies the chart!



Ⓢ Putting the Pieces Together in a PCP

**GOAL/Life Role
as Defined by Person**

Strengths to Draw Upon

**Barriers /Assessed Needs
Which Interfere**

Short-Term Objective

- Behavioral
- Achievable
- Measurable

Interventions/Methods/Action Steps

- Professional/"Billable" Services
 - Clinical & Rehabilitation
- Action Steps by Person in Recovery
- Roles/Actions by Natural Supporters

④ The Plan...Must it be a heavy burden?



“Apparently, Smith’s desk just couldn’t withstand the weight of the paperwork we piled on his desk.”

▶ Greg's Story

- I am so lonely. I just want a girlfriend. I used to go to the downtown jazz fests and meet lots of people. But I have been so exhausted lately, I can barely stay awake to go. Even if I could, I am terrified. Its been 5 years since I had a girlfriend, I wouldn't know where to start...I can't take the bus anymore to get anywhere and I am afraid to go anywhere alone.

- **Goal: I want a girlfriend.**

▶ Greg's Recovery Plan

- Objective:
 - Greg will better manage his “nerves” & social anxiety as evidenced by his ability to participate in one 1 community social activity per week for the next 90 days
- Strengths:
 - Motivated to reduce social isolation; supportive brother; has identified community interests he enjoyed in past, e.g., music; well-liked by peers & roommate
- Barriers:
 - Intrusive thoughts; increased anxiety /”nerves” in social situations; need for skill development to use public transportation and increase community mobility; severe fatigue secondary to meds and neg sx

▶ Greg's Recovery Plan – PROS Interventions

- Jane Roe, Clinician, to provide CBT 2X/mos. for next 3 mos. to increase Greg's ability to cope with anxiety symptoms in social situations. **(Clinical Treatment Component – Clinical Counseling and Therapy)**
- Dr. X to meet with Greg 2X/mos. for next 3 months to review his log and adjust meds prn to reduce fatigue/neg sx **(Clinical Treatment Component – Medication Management Service)**
- John Smith, Peer Specialist, to provide travel training 1X/wk. for 4 weeks to help him become independent with city bus. **(CRS Component – Basic Living Skills)**

④ Greg's Recovery Plan – Personal & Natural Support Action Steps

- Every Sunday, Greg's roommate will help him generate a weekly schedule of free/low-cost preferred community activities
- Greg's brother, Jim, will accompany Greg to weekly social outings over the next 3 months.
- Greg will complete a daily medication side-effect log for the next 2 months while meds are evaluated and adjusted.

🎥 Ingrid – Assessment Data

- 38 year old, African American woman
- Resilient, bright, and hard working, e.g., has had several jobs in University community despite ongoing MH sx
- Treated for 5 yrs. for problems related to dx of schizo-affective d/o, e.g., intermittent psychosis, social isolation, chronic self-deprecating thoughts, hopelessness, depression
- Family history of mental illness, “My curse to go crazy and die alone like my father...”)
- Health issues: infertility
- Extremely socially isolated with exception of relationship with sister & strong connection to Baptist faith and community
- Recent traumatic experience after a psychiatric crisis
- Sx stabilized but reports feeling “empty”

▶ Ingrid – Narrative Summary

- Interprets negative events in her life through lens of feeling “unworthy”
- Has many strengths but is unable to identify or draw upon them
- Theme of loss and sense of abandonment; betrayed by pastor at her time of need; similar to her loss of father
- Active stage of change; using services effectively to manage distressing mental health symptoms
- ...But she is experiencing her separation from her church as a tremendous loss and this is contributing to ongoing depression



Ingrid's IRP

GOALS

Goals should be stated in the individual's or family's own words, and include statements of dreams, hopes, role functions and vision of life. For each individual and family and/or setting, completion of all three sub-goals may not be necessary or appropriate.

I want to get back to my Baptist Church

ANTICIPATED DISCHARGE/TRANSITION SETTING AND CRITERIA

Describe the setting in terms of location, level of care, length of stay and service needs. Describe changes in the individual's and family's current needs and circumstances that will need to occur in order for them to succeed in discharge or transition.

Ingrid will likely need to receive some level of services over the next several months to years as she regains her sense of self confidence and ability. When she is feeling more self assured, and re-connected with the church in some way, she may be able to step down to receiving only peer-services at the Wellness Center & get her meds from her PCP

BARRIERS

Describe the challenges as a result of the mental illness or addictive disorder that stand in the way of the individual and family meeting their goals and/or achieving the discharge/transition criteria. Identifying these barriers is key to specifying the objectives as well as services and interventions in the following section of the plan.

- Lack of self confidence and poor self-esteem
- Anxiety/intrusive thoughts which increase during attempts to speak with her pastor or return to church
- Social isolation/estrangement from church and pastor
- Vulnerability to relapse
- Lack of illness self-management strategies -"I have no control- how can I stop this from happening again?"

INDIVIDUAL/FAMILY STRENGTHS

Identify the individual's past accomplishments, current aspirations, motivations, personal attitudes, etc. which can be used to help accomplish this objective.

Supportive sister, strong faith/belief system, history of active involvement in volunteer activities at the church, caring and compassionate, support of therapist and peers at ABC Center, motivation for change and recovery success



Ingrid's IRP

OBJECTIVE

Using action words, describe the specific changes expected in measurable and behavioral terms. Include the target date for completion.

Within 60, days Ingrid will be able to better manage anxiety/intrusive thoughts as evidenced by her participation in at least one service at her church

PROS BILLABLE INTERVENTIONS & NON-BILLABLE ACTIVITIES

Note the specific service/treatment being offered, the person responsible, and intended purpose or impact as it relates to this objective. The intensity, frequency and duration should also be specified.

Also include important non-billable interventions (may be supplemental "activities" offered by PROS program but most often will be tasks carried out by natural supporters or the person in recovery). Provide sufficient detail so it is clear WHO is doing WHAT by WHEN.

Clinical <u>Tx</u> Component - Medication Management Psychiatrist to meet with Ingrid for 30 minutes every other week for the next 3 months to reevaluate medications to decrease anxiety/depression	PROS bill
	√
Clinical <u>Tx</u> Component - Clinical Counseling & Therapy Primary clinician, LCSW, to provide weekly CBT for 45 minutes for 3 months to help develop coping skills to better manage intrusive <u>sx</u> when she is under stress	PROS bill
	√
CRS Component IRP Planning PROS practitioner to help Ingrid arrange a meeting with her pastor and sister within one month.	PROS bill
	√
CRS Component - IRP Planning Ingrid to participate in weekly 90 minute Wellness Recovery Action Planning group facilitated by the PROS practitioner-for the purpose of developing and implementing a relapse prevention plan.*	PROS bill
	√
Ingrid's sister, an elder in the church, to meet with Pastor within one month to re-connect and attempt to heal the rift**	PROS bill

Ⓜ Rigorous Documentation Helps to Satisfy **Regulations** AND Promote Recovery!

- **Clearly identified mental health barriers**
 - ...can be balanced with a strengths approach, and are a necessary part of a quality plan & recovery road-map!
- **Objectives must be written to help people overcome barriers**
 - ...and are NOT only about compliance & “showing up”
- **Highly specific, behavior-change objectives w/ time frames**
 - ...send a message of hope that life can get better – SOON!
- **Billable interventions are tied back to specific MH barriers**
 - ...which helps us to be clear on exactly WHY we are offering a particular service to a particular person – not a program-centered “this is our Friday schedule!”
 - ...and should be flexibly combined with non-billable natural-supports

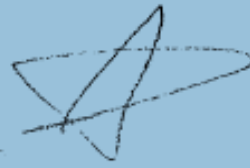
▶ PROS Agency Implementation

- Kathy Curtis-Rubin, R.N.,
 - Depaul City Center, Rochester, NY
- Tools and strategies to maintain a person-centered model throughout service planning and delivery

Kirsten @ work
State mgr.



GARY



Friend

MHA
Cindy Licata
Employment Penat

Kristie SA

Step Mom
Kona
"Lee"

Playa PROS

Dad (Jim)

DR Villain
PROS

Salvatore WG

MI



MI

Better Job
higher paying \$\$\$

medical / law
therapist / cm



Set off
SS

Travel :)
NYC
TORONTO

go into a
store & buy
nice clothes

Cruise
Carriage House
Apartment

anxiety
↑ self awareness
of when things
start to fall
apart.

struggle
with stigma
esp in own
heart

Eliminate
debt → \$

Age 81
want to look back
& laugh + with
pride about accomplishments

maybe married with kids

Goodwill 4 yrs
in Jan :)
20-25 hrs/wk

Learn about
myself

Social Studies

Articulate

fear
low self esteem

Stigma

Energy
Enthusiasm

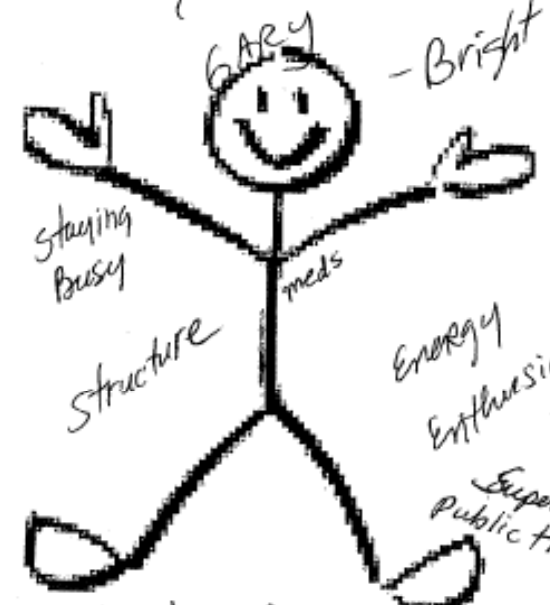
straight forward
approach

DBT
CBT
diary cards

change is
difficult

Superb with
public transportation

Look sharp



Stock market
Read - Book stores
walk - bus
like people like to talk about interest
Knowledge
Get out the
interest

Supports
treatment team
had step mom
supervisor @
work

④ PROS Agency Implementation

- Tracy Falkner, LMSW, CPRP Director of Community Services, Federation of Organizations
- Federation of Organizations, multi -service organization serving Nassau, Suffolk, Queens and Kings counties
- Early Adopter of P.R.O.S

④ Process

- Process still very challenging
- Constantly improving
- At first traditional/not person centered
- Still a work in progress

Ⓣ Building competencies:

- Person centered planning training
- Team meetings, supervision extremely important
- Constant discussion/practice
- We are seeing more people recover than ever before, very exciting
- Concurrent documentation

▶ Our approach to the assessment process:

- 1 comprehensive assessment
- Comprehensive Assessment includes required assessments in PROS
- Also includes cultural and mobility assessments; violence and suicide screenings.
- Manageable for staff and meaningful process for the person being served.
- Each assessment is labeled consists of summary and recommendations for services at the end.
- Completed by clinical coordinator
- Psychiatric/health assessment completed by medical staff.
Substance abuse assessment completed by CASAC

▶ Narrative Summary/Formulation:

- End of assessment is narrative summary and formulation, integrates all information
- Includes the persons hopes and dreams, major stressors, results of all assessments, the person's cultural identification, current stage of change, strengths, supports including family members, resources, information from other reports.
- Includes recommendations for services to assist the person in overcoming barriers

▶ Next steps:

- Narrative summary and formulation presented to team members
- Primary worker assigned/ IRP developed with person/schedule developed
- Schedule of services built upon information gathered through assessment process, leading to the development of the plan
- Continue to change schedules and review with individuals served.

▶ Clinical Coordinator

- Good job at helping people tell their story.
- Ability to develop relationships.
- Desire to listen and learn
- Believe in recovery and that people have the right to choose their own goals and make decisions
- Not a linear approach to assessment
- Able to find balance between completing the paperwork and understanding the person.

▶ Clinical Coordinator

- Employs motivational interviewing techniques and has had person centered planning training.
- Relationship is critical, foundation for the IRP and ultimately the services we provide.

▶ Ongoing process:

- When we do a good assessment, it leads to services that are responsive and we see better outcomes.
- Orientation process we talk about expectations and discharge.
- Assessment process is a continuous process.

Leadership in PROS Implementation

It's All About Execution!

- “We don’t think ourselves into a new way of acting, we act ourselves into a new way of thinking.”
 - Execution, The Discipline of Getting Things Done, by Larry Bossidy and Ram Charan