Chapter Title Clinical		Chapter # C	Subject # 310.5
Subject Title **Assessment**	Adopted 04/12/05	Last Revised 12/6/19	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19

PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

1.0 Person-Centered/Family Centered Assessment

1.1 A Person-Centered/Family-Centered planning process shall be used to develop a written individual plan of service in partnership with each person served. A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge occurs.

1.2 If, based on the individual's identified preferences and/or need, the initial assessment date falls outside of 10 business days from time of screening, a second date shall be offered that falls within these guidelines. The individual shall be given a choice as to which date he or she will complete the initial Person-Centered/Family-Centered Assessment.

1.3 A Person-Centered/Family-Centered Assessment shall be completed with input from the person served, the family members of the person served, friends, legal guardian (if applicable), and other appropriate collateral sources as requested or permitted by the person served.

1.4 The Person-Centered/Family-Centered Assessment shall be completed by the primary mental health clinician or designee of the person served.

1.5 If needed or requested, assistive technology or resources shall be used as part of the assessment process.

1.6 Review and/or re-assessment dates for the Person-Centered/Family-Centered Assessment shall be based on the expressed desires of the person served, but shall occur at a minimum annually.

1.7 Releases of Information for primary care physicians, care givers, family members, or other person served-identified individuals shall be completed at the time of the initial Person-Centered/Family-Centered Assessment.

2.0 Assessment Process

2.1 Focuses on the person's specific needs.

2.2 Identifies the goals and expectations of the person served.

2.3 Is responsive to the changing needs of the person served.

2.4 Includes the provisions for communicating the results of the assessments to:

2.4.1 The person served/legal guardian.

2.4.2 Applicable personnel.

2.4.3 Others as appropriate.

2.5 Provides the basis for legally required notification when applicable.

2.6 Occurs within time frames established by the organization or external regulatory requirements.

2.7 Reflects significant life or status changes of the persons served.

2.7.1

3.0 Assessment Content

3.1 The Person-Centered/Family-Centered Assessment shall be strengths-based and record sufficient information to develop a comprehensive person-centered plan for each person served and include at a minimum information about the person's:

3.1.1 Presenting issues from the perspective of the person served.

3.1.2 Urgent needs

3.1.3 Suicide/Homicide risk or risk of harm to self or others.

3.1.4 Personal strengths, needs, abilities and/or interests, and preferences (SNAP).

3.1.4.1 Strengths may include assets, resources, and natural positives.

3.1.4.2 Needs may include liabilities, weaknesses, and what the person needs to recover.

3.1.4.3 Abilities and/or interests may include skills, aptitudes, capabilities, talents, and competencies.

3.1.4.4 Preferences are those things the person served feel will enhance treatment experience.

3.1.5 Previous behavioral health services, including:

3.1.5.1 Diagnostic history. Examples include: psychiatric assessments, psychological assessments.

3.1.5.2 Treatment history. Examples include: Medication use, hospitalizations, alcohol and other drug services, pertinent medical care and community programs.

3.1.6 Physical health issues, including:

3.1.6.1 Health history,

3.1.6.2 Current health needs: This includes dental health, as well as visual or hearing concerns, when they appear to be a contributing factor to the presenting condition of the person served. And,

3.1.7 Current pregnancy and prenatal care. Health issues related to pregnancy could include use of legal/illegal drugs, whether pre-natal care is being provided, or whether the pregnancy affects the woman's participation in the program. Mental status/level of functioning.

3.1.8 Family Planning. Needs related to family planning, birth control and postpartum issues.

3.1.9 Medication, including: History and current use profile. Efficacy of current or previously used medication. Allergies or adverse reactions to medications.

3.1.10 Co-occurring disabilities, disorders, and medical conditions.

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3.1.11 Current level of functioning (cognitive, emotional, and behavioral).

3.1.12 Pertinent current and historical life information, including:

3.1.12.1 Age

3.1.12.2 Gender, sexual orientation, and gender expression.

3.1.12.3 Culture.

3.1.12.4 Spiritual beliefs.

3.1.12.5 Education history.

3.1.12.6 Employment history.

3.1.12.7 Living situation.

3.1.12.8 Legal involvement.

3.1.12.9 Family history.

3.1.12.10 Relationships, including: families, friends, community members, and other interested parties.

3.1.13 History of Trauma:

3.1.13.1 Experienced.

3.1.13.2 Witnessed.

3.1.13.3 Including: Abuse, neglect, violence, and/or sexual assault.

3.1.14 Use of alcohol, tobacco, and/or other drugs.

3.1.15 Risk-taking behaviors (IE. Having unprotected sex, using dirty needles, driving at excessive speeds, driving under the influence, etc).

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3.1.16 Literacy level.

3.1.17 Need for assistive technology in the provision of services.

3.1.18 Need for, and availability of, social supports.

3.1.19 Advance directives, when applicable.

3.1.20 Psychological and social adjustment to disabilities and/or disorders.

3.1.21 Resultant diagnosis(es), if identified.

3.2 Children and adolescent assessment should be family focused and youth driven. The assessments must be appropriate with respect to the child's or adolescent's age, development, culture and education. For child and adolescent assessments, the following information shall also be included:

3.2.1 Developmental history, such as developmental age factors, motor development, and functioning.

3.2.2 Language functioning, including speech and hearing

3.2.3 Visual functioning

3.2.4 Immunization record. (This is a determination of the status of immunizations and does not require and actual copy of the immunization record.)

3.2.5 Learning ability.

3.2.6 Intellectual functioning.

3.2.7 Family relationships.

3.2.8 Interactions with peers.

3.2.9 Environmental surroundings (family moves, changes in placements for children placed out of the home, etc).

3.2.10 Prenatal exposure to alcohol, tobacco, or other substances.

3.2.11 Parent/guardian custodial status.

3.2.12 When applicable, parents'/guardians' ability/willingness to participate in services, strengths, and preferences.

4.0 Interpretive Summary: The assessment process includes the preparation of a written interpretive summary that:

4.1 Is based on the assessment data.

4.2 Identifies any co-occurring disabilities, co-morbidities, and/or disorders.

4.3 Is used in the development of the person-centered plan.

4.4 Includes the strengths, needs, abilities and preferences (SNA) of the person.

4.5 Puts emphasis on potential interrelationships between sets of findings.

4.6 Identifies positive and negative factors likely to affect the person's course of treatment and clinical outcomes after discharge.

4.7 Recommends treatment, including any special assessments or tests.

4.8 Discusses general anticipated level of care, length and intensity of treatment and expected focus with recommendations.

References

Michigan Mental Health Code 330.1712 (1)
CARF Standards Manual 2015
MDHHS Contract Person Centered Planning Policy Attachment

Kerry Possehn, Chief Executive Officer	Date		

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