

**COMMUNITY SUPPORT PROGRAM / RECOVERY PATHWAYS
FUNCTIONAL SKILLS ASSESSMENT**

INTRODUCTION

The basic format and content of this assessment was developed by a committee of DMHAS Rehabilitation staff in 2000/2001 who were selected to create a comprehensive, rehabilitation assessment. This assessment tool also references the CASIG-SR (Client's Assessment of Strengths, Interests & Goals – Self Report, *CR01-05 REV. 12/04*, Psychiatric Rehabilitation Consultants, P.O. Box 2867, Camarillo, CA.)

This assessment should be utilized to "inform" the individual's expressed Recovery Plan goals. The purpose of this assessment is to gather information about an individual's life, things he/she would like to change, and goals he/she may have for the future based on his/her strengths, needs, abilities and preferences and the assessed strengths, needs, abilities, risk and functional status. This functional assessment should be utilized as a baseline assessment and as a periodic assessment to help capture goal and skills progress and/or attainment.

This assessment can be conducted by any licensed (LCSWs, RNs, etc.) or non-licensed staff (case managers, mental health assistants, etc.). The individual conducting the assessment should employ person-centered and motivational interviewing techniques in order to cultivate a respectful, professional alliance and partnership with the individual being assessed and to establish and maintain a positive and productive, collaborative working relationship. The assessment can be completed during several meetings with the individual which can be conducted in non-office settings or in the individual's home.

The Rating scale (see below) is utilized to determine the Levels of Assistance an individual will require in order to learn and obtain the skills that they need in order to gain their highest level of functioning and independence and to achieve the goals mutually agreed upon with their CSP/RP providers.

RATING SCALE

5. MAXIMUM ASSISTANCE – Unable to meet minimal standards of behavior or functioning in order to participate in daily living activities or performance of basic tasks approximately 75% of time. Cue – Step by step physical gestures, pointing and demonstrations
Prompts/Coaching - Step by step physical demonstrations with visual and verbal directions that prompt the participant to perform the skills and/or tasks.

4. MODERATE ASSISTANCE – Needs constant cognitive assistance such as 1:1 cueing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately approximately 50% of time. Cues - Hints to help organize thoughts. Prompts/Coaching – Step by step verbal directions.

3. MINIMUM ASSISTANCE – Needs periodic cognitive assistance (cuing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems approximately 25% of time. Cues -Hints related to the task. Prompts/Coaching – Step by step written and/or verbal directions.

2. STANDBY ASSISTANCE – Supervision by one individual is needed to enable the individual to perform new procedures for safe and effective performance. Cues – Visual demonstrations related to the task. Prompts/Coaching – Visual and physical directions that prompt the participant to perform the skills and/or tasks.

1. INDEPENDENT – No physical or cognitive assistance needed to perform activities or tasks.

0. UNABLE TO ASSESS – Individual refuses or has chosen to not actively participate in providing any evidence of skills and/or abilities or demonstrating any skills and/or abilities for this assessment

Self-report

Basis of Information for Assessment (check all that apply):
 Direct Observation

Collateral Records

Conservators

**COMMUNITY SUPPORT PROGRAM/RECOVERY PATHWAYS
FUNCTIONAL SKILLS ASSESSMENT**

**Client Name: Quentin Blake
DOB: 10-23-87
Client #: 99501**

Address-O-Graph

Rating Scale

(5) Maximum: Unable to meet minimal standards of functioning	(4) Moderate: 1:1 cuing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately <u>approximately 50% of time</u>	(3) Minimum: Needs periodic cognitive assistance (cuing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems <u>approximately 25% of time</u>
(2) Standby: able to perform new tasks with cuing/prompts & coaching	(1) Independent: No physical or cognitive assistance needed to perform activities or tasks	(0) Unable to assess: refuses or has chosen to not actively participate in providing any evidence of skills

1. INDEPENDENT LIVING SKILLS

How do you feel about your current living situation? Mr. Blake would like to move to his own apartment where he will have more privacy and less "intrusions" from staff.

(please check one rating)	1 <input checked="" type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns
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Ask the individual to describe how they manage their daily living. Ask them to describe and, if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:

5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess
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	RATING (check one score per question)					
	5	4	3	2	1	0
1. Ask the individual to describe how they would plan meals with a healthy balance of foods.			3			
2. Ask the individual to describe the steps in how he/she would prepare a breakfast, a lunch and/or a dinner.				2		
3. Ask the individual to describe the steps in how he/she would prepare to go grocery shopping – e.g.; make a list, manage their money, etc.			3			
4. Ask the individual to describe how to clean and store dishes and silverware.			3			
5. Ask the individual to describe how to make a bed, change sheets etc.						0
6. Ask the individual to describe in detail how they would clean their own apartment e.g.; by sweeping, vacuuming, dusting, organizing items, making the bed, cleaning the toilet and tub, washing dishes, getting rid of trash, etc.)			3			
7. Ask the individual to describe the steps in preparing for washing and drying of a load of clothes. Have them describe what they would do with the clean clothes.						0
8. Ask the individual to describe in detail how he/she would locate a phone number they needed e.g.; use the phonebook, call directory assistance, etc.					1	
9. Review all of the above areas to see if the individual has demonstrated any organizational skills or abilities, e.g.; did they speak at all about making a grocery list, having important phone numbers handy, sorting laundry to be washed, cleaning their apartment in a certain way or at a certain time, etc. Observe the individual to try to determine the level of organizational skill and/or abilities.			3			

Total of All Scores: 18 ÷ 7 = 3

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Individual & Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion:

Mr. Blake reports he has no problems/does not need assistance with items rated "0" and he declined to perform or describe these skills. Staff feels that a number of independent living skills (e.g., cooking and cleaning) could be improved upon; however, this work can continue in the context of a new apartment once that transition occurs. Therefore these issues will be deferred until a later date, and based on Mr. Blake's personal priorities and skill building interests, the current plan will focus on increasing independence with money management and med self-administration as these are core areas which are delaying his transition to his own place.

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2. PERSONAL CARE

How do you feel about your ability to care for yourself and your things?

(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input checked="" type="checkbox"/> Very Happy/No Concerns
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Ask the individual to describe their current individual care routines. Ask to describe and if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:
5 - Maximum 4 - Moderate 3 - Minimum 2 - Standby 1 - Independent 0 - Unable to Assess

RATING (check one score per question)						5	4	3	2	1	0
1.	Ask the individual to describe their general grooming and hygiene routines - (Does he/she get their hair cut, trim their nails, etc.) Note whether or not you have to coach or cue the individual.								2		
2.	Ask the individual to describe how he/she would dress for rain, snow, hot & cold weather, for a Doctor's appointment etc. - Note whether or not you have to coach or cue the individual.										0
3.	Discuss daily dental care and general dental care. (Can he/she describe the steps in how and when they brush their teeth: once a day, after every meal, before bed, etc. - Does the individual go to the dentist regularly for check-ups?) - Note whether or not you have to coach or cue the individual.									1	
4.	Does the individual wear clean clothes? (Ask the individual to describe or if possible, to demonstrate where their clean versus soiled clothing is kept) - Note whether or not you have to coach or cue the individual.								2		
5.	Ask the individual to describe when he/she showers or bathes (once a day, more often, less often etc.).								2		

Total of All Scores: 7 ÷ 4 = 2
(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Individual & Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion:
Attention to personal care is, overall, adequate. This area has not been a primary barrier in Mr. Blake's goal of living independently in the community.

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3. SAFETY

How do you manage the issues around safety? Is this something you need some help with?

(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input checked="" type="checkbox"/> Very Happy/No Concerns
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Ask the individual to describe their individual safety skills. Ask to describe and if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:

5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess					
RATING (check one score per question)					5	4	3	2	1	0
1. Ask the individual to describe how to get help in an emergency. Ask the individual to describe or explain who and/or what numbers he/she would call in an emergency e.g.: 911, Mobile Crisis, etc.									1	
2. Ask the individual if they know who their landlord is and how to contact him/her if there is an emergency?							3			
3. Ask the individual to describe or explain their understanding of common dangers in their apartment, e.g.; stove usage, smoking, electrical cords, if the power goes out, etc. and how he/she would try to prevent hazardous situations – don't smoke in bed, make sure the stove is turned off, don't run electrical cords under rugs, have a flashlight handy, etc.								2		
4. Ask the individual to describe or explain their understanding of common dangers in the community e.g.; crossing traffic, street safety, victimization, etc. and how he/she would try to prevent or be conscious of hazardous situations – cross at lights or crosswalks, stay in lighted areas, etc.									1	
5. When you both are comfortable with each other, ask the individual if now or in the past 3 months, they have used street drugs?									1	
6. When you both are comfortable with each other, ask the individual if they have drunk enough alcohol to get drunk at least once a month?									1	
7. When you both are comfortable with each other, ask the individual if now or in the past 3 months, they have hurt someone by hitting, scratching, kicking, or other acts of violence or if they have yelled at, threatened or verbally assaulted someone?									1	
8. When you both are comfortable with each other, ask the individual if now or in the past 3 months, whether they have hurt themselves intentionally or attempted to kill themselves?									1	
9. When you both are comfortable with each other, ask the individual if now or in the past 3 months, they have engaged in unprotected sexual activity?										0

Total of All Scores: 11 ÷ 8 = 1

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion:

This is an area of relative strength for Mr. Blake – he has shown he is tremendously resilient, resourceful, and street-smart – having survived years of extended homelessness. In the future, he would benefit from some education regarding tenant-landlord relationships and how to communicate with landlords in the event of emergencies and/or urgent needs around his apartment.

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4. MONEY MANAGEMENT

How do you feel about your ability to manage your money?

(please check one rating)	1 <input checked="" type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns
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Ask the individual to describe how they manage their finances. Ask to describe and if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:

5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess					
RATING (check one score per question)					5	4	3	2	1	0
1.	Through collateral records and self-report determine whether the individual receives income/assistance payments directly or through a payee or conservator.					4				
2.	When you both are comfortable with each other ask about whether they have a housing subsidy to assist with rent or do they need one.									0
3.	Ask the individual to describe their understanding of setting up and/or using a checking account.					4				
4.	Ask the individual to describe how to keep money in a safe place.						3			
5.	Ask the individual to describe how to manage their money, not spending it all at the beginning of the month, resist spending it on unnecessary expenses, etc.					4				
6.	Ask the individual to describe if they know how to get and/or update a valid picture ID and keep it safe.							2		

Total of All Scores: 17 ÷ 5 = 3

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion: Mr. Blake is currently receiving SSI benefits. His money is managed by staff, and he is given a minimal daily allowance. He would like greater control of his money through less frequent, but larger, allotments, but admits he has little experience with managing his finances or paying the types of bills that will be associated with a move to an apartment of his own. Cognitive symptoms have also interfered with budgeting tasks in the past. Mr. Blake would benefit from budgeting skills training in order to increase independence but he does not agree with the identified LOA needed.

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5. TRANSPORTATION

How do you feel about your knowledge or your ability to use transportation programs?

(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input checked="" type="checkbox"/> Very Happy/No Concerns
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Ask the individual how they are able to get from place to place. Ask to describe and if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:

5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess
RATING (check one score per question)					
1. Ask the individual to describe whether or not they have a need to learn to drive and obtain/maintain a valid driver's license. (if individual not interested use "0")					0
2. Ask the individual to describe how to access and use public transportation (e.g.: the bus, Dial-A-Ride, local shuttle service).				1	
3. Ask the individual to describe how to schedule a medical cab.		3			

Total of All Scores: 4 ÷ 2 = 2

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion: This is not an area of concern at this time as Mr. Blake has historically walked and/or used bus system to get around town independently. In bad weather, he has tended to miss appointments however; so this will need to be monitored and he may need support in learning how to schedule door-to-door medical transportation.

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6. INTER-PERSONAL COMMUNICATION SKILLS

How do you feel about your knowledge of your communication skills?

(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input checked="" type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns
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Ask the individual to describe their communication with other people. Ask to describe and if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:

5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess					
RATING (check one score per question)					5	4	3	2	1	0
1. Ask the individual to describe the type of contacts they have with friends (phone, face to face).								3		
2. Ask the individual to describe the type of contacts they have with family members (phone, face to face).							4			
3. Observing the individual's basic conversation skills: Does he/she make eye contact, give only one word answers (yes or no), etc. Do they express their needs? Do they express their feelings?									2	
4. Ask the individual to describe the type of skills they have to develop a relationship with significant other or need to learn to make such relationships.							4			
5. Notice if the individual maintains individual space and boundaries with others (observe the individual's basic conversation skills to try to determine a level of ability, e.g.; does he/she sit or stand too close, do they speak too loudly or softly, note how they respond if you ask them to move back, speak up or down).									2	

Total of All Scores: 15 ÷ 5 = 3

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion:

Mr. Blake's relationship with his mother has been strained since the death of his son nearly a decade ago (see Mental Health Section). Mr. Blake had been living with his mother at the time of this event, and she did not agree with Mr. Blake's theory that a neighbor poisoned the baby, and Mr. Blake believed she supported a cover-up of the "murder" of his son. In general, Mr. Blake feels very uncomfortable around others and often believes people are out to harm him in some way; has relied on calls to police in past when feeling unsafe; behaves in a manner that others perceive as "odd" and defensive; conflict with his mother over their differing views of his mental illness and the death of his son; social isolation - baseline social functioning typically prevents Mr. Blake from leaving the house for regular social activities. He would benefit from education around symptom coping skills, social skills particularly around family interactions, and ways to schedule and carry out leisure activities, as well as in vivo support around socialization.

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7. HEALTH AWARENESS

How do you feel about your knowledge of your individual health?

(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input checked="" type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns
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Ask the individual to describe their mental and physical health concerns and regimens. Ask to describe and if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:

5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess
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RATING (check one score per question)						5	4	3	2	1	0
1.	Ask the individual to describe if or how they make and keep their own appointments with your doctor, clinician/therapist, case manager, etc.						4				
2.	Ask the individual to describe if or how they purchase their own medication (not necessarily with their money).						4				
3.	Ask the individual to describe if or how they obtain and keep their birth certificate and/or benefits card.							3			
4.	Ask the individual to describe if or how they administer their medication by themselves.					5					
5.	Ask the individual to describe if they understand their medications, how their medications may help and their medications importance in their individual's health.						4				
6.	Ask the individual to describe or explain their understanding of their diagnoses and how they feel the disability affects them or impacts their lives.						4				
7.	Ask the individual to describe or explain their mental health and physical symptoms (side effects from medications, pain, etc.), their feelings about their treatment and how or if they feel they are able discuss it with professionals.						4				
8.	Ask the individual to describe if they know what to do if they get a mild illness (e.g., cold, flu).								2		

Total of All Scores: 30 ÷ 8 = 4

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion:
After years of inconsistent use of medications, recently, Mr. Blake has responded well to a combination of fluoxetine and risperidone to treat symptoms of depression and psychosis. While he has consistently been taking these medications for the past 10 months, he does not talk openly about his meds or his illness other than to say that he "gets nervous when people mess with" him and the meds keep him "calm" when he is not doing good. He says he will continue to take the medications, but he wants a plan that doesn't involve the nurse coming to his apartment twice a day. He also reports feeling like a "zombie" at times and he wants his meds adjusted so that he is not so fatigued during the day because he would like to get back to doing odd jobs around the neighborhood and looking for part-time work. Mr. Blake wants to be more independent in taking his medications and believes he is capable of doing so – he does not agree with the LOA noted in item #4. Currently, Mr. Blake is being treated for symptoms associated with a diagnosis of schizophrenia. He experiences paranoia, depressive mood disturbance, and, cognitive disorganization.

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8. COPING, STRESS MANAGEMENT AND IMPULSE CONTROL SKILLS

How do you feel about your knowledge of your ability to cope with stress and impulses?

(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input checked="" type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns
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Ask the individual to describe their coping, stress management, impulse control skills and if possible, to demonstrate how and when they perform the following activities. Observe the individual to determine capabilities and needs in this area. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

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RATING (check one score per question)						5	4	3	2	1	0
1.	Ask the individual to describe if or how they compromise with others. Ask the individual to describe or explain a situation where they had to compromise or observe their behavior during the interview.						4				
2.	Ask the individual to describe how they exercise good judgment? Ask the individual to describe or explain a situation where they had to use good judgment or observe their behavior during the interview.							3			
3.	Ask the individual to describe if or how they find positive solutions to problems? Ask the individual to describe or explain a situation in which they had to find a positive alternative solution to a problem or observe them during the interview.							3			
4.	Ask the individual to describe or explain the types of things that they have learned to cope with, situations that are stressful for them.								2		
5.	Ask the individual to describe/explain their understanding of what types of situations or triggers can cause them to become angry or impulsive and ask them to explain what they try to do about it.							3			

Total of All Scores: 15 ÷ 5 = 3

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion:

Mr. Blake has developed some positive coping skills and knows that keeping busy, listening to music, "tinkering" with his hands all help him with his "nerves." He can sometimes have a hard time compromising/seeing another's point of view because he feels people are "messing with him."

**COMMUNITY SUPPORT PROGRAM/RECOVERY PATHWAYS
FUNCTIONAL SKILLS ASSESSMENT**

Client Name: Quentin Blake
DOB: 10-23-87
Client #: 99501

Address-O-Graph

Rating Scale

(5) Maximum: Unable to meet minimal standards of functioning	(4) Moderate: 1:1 cuing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately <u>approximately 50% of time</u>	(3) Minimum: Needs periodic cognitive assistance (cuing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems <u>approximately 25% of time</u>
(2) Standby: able to perform new tasks with cuing/prompts & coaching	(1) Independent: No physical or cognitive assistance needed to perform activities or tasks	(0) Unable to assess: refuses or has chosen to not actively participate in providing any evidence of skills

9. COGNITIVE FUNCTIONING

How do you feel about your knowledge of your cognitive functioning or thinking skills?

(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input checked="" type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns
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Observe the individual and discuss these areas of cognitive functioning. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:

5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess					
RATING (check one score per question)					5	4	3	2	1	0
1. Does he understand the time and place. Ask the individual the time, where they are (physically).								2		
2. Observing the individual, note if they have trouble concentrating on a specific task for more than a few minutes.						4				
3. Observing the individual, note if they have trouble making decisions, not knowing how to evaluate their choices.							3			
4. Observing the individual, note if they find it hard to find solutions to a problem.							3			
5. Ask the individual if they often lose or misplace objects because they were absent-minded.									1	
6. Ask the individual if they find it hard to use the things taught to them as part of their treatment in different areas of their everyday life.							3			

Total of All Scores: 16 ÷ 6 = 3

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion: Overall, this area has improved significantly in the past year. Mr. Blake continues to struggle with sustaining long-term attention to complex cognitive tasks such as those involved in budgeting.

**COMMUNITY SUPPORT PROGRAM/RECOVERY PATHWAYS
FUNCTIONAL SKILLS ASSESSMENT**

Client Name: Quentin Blake
DOB: 10-23-87
Client #: 99501

Address-O-Graph

Rating Scale

(5) Maximum: Unable to meet minimal standards of functioning	(4) Moderate: 1:1 cuing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately <u>approximately 50% of time</u>	(3) Minimum: Needs periodic cognitive assistance (cuing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems <u>approximately 25% of time</u>
(2) Standby: able to perform new tasks with cuing/prompts & coaching	(1) Independent: No physical or cognitive assistance needed to perform activities or tasks	(0) Unable to assess: refuses or has chosen to not actively participate in providing any evidence of skills

10. VOCATIONAL (Employment and Education)										
How do you feel about your knowledge of your ability to get and keep work? Or go back to school?										
(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input checked="" type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns					
Ask the individual to describe their employment and education experiences and their future desires in this area. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.										
Level of Assistance (LOA) Scale:										
5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess					
RATING (check one score per question)					5	4	3	2	1	0
1. Have individual discuss any paid work history (full and part time) and evaluate LOA needed to assist the individual to seek and obtain employment.							3			
2. Ask the individual if they need to obtain supports for employment and to describe the types of support they need (currently or if individual obtained a job).							3			
3. Ask the individual if they need to pursue volunteering.										0
4. Ask the individual if to discuss their history of post high school educational courses, college class or any type of post-secondary (post high school) training. Ask if the individual interested in going to school or training toward a job?										0

Total of All Scores: 6 ÷ 2 = 3
(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion: Mr. Blake is not currently interested in volunteering or returning to school. He completed his GED during a period of relative stability a few years ago. Is interested in working again but currently wants to focus on moving to his own apartment.

**COMMUNITY SUPPORT PROGRAM/RECOVERY PATHWAYS
FUNCTIONAL SKILLS ASSESSMENT**

**Client Name: Quentin Blake
DOB: 10-23-87
Client #: 99501**

Address-O-Graph

Rating Scale

(5) Maximum: Unable to meet minimal standards of functioning	(4) Moderate: 1:1 cuing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately <u>approximately 50% of time</u>	(3) Minimum: Needs periodic cognitive assistance (cuing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems <u>approximately 25% of time</u>
(2) Standby: able to perform new tasks with cuing/prompts & coaching	(1) Independent: No physical or cognitive assistance needed to perform activities or tasks	(0) Unable to assess: refuses or has chosen to not actively participate in providing any evidence of skills

11. LEISURE					
How do you feel about your knowledge of your ability to amuse and keep yourself occupied?					
(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input type="checkbox"/> Somewhat Unhappy	3 <input checked="" type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns
Ask the individual to discuss their use of leisure time. Ask to describe and if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions. Level of Assistance (LOA) Scale:					
5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess
RATING (check one score per question)					5
1. Ask the individual to describe how they use leisure time.(e.g. pursuing artistic activity, watching TV, using the internet)					4
2. Ask the individual if they could describe the type of assistance they might want with pursuing a physical activity or sport.					0
3. Ask the individual if they go to a movie, a play, a sporting event or shopping mall by themselves or with friends.					4
4. Ask the individual if they read a books, magazines or newspapers.					0
5. Ask the individual if they write a letters or e-mails to a friend or relative.					0

Total of All Scores: 8 ÷ 2 = 4
(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion: Mr. Blake typically does not leave the house for activities other than appointments. Mr. Blake acknowledges that he has difficulty going out of the house or meeting new people because of his "nerves" and he wishes he were able to be comfortable around others and do some of the activities he used to enjoy as a teen, playing basketball, going to movies with friends, listening to music, etc.

**COMMUNITY SUPPORT PROGRAM/RECOVERY PATHWAYS
FUNCTIONAL SKILLS ASSESSMENT**

Client Name: Quentin Blake
DOB: 10-23-87
Client #: 99501

Address-O-Graph

Rating Scale

(5) Maximum: Unable to meet minimal standards of functioning	(4) Moderate: 1:1 cuing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately <u>approximately 50% of time</u>	(3) Minimum: Needs periodic cognitive assistance (cuing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems <u>approximately 25% of time</u>
(2) Standby: able to perform new tasks with cuing/prompts & coaching	(1) Independent: No physical or cognitive assistance needed to perform activities or tasks	(0) Unable to assess: refuses or has chosen to not actively participate in providing any evidence of skills

12. RIGHTS

How much help or support would you need to improve your knowledge about your rights?

(please check one rating)	1 <input type="checkbox"/> Very Unhappy/ Serious Concerns	2 <input checked="" type="checkbox"/> Somewhat Unhappy	3 <input type="checkbox"/> Mixed Feelings	4 <input type="checkbox"/> Somewhat Happy	5 <input type="checkbox"/> Very Happy/No Concerns
---------------------------	-----------------------------------------------------------------	-----------------------------------------------------------	----------------------------------------------	----------------------------------------------	---------------------------------------------------------

Tell the individual that you would like to find out how much they know about their rights by asking them to describe and if possible, to demonstrate how and when they perform the following activities. Note whether or not you have to coach or cue the individual. Evaluate and Rate the LOA needed to learn/obtain skills for all questions.

Level of Assistance (LOA) Scale:

5 - Maximum	4 - Moderate	3 - Minimum	2 - Standby	1 - Independent	0 - Unable to Assess					
RATING (check one score per question)					5	4	3	2	1	0
1.	Ask the individual to describe their understanding of their rights to refuse to take medication that the physician has prescribed.					4				
2.	Ask the individual to describe their understanding of their right to refuse to participate in activities that are part of your treatment.								1	
3.	Ask the individual to describe their understanding of their right to review their treatment plan, set goals for their treatment and change the services they receive.								1	
4.	Ask the individual to describe their understanding of how to access a Consumer Rights Officer or Consumer Advocate to complain about poor treatment or service.					4				

Total of All Scores: $10 \div 4 = 3$

(divide by # of items scored -- do not count items scored 0; round to whole #s for score average)

Staff Comments including rationale for "0" assessments and any unique consumer perspective/difference of opinion: Mr. Blake is a strong advocate for himself. He feels like other people often force him to do things he is not interested in and/or pressure him around decisions. He wants to participate in an advocacy class in the future.

**COMMUNITY SUPPORT PROGRAM/RECOVERY PATHWAYS
FUNCTIONAL SKILLS ASSESSMENT**

**Client Name: Quentin Blake
DOB: 10-23-87
Client #: 99501**

Address-O-Graph

RATING SUMMARY

Major Life Area	Avg. Domain LOA	Work on Now	Maybe Later	Not a Concern	For each "Work on Now", in person's own words, note goal/something I might like to change or improve...
1. The place where you live/your ability to take care of your living space?	3		X		
2. Your personal appearance/ability to look your best?	2			X	
3. Your personal safety?	1			X	
4. Your ability to manage your money and take care of expenses?	3	X			"I want control of my money back"
5. Your ability to get places you need to go/use public transportation?	2			X	
6. Your personal relationships, including with family?	3	X			"I don't want to be alone anymore. I want to have friends and family in my life."
7. Your mental and physical health?	4	X			"I want to manage my meds on my own. I don't want the nurse coming in the morning anymore."
8. Your ability to cope/manage stressful situations?	3		X		
9. Your ability to think clearly/problem solve/focus?	3		X		
10. Your involvement in work, employment, volunteering?	3		X		
11. Your daily routine...your involvement in leisure activities?	4		X		
12. Your knowledge of your rights and/or ability to advocate for yourself?	3		X		
13. Is there anything else that you want on your recovery plan?					

Goal Statement:	Barriers/skill development needs from FA which interfere:
"I want control of my money back"	Mr. Blake would benefit from skills training around budgeting in order to move toward his goal of managing his own money. Cognitive symptoms have also interfered with budgeting tasks in the past, e.g., has neglected to pay bills, had difficulty spreading his money out over the course of the month, etc.
"I don't want to be alone anymore. I want to have friends and family in my life."	Mr. Blake feels very uncomfortable around others and often believes people are out to harm him in some way; has relied on calls to police in past when feeling unsafe; behaves in a manner that others perceive as "odd" and defensive; conflict with his mother over their differing views of his mental illness and the death of his son; social isolation - baseline social functioning typically prevents Mr. Blake from leaving the house for regular social activities. He would benefit from education around symptom coping skills, social skills particularly around family interactions, and ways to schedule and carry out leisure activities, as well as in vivo support around socialization.
"I want to manage my meds on my own. I don't want the nurse coming in the morning anymore."	Cognitive symptoms lead to forgetfulness in taking meds; can become disorganized and have difficulty accurately identifying pills and correct dosages; concerns re: side effect of fatigue may contribute to inconsistent use of medications; baseline med administration skills has led to twice daily visits from the visiting nurse which Mr. Blake would like to reduce. Mr. Blake would benefit from skills training around reminder techniques for taking medications.

**COMMUNITY SUPPORT PROGRAM/RECOVERY PATHWAYS
FUNCTIONAL SKILLS ASSESSMENT**

Client Name: Quentin Blake
 DOB: 10-23-87
 Client #: 99501

Address-O-Graph

Date of Assessment:	11	/	20	/	10	Location:	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community/Client's home
Staff Name: Sally Rodriguez						Signature:		
						Date:		
Client Name: Quentin Blake						Signature:		
						Date:		
<p>Staff/Client Comments and Integrated Summary: Mr. Blake is a 33-year-old African American man who has demonstrated remarkable resilience over the past 10 years surviving highly distressing psychiatric symptoms, the traumatic loss of a child, and extended periods of homelessness, while maintaining a positive connection to a cousin and a local thrift-shop owner. Mr. Blake describes his mother as an important source of support, though their relationship has been strained at times due to his mental health issues.</p> <p>In the past 12 months, Mr. Blake has lived successfully in a shared apartment program with clinical and residential services. This is his single longest period of time living in the community as an adult, and is a significant change from a long history of distrust and disconnection from mental health services. He wants to move to a "scattered site" apartment with more privacy and control over his life, finances, and medications.</p> <p>The Team would like to support this but is concerned regarding Mr. Blake's current skill level in managing his medications, budget/finances, and relationships with new neighbors. He continues to experience persistent symptoms of both paranoia and cognitive dysfunction and, in their opinion, Mr. Blake, has not yet developed the skills and coping strategies needed for a lower level of care. He tends to minimize the impairments he experiences, and sees the world as a dangerous place – a sense complicated by unresolved issues of grief and loss, e.g., "There is nothing wrong with me. People just have it in for me." He has made progress in the past year in beginning to discuss his "nerves" and how he feels uncomfortable around other people or gets confused and neglects things around the house. He has been taking medications consistently and making use of services. He vacillates between the contemplation and action stage of change but is willing to participate in programming which will move him closer to his goal of living and working in the community as independently as possible.</p> <p>Barriers which currently interfere with this goal, and which will be addressed in the current IRP, include: need for medication management training and education; need for social skills training and coping skills training for management of symptoms/anxiety which arises in social situations; and a need for training and education around budgeting and managing money.</p>								
Service Recommendations (Check one) : <input type="checkbox"/> RP <input checked="" type="checkbox"/> CSP Recommended								