
SPH IR/TCL Tool Guidance Document

Objective: This is a guidance document to offer LME/MCOs and agencies they contract with, ideas about how to complete the SPH In-Reach/TCL Tool. This information should be collected during the In-Reach, and/or Transition process. What that process looks like is based on the individualized needs of the individual.

Disclaimer: This document contains only brief, general explanations and suggestions about how to complete the In-Reach/TCL Tool; it does not in any way, take the place of any previous policies. In addition, it is highly recommended that In-Reach (IR) and other Transition to Community Living (TCL) staff attend WRAP and/or Motivational Interviewing training if available.

Section A: Demographics

- Collect complete demographic data for each individual. Collection of such data ensures that an individual's unique needs are identified and the transition team are better able to serve them.
- When completing Guardian (Section A.2) and Payee (Section A.4) contact information, please be sure you have correctly checked the appropriate boxes. A guardian is someone who has been appointed by a court to make decisions for someone who can no longer make decisions for him/herself. A payee, is someone assigned to assist the individual with the management of money. If you check the box yes, for guardian, obtain the appropriate document (i.e., guardianship papers) for the medical record.

Section B: One-Page Profile (*See Conversational Guidance Document*)

1. When completing this page, remember to consider using open ended questions to invite them to "tell you their story" in their own words. For example:

Great Things about me!

- What are good things about you?
- What things do you like about yourself?

What's important to me?

- Help me understand what you need?
- What can I help you with?

What you need to know to support me?

- What do you want to do next?
- How would you like things to be different?

Section C: My/Others Perspective (*OPTIONAL*)

This is How I Got to Where I Am today, Where I Am Today, What I See for My Future
(*See Conversational Guidance Document*)

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Reminder: *Your goal is not to simply get the In-Reach/TCL Tool filed out. It's to elicit as much information as possible from the individual/guardian through conversation. Even if that requires you to meet with the individual/guardian several times.*

- Instead of attempting to fill in the boxes and ask question after question when you meet with the individual, try a script format to acquire the information needed for this section then fill in the boxes later.
- For example, when talking with the individual/guardian, keep these questions in mind. (What have you tried? What have you learned?, What are you happy about?, What are you concerned about?, What is working?, What is not working?, What is the plan to help enable change and who will help support the change?, and What is your future plan(s)?)

Some key areas of interest to include in your conversation with the individual are:

Living Situation

Begin by asking the individual/guardian the following question, "If I want to help you find a place to stay in the community, what would that place look like?" "Where do you really want to live and why?"

Reminder: If the individual/guardian needs more prompting, then ask specific questions about their ideal housing situation

- In the past, did you live close to family? Did you live close to a bus line? Is it important that you can walk to a corner store?
- Do you want to live on the first floor? Do you need your place to be handicap accessible?

"When you lived in the community before, tell me what it was like?" "Tell me more about when you lived on your own."

- Did you live with a roommate? What happened that caused you to come live in an ACH? Did you lose your housing and why? What worked and what did not work while living on your own?
- What services were in place when you lived in the community before? What services or supports do you think should have been in place to prevent the previous loss of housing?
- How long have you lived in the current facility or other facilities?
- Have you ever been evicted from housing? Why?

Employment/Volunteering/Daily Activities

"How would your time be spent differently if you moved from an ACH?" "Have you considered getting a job or volunteering maybe?"

If they say yes, here are some additional questions to get them talking about work/volunteering.

- There are a lot of different jobs to do and places to volunteer, can you give me an idea of what kind of job or place you are interested in working at? (i.e., fast food, retail, office, etc.)
- Did you work before coming to live in the ACH? What kind of work did you do?
- If you could find a job or volunteer, what would you like to do? (part-time or full-time)

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Learning

“Did you finish high school or get a GED?”

- If yes, did you attend college? Did you get a degree? If so, what was the degree in?
- If no, have you ever thought about going back to school (diploma, GED or college degree)?

Managing Money

“When you lived on your own before, did you manage your own money and pay bills?”

- Do you have outstanding bills owed to utility companies? (i.e., light, cable, phone bills)
- If you could get assistance to learn new skills about managing money, what do you want to learn about? (i.e., budgeting, open bank account, etc.)

Family and Relationships

“Tell me about the relationships you have with the people in your family, community, facility, church, etc.?” “How would you describe the best relationships? How would you describe the worst relationship?”

- Who do you spend the most time with each day? Who do you miss spending time with?
- Would you like the opportunity to make friends and meet people?

Living Safety and Taking Risks

“How important would you say it is for you to live on your own?”

- What worries do you have about living on your own?
- Looking back, were there any safety concerns (i.e., falls, fires, etc.) when you lived on your own before?

Health and Well-being

“Do you have a primary care provider (PCP)?” if yes, how often do you see them?”

Reminder: If they answer no, the next step is to link them to a PCP of their choice.

- Do you think you have good or poor health? Why?
- If it's poor, do you want to learn about ways to improve your health? (i.e., eat right, exercise, stop smoking/drugs, manage stress, etc.)

Everyday Tasks

“Describe what you usually do each day?” (You get up in the morning then ...)

- What are you able to do for yourself and what does staff do for you?
- See if they will describe in detail what they can do for themselves (cooking, cleaning, climbing stairs, bathing, dressing)

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Leisure

“Tell me what you like to do for fun?”

- What are your hobbies/interests? (i.e., paint, read, fish, walk, listen to music, watch TV)
- What do you do to relax?

Medical Care

“What medical issues do you want me to know about?” (i.e., illnesses, special diet, limitations, equipment/assistive technology needs, etc.)

Reminder: This should be more of a quick discussion for awareness purposes because most, if not all of these, are usually identified on the Comprehensive Clinical Assessment (CCA).

- Do you feel you are able to take your medications alone or will you need assistance?
- What type of assistance with your medication will you need? (i.e., taking it from pill bottles, someone else has to set up a pill box weekly, blister packs needed, or possibly an auto dispenser)

Behavioral Healthcare

“Describe to me what it’s like when you feel good and you are well? “

- What triggers will increase your symptoms and what triggers will decrease your symptoms?
- What are some early warning signs for when you need someone to intervene on your behalf?
- How do you want people to intervene when they notice you are not feeling good or not doing well? (i.e., call family/friend, contact behavioral health provider, give you time alone, listen to you and be supportive)

Personal Care

“What does recovery mean to you?”

- What do you think is the best way to take care of yourself?
- What are some personal goals for yourself? (i.e., What things bring you joy? What motivates you?, What would you do more of, if you could?)

Transportation

“Will you need assistance with transportation?” (i.e., get to grocery store, doctor, community activities)

- Do you know how to use public transportation?
- Do you have a driver’s license or need assistance to get your license back?
- Do you have a personal vehicle to use for transportation? Does it work or need to be repaired?

Community Resources/Other

“What will be different for you when you live in the community compared to where you live now?”

- What places, things and people do you want to be learn about?

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Legal

“Do you have any legal problems you want to mention? If yes, explain.”

- Have you ever been arrested, in jail, or convicted of a crime? If yes, explain.
- Are you currently on probation? If yes, explain.
- If you have pending charges, list any court dates you know.

Additional Questions:

“What kind of help do you need to be successful?”

“Did I miss anything you wanted to tell me?” Anything you want to add or correct?”

Section D: A Good Week of Meaningful Days (See *Conversational Guidance Document*) (OPTIONAL)

Reminder: For this section, it’s best to talk casually with the individual to try to gather information about what a meaningful day is to him/her.

“Tell me what you do during the week?” (i.e., What you do? Who you see?, Where you go?)

- What kinds of activities do you do, that you enjoy and want to keep doing more of?
- If you could do something different during the day or week, what would it be and why?
- Do you enjoy being active every day of the week or do you prefer some days to just relax?

Section E: Medical and Mental Health Information (OPTIONAL)

- Much of this information may be obtained from the medical records and/or guardian
- If completing this area, make sure all the sections are filled out completely and accurately

Section F: Other Information That is Important to Know about Me (OPTIONAL)

Example:

“What do you think you forgot to tell me, that you want me to know?”

“Do you have any questions for me about TCL? (i.e., In-Reach, Transitioning, service providers, supported employment, etc.)

Section G: Signatures

Reminder: Individuals identified in this section could be utilized as natural supports.

- Be sure to add the necessary signatures on the IR/TCL Tool as well as the relationship of each person to the individual.