

NORTHCARE NETWORK

Practice Guidelines for Supports and Services For Individuals with Developmental Disabilities

Note: These guidelines are, in part, adopted (with permission) from the Lifeways Support and Treatment Protocols for Developmental Disabilities, 2001

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PRACTICE GUIDELINES FOR SUPPORTS AND SERVICES for INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

INTRODUCTION

NorthCare Network is committed to ensuring that the most efficient and effective supports and services are available throughout the region for members with a developmental disability. The framework within which treatment and support of individuals with disabilities occur is based on NorthCare's treatment philosophy and adherence to identified best practice guidelines and standards, foremost of which is the MDCH guideline for Person-Centered Planning. These guidelines will discuss the general philosophy and values endorsed by the NorthCare provider network regarding supports and services for individuals with developmental disabilities. They include guidelines for a comprehensive assessment of an individual's skills, strengths, and functional abilities and outline the criteria by which eligibility for specialty services and supports is determined. Within the person-centered framework, these guidelines discuss current best practices related to the assessment of needs and abilities and provision of supports and services across a number of life domains. Finally, these guidelines include a framework for the selection of specific supports and services with an outline of the various levels of support that might be identified during the person-centered planning process, and a description of the service array available to eligible members.

These guidelines are intended to offer clinicians a framework within which services and supports can be determined through a person centered planning process, and as a guide for utilization management personnel in the conduct of authorizing payment for necessary services and supports. They are not intended to serve as a single road map for clinical or administrative decision-making. Rather, they identify components of the process that should lead to the authorization and delivery of services, and should serve as a guide for interactions between clinical providers and consumers, family members, and the larger community. Understanding of and operating within this framework will ensure that necessary services and supports are determined through consumer choice and empowerment, and utilize interventions which are: a) consistent with consumer-identified outcomes; b) authorized and delivered according to consumer direction; c) conform with national and state standards of care and identified best practice guidelines; and d) are consistent with the values of the broader community and specific stakeholder groups.

TREATMENT PHILOSOPHY

NorthCare and its provider network operate under the philosophy that individuals with developmental disabilities are entitled to receive the most appropriate level of care in the least restrictive environment, consistent with consumer identified needs and outcomes. At the core of NorthCare's integrated service delivery system are the values of person-centered planning and consumer choice over the services identified as necessary to assist individuals in reaching desired outcomes.

These values are:

- Each individual consumer is urged to reach the maximum degree of independence possible.
- Consumers are empowered to exercise choice and control over all aspects of their lives.
 - Treatment ethics and protection of consumer rights are held to the highest standard.
 - Consumers shall be treated and supported through the use of interventions that have been validated through evidence-based practices and principles.
 - Eligible consumers shall be provided access to the full array of available services and supports.
 - Coordination of services and supports shall be maximized through effective communication among all individuals and agencies identified in the person-centered plan.
 - Necessary services and supports shall:
 - ⊕ Protect and promote consumers' meaningful relationships with friends and family.
 - ⊕ Recognize and respect the consumer's cultural norms and traditions.
 - ⊕ Promote consumer outcomes that support engagement in meaningful life activities as defined by the consumer.
 - ⊕ Focus on the goal of community inclusion and improved quality of life for the consumer.
 - ⊕ Be provided to keep children living with families and allow adults to live independently to the greatest extent possible.
 - ⊕ Be provided by individuals who possess the requisite skills and experience necessary.

PRINCIPLES OF PERSON-CENTERED PLANNING

The principles of Person-Centered Planning are the framework under which supports and services are organized. These fundamental principles shall be promoted and implemented throughout the consumers' course of treatment.

These principles are outlined as follows:

- **Each person shall have the authority to define and pursue his or her own desired outcomes.** Person-centered supports start with listening to the person and honoring each person's vision. The individual's hopes and desires

should be respected and supported. The goal must be to promote each person's empowerment, dignity and positive self-image.

- **People and families are entitled to the freedom, authority and support to control, direct and manage their own services and supports.**

Individuals and families should have the ability to choose their own services and supports within available resources, as well as exercise choice about how those supports are provided.

- **Personal relationships and community membership are valued.** It is important to promote the inclusion, presence and participation in community life for all individuals, at all ages and across all dimensions of life. People should be supported in their social and spiritual life, friendships and intimate relationships.

- **All networks and systems of support must collaborate in providing supports toward outcomes that are important to each individual.**

Families, neighbors, friends, co-workers and classmates play important roles in the lives of people with developmental disabilities. These rich, vibrant networks of support connect people to their communities. Public systems must work hand-in-hand with these networks in supporting individuals.

- **People and families are valued and empowered partners in all decision-making.** Leadership roles at all levels within the public service delivery system should include consumers, family members, stakeholders and community members. It is crucial that government, providers and community organizations welcome, listen to and collaborate with people and families in solving problems, making decisions and pursuing excellence.

- **People with developmental disabilities want to and can make valuable contributions to their communities.** Supports necessary for individuals to contribute to their communities and engage in meaningful work should be made available.

- **The unique needs and preferences of each family shall be acknowledged, respected and accommodated.** Support networks must partner with families and offer critical services that not only address the needs of the family member with a disability but also support and strengthen the family itself in a way that supports and values the family's contribution to care.

- **All people and families should have access to supports when and as they need them.** Every individual must have easy and timely access to vital services and supports in order to achieve his or her personal vision and enjoy quality of life.

- **The personal security and well being of people must be ensured.** People must be secure in their own environments. They must not be exposed to neglect, abuse or exploitation. They must have access to high quality health care. Ensuring the personal security and well being must not sacrifice the right of individuals to live everyday lives of their choosing in the community, exercise choice and pursue their dreams and aspirations.

- **There should be a continuous commitment to achieve excellence in all dimensions of supporting individuals and families.** High quality services enable people to realize their vision. Excellence in person-centered supports demands a strong, sustained commitment to securing and maintaining a high quality workforce, ongoing training and education, and

continuous quality improvement. Individuals and families are essential partners in promoting excellence in the public service system.

CLINICAL ASSESSMENT OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

A comprehensive person-centered assessment should address an individual's strengths, skills and functional abilities as well as identify problems, limitations and obstacles that may impact progress toward the consumer's identified goals. The clinician must pay careful attention to abilities in a number of domains, and this assessment must be considered an essential first step in the person-centered planning process to identify necessary services and supports.

It is critical that persons providing information for the assessment are familiar with the consumer's history. The assessment must include a thorough bio-medical-psycho-social evaluation beginning with family history, known genetic factors, pregnancy, delivery and perinatal history, developmental milestones and adaptations. A thorough developmental history should include an examination of pre and post natal factors, and early infant and childhood developmental progression. Ages at which normal or impaired progression was evident are critical pieces of information as they have significant implications for differential diagnosis and establishing eligibility. The developmental and adaptive history must be specific to presenting symptoms, antecedent events, and changes over time, response to various techniques, medications and effects, and the quality and consistency of past training. Medical history must also be thorough, as individuals with developmental disabilities may not have the skills to accurately report medical concerns. A history obtained from another source (e.g., school or physician) should be requested and prior treatment and service records should be obtained. Prior evaluations and treatment records are essential when a reliable informant is unavailable and the consumer is not able to provide accurate and detailed information.

The evaluation and diagnosis of a person with developmental disabilities is frequently a multi-disciplinary process. Psychologists, who can complete a functional behavioral assessment or other evaluations to assist with differential diagnostic considerations, can be an integral part of the assessment process. An assessment of level of cognitive functioning is also essential in the diagnostic and eligibility determination. Frequently, IQ scores are available from schools or prior treatment providers and do not need to be repeated, but it is critical to have this information available. Other health care professionals such as occupational, physical and speech specialists, nurses, and psychiatrists should also be involved as needed. However, an individual's ability to refuse a specialists' assessment should be respected.

The one-to-one interview may need to occur over time in several settings. The evaluations should be adapted to the person's level of communication skill and accommodate any handicaps. Questions requiring yes and no answers should be avoided as well as leading questions. Often it is necessary to assess the mental status informally through the course of the session rather than in a formal exam. Non-verbal testing of abilities to perform certain tasks is essential. The assessing clinician should observe the consumer in both familiar and unfamiliar environments. All functional areas should be assessed, including functional abilities in self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. Information should be obtained by both watching the individual in their natural environments and by asking the consumer and significant others questions re: skills and abilities. There are a number of assessment tools and strategies available, with the object being to view how the person functions in, and interacts with, their environment. The NorthCare Functional Assessment for Individuals with Developmental Disabilities (see Appendix I) is recommended as part of the person-centered planning process, and includes information regarding an individual's functional capabilities throughout the major life domains. This assessment addresses needs for supervision and assistance as well as requests for professional services/supports in addition to evaluating level of independent functioning in the primary domains outlined. These include:

- A. Assessment of Activities of Daily Living, including independent living skills, social and leisure skills, and utilization of community resources
- B. Assessment of Personal and Self-Care Skills (bathing, hygiene, eating, dressing, etc)
- C. Assessment of Emergency and Safety considerations
- D. Communication skills (both receptive and expressive capabilities)
- E. Health Concerns and Health Management issues
- F. Vocational/Educational Needs
- G. Behavioral needs

DEFINITIONS AND ELIGIBILITY CRITERIA

Developmental disability means either of the following:

A. If applied to an individual older than five years, a severe, chronic condition that meets all of the following requirements:

- Is attributed to a mental or physical impairment or a combination of mental and physical impairments;
- Is manifested before the individual is 22 years old;
- Is likely to continue indefinitely;
- Results in substantial functional limitation in three or more of the following areas of major life activities:
 - - Self Care
 - - Receptive and Expressive Language
 - - Learning
 - - Mobility
 - - Self-Direction
 - - Capacity for Independent Living
 - - Economic Self-Sufficiency
- Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration and are individually planned or coordinated.

B. If applied to a minor from birth to age five, eligibility is determined by the presence of a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a Developmental Disability as defined above if services are not provided. (Michigan Mental Health Code, 2001)

DSM-IV diagnoses included in the category of developmental disabilities include Autism and other Pervasive Developmental Disorders and the continuum of Mental Retardation. Care should be taken when considering a diagnosis within the category of pervasive developmental disorders, as there are many similarities between diagnoses within this category and with other mental health diagnoses. Careful attention is needed to the DSM-IV discussions re: differential diagnosis.

BEST PRACTICE GUIDELINES

ACTIVITIES OF DAILY LIVING:

Activities of Daily Living include: independent living skills, social skills, leisure activities and utilization of community resources.

Independent living skills are those skills, beyond basic self care, that are necessary to manage and maintain oneself in a home. These include such activities as: laundry, cooking, cleaning, shopping, home maintenance and safety.

Social skills refer to one's ability to both initiate and respond to interaction with others in their environment. It involves understanding of social cues, and possessing the skills and interest in responding appropriately within any given social context. Social behavior is a complex phenomenon, occurring across a wide variety of settings and involving many varied and equally complex individual behaviors.

Leisure activities are those activities that an individual chooses to occupy non-structured time. Leisure activities can include solitary and group pursuits, observational or participatory activities, and may occur both in and/or out of the home. Typical leisure activities might include reading, playing games or puzzles, watching TV or going to movies, recreational sports, arts and crafts, musical activities, collecting, etc, and are as varied as the individuals themselves.

Community use means much more than presence in the community. It includes awareness of and the ability to utilize resources and services naturally occurring in the community (e.g., post office, library, public transportation), and attending community sponsored activities and events. Community use also is largely dependent on basic social skills and communication. The ultimate goal is participation in a natural social network that characterizes the interdependence required by all human beings. In many ways, this functional domain is the ultimate in community integration for adults with developmental disabilities.

Best Practice Related to Assessment of Independent Living Skills

Services and supports are utilized to improve the ability of individuals with developmental disabilities to carry out tasks of daily living as independently as possible, and/or to provide supports in those areas where the person has deficits. The person-centered planning should assess the comprehensive needs of the consumer when considering service options for individuals with developmental disabilities. Data collected relevant to all functional domains should be reviewed. The following are issues and areas that should be evaluated:

- Consumer and family preference must be determined. This may require some effort to support choice making skills for the consumer.
- Age and life stage should be considered to enhance age appropriate services. For example, an older adolescent or young adult may benefit from intensive community use and independent living skills training, whereas an older adult may choose more of a supported approach.

- Basic abilities and adaptive behaviors must be assessed at the appropriate level. Supervision and/or supports can be provided.
- Physical disabilities should be noted to provide the best match between consumer and environment. Some individuals may need barrier free environments or other adaptive modifications.
- Level of support necessary to ensure that basic and other needs are met is often more useful for determining appropriate placement, than are specific deficits. The NorthCare Network Functional Assessment tool helps caregivers discuss with the consumer and family members the amount of support needed for medical issues, safety concerns and personal care, and assists in the determination of the overall level of residential support necessary.
- Available options should be identified. If the person is currently in a desired residence (i.e. family home or own apartment), assess the environment to determine if independent living supports and/or modifications are needed.
- Assessment should determine if supports need to be continuous or intermittent. For example, an individual may be doing fine, as long as a relative is in residence with him, but may need supports if the relative needs to be away. It is preferable to make this determination during the assessment process rather than waiting for a crisis to occur.

Best Practice Related to Supports for Independent Living Services

Independent living services for adults with developmental disabilities cover a variety of settings with differing levels of support. Services may occur in community-based settings, a family home or an apartment. This will result in a variety of services that need to be tailored to the needs of the individual with supervision and supports as necessary. The agency may also provide adaptive training to individuals to increase independent living skills.

Specific supports may include the following:

- Use of the Person-Centered planning process to identify the steps to achieving the persons desired level of independent living.
- Supports for independent living services must be highly individualized even in traditional settings.
- Supports can range from physical prompts to complete tasks to minimal assistance with occasional complex problems.
- Supports should be chosen based on consumer preference and whether the service desired, and needed by the consumer can realistically be provided. After development of a master list of the consumer's wishes and needs, natural resources and financial options, they should be matched to available support options. Parameters and availability of things like financing, barrier free design, access to public transportation, etc. should be considered.
- Reasonable environmental modifications to increase independence should be considered (professionals with the appropriate expertise should be consulted to maximize the efficacy of such modifications).

- Community services such as personal emergency response systems and home delivered meals should be utilized as appropriate.
- In more independent settings, the family/guardian or caregiver will need to assist the consumer in setting up bank accounts, turning on utilities, etc.
- Program specifically for long term learning:
 - Teach skills in their natural environment and at naturally occurring times
 - Work on/teach skills that are important to the individual
- In all instances, the consumer should be educated in how to contact the Recipient Rights staff in case of abuse or neglect.

Best Practice Related to Assessment of Social Skills

Assessment of social skills should include evaluation of skills and related deficits in the consumers' natural environment(s). This should involve the contextual variables that influence behaviors and interactions and specific characteristics of the individual's behavior (including vocalizations, facial expressions, and gestures). Attention should be paid to the consequences of both appropriate and inappropriate social behavior, and the immediate consequences that may be reinforcing. Consider long-term variables like isolation, potential loss of jobs, lack of support from others, potential for abuse, and poor emotional adjustment. Analyze the types of demands that are likely to be placed on the consumer in each desired or required environment. For example, a senior center will have different demands for social interaction than a work setting. Also, to the extent possible, attempt to determine whether noted deficits are of a cognitive, physical or behavioral nature.

Best Practice Related to Supports for Social Skills

Specific supports may include the following:

- Use of the Person-Centered Planning process to identify individuals chosen by the consumer to participate in identifying hopes, dreams, and wishes that might be met through improved social skills.
- Gather larger community feedback on targeted areas for social improvement (e.g., survey supported employment employers on social skill areas where they think improvement would result in more successful employment for consumers).
- Utilize training of specific observable and measurable behaviors with approaches that allow for repeated rehearsal by the Consumer across time, place, and settings. Examples are modeling, behavioral rehearsal, role-play, corrective feedback and practice, and contingent reinforcement. Allow ample opportunity for practice.
- Program specifically for generalization:
 - 1. Teach in the natural environment
 - 2. Ask consumers to select the work on items they see as important
 - 3. When possible, train in community based or natural settings.

- 4. Program common stimuli (i.e., situations look as close as possible to the natural situation).
 - 5. Use process training when possible.
- Select interventions to target problems most often seen in the consumer's environment of choice.
- Plan for reinforcement of effective social skills in the natural environment. Provide education for families and others about how to do this.
- For individuals who use alternative communication methods, supports may include assisting or teaching others to understand the individual and/or acting much like an interpreter. Coaching, or on-going prompting, may be appropriate while individuals are learning new skills or as a long-term support.

Teach the consumer about different emotions and how to identify "triggers". Assist the consumer in healthy ways to express negative emotions using role-playing, pictorial techniques. Encourage others to promote independence in social situations by encouraging the consumer to handle problems. Reinforce appropriate handling of negative emotions & problems.

Best Practice Related to Assessment of Leisure Skills

Leisure skills should be evaluated to increase the choices the individual can make for activities in their daily life outside of work or school. The evaluation of leisure activities should first include a determination of whether or not the individual has had opportunities to make choices about different leisure activities, followed by an assessment of what the person has enjoyed or thinks they might like to do, and what is available in the home or community environment. Self-direction and ability to initiate leisure and recreational activities should be considered. It should further address what skills, equipment, or other resources are necessary to participate in a chosen activity. Degree of independence and needs for supervision will impact determination of available and appropriate leisure activities.

Best Practice Related to Supports for Leisure Activities

If an individual has had limited or no opportunities to exercise choice about which activities, hobbies or recreational pursuits they might enjoy, the plan for support should initially include increasing exposure to various experiences. Once specific leisure activities are chosen, then teaching necessary skills, attending instructional activities, obtaining equipment or materials, determining transportation opportunities, and providing accommodations and/or supervision must be a part of the supports plan. It is essential to consider the degree of natural or non-paid support available, and what, if any, specialized services are necessary. Safety and health concerns must also be considered in choosing leisure and recreational activities.

Best Practice Related to Assessment of Community Use

Community Use is another term for community integration. To evaluate needs in the utilization of community resources, the clinician should be reviewing what

community resources are available, and which of these the individual and/or family currently utilize. Assist in determining what typical places people visit in the individual's neighborhood or community. Include grocery shopping, laundry, library, bank, post office, movies, mall, parks, etc. Evaluate what further support, if any, is needed to take advantage of additional community opportunities the individual would like to use. Assess if education, training or skill development supports would allow greater independent access in the future.

Person-Centered Planning is an ideal way to determine how much a person needs to or wants to access the community. Alternative opportunities should be presented so there is a greater awareness of choice and opportunity. Assessments must determine the bases for problems. Appropriate professionals should contribute to assessment of community use as necessary. As many factors contributing to community use or lack thereof are found in assessment of other domains, the essential areas that need assessment are as follows:

- Determination of what community resources the individual needs and wishes to use
 - Actual report or observation (from the individual and/or significant others and caregivers) of current community use
 - Specific reasons for non use of desired or needed resources
 - Actual resources available in the individual's community
 - Determination of whether the individual has opportunities to make valid choices
 - Assessment must further consider life stage relative to the above issues.

Transition from school to work or from work to retirement may necessitate that different community resources be considered or introduced.

- Specific need areas to assess include:
 - ⊕ Needs and Desires
 - ⊕ Family/Significant Other/Caregiver Input
 - ⊕ Strengths and Abilities
 - ⊕ Natural Supports (family, neighbors, volunteers)
 - ⊕ Paid staff including caregivers and persons in the community that offer services as a community function
 - ⊕ Community Resources
 - ⊕ Physical Health and Endurance
 - ⊕ Community Safety Skills
 - ⊕ Public Transportation Skills
 - ⊕ Social Skills
 - ⊕ Money Management Skills

Best Practice Related to Supports for Community Integration

If the ultimate goal of Community Integration is the fullest participation possible in one's community, then the supports offered should be to provide sufficient support/training for the person to participate in their community as they choose and as independently as possible. Supports should come from natural community supports when possible, relying on agency/system supports only

when necessary.

Supports from the CMHSP should be to teach the skills the person needs/wants to learn, or to provide the support for areas within which the person lacks the skills. For example, the CMHC may send staff to teach the individual how to ride the bus; once the skill is developed the person will ride the bus independently. Or if the consumer doesn't know how to use money, staff will assist with money but not interfere with other activities, such as choosing clothing or food items.

Supports for community integration will require coordination of supports from other functional domains. When considering supports, they should be considered in this order:

- Person
- Family and friends
- Non-paid supports
- Generic services
- Specialized services

Planning for life stage transitions should always be considered in advance of the transition. Supports for community use cover an extremely wide array of activities. Supports for community use should always be designed so that the individual participates as fully as possible in an activity.

Based on the assessment information and Person-Centered Planning, a written plan should be developed that defines who will be responsible to carry out each function. It may be necessary to share information about the nature of supports and community use with caretakers, family, and others involved, as they may be accustomed to a very different approach. The plan should be reviewed at regular intervals to determine if it continues to meet the needs of the consumer.

When considering places in the community to access, it is essential to consider all the resources available in the immediate community. Learning and increased independence comes through repeated trials. Deciding where to go will depend on the individual's desires, resources (including financial), accessibility, and supports available to make it happen.

The goal of community use/integration/inclusion is nothing less than the full participation of the person with disabilities in his or her chosen community. The question should not be what does this person need to attain to participate, but rather, what supports are necessary to make full participation a reality.

The major supports issues related to community use include limited access to shopping, worship, parks, libraries, theatres, and businesses. There are difficulties in recognizing and understanding common public information signs; to communicate personal information such as address and phone number, to pay for goods and make change and to utilize public transportation.

- Safe training sites should be developed in the community to provide the consumer with opportunities in the community areas listed above.
- On site instruction and feedback on common signs may be necessary, including street signals, restrooms, elevators, etc.
- Assist the consumer in obtaining an identification card.
- Practice the skills, at the site, to utilize public transportation including trial runs to ensure the consumer knows how to pay the fare, what landmarks tell him/her when to get off and how to ask for assistance if confused or the bus does not come.

Provide assistance in entering social groups, such as churches, etc., where natural supports and relationships can be developed.

Currently there are several movements affecting community integration for persons with developmental disabilities. There is an increasing focus on independent living with natural supports. This is part of the shift from dependency on system supports to evaluating the availability of natural supports. Person-centered planning has focused the emphasis on choice, dreams and desires of the individual consumer and their significant others. Quality of life as a treatment focus encourages a lifestyle equivalent to other community members. Treatment outcomes can be measured with personal satisfaction, happiness and quality of life issues versus acquisition of functional skills. All of these concepts encourage direct access to the community and the services available in the community.

The role of the mental health agency related to community use is complex and broad. Identifying and facilitating access to natural community resources is one aspect of this role, but the role also includes community and consumer education, and may include advocacy roles when access problems are present. It is hoped that in the future, community use will simply be a given for consumers with developmental disabilities requiring minimal, if any agency intervention. The mental health agency should focus activities on this goal.

Special Considerations

- The broad nature of community integration may make it difficult to objectively determine if community use is occurring for all consumers.
- Stigma remains in the community, especially for individuals with the most severe disabilities. This creates problems in expecting "natural supports" to facilitate community use.
- A significant number of individuals with developmental disabilities also have physical deficits. These individuals experience the same problems in accessing many community resources as any handicapped person. Current law and policy is improving access for everyone.
- The complexity of skills needed to access and use many community resources means that complex and creative supports will be necessary.
- Resources needed for community access such as money and transportation may be scarce.

PERSONAL AND SELF-CARE SKILLS

Factors that should be considered in evaluating personal and self-care include:
 Personal Hygiene: -bathing, teeth brushing, use of deodorant, hair washing, etc.

Eating: use of utensils and glassware, swallowing, chewing

Medications

Dressing - putting on/taking off clothing; selecting clothes appropriate for activities and weather

Best Practice Related to Assessment of Personal and Self-Care skills

Using the person centered process, each person with a developmental disability who comes for services will be assessed for supports that can assist them in their daily lives. Supports will be dependent upon the person's requests as well as their abilities and current support systems.

Individuals with developmental disabilities must be assessed for self care skills. The assessment should include their ability to perform these skills at the appropriate time, situation and sequence. The assessment should occur in the setting(s) where these types of activity typically occur.

The clinician should evaluate the consumer's ability to complete self-care tasks independently, with supervision, with prompts, with assistance or total dependence. The evaluation should always include an interview with the consumer and their supportive network of family or friends.

If the consumer wants assistance in the evaluation for personal care support, the clinician may seek assistance from other professional disciplines.

Best Practice Related to Supports for Personal and Self-Care skills

Supports for self-care range from complete physical care to simple reminders or accommodations. Supports that are provided are dependent upon consumer desires, needs and health and safety of the consumer and others. Supports may include: modification of environment, adaptive devices, education, skill development or personal assistance. Supports include those natural and community supports as well as those provided by community agencies and/or CMHSP's.

Environmental modifications, adaptive devices, swallowing programs and feeding programs require that the assessment, program and training be provided by the appropriate specialty discipline (such as RN, SLLP or OT.) Health and safety should always be the priority when developing programs for self-care

SAFETY AND EMERGENCY

Safety issues for people with developmental disabilities may be related to cognitive, sensory or physical impairments, making it difficult for the person to gather information about a situation or to analyze the safety of a situation.

Safety needs may change as an individual changes environments. For example, safety needs within a home are very different from those in the community; needs are different in work settings than in school settings.

People with developmental disabilities are at higher risk than the general population for some safety related problems. These include sexual and physical abuse, fire-related accidents, and problems related to neglect. Abuse and neglect are often difficult to substantiate because people with developmental disabilities may not be able to or may be reluctant to report clearly. Recipient Rights advocacy services, available through the mental health agency, play an essential role in such situations.

Many adults with developmental disabilities manage their own safety needs very well. This is especially true if they are in a well-known environment. The mental health agency should assist in ensuring that safety needs evident due to the nature of the individual's disability are addressed.

Best Practice Related to Assessment of Safety and Emergency Needs

Safety and emergency needs are identified in partnership with the individual and/or others who know the person well. The goal is to determine the supports the person needs so that he/she can live, work, and play safely in his/her own community.

Some examples of safety risks that need to be considered are:

- Dangerousness of behavior to self or others;
- Unsafe sex practices;
- Vulnerability to abuse;
- Use of alcohol or other drugs;
- Safety in the home;
- Safety in the community;
- Ability to respond to emergency situations.

This, of course, is not an inclusive list. Any risks that are particular to the individual need to be assessed.

Best Practice Related to Supports for Safety and Emergency Needs

Strategies should be developed with each consumer to ensure that he/she has access to needed supports to address safety issues. These supports may include the following, based on the consumer's needs and desires:

- Assistance with obtaining and using assistive technology - those devices, supplies or appliances which enable the individual to increase his/her activities of daily living; or to perceive, control, or communicate with the environment in which he/she lives. These items include those necessary for emergency response (Lifeline, personal emergency response systems, etc.).
- Assistance with obtaining environmental modifications - those physical adaptations to the individual's for family's home, vehicle or work environment that ensure health and safety and/or enable greater independence.
- Consumer education aimed at prevention of abuse, victimization and fraud;
- Assistance with responding to emergency situations;
- Individualized training programs to address specific needs such as fire safety and evacuation procedures, use of emergency numbers, etc.
- Assistance with understanding high-risk behaviors and their consequences;
- Incidental teaching;
- Provision of direct assistance, support and/or supervision at home and in the community to alleviate safety risks.

COMMUNICATION

Communication is the exchange of information between two or more individuals. Communication skills and competence can be categorized into three basic areas: production skills (expressive language), comprehension skills (receptive language), and dyadic/discourse skills (also called pragmatic skills). Production skills refer to the ability to reveal communication intention and can include verbal reproductions, sign language, augmentative devices, gestures and eye contact. Comprehension skills allow an individual to derive meaning from their environment through signals and social cues from others. Pragmatic skills include the ability to use communication and language in various social environments. These skills include maintaining the topic of conversation, filling one's role in an interaction, inviting the conversational partner to participate, shifting the topic of conversation, and using polite conversational devices.

Autism and Mental Retardation are two Developmental Disorders that affect communication competence. Autism results in language delays, difficulty interpreting social cues, and impairment in the motivation to send language by any means, severely limiting development of pragmatics. People with developmental disabilities may demonstrate production skills that are less than would be expected for their mental age, and are typically more reliant on contextual cues to extract meaning (e.g., others putting coats on as a cue that they are being asked to put a coat on). Pragmatic skills are marked by excessive perseverance on a single topic and difficulty requesting clarification. Both younger and older adults with developmental disabilities frequently rely on repetition (repeating all or part of the original utterance) and addition (adding

specific information to the original utterance) when responding to requests for clarification by others.

Best Practice Related to Assessment of Communication

Assessment of functional communication should have as its goal, determining the individual's ability to receive communication from others and act on it appropriately and make their own needs and desires known to others (expressive communication). As communication is much more than speech, speech may not be the primary focus for every individual. As communication is a complex process, involving physical, social, emotional and cognitive aspects, assessment may require the efforts of more than one professional discipline. Speech therapists, psychologists, behavioral specialists, primary physicians and psychiatrists may all have a role, depending on the nature of the consumer's problems. An assessment should include the following:

- Assessment of language development across production, comprehension, and pragmatic domains.
- Consideration of appropriateness of adaptive devices (these range from simple symbol boards to sophisticated computerized devices). The cost of any such adaptive device should be contrasted with the benefit likely to be obtained by the consumer.
- The consumer's preferences for communication systems/devices. A system is not useful for functional communication if the consumer does not wish to use it.
- Assessment for sensory deficits that may interfere with communication.
- Recognition of the contribution of deficits in all other functional areas that might contribute to communication difficulties.
- An evaluation of potential contextual cues that may be misinterpreted by the consumer and change the cues or provide training on better recognition (e.g., facial features).

Best Practice Related to Supports for Communication

Communication challenges are best referred to a speech and language professional, as supports to enhance communication skills will typically be based on the recommendations of a specialized assessment from a speech therapist. However, several strategies are mentioned to increase effective communication skills when working with individuals with disabilities. Communication enhancing behaviors such as minimizing distractions, making direct eye contact, speaking clearly and directly, and providing feedback are useful with individuals with disabilities. In general, supports may be offered in the following areas:

- Ensure that supports include opportunities for the individual to be reinforced for participation (e.g., recognition by the listener of the intent of the communication and resultant environmental or social response).
- If language is unclear, others need to understand the intent of facial expressions, non-verbal utterances and gestures.

- Education and training for caregivers and others re: enhanced communication strategies and specific styles and non-verbal cues of the individual.
- Using contextual cues and prompts to enhance meaning.

Special Considerations

- Cognitive deficits interfere with the normal transactional learning of language and other communication skills.
- Co-morbid mental illness also affects the ability of adults with developmental disabilities to communicate effectively.
- Some types of supports for communication deficits may involve sophisticated techniques or adaptive devices that may not be available to the individual.
- Functional communication is also based on competence in many other functional areas such as social skills, coping skills, behavioral challenges and self-determination, so deficits in these areas may have a profound effect on the ability to communicate.

The mental health agency may be responsible for supports aimed at achieving an adequate level of functional communication for each individual, once he/she leaves the school system. It is important that significant efforts at maximizing functional communication take place throughout life, so coordination/transition between the school and mental health should be sought.

HEALTH/HEALTH MANAGEMENT

People with developmental disabilities face numerous challenges in accessing and utilizing health care services. Individuals may not be able to provide a clear medical history or accurately describe physical concerns. Some individuals have difficulty cooperating with medical and dental procedures and many doctors and dentists are not prepared to handle these problems. Dental health may also present some significant problems for people with developmental disabilities.

The community mental health agency will typically be responsible for assessment, treatment and monitoring for habilitative, occupational, physical, speech and language, nursing and nutritional therapies. Services are provided by health care professionals with specialized expertise in the needs of persons with developmental disabilities. These health care services require careful coordination with the primary care and specialty physicians.

Primary health care services are provided through the person's health plan. The mental health agency is responsible for assisting the person to access, coordinate and evaluate health care received from a community-based physician. Challenges to the consumer that limit their ability to independently access and fully and appropriately use health care services must be addressed by the mental

health agency. The role of the mental health agency may range from assisting the consumer in selecting a physician and teaching the consumer when and how to seek health care services, to providing complete support for this activity, including deciding when to access services and interacting with health care providers on the consumer's behalf.

Best Practice Related to Assessment of Health and Health Management Needs

Health care needs are identified in partnership with the individual and/or others who know the person well.

If the consumer has significant health care needs, a health care appraisal by a nurse familiar with persons with developmental disabilities may be appropriate. A nursing assessment should include:

- An assessment of all systems (sensory, respiratory, circulatory, nutritional, skin integrity, muscular skeletal, neurological, reproductive);
- A medication history and review including immunizations and vaccines;
- A history of significant medical and surgical procedures as well as an overall health history.

In addition to determining the health care needs of the individual, the assessment should also determine the consumer's ability to manage his/her own health care, and the level of support needed (if any) to access, use and follow recommendations/orders from health care providers.

Areas that need to be explored with the individual include:

- If the person has a particular syndrome (i.e., Down's Syndrome, Prader-Willi Syndrome, Fragile X Syndrome, Fetal Alcohol Syndrome) has the medical evaluation that the person received addressed any conditions known to be associated with that particular syndrome.
 - The degree to which the individual understands his/her medical concerns and needs and his/her ability to handle all aspects of medical care; i.e., a health, young person with developmental disabilities may be able to manage the limited health concerns that arise, but might not be able to manage insulin dependent diabetes without support.
 - The degree to which the individual would be able to identify a change in his/her own health status and what they should do about it. Questions such as "What would do if you woke up tomorrow morning with a sore throat?" or "What would you do if you spilled your seizure medication down the drain?" or "Give me an example of a time you might need to call 911" may help to get this information.
 - The individual's knowledge of how to access his/her medical care provider includes the ability to describe signs and symptoms of problems.
 - Any physical limitations, including transportation issues that may prevent or limit the use of health care services.
 - The individual's ability to carry out medical care recommendations and

orders. This includes good health promotion activities such as exercise, good nutrition, safe sexual practices, immunizations, etc., as well as following orders to treat acute or chronic illness.

- Any behavioral issues that may interfere with access to and cooperation with health care providers.
- The individual's ability to manage the administrative problems associated with health care services, i.e., problems with billings, authorization of services, etc.

Best Practice Related to Supports for Health Management

Strategies should be developed with each consumer to ensure that he/she has access to needed supports to address health issues. These supports may include the following, based on the consumer's needs and desires:

- Teaching/provision of information related to a person's health care needs;
- Advocacy and/or assistance in interacting with health care providers;
- Interacting with health care providers on behalf of the person;
- Assistance in coordinating care between providers;
- Providing support and assistance during medical and/or dental procedures;
- Directly managing aspects of health care for the consumers, such as administering medications, assessing for the presence of signs and symptoms of illness or injury, contacting health care providers when necessary.

Health care providers should be encouraged to use methods of communication that meet the needs of persons with developmental disabilities. These include:

- speaking to the person at eye level;
- declarative sentence structure;
- open-ended questions;
- corrective feedback;
- removing distracting objects;
- removing distracting people.

If language is unclear, caregivers need to understand the communicative intent of facial expressions, non-verbal utterances and gestures. Support workers who know the person well can enhance the person's opportunities to communicate with the health care provider.

EMPLOYMENT

Employment is considered to be an important aspect of quality of life. Many of us derive significant self worth from our jobs and careers. Historically, employment opportunities for adults with developmental disabilities and/or mental illness have been significantly limited and consisted primarily of sheltered, segregated work

opportunities. However, since the mid-1980's, vocational practitioners began using the supported employment approach that adopted the "place, train and support" model. It is a reasonable assumption that most people learn how to perform the tasks required of their job on the job. Identifying appropriate supports for individuals with disabilities is critical to their success in community work settings. Identifying those supports and implementing supported employment models takes substantial planning and collaboration among local community mental health agencies, vocational rehabilitation organizations, special education programs and others who provide services to persons with disabilities.

Supported employment has changed past expectations and ideas about persons with disabilities in the workplace. Supported workers are integrated into the regular workforce, earning wages commensurate with their co-workers. Employment outcomes include real wages, social integration, personal independence, and the array of benefits that come to a person who is acknowledged as contributing to society. Individuals who participate in supported employment programs have increased spending ability, are more likely to live independently or in supported living arrangements, and experience a higher quality of life than those who remain in segregated day programs or sheltered workshops. Considerable evidence suggests that supported employment is more productive in terms of earnings and less costly than day programs, work activity centers and sheltered workshops.

The major differences between supported employment and traditional vocational rehabilitation are the provisions for ongoing support and the emphasis on serving those individuals with the most severe disabilities. While vocational rehabilitation (Michigan Department of Career Development/Rehabilitation Services, MDC/RS) provides time-limited (not more than 18 months) funding for assessment and training, the long-term supports are provided by the local community mental health agency. Thus, it is critical for locally driven interagency agreements to be in place in order for effective supported employment implementation.

Supported employment programs are grounded in a set of values and philosophy that demonstrates the worth of individuals with disabilities. These programs assume that no one is too disabled to work. It is never a question of "readiness" in terms of the skills that an individual may or may not possess. The aim is to emphasize the assets and skills of the individual and match him/her to a job that maximizes those assets and minimizes deficits. Service providers must understand that "one size" does not fit all consumers of service. They need to provide a variety of options and be flexible in the way that services are provided. While there are minimum standards and best practice guidelines, there is no one model for implementing supported employment programs. Many strategies for providing supported employment should emerge as adaptations and accommodations are made to specific jobs, levels of continuing support vary, and individual's specific needs are identified.

The mental health agency is typically responsible for discovering and developing employment opportunities for adults with developmental disabilities after they

have finished school, assessing the individual to determine preferences and support needs, and providing necessary supports.

Specific tracking of supported employment outcomes relevant to best practice and quality of life for individuals being served should include:

- Individuals working 10 or more hours per week
- Individuals earning at least the federal minimum wage or above
- Individuals maintaining jobs after 6 months; after 1 year service.
- Individuals who chose to work less than 10 hours a week
- Reason for job separation
- Time between referral and employment
- Evidence of choice and job satisfaction

Best Practice Related to Assessment of Employment Needs

Person-Centered Planning processes are effective in vocational assessment and employment planning. The information accessed through this process is used to assist the individual in selecting desired employment opportunities and assists the service provider in developing appropriate jobs and identifying the necessary supports for successful employment outcomes. Assessment of individual skills and abilities is focused on assets and abilities as opposed to deficits. Time and consideration are given to discovering individual potential and desire in developing an employment goal. Assessment methodologies are multi-faceted and should occur in community settings where the activity typically occurs. Assessment protocols should never be used to exclude individuals from supported employment but to identify support needs.

A complete vocational assessment is recommended to adequately evaluate the future employees interests, abilities, previous work experience, available supports and needs. This should be considered an essential process related to transition from school to work and, therefore, will involve coordination between both services. As with many other functional domains, deficits and problems with work may be cognitive, physical, or behavioral in nature, or a combination of these. The assessment must contain items aimed at differentiating causes requiring different types of supports and/or interventions. The assessment should be completed with the individual and support persons (family, friends, caregivers). Assessment should include at least the following:

- Individual preference or interests in work related activities
- Individual deficits that may require supports, clearly defining cognitive, physical and/or behavioral deficits
- Work history, if present
- Knowledge and abilities related to obtaining work, such as interviewing skills
- Psychological assessment to specify cognitive deficits, behavioral assessment to specify behavior challenges, and/or occupational therapy assessment to specify physical problems that might be supported by adaptive devices, may be necessary.

- Each individual's health must be assessed to ensure stamina, activity tolerance, and other health issues are consistent with proposed work.
- Aptitudes for specific types of work; some aptitude testing may be indicated.
- Trial experiences with a variety of working situations and tasks to enable the consumer to make choices based on experienced preferences.

Best Practice Related to Supports for Employment

Job Development and Placement: Job development is planned based on the information gathered in the vocational assessment. Job development should not be random, but rather focused on the individual's interests, abilities and supports available. An employment planning team that includes the consumer of service develops a "target list" of employers. A job developer or employment consultant initiates contact with the targeted employers with the goal of obtaining employment for a specific individual. Job development should be viewed as a natural extension of career planning and assessment. The Person-Centered Employment Planning approach should identify types of jobs, work environments, quality factors, accommodations and supports needed by the individual. Job development begins with those factors in mind.

Individuals are involved to the greatest extent possible in the job search process. Job development occurs with specific individuals in mind and is based on their personal skills, abilities, preferences and assets. Locating jobs without specific consumers in mind decreases the likelihood for compatible job/worker matches and job retention. Focusing job development efforts with a specific individual in mind allows the developer to:

- Describe a specific candidate's skills and assets to an employer.
- Focus on specific types of employment situations that match with the preferences, skills and needs of the individual.
- Utilize the individual's personal marketing tools (resume, references, etc.) that are typical to finding a job.

Job development will be different for each individual given the varying abilities to assist with the process and their level of support needs. Job developers require a good working knowledge of the Americans with Disabilities Act (ADA) and their own agency's policies on disclosure and confidentiality. Job developers must understand the limits of inquiry imposed by the ADA, and work with consumers in developing strategies that address how, when, and under what circumstances disability will be discussed.

The "art" of networking is key to good job development. Knowing and understanding the networks of your community is key to effective job development. Relying solely on the want ads in the local newspaper is not an effective method of job development. Service providers must establish partnerships with the business community and must have a marketing strategy that is consistent with the agency's overall mission and purpose.

The business community is viewed as a secondary customer and partner in the supported employment endeavor. Effective job developers will identify employer needs, establish a "fit" with the candidate, the services to be provided and the employer's needs, and assist the employer to understand the benefits of hiring the individual and working with the service provider. It is essential that job developers possess excellent communication skills and have the ability to easily articulate the value of such a partnership.

Job development activities need to be tracked and documented. This requires good time management and accountability on the part of the job developer. Following up on job leads, developing sites for situational assessments, participating in consumers' employment planning meetings, touring a job site with a job seeker, or researching information about a company are just a few of the tasks that a job developer may engage in during any given week. Service providers need accounting mechanisms to track all development activities such as number of contacts, number of placements, types of job placements, follow-up contacts and hours spent in job development activities.

The job developer must approach the employer with alternatives to meet the employer's and the consumer's needs. One of the most important aspects appears to be that the job is developed to be as "typical" as possible. That means having the job must be as much like that of a non-disabled employee as possible, including how the job was obtained, the work the person does, and how much the individual is paid. Transportation for the consumer will be arranged when necessary, and transportation availability and cost must be considered. Wages and benefits should be equal to that of a non-disabled employee. The job coach may need to educate the prospective employer about the financial incentives available, as well as the benefits of employing disabled workers.

Methods of adapting work for the person with developmental disabilities such as job sharing and job shaping (breaking the job down into small parts to allow the developmentally disabled individual to learn it) may be necessary.

Job development and placement should not be reserved for higher functioning individuals. All persons desiring to work should have, as a component of their Person-Centered Plan, how this end result is to be achieved.

Job Training and Supports: Supports for a job must cover all identified deficits. The following are essential:

- Cognitive deficits will usually require some form of task analysis to determine the best way to teach basic skills and the specific skills needed for the job.
- Physical deficits may require adaptive techniques or devices. An occupational therapist can often assist in making recommendations for such accommodations.

- Challenging behavior that interferes with ability to work should be addressed by a plan developed by a behavior specialist such as a behavior psychologist, following professional assessment.
- Everyone has positive attributes and strengths. These abilities must be built upon.

Prior to placing an individual on a job, the job developer/employment specialist will want to conduct a worksite analysis. This is a systematic approach that describes a specific work environment. It includes:

- Description of the environment in which the work is performed that includes safety and work culture.
- The social, intellectual, and physical requirements of the job.
- The elements of the job itself, the tasks and skill requirements.

The job developer will already have obtained some of this information: however, it is important that the employment specialist doing the training review and clarify the information with the employer. It is always a good idea for the employment specialist to visit the worksite prior to the individual starting a job to assess and address any issues related to safety or expectations of the job. Service providers should have documentation for completing a worksite analysis.

The job coach will perform task analysis prior to the employee's start date. This involves separating each type of function required and breaking each task into steps. The employee will receive on the job training by the job coach and other on-site employees that will be working with the employee. Natural supports are critical to the success of the placement. It is important to have other employees invested in the success of the placement and to form co-worker relationships.

Jobs that include tasks that may be problematic, viewed as too complex for the worker, or which require multi-steps will need to be broken down into behavioral components or presented by a task analysis. This task analysis is a training tool, constructed by the employment specialist (trainer) as his/her guide to understanding and teaching the task. The task analysis is the sequential list of activities or behaviors required of the worker to complete the task. Task analysis is the foundation of systematic instruction, and will serve to promote consistency across time and settings and encourage generalization of learned skills.

Instructional and support strategies provided by the employment specialist should be developed with consideration of the consumer's experience, learning style, complexity of the task(s) and the working environment. They need to implement instructional strategies to enable the consumer to succeed in the performance of specific job tasks. Employment specialist/job coaches need to understand the principles of systematic instruction, but also be able to facilitate interactions between co-workers and the consumer for the purposes of training and support. The involvement of coworkers, supervisors and corporate management must be encouraged.

Providing training on specific work skills to enhance existing supports on a job is the function of the employment specialist. In addition to training work skills, the employment specialist is charged with teaching and training social skills that will enable consumers to become part of the social network of the workplace. It is important for employment consultants to communicate to consumers that their social behaviors affect environmental and interpersonal relationships on the job.

Intensive job coach training was never intended to go on indefinitely. However, one of the fundamental characteristics to supported employment is the provision of post-employment support. Because individuals grow and change in relation to their work experiences, the rationale for providing on-going support services is not simply to maintain employment, but to provide opportunities that result in career advancements, increased wages, new job responsibilities, etc. Individuals must be provided with on-going support services to maintain employment for as long as the Consumer is employed at the supported employment job.

The employment staff assigned to provide "follow-along" or on-going support services assumes a role that includes maintaining or extending consumer competence as it relates to their employment. The focus is to teach consumers strategies that help them adapt to new expectations or responsibilities on the job, changes in supervisor/co-worker personnel, or maintenance of independence in meeting performance standards. Providing "follow-along" supports and activities might mean jobsite interventions to resolve specific problems or support away from the job with issues or situations that directly impact the Consumer's ability to maintain employment.

On-going support services are not time-limited. Federal guidelines require that a minimum of two (2) consumer contacts per month be made after intensive job coaching has ceased. These contacts may be made at or away from the worksite, wherever is deemed most appropriate. Consumer and employer need should always dictate the method and schedule for ongoing support services.

Special Considerations

Assessment Challenges:

- Many consumers of service have had few, if any, work related experiences and may not have the knowledge or background to make good career choices.
- Involvement and buy-in from parents/guardians/care providers may not be present.
- Working with MDCCD/RS and locating employers willing to provide situational assessment opportunities.
- Staff time and training for person-centered employment planning activities.

Job Development Challenges:

- Locating employers and jobs that match consumer "profiles" and desires.
- Addressing employer concerns related to working with individuals with disabilities.
 - Recruiting job developers from the human service sector who possess the necessary skills and knowledge for effective job development.
 - Overcoming the stereotypes and stigma attached to individuals with disabilities by the community at large, and the existing stereotypes/stigma that may be attached to the CMHSP and its consumers.
 - Developing marketing strategies that are targeted toward the business community that communicate "ability" vs. disability.
 - Locating jobs for persons with severe disabilities and/or high support needs; staff who has the skill to recognize opportunities to "carve" out positions; and employers willing to consider such possibilities.
 - Availability of supported employment opportunities may vary in different communities and during economic change.
 - Community perception and attitudes may work against integrating persons with developmental disabilities into community work environments.
 - Families and other caregivers may be resistant to work placements for consumers with developmental disabilities due to concerns about stigma, safety and the ability of the person to do the job.
 - Reduction of Benefits: There are many complications related to earning a wage and the impact on the disabled person's entitlements and benefits. A knowledgeable vocational counselor can calculate how earned income will affect benefits and how to make the most of the benefits available to pay for work expenses like transportation, uniforms and equipment necessary to do the job. Currently, application for Social Security Disability Benefits requires stating total inability to perform work. Social Security Insurance benefits also decrease proportionately to earned wages. Michigan needs to change laws to the full extent allowed by the Federal Government to protect working consumers from loss of benefits.
 - Identifying transportation options individually rather than systematically. Adequate transportation may pose a serious problem in many communities. Public transportation ranges from having a separate program specifically designed to transport persons with disabilities to and from work 24 hours a day, to availability of public transit and its restriction of hours and destinations, to no transportation at all in rural communities.
- Factors Influencing Job Training and Support:
 - Staff competencies and knowledge in methods of systematic instruction.
 - Ensuring staff time and funding for pre-placement activities like worksite and task analysis.
 - Resources for developing work opportunities and training individuals in community jobs that have significant disabilities and high support needs.
 - Staff that is specifically focused on employment outcomes and training.
 - Familiarizing the business community with supported employment processes.

- Responding to consumer/employer concerns in a timely fashion by ensuring staff are available for employment "crisis intervention".
 - Identifying and responding to appropriate support needs of consumers.
 - While maintaining a concern for job retention, also recognizing when career exploration and renewed job developments may be appropriate.
 - Consumers risk losing Medicaid benefits as a result of earning too much money. The State needs to correct this problem to the extent allowed under Federal law.
- Staffing supported employment programs is critical to successful outcomes. Employment staff must demonstrate core supported employment competencies that include:
 - Building and maintaining relationships with employers
 - Completing a worksite/jobsite analysis
 - Writing a task analysis
 - Training by systematic instructional methods
 - Developing natural supports
 - Training social competencies
 - Collecting and reporting training data
 - Developing or modifying a worksite
 - Systematic fading of onsite training interventions
 - Staff competencies, turnover, and satisfaction should also be documented on a regular basis.

BEHAVIOR MANAGEMENT

People with developmental disabilities sometimes experience difficulty relating to and/or communicating with others, which can manifest itself in what is seen as “challenging behaviors”.

The community mental health agency will typically be responsible for fully evaluating the underlying causes and for developing an approach to address the challenging behaviors, to maximize self-control of the individual and enable the individual to function more appropriately in interpersonal and social relationships. The mental health agency must ensure that a consumer receives an evaluation from a licensed professional; the agency staff may also provide behavioral support from paraprofessional staff based on a behavioral plan developed by the licensed professional.

Best Practice Related to Assessment of Behavioral Needs

A licensed professional who understands behavioral analysis must complete a functional analysis of the challenging behavior. This analysis should include, at a minimum, a study of what “function” the behavior serves, and the antecedents and consequences the person is presently experiencing. It is critical that the evaluator understands the behavior in all its contexts - at home, school, work, in

the community.

Evaluating a person's behavior is a complex process, involving physical, social, emotional and cognitive aspects. Assessment may require the efforts of more than one professional discipline, and may possibly include speech therapists, behavioral specialists, physicians, psychiatrists, occupational therapists and nurses.

The analysis should include:

- A description of test administered or other methods of assessment;
- A study of the person's assets and strengths;
- A description of how the behavior relates to the person's total functioning;
- Behavioral observations;
- A description of the problematic behavior with an analysis of antecedent and consequences

Other factors, such as physiological disorders or psychiatric disorders, should be ruled out before a behavioral intervention is implemented.

The consumer's preferences must be considered as well as the dangerousness of the behavior to him/herself or others.

Best Practice Related to Supports for Challenging Behaviors

A behavioral plan should be developed, reviewed and approved according to requirements of the specialized professions, agency policy and regulatory agencies. This may include review by a Behavior Management Committee (and approval by a guardian if applicable) if any limitations or restrictions are imposed or if a person is receiving psychoactive medication to control behavior. When psychoactive medication is prescribed for a DD individual, the physician should identify in the medication review note if the medication is being prescribed for the symptoms of a mental illness or for behavioral control.

A behavioral plan needs to clearly state:

- The goal which the consumer is expected to accomplish;
- Measurable objectives with time frames to meet the goal;
- A description of the "target" behavior;
- Baseline assessment;
- A clear description of intervention procedures;
- Clear instructions for data collection.

Caregivers and family members (if appropriate) should be trained so that the plan can be carried out and data can be collected consistently. The plan should be reviewed by the responsible professional at intervals frequent enough so that revisions can be made effectively.

Special Considerations

Medications for addressing aggressive and self-destructive or dangerous behaviors may only be used in conjunction with a behavioral plan to address the problematic behaviors. Any plan to use medications for behavioral control must undergo rigorous evaluation and monitoring by an approved Behavior Management Committee. For consumers who meet criteria for a specific mental illness in addition to a primary developmental disability, practice guidelines for medication for the specific psychiatric disorder should be followed. When medications are used, the prescribing physician must be experienced with the dually diagnosed population.

RESIDENTIAL SERVICES AND SUPPORTS

In Michigan, the CMHSP is responsible for ensuring the provision of an appropriately supervised and/or supported residential setting for those adults with developmental disabilities and, in some cases, for children who cannot manage with natural supports. The agency may also provide adaptive training to individuals to increase independent living skills

Residential services for adults with developmental disabilities cover a variety of settings with differing levels of supervision. Institutional settings that remain in operation have shifted to models that are similar to sub-acute care for individuals with medical, physical or psychiatric problems. Community-based settings typically house four to eight individuals and vary in level of intensity of services. Residential settings should be tailored to the needs of the individual with supervision and supports as necessary. They may be in a wide variety of places from a family home to an apartment. The principle guideline regarding placement for individuals with developmental disabilities is that they have the right to live and receive needed services in a fully inclusive, community-based environment whenever possible

A current trend in residential services is a move from the more traditional group home to a concept of supported living. Supported living differs from traditional residential services in several distinct areas. Rather than "fitting" people in pre-existing residential facilities that offer "pre-packaged" services, supported living means developing the supports necessary to meet the consumer's specific needs and changing the supports as the needs and preferences change. Recent research has suggested that the overall costs of individuals receiving supported living services and those receiving more traditional services are not significantly different, and it is appropriate to offer both types of services to best support differing consumer goals.

Many consumers live entirely independently or very close to this. More children are remaining in the family home. Respite care has helped the families by supporting the unpaid caregivers, preventing family breakdown and/or rejection of the child and giving the child opportunities for additional experiences outside the home. In addition, respite care can help avoid long-term placement in a residential facility or placement in other community-based settings.

Best Practice Related to Assessment of Residential Needs

Assessment must be comprehensive when considering residential options for individuals with developmental disabilities. Data collected relevant to all functional domains should be reviewed. The following are issues and areas that should be evaluated:

- Consumer and family preference must be determined. This may require some effort to support choice making skills for the consumer.
- Age and life stage should be considered to enhance age appropriate services. For example, an older adolescent or young adult may benefit from intensive community use and home living skills training, whereas an older adult may choose more of a supported approach.
- Basic abilities and adaptive behaviors must be assessed at the appropriate level. Supervision and/or supports can be provided.
- Physical disabilities should be noted to provide the best match between consumer and environment. Some individuals may need barrier free environments or other adaptive modifications.
- Level of support necessary to ensure that basic and other needs are met is often more useful for determining appropriate placement, than are specific deficits. The Northcare Network Functional Assessment tool helps caregivers discuss with the consumer and family members the amount of support needed for medical issues, safety concerns and personal care, and assists in the determination of the overall level of residential support necessary.
- Available residential options should be identified. If the person is currently in a desired residence (i.e. family home or own apartment), assess the environment to determine if supports and/or modifications are needed.
- Assessment should determine if supports need to be continuous or intermittent. For example, an individual may be doing fine, as long as a relative is in residence with him, but may need supports if the relative needs to be away. It is preferable to make this determination during the assessment process rather than waiting for a crisis to occur.

Best Practice Related to Supports for Residential Services

Supports for residential services must be highly individualized even in traditional residential settings.

- Supports can range from complete care, including maximum assistance with basic self-care, to minimal assistance with occasional complex problems.
- Residential settings should be chosen based on consumer preference and whether the supports desired, and needed by the consumer can realistically be provided in that setting. After development of a master list of the consumer's wishes and needs, natural resources and financial options, they should be matched to available housing options. Parameters and availability of things like financing, barrier free design, access to public transportation, etc. should be considered.

- Reasonable environmental modifications to increase independence should be considered (professionals with the appropriate expertise should be consulted to maximize the efficacy of such modifications).
- Community services such as personal emergency response systems and home delivered meals should be utilized as appropriate.
- The consumer/family and/or guardian should visit the potential housing environment. Once the choice is made, the family/guardian or caregiver should assist the consumer in making a gradual transition to the new residential environment (e.g., visiting frequently at first to increase comfort in a new environment and to understand and provide support for any feelings of fear, etc., that the consumer may have).
- The consumer should be allowed to choose with whom they live.
- In all instances, the consumer should be educated in how to contact the Recipient Rights staff in case of abuse or neglect.
- In more independent settings, the family/guardian or caregiver will need to assist the consumer in setting up bank accounts, turning on utilities, etc.
- Any violations of the Fair Housing Amendments Act or the ADA should be reported to Recipient Rights.

Special Considerations

Many challenges and barriers interfering with the provision of residential services and supports are related to availability and quality of services in a given community. Other problems still stem from the stigma and lack of understanding about developmental disabilities found among some community members.

- Many positions providing direct care and supports for individuals with developmental disabilities are entry level, requiring a high school education and paying low wages. Staff retention and turnover are significant problems.
- Many communities have limited housing that is adequate and affordable for individuals with developmental disabilities who may have limited support income. Limited income also places limits on consumer choice.
- It can be a challenge to provide the best "fit" between consumer and environment in traditional residential settings, which may not have enough flexibility to strike a desired balance between supports and training aimed at independence.

NORTHCARE NETWORK

DD Level of Care Guidelines

FY 2003

This guideline suggests the most common level of support requests for persons with developmental disabilities. This guideline is not meant to be limiting or to be all-inclusive but simply an outline of the typical, most frequently requested services for persons with the determined functional abilities.

Service Menu Definitions:

1. Residential Options:

- A. **Independent Living** – Persons living with on their own with no formal supports.
- B. **Family Home** – Person residing with family and/or other natural supports.
- C. **Supported Independent Living** – Persons living in their own home with regularly scheduled paid supports providing training and assistance.
- D. **Family Home with Supports** – Persons residing in their family home with family and/or guardian and regularly scheduled paid supports providing training and assistance.
- A. **Respite Care** – Respite is dedicated to providing emotional and financial support to families with severely handicapped persons living in the parental/custodial home. The program is to assist and encourage individuals and families who are caring for an individual with severe disabilities at home in achieving and maintaining normative patterns of life.
- B. **Standard AFC** – Person living in a typical Adult Foster Care home and benefiting from the supervision of the home.
- C. **Contracted AFC** – Persons living in a typical Adult Foster Care home with a contract for that AFC provider to perform certain tasks over and above the norm.
- D. **CMH Operated Group Homes** – Licensed Adult Foster Care Homes operated directly by CMH, providing 24-hour awake supervision, to provide rehabilitative care to persons unable to live in lesser restrictive settings.
- E. **Contracted Residential Facilities** – Facilities contracted to provide long term residential services to persons unable to reside in a community setting.
- F. **State Centers** – Centers operated by the State of Michigan for the care of individuals unable to reside in a lesser restrictive setting.

2. Vocational/ Community Options:

- A. **Independent Employment** – The consumer is independently employed with no supports.
- B. **Independent Competitive Job Placement** –The consumer who has accessed supported employment services but is independently employed with little of no follow-along services at the job site.
- C. **Supported Individual Employment** – Consumers who are individually employed, active in CMHSP vocational services and in need of continued supported employment at the job site (i.e.> job coaching) at least twice weekly.
- D. **Enclave** – Consumers employed as a small group of individuals with disabilities within an integrated work setting, receiving on-site training and supervision by employer and/or service provider.
- E. **Mobile Crew** – Consumers employed as a small group of individuals with disabilities who move from site to site to perform work. The crew has its own equipment necessary to perform the job, and a supervisor/job coach moves with the crew so that direct supervision is always available.
- F. **Organizational Employment** – Vocational activities performed in a non-segregated setting, owned by service agency or contract facility, (i.e.: sheltered workshop), with supervision and training provided on site. The expectation is for consumers to move from organizational employment to enclave/mobile crew, other integrated setting or competitive employment.
- G. **Community Living Supports** - CMH Community Supports Services is providing community-based services to children or adults diagnosed with developmental disability or mental illness. The primary objective is to provide services to promote independence in the community and to support families that have a child who is behaviorally or medically challenging.
- H. **Day Program Services** - Those activities performed by individuals with disabilities whose PCP indicates a need for activity to structure time and provide an opportunity for out of home social interaction. Persons included in this section have no specific habilitation goals.
- I. **Volunteerism** - Those activities performed by individuals with disabilities whose choose to “volunteer” their time to a specific organization or cause.
- J. **Facility/Center Supports** – Those activities operated by the facility or state operated center for their residents

3. Professional Support Services:

- A. This is defined as the total number of hours per month of supports that are provided from Supports Coordination/Case Management, Psychiatric, Psychological, OT, PT, RD, SLP, RN or any other licensed professional. This does not include the number of direct care staff hours in a residential setting, workshop, or school.

4. Paraprofessional Support Hours (PSH):

- A. A paraprofessional support is defined as non-licensed staff providing supports for an individual as defined in their Person-Centered Plan (i.e.: community living aides, 1-1 aid in a program site, etc.). Do not include the residential or program staff necessary to operate the facility. Please fill in the number of paraprofessional hours on the lines following each category.

<u>Level</u>	<u>FAS Range</u>	<u>Typical Service Menu of Support Requests</u>	<u>PSH</u>
I	0-25	Residential Options – A through F Vocational/Community Options – A through E Professional Support Services – (1-5 hours/month)	_____ _____
II	26-35	Residential Options – B through G Vocational/Community – E through I Professional Support Services – (6-10 hours/month)	_____ _____
III	36-70	Residential Options – C through I Vocational/Community – F through I Professional Support Services – (11-20 hours/month)	_____ _____
IV	71+	Residential Options – H through J Vocational/Community Options (CMH operated or those programs operated within a residential facility or state center) Professional Support Services – (21+ hours/month)	_____ _____

Appendix I - NORTHCARE FUNCTIONAL ASSESSMENT

FUNCTIONAL ASSESSMENT GUIDELINE

INSTRUCTIONS

GENERAL INSTRUCTIONS:

1. READ THESE INSTRUCTIONS; REREAD INSTRUCTIONS EACH TIME AN ASSESSMENT IS DONE.
2. THE DOCUMENT IS COMPLETED, JOINTLY, BY THE CONSUMER, CONSUMER GUARDIAN, SUPPORTS COORDINATOR/CASE MANAGER, AND OTHERS CHOSEN FOR THEIR INPUT WHO KNOWS THE CONSUMER WELL.
3. RATE EACH ASSESSMENT ITEM ACCORDING TO THE GENERAL SITUATION OVER THE PREVIOUS MONTH. DO NOT THINK OF THE BEST DAY OR THE WORST DAY FOR THE CONSUMER.
4. RATE WHOLE ACTIVITIES. MANY ACTIVITIES COVERED BY THE TOOL CONSIST OF MANY SMALL ACTIVITIES. RATE THE ITEM ON THE WHOLE SET OF SMALL ACTIVITIES.
5. DESCRIBE YOUR INTERACTION WITH THE CONSUMER. DO NOT THINK ABOUT WHAT THE CONSUMER CAN DO BUT DOESN'T; RATHER THINK ABOUT HOW MUCH TIME IS SPENT WITH THE CONSUMER GETTING THE ACTIVITY DONE.
6. FOCUS ON CONSUMER STRENGTHS AND ABILITY FOR SELF-DIRECTION.
7. COMPLETING THE GUIDELINE:
 - G. Each section is divided into seven (7) steps.
 - H. Step (1) indicates total independence; staff are not required to prompt either verbally or physically to complete the task. Generally these persons live independently and/or have the potential to move to a more independent/lesser restrictive situation.
 - I. Step seven (7) indicates total dependence; the individual does not contribute to the completion of the task and is dependent on another to complete the task for the individual.
 - J. Select the step from 1 to 7 that most closely describes the amount of assistance (i.e.: verbal prompt, physical assist, frequency of intervention, etc.) required in that area to insure the completion of the task.

8. SECTION DESCRIPTION:

Part A: Activities of Daily Living – This section addresses the individual's ability to participate in all areas of daily living. Include independent living skills in this section. Physical disabilities, mobility, modifications, functional academics, leisure choices and community use may also be considered in this area.

Part B. Personal Care - This section addresses the individual's ability to participate in all areas of self-care. Self-care includes performing the tasks at the appropriate times and in appropriate situations. Assess these areas under conditions where natural cues that would trigger these activities are present. Physical disabilities, mobility, modifications, functional academics and community use may also be considered in this area.

Part C. Emergency/Safety – This section addresses the individual's ability to recognize and participate in both intellectually and physically, all areas of safety and emergency response. Basics in home safety management, abuse/neglect potential and community safety (i.e.: fire and weather, potential for consumer fraud, ability to physically respond to an emergent situation, etc.) Physical disabilities, sexual behaviors or promiscuity, mobility, modifications, functional academics and community use may also be considered in this area.

Part D. Communication – This section addresses the individual's ability to receive communication from others and act on it appropriately and make their own needs and desires known to others. Communication is more than speech. It is a complex process involving physical, social, emotional and cognitive aspects; assessment may require the efforts of more than one professional discipline. Include home living skills and leisure desires in this section. Physical disabilities, mobility, modifications, functional academics and community use may also be considered in this area.

Part E. Health – This section addresses the individual's ability to manage their own health care needs, including new needs that may arise over time. Include home living skills, sexual behaviors, cognitive ability, physical disabilities, illnesses, mobility, modifications, functional academics and community use in this area.

Part F. Vocational/Prevocational and Educational Skills – This section addresses the individual's ability to participate work/school activities. When interest is expressed in this area a vocational assessment is recommended to evaluate interests, abilities, previous work experience, available supports and needs. Physical disabilities, health, mobility, modifications, functional academics and community use may also be considered in this area.

Part G. Challenging Behavior Index – This section addresses the individual's ability to control dangerous and/or harmful behavior by causing harm to self or others. The behaviors to be considered will be defined as: 1) aggressive behavior is of such magnitude that the consumer presents a danger to self or

others (i.e.: suicidal or homicidal acting out, fire starting, elopement, self injurious behavior, etc) and/or 2) property damage: a) throwing objects that could harm another (i.e. furniture, lamps, etc.) b) engaging in acts of destruction that could harm the consumer (i.e. breaking windows, head banging, etc.). Consider the individuals ability to participate in all areas of daily living. Physical disabilities, mobility, modifications, functional academics and community use may also be considered in this area.

Part H. Non-Aggressive Behaviors – This section addresses the individual's ability to control behaviors that may cause impede their plans to move to a lesser restrictive environment. The types of behaviors to be considered include: spitting, ripping, smearing, ritualistic behaviors, obsessive verbalizations and/or actions, and the need for psychotropic medications, etc. These behaviors are typically monitored through a program or procedure in the Person-Centered Plan. This section addresses the individual's ability to participate in all areas of daily living. Physical disabilities, mobility, modifications, functional academics and community use may also be considered in this area.

Part I. Needs for Supervision/Assistance – This section addresses the individual's need for supervision to maintain health and safety while progressing toward the hopes and dreams of the individual. Behavioral concerns, physical disabilities, mobility, modifications, functional academics and community use may also be considered in this area.

Part J. Professional Services - This section addresses the individual's need for professional and other agency supports. This section includes all of the time spent by professional staff in assisting the individual in reaching their dreams. Professionals is defined as time spent by Social Work, Psychologist, Speech Therapist, RN, OT, PT, other licensed practitioners, tutors, job coaches and supported independent living staff.

NORTHCARE NETWORK

Functional Assessment for persons with Developmental Disabilities

Consumer Name: _____ **Case #** _____ **Date:** _____

Person completing this form: _____ **DD GAS Score:** _____

Supports Coordinator/Case Manager: _____

<u>Review:</u>	Date: _____	Signature: _____	Entered _____
	Date: _____	Signature: _____	Entered _____
	Date: _____	Signature: _____	Entered _____

General Instructions: This form needs to be completed by the consumer and supports coordinator upon entering services, and annually at the date of the PCP meeting or any time there is a significant change.

Instructions: Circle the one statement that most describes your abilities and desired services in all areas for A through I. Then, total the corresponding numbers on the scale at the end of this assessment.

A. Activities of Daily Living:

1. I am able to identify the need, initiate and complete all activities with no prompts or assistance. (The individual is totally independent with cooking, cleaning, managing money, etc.)
2. I am not always able to recognize the need, but I am able to initiate and complete the activities without personal assistance. (May complete the tasks by following an established schedule, chart, list, routine, memory, etc.)
3. I may not recognize the need or initiate the task, but I am able to do most of the tasks. (I may be able to rinse, load and unload the dishwasher but not able to operate the dials/settings and/or add the soap, etc.)
4. I am able to complete some part of the task with verbal and/or gestural prompts. (I may load the dishwasher when asked, will dust when handed the supplies, etc.)
5. I will make some effort to complete the task, but I require hand over hand guidance to effectively complete the task. (I may hold the broom but the caregiver must move the broom back and forth, etc.)
6. I will smile/nod/answer "yes" when asked to complete a task but the caregiver must hold me in place to complete the task. (I will look at the broom and let the caregiver hold their hands in place and move the broom, etc.)
7. I might want to assist, but do not assist and am totally dependent on others.

B. Personal Care:

1. I am able to identify the need, initiate and complete all activities with no prompts or assistance. (I am totally independent with dressing, bathing, eating, medications, etc.)
2. I will not recognize the need, but I am able to initiate and complete the activities without personal assistance. (I may complete tasks by following an established schedule, chart, list, routine, memory, etc.)
3. I may not recognize the need or initiate, but I am able to do most of the task. (I may be able to take the medication, but not be able to determine the correct dose, set the water temperature in the shower, etc.)
4. I may complete some part of the task with verbal and/or gestural prompts. (I may brush my teeth when asked or wash my face when handed the supplies, etc.)

5. I will make some effort to complete the task, but requires hand over hand guidance to effectively complete the task. (I may hold the brush but the caregiver must move the brush back and forth across the teeth, etc.).
6. I will smile/nod/answer "yes" when asked to complete a task but the caregiver must hold me in place to complete the task. (I may look at the hairbrush and let the caregiver hold their hands in place and move the brush, etc.)
7. I do not assist at all and am totally dependent on others.

C. Emergency/Safety:

1. I am able to identify the need, initiate and complete all activities with no prompts or assistance. (I am totally independent with fire evacuation, crossing the street, operating small appliances, etc.)
2. I will not recognize the need, but I am able to initiate and complete the activities without personal assistance. (I may complete the tasks by following an established schedule, chart, list, routine, memory, etc.)
3. I do not recognize the need or initiate but I am able to do most of the tasks. (I may be able to use a knife, the stove, evacuate, but not able to call for help consistently, operate the dials/settings, etc.)
4. I complete some part of the task with verbal and/or gestural prompts. (I may stop at the curb and wait until someone indicates it is safe to cross the road, will evacuate and wait until someone indicates it is safe to return to the home, will change the batteries in the alarm, etc.)
5. I make some effort to complete the task, but require hand over hand guidance to effectively complete the task. (I may hold the caregiver's hand to cross the street, etc.)
6. I will smile/nod/answer "yes" when asked to complete a task but the caregiver must hold me in place to complete the task. (I may look at the alarm and let the caregiver guide me from danger, etc.)
7. I do not assist and am totally dependent on others.

D. Communication:

1. I use all forms of communication independently. (I am able to read, write and speak intelligibly).
2. I am able to communicate needs, but may not be able to process all forms of communication. (I may be able to function well but may be deaf or unable to read.)
3. I sign, write or use some form of augmentative communication. My communication is dependent on some "tool", i.e.: pictures, my hands, a computer, pencil and paper, etc.)
4. I may gesture/makes noises to communicate (i.e.: point to objects, cry, laugh, push things away, etc.)
5. I respond to verbal instructions but I do not communicate wants/needs to others. (I will sit or get a glass when asked, etc.).
6. I have limited use of a few gestures/noises to make my basic wants known (i.e.: may know/use 3 signs, points to the mouth to indicate hunger, etc.)
7. I am unable to communicate basic wants/needs; I am totally dependent on others.

E. Health: (I may have a need for monitoring of one or more of the following on the schedule defined below: disease process, lab values, medication effectiveness, compliance, teaching, safety, increased symptoms, decreased limitations.) This list is not meant to be all- inclusive, but to suggest possibilities.

1. I would need annual monitoring.
2. I would need semi-annual monitoring.
3. I would need quarterly monitoring.
4. I would need monthly monitoring.
5. I would need weekly monitoring.
6. I would need daily monitoring.
7. My health concerns may be life threatening if not monitoring closely by the RN/physician and usually treated in a nursing home.

F. Vocational/Prevocational and Educational Skills:

1. I am able to maintain a job in the community and work at a competitive rate of pay or attend school with minimal support.
2. I recognize the need for a task to be done and initiate the task. (I will sweep the work area because I recognize the need or complete class assignments without excessive prompting. I may qualify for "follow along" job coaching.)
3. I am able to attend to task and complete multiple tasks. (I will sweep, put away the broom, and report to the lunchroom with the initial prompt from the job coach and/or supervisor).
4. I am able to attend to task with periodic reminders. (I will attend if a job coach, teacher and/or supervisor reminds me at regular intervals).
5. I am willing to participate in the educational/vocational placement/process. (I will state I want to work; I'm willing to try the workshop one day per week, etc.)
6. I am willing to participate as in #5 above with prompts. ("You will like the workshop because your friend is there", "If you earn \$20.00, you can? , etc.)
7. I would be able to attempt an educational or vocational experience with extensive support. (I would require one to one staffing due to behavioral or physical limitations, extensive adaptive equipment, etc.)

G. Compute Challenging Behavior Index (CBI):

The behaviors to be considered will be defined as: 1) aggressive behavior is of such magnitude that the consumer presents a danger to self or others and/or 2) property damage: a) throwing objects that could harm another (i.e. furniture, lamps, etc.) b) engaging in acts of destruction that could harm the consumer (i.e. breaking windows, head banging, etc.).

Frequency _____ x Duration _____ x Intensity _____ = CBI _____

Frequency is defined as:

- 1 - bi annual 2 - quarterly 3 - monthly 4 - weekly 5 - daily 6 - hourly

Duration is defined as the longest episode in last 6 months:

- 1 - less than 3 minutes 2 - 3 min. to 15 min. 3 - 15 min. to 1 hr. 4 - over 1 hour

Intensity is defined as the intervention necessary to contain the episode:

- 1 - basic redirection 2 - aggressive/agitated behavior which requires redirection
 3 - use of PIT/helmet 4 - non-serious injury 5 - serious injury / 911 called

Divide the CBI in half and enter on the line for the "H" Score

H – _____

H. 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, psychotropic medications, etc.).

1. I have no non aggressive behavior considerations
 2. I have one or two non aggressive behavior considerations* that occur quarterly
 3. I have three or more non aggressive behavior considerations* that occur quarterly
 4. I have one or two non aggressive behavior considerations* that occur monthly
 5. I have three or more non aggressive behavior considerations* that occur monthly
 6. I have one or two non aggressive behavior considerations* that occur daily
 7. I have three or more non aggressive behavior considerations* that occur daily
- ?? List non-aggressive behavior concerns:

I. Need for Supervision/Assistance:

1. I have no need for identified supervision beyond what occurs in natural settings. (consider age and developmental capacity)
2. I need quarterly contacts to link/coordinate my basic medical, behavioral, or safety concern, (i.e.: Check with job coach, teacher conference, rent is paid to the landlord, review the medications, etc.).
3. I need monthly monitoring to be completed by a professional to ensure my stability, (i.e.: medicine/health issues need to be reviewed, behavior plan requires monthly review, safety issues).
4. I need weekly supervision to dispense medications, arrange medical care, the home is clean and safe, bills are paid, behavioral data is reviewed, etc.
5. I need daily supervision to insure safety (i.e.: dispense medications, assist with ADL's, monitor seizure activity, etc.).
6. I need 24-hour awake supervision. (I exhibit behavior concern, am an elopement risk, health concerns, etc.)
7. I need 24-hour constant supervision of medical or behavioral concerns. (I may have a significant need for close monitoring to prevent injury to others or myself due to seizure activity, aggression, etc.).

J. Significant Requests for Professional Services and Supports: (i.e.: direct and indirect time required by professionals for work, home, day programs, supported independent living, supported employment issues, etc. This does not include all of the hours spent in a day program, school, or sheltered workshop.)

1. I need yearly contact. (0-2 hours/month)
2. I need quarterly contacts/supports are required. . (3-4 hours/month)
3. I need monthly contacts/supports are required. . (5-10 hours/month)
4. I need bi-monthly contacts/supports are required. . (11-15 hours/month)
5. I need weekly contacts/supports are required. . (16-20 hours/month)
6. I need daily contacts/supports are required. . (21-30 hours/month)
7. I need constant contacts/supports are required. . (30+ hours/month)

Enter the corresponding scores for A-J:

Total of A through J _____

Appendix 2 - NORTHCARE SERVICE ARRAY

Provide descriptions of covered and alternative services that are available for individuals with developmental disabilities (revised Chap. III or use 10/23 draft of program elements, or insert Service Array attachment to UM plan)