

MRO Clinical Management Workgroup

January 25, 2007

Present: Marie Ston (Reliance House), Marcus Jackson (DuBois), Travis Martin (Rushford), Lou DeStefano (Rushford), Angela Shelton (Intercommunity), Steve Fry (DMHAS), Colleen Harrington (USI), Lee Ann Slayton (consultant).

1. The group briefly presented their processes for evaluating the tools since the last meeting: each agency had distributed the tools and asked clinicians and case managers to review them and report back (Steve Fry asked people in his office). The reports thus represented more people than just the members present.
2. The group reviewed the need for functional assessment and level of care tools to help inform decision making at three distinct levels in the MRO process:
 - a. Level of Care Recommendation Tool
 - i. Used as part of Master Treatment Plan/service ordering level
 - ii. May be used as part of an authorization process
 - b. Treatment Planning Tools
 - i. Helps to determine priorities of treatment objectives
 - ii. Helps to determine amount and duration of services\
 - c. Intervention Planning Tools
 - i. Helps to get to very specific detailed “steps” of skills and knowledge that client needs to learn to achieve goals
 - ii. May be paired with a curriculum or set of curricula
 - iii. May be staff or client administered
3. Based on their reviews of the tools, the group was unanimous in their recommendation that the LOCUS best met the needs for a: Level of Care recommendation tool. Many people had already used it, and had found it easy to learn, and easy and quick to score once they learned it and had interviewed the client. The group was also unanimous that it did not necessarily give enough detailed information for treatment planning or intervention planning.
4. The CASIG was the overwhelming favorite of the group as an intervention planning tool – something that could be used by the community support specialist, ACT team member or group home staff, in conjunction with the client, over time, to develop sequences and priorities for skill building.
5. For treatment planning purposes, the results were more mixed. The CASIG, FARS, and ANSI were also rated highly for this purpose. There was some concern about the ANSI that it might be too subjective and not recovery-oriented enough.
6. The group was unanimous in not liking the Kennedy (even USI, which has been using it changed their minds after seeing alternatives). The comments included: doesn't invite client participation, isn't recovery oriented, too clinical, not case-manager friendly, medical model and too long.
7. The Multnomah was dismissed as not recovery oriented, too subjective, and not very useful. The only positive comment was that it was short.
8. The ILS was dismissed by the majority of the group, with comments like: offensive questions, too subjective, uncomfortable questions.

9. The group briefly reviewed part of the YAS tool set (only one copy was available). They were very interested in looking more at the Life Skills Inventory, and saw it as a potentially useful intervention planning tool. Lee Ann will put a copy of this on her website once she gets an electronic copy.

NEXT STEPS:

The group will ask the staff who currently do treatment planning in their agencies at both the ACT and Case Management levels to use the CASIG, FARS, ANSI and the YAS tools and to rate them for how helpful they are in setting priorities, recommending intensity, and suggesting amount and duration of interventions. The results will be reported back at the next meeting.

NEXT MEETING:

Thursday, February 15, 2007 at 1:00 pm, hopefully at CVH.