



The Wisconsin Functional Screen

A Presentation by the WI Dept. of
Health and Family Services



WI Screen History

- First eligibility/quality screen developed for LTC services for adults in 2001
- Followed by a screen for the new combined waivers for children, including children with SED 2002
- The MH and Co-occurring SA screen was developed for prime time in 2004



Purpose

- The WI Mental Health and Co-Occurring SA Functional Screen for adults was developed to determine eligibility for MH and some SA services beyond outpatient therapy and to be used as a tool for developing measurable and consistent QI indicators for use by the state and local agencies.



WI Transformation Initiative

- Blue Ribbon Commission established by the Governor in 1996
- Pilot programs for recovery based services established in 1997
- Recovery Oriented Systems Assessment (ROSA) developed, tested and ready for use 2005
- Final rule approval for flagship CCS program 2004 –implementation in 2005
- Screen designed, tested and ready by 2005



Screen Development

- Developed by an interdisciplinary team of clinicians, nurses, state staff and consumers
- Reviewed by psychiatrists and county staff providing MH /SA services
- Tested for inter-rater reliability and face validity at the local level with analysis of results by the state.



Overview of the Screen Content

- All but a few fields are mandatory, cannot calculate eligibility without the critical fields filled out
- Demographics that link with all other screens, with a master client index
- Referral sources and data source
- Link to LTC screen for automatic referral



Status of Data Collection

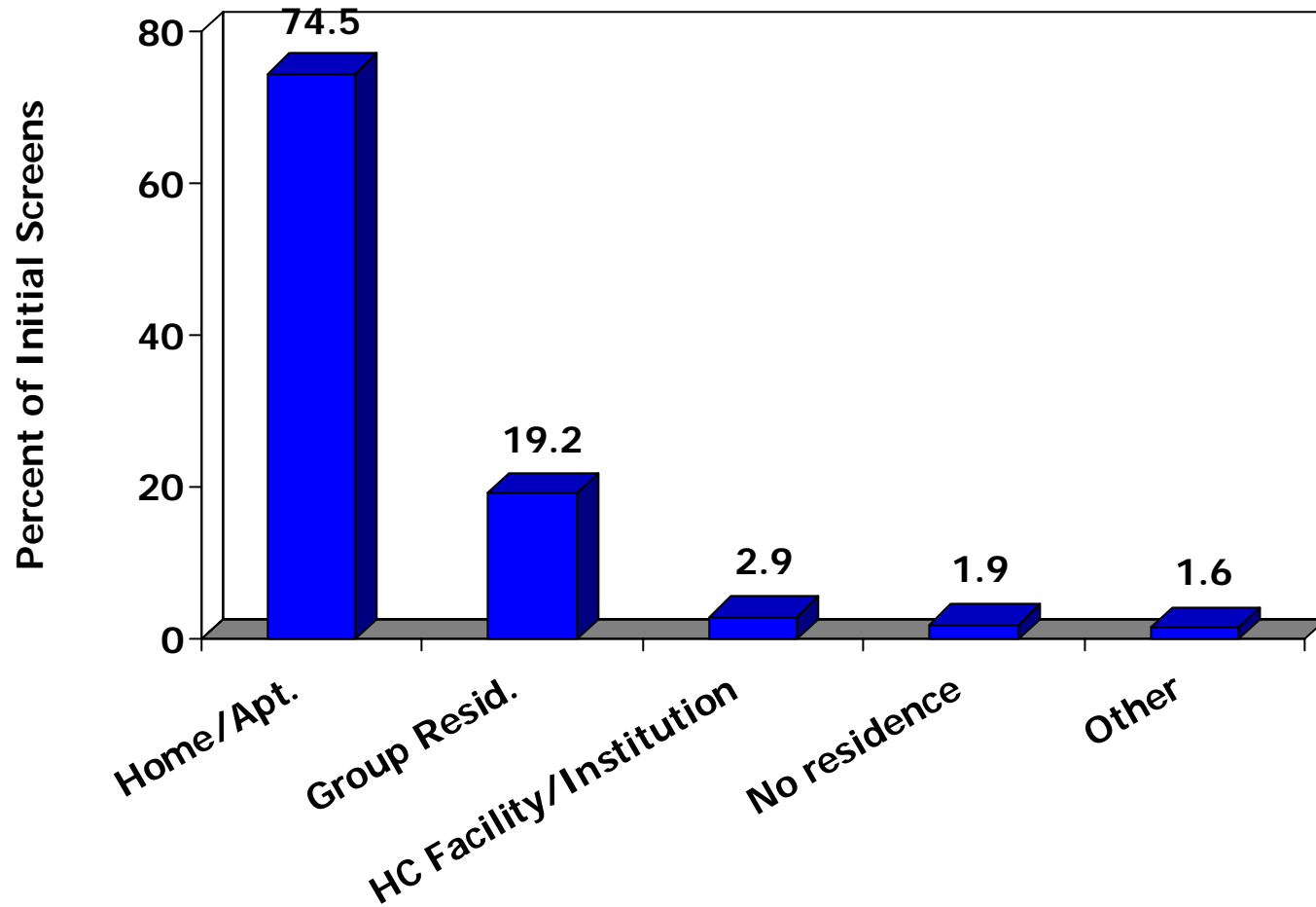
- First screen completed in March 2005
- 57 of 72 counties screened 1,834 consumers in 2005
- 64 of 72 counties screened 2,007 consumers in 2006
- 44 counties completed annual follow-up screens for 1,058 consumers in 2006
- Quality monitoring reports to date



Living Situation

- Gives a variety of living situations to choose from grouped by type
- Requires that the screener ask where the person would prefer to live in addition to where they are currently living.

Type of Living Situation (N=3,841)

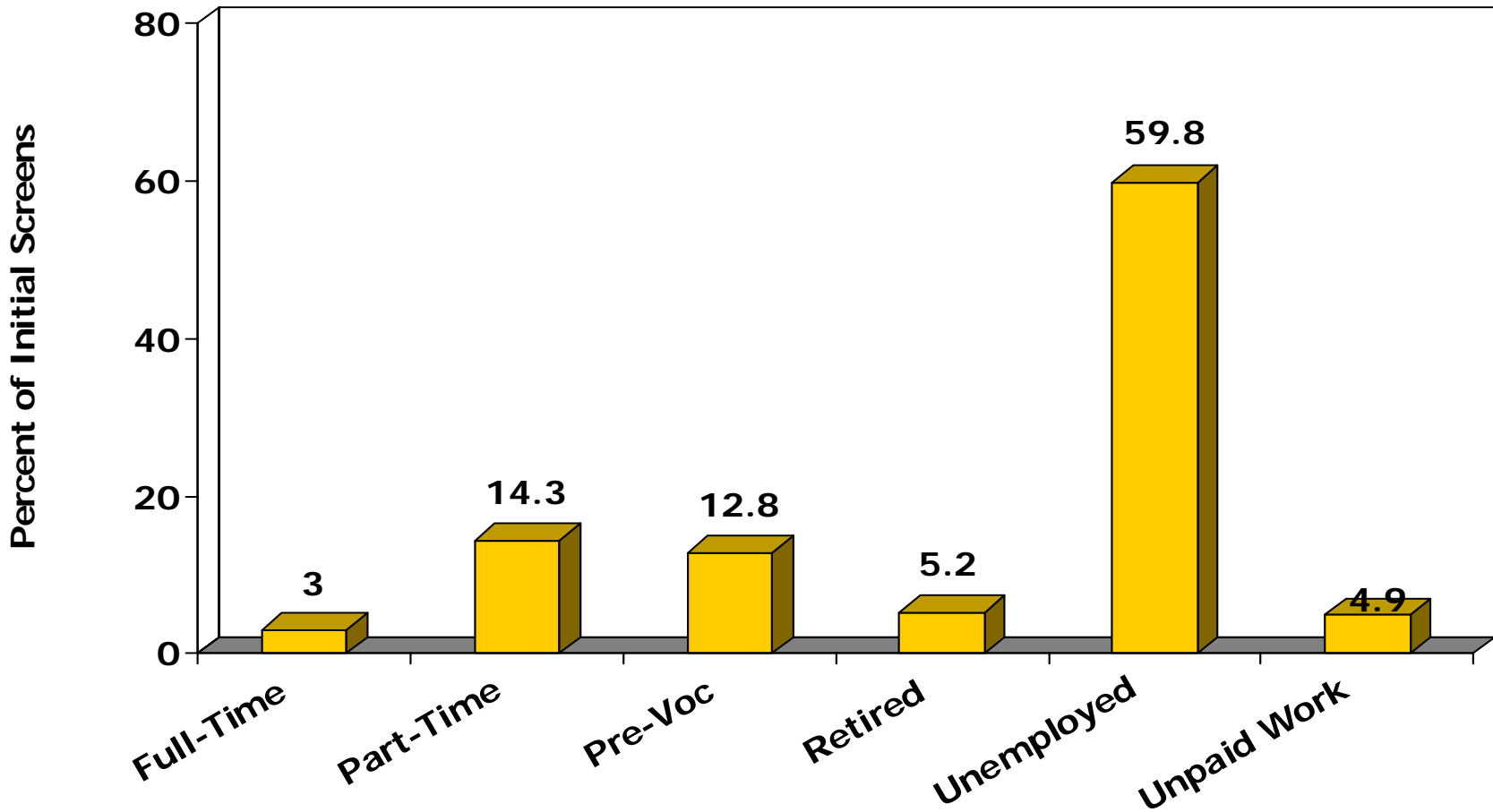




Vocational Information

- Determines not only who would like a job or new job but also if they require some assistance to seek and keep employment
- Also separates out competitive employment from other types such as sheltered or pre-vocational employment

Vocational Status (N=3,841)

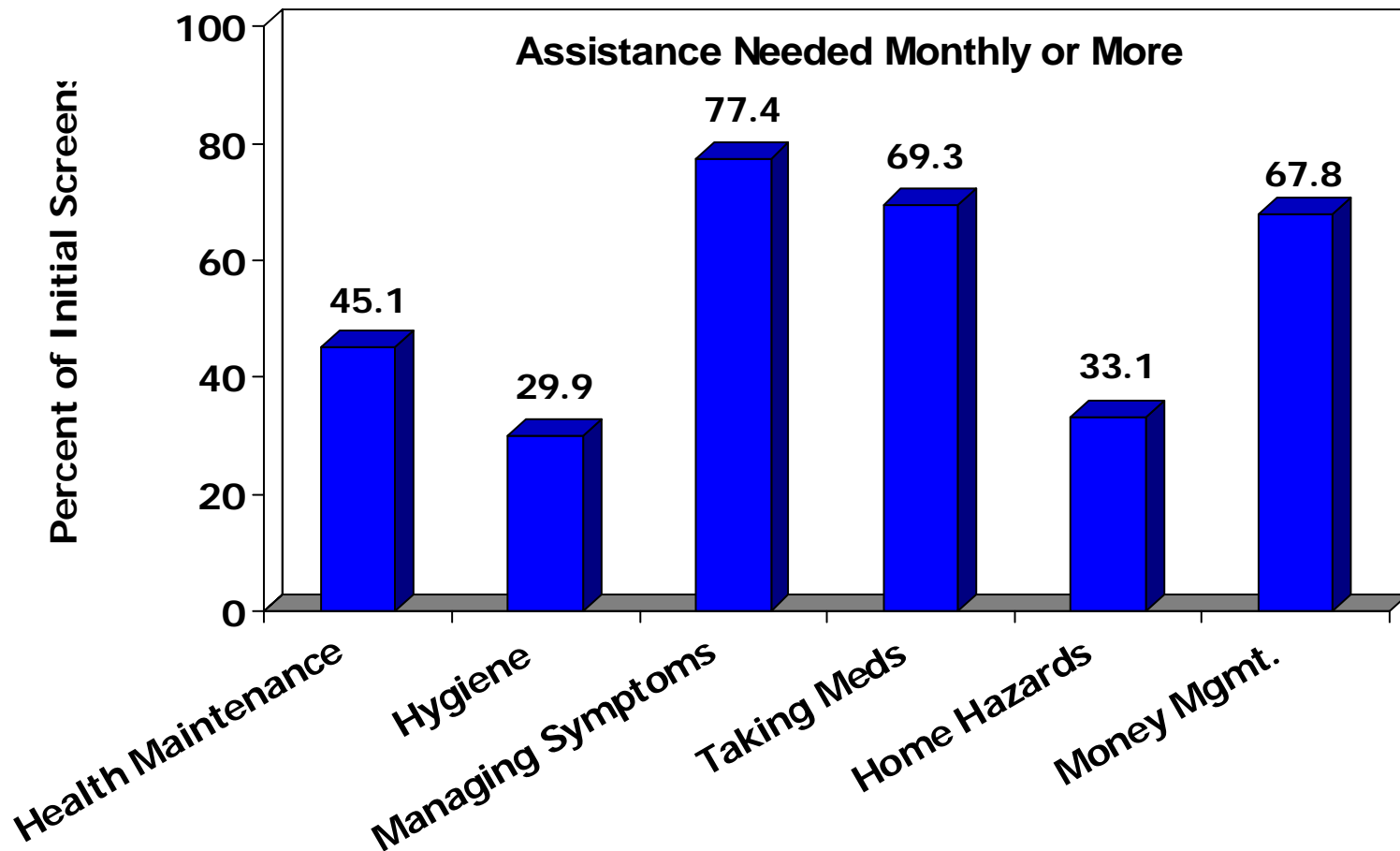




Community Living Skills Inventory

- This section gathers information on the functional status of the individuals in a variety of areas.
- Not all the areas score, but are useful as local indicators for needed services and supports such as assistance with benefits and resource management.
- Scoring weights vary by frequency of needed assistance

Community Living Skills (N=3,841)

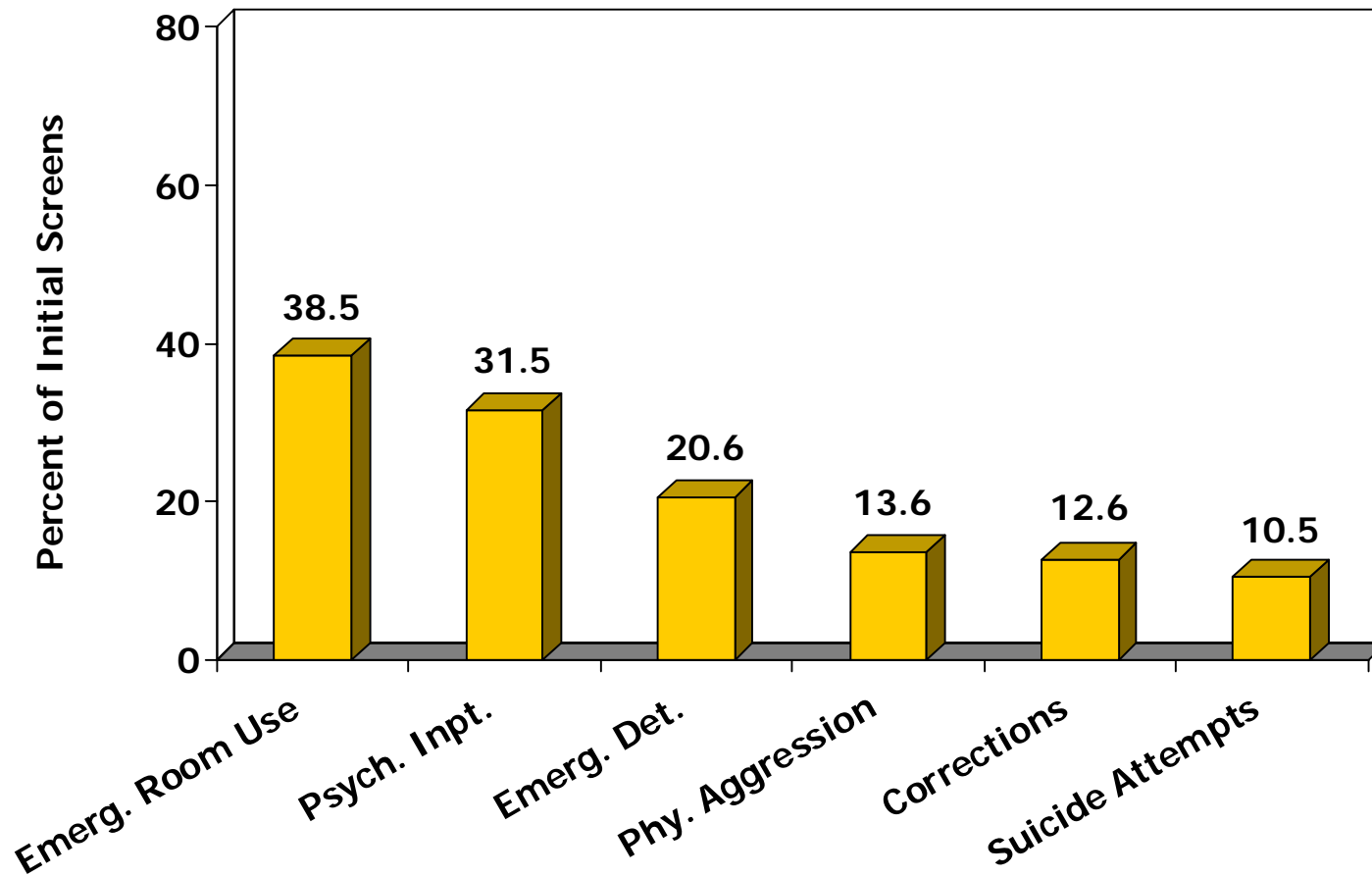




Crisis and Situational Factors

- Measures by calendar frequency and immediacy (suicidal risk) those items that indicate that a level of intervention may be indicated
- Used not only for eligibility but also for Tx planning in terms of level of psychotherapy and PSR support that is needed

Crisis/Situational Factors in the Past Year (N=3,841)

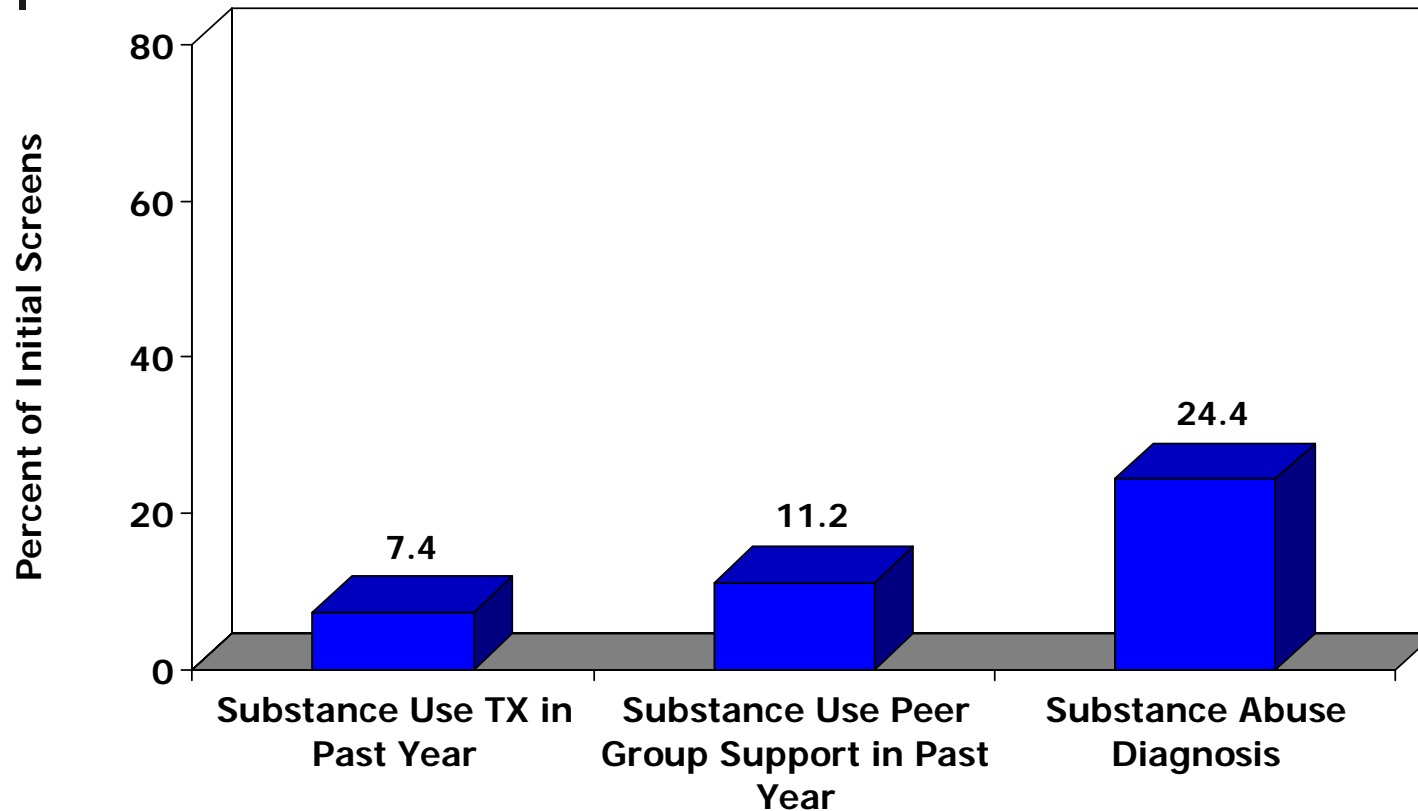




Substance Use

- Use of the GAIN screener by special permission of Chestnut Health Services, because we have a state wide license for use of the GAIN screen and Assessment instruments.
- GAIN = Global Appraisal of Individual Needs

Substance Use/Abuse (N=3,841)



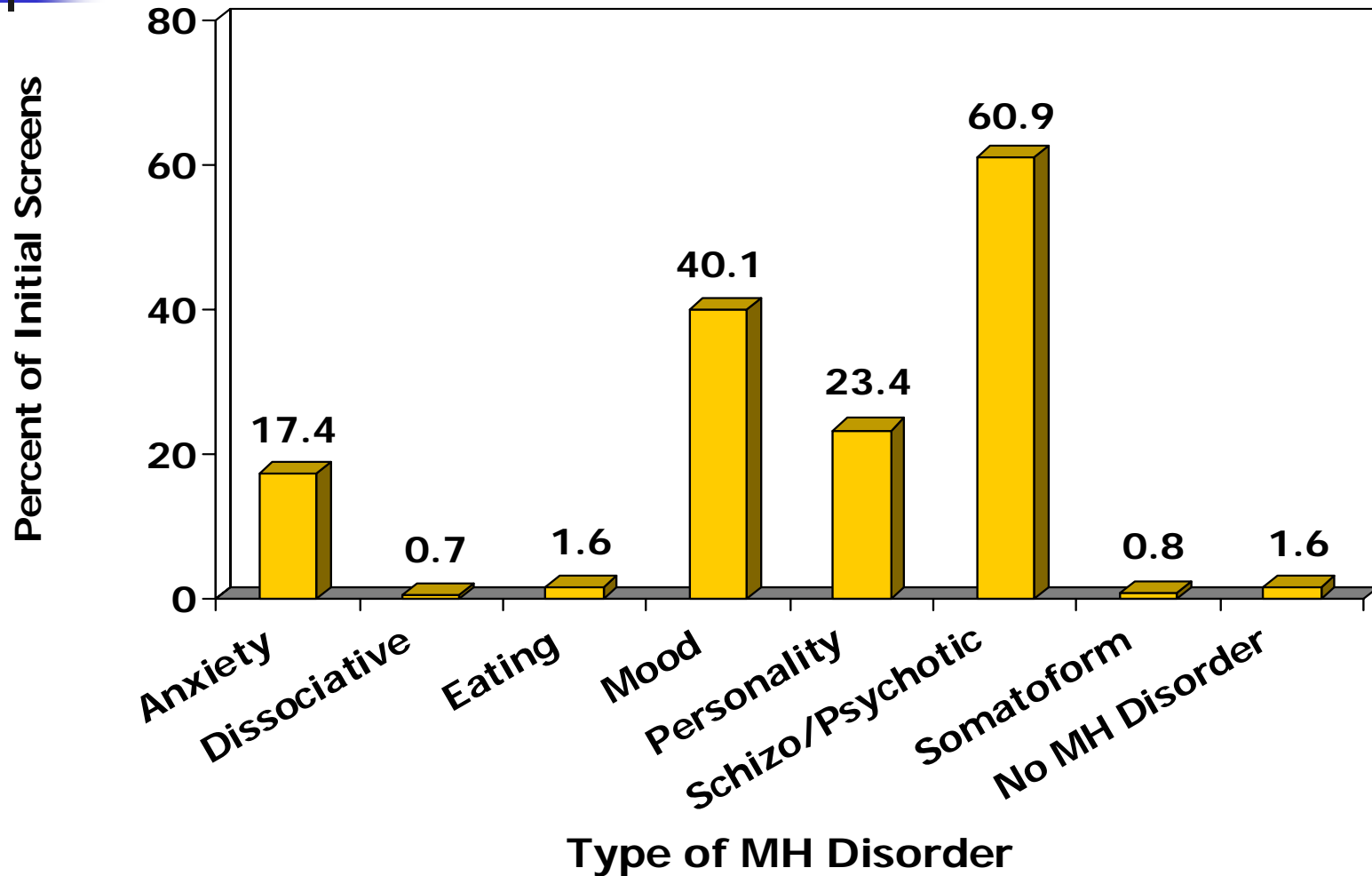
Note: 7.5 % of consumers had more than 1 SA diagnosis



Mental Health Diagnoses

- Not all encompassing, includes those critical mental health diagnoses that indicate treatment beyond outpatient care.
- GAF score is included but research will be underway this year to attempt to create the GAF score from the functional and risk scoring items the screener fills in, otherwise the GAF score is extremely subjective and not useful as an indicator.

Mental Health Diagnoses (N=3,841)



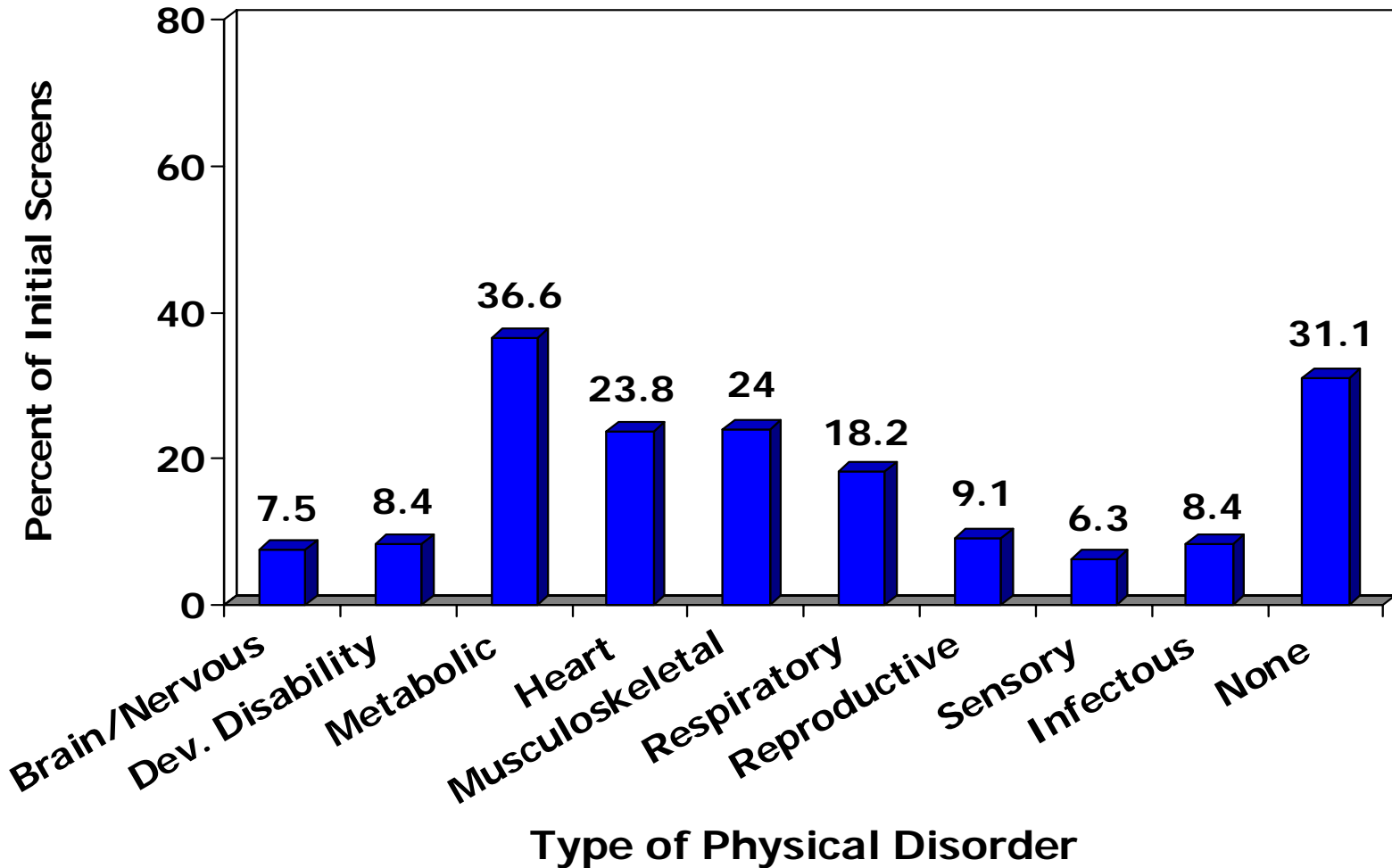


Other Physical Health Diagnoses

- As there is more interest than ever on the impact of physical health on mental health, this list although not all inclusive contains the major long term care diagnoses that can impact the level of care a person receives. This page also serves as a link to the long term care system in WI by generating a referral for LTC screening.

Other Physical Health Diagnoses

(N=3,841)

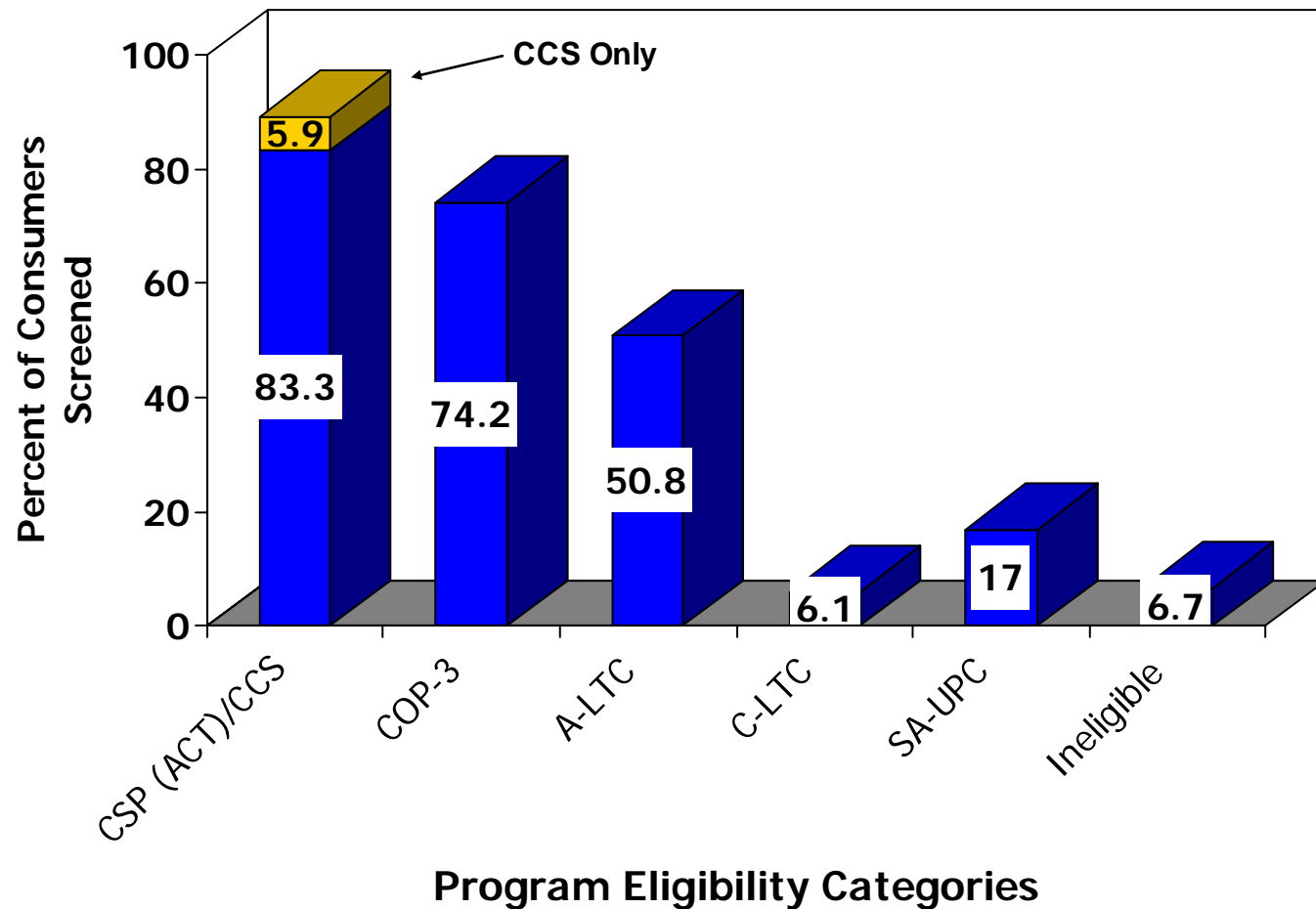




Eligibility Calculation

- Eligibility is hierarchical
- Tests for 3 WI programs, CSP (ACT), CCS and COP
- Links to the long term care system and indicates when a referral should be made for individuals who may qualify for LTC services through the HCBW
- All screens are linked through the demographics

Who Gets Screened? – Eligibility Results from the Screen





Data System

- Web based system, password protected with extensive firewalls
- Screen is filled out by trained and certified screeners who operate locally
- When eligibility calculation button is clicked, the real time data arrives at the state via an oracle data base accessible to state staff who are security cleared



Data Merging at the State

- Once a month, data from the oracle data base is moved into the screen warehouse where it can be queried through a data base program that is used to access the state MMIS system



Screen Training

- All screeners have to have a minimum of a bachelor's level degree in the human service field and one year experience with people with mental health and co-occurring issues.
- Mandatory web based course through the UW School of Nursing with a passing grade required in each module



Local Monitoring

- Each agency performing screens has to designate a screen lead
- State is in regular contact with screen leads for updates, upgrades and dissemination of quarterly quality reports
 - “Fishing”, “Loss of Eligibility” reports



Local Indicators and Benchmarks

- Attached to the web version of the screen is a series of reports developed to assist local agencies in QA management of the actual screens and aggregate data on a variety of consumer functional areas that help local agencies determine QI initiatives that are data driven.



Types of QA Reports

- Identification of overdue Annual Screens
- Unemployed consumers who need assistance to find a job
- Abuse and neglect reports
- Co-occurring: at least 1 MH and 1 SA diagnosis
- Other ad hoc county-tailored reports possible (e.g. need for benefit resource mgmt.)



Monitoring Appropriate Placement in the Continuum of Care

- Local agencies can monitor changes in eligibility to appropriately place consumers to match their level of need
- 2% of consumers re-screened at 12 months became ineligible
- 2% of CSP (ACT) eligible consumers at intake were eligible for CCS (PSR) only after 12 months



State Uses of Functional Screen Data

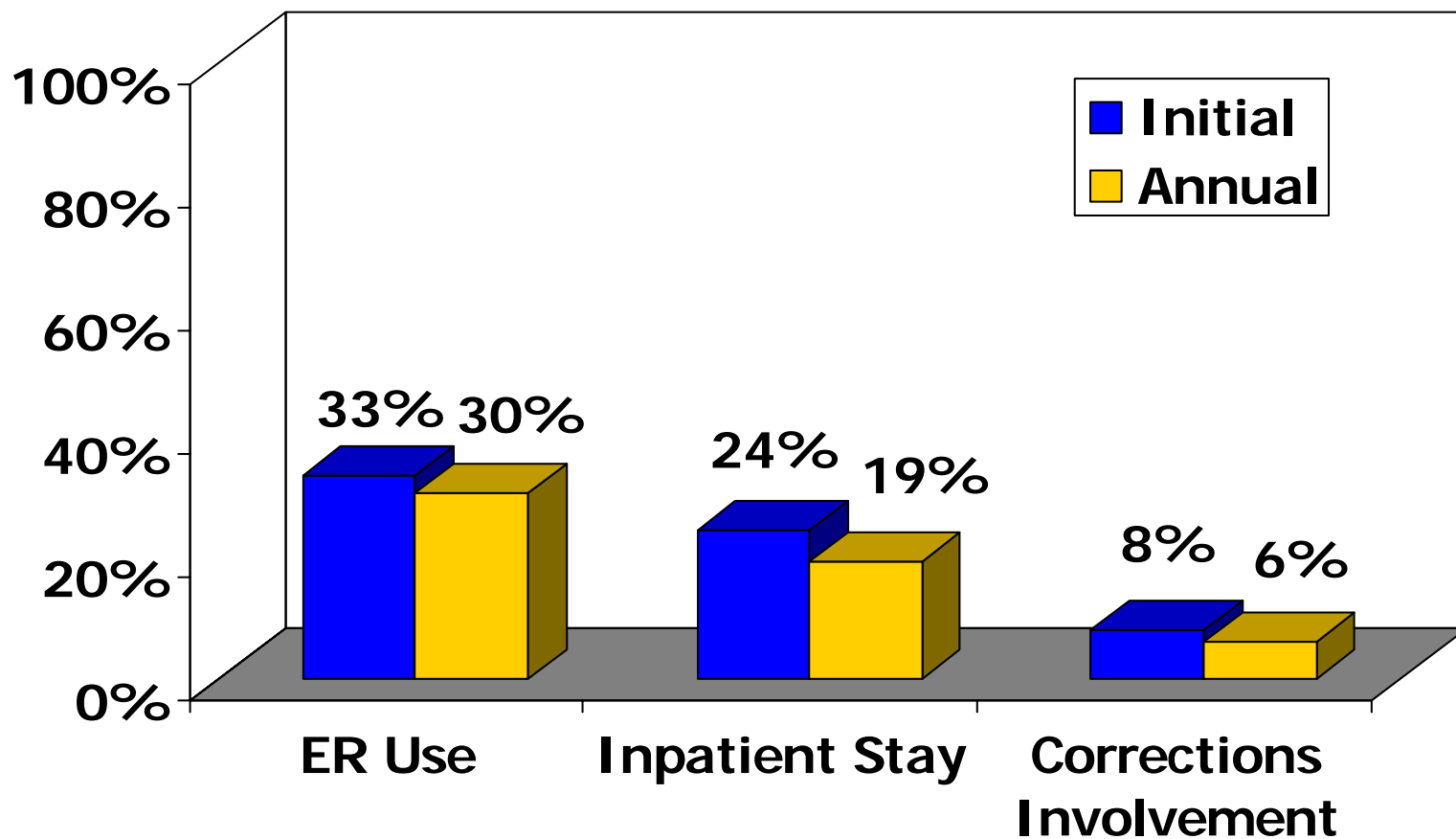
- Inform recertification efforts
 - E.g. is the agency serving a population across the lifespan?
- Identification of state benchmarks and differences between counties
- Identifying technical assistance for counties on addressing areas of need/integration
 - Working with a large percentage of consumers involved with CJ system
 - Reallocating state resources to address local needs
- Monitoring program effectiveness through outcomes



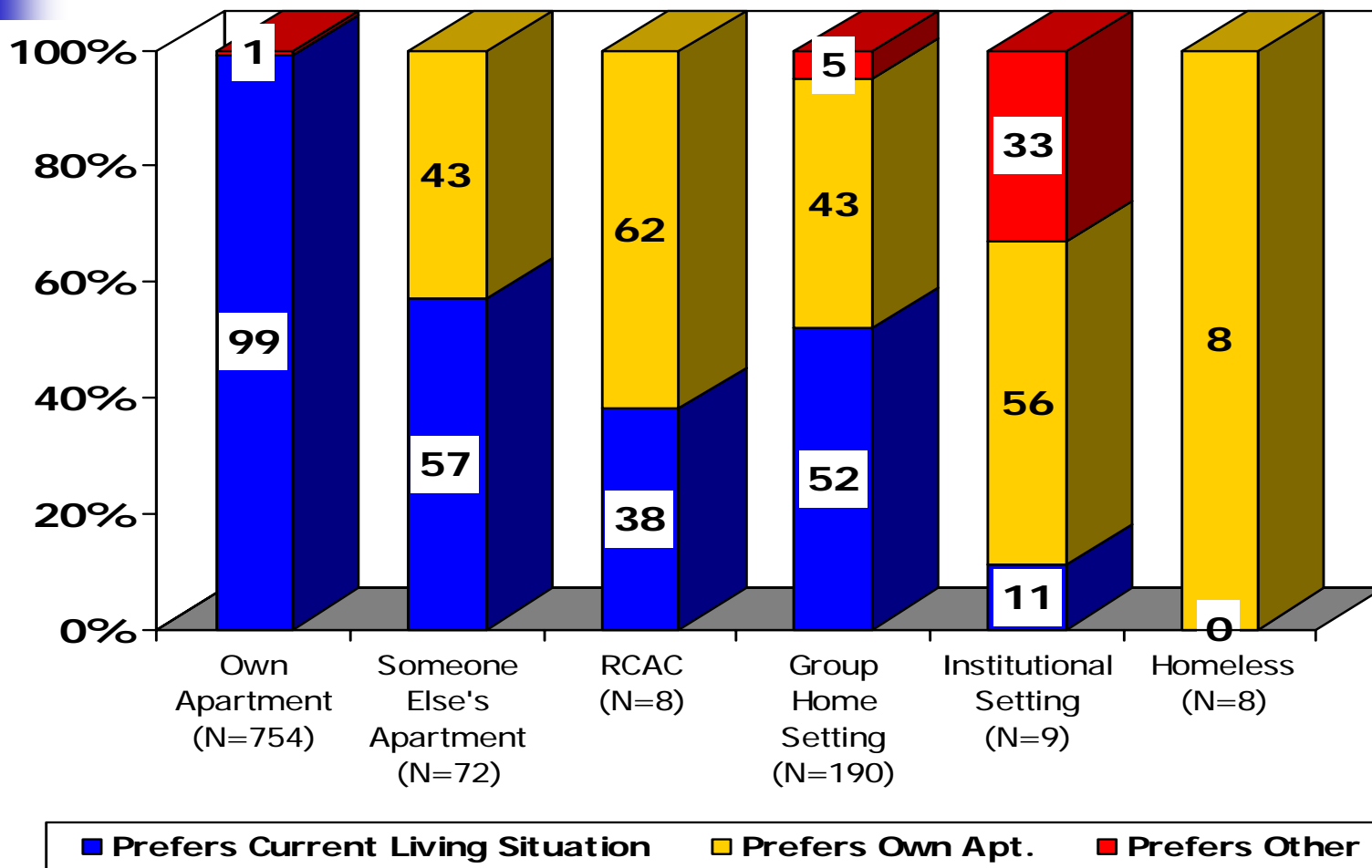
Reports for Recertification

- Serving the adult lifespan for CSP (ACT)
 - 10 counties are not screening consumers 60+ years old yet
- 18% of screened consumers need assistance finding employment
- 82% of screened consumers need assistance functioning at work
- 42% of consumers with unstable housing (N=24) at intake still had unstable housing after 12 months

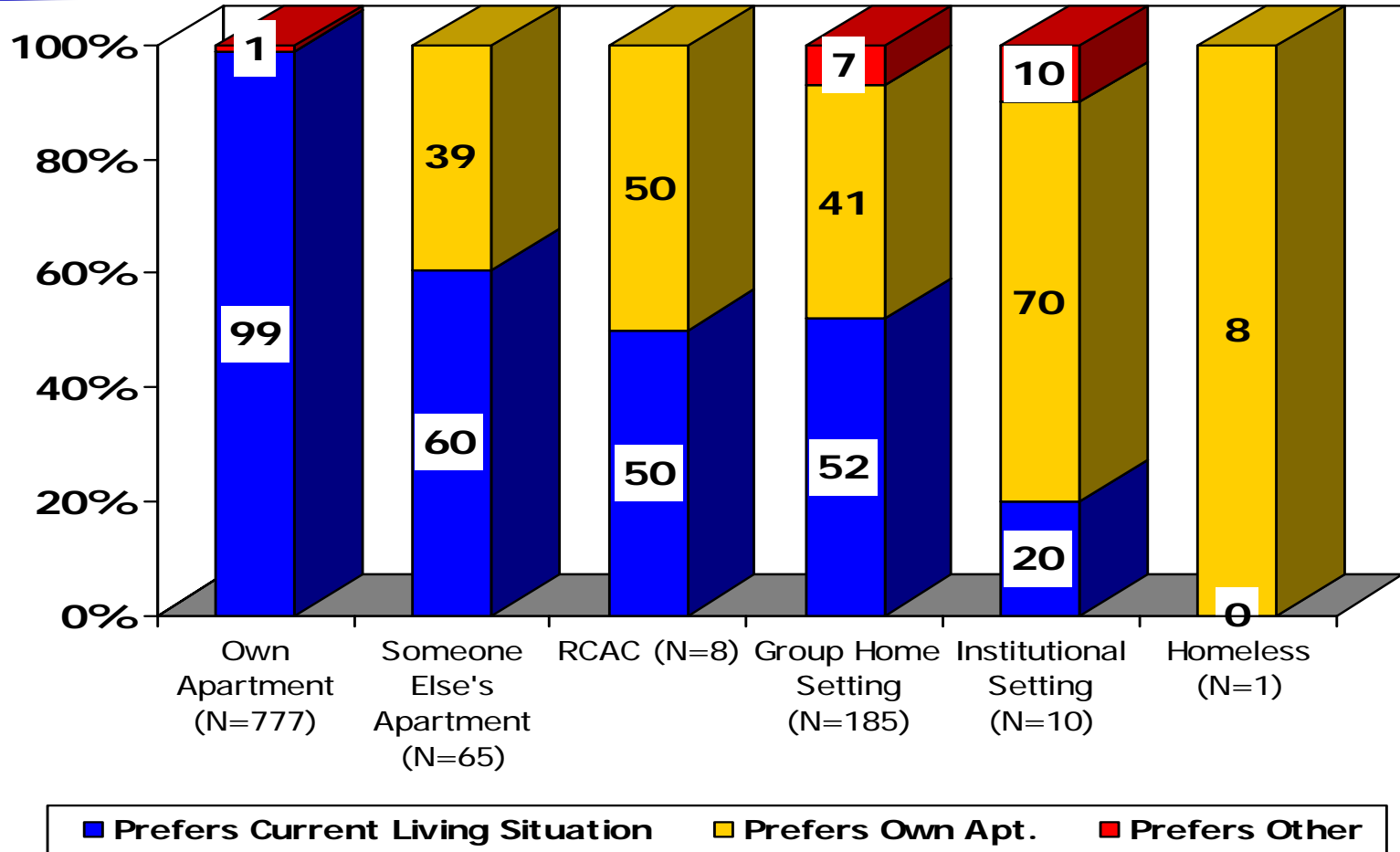
Change in Crisis and Situational Factors in the Past Year (N=1058)



Consumer Choice: Current vs. Preferred Living Situation at Initial Screening



Consumer Choice: Current vs. Preferred Living Situation at Annual Screening





Next Steps

- Evaluating if level of need matches service utilization
 - Link to Medicaid service and cost data
 - Add program enrollment field to Screen
- Developing state/local agency report cards to assess program performance
- Developing state/local agency reports identifying population needs
- Incorporating state benchmarks in reports



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