

DDP

## MONTANA CHILD SERVICES “MINI-MONA” TOOL

For children under the age of 16 year who are served by the current Montana Children’s Services system, an individual resource screening tool comprised of four scales is offered. These scales focus on behavioral supports, health care supports, family supports, and developmental support and education. Each scale is intended to communicate the intensity and frequency of direct care person needed to keep people safe and free from harm. Ratings for the scales are intended to be the result of conversations with children and families, direct care providers, and case managers/family support specialists. The purpose of each of the scales is to identify in a respectful, fair, and consistent and accurate fashion the amount of direct care support assigned to each child. A definition of each of the rating scale items is as follows:

**BEHAVIORAL SUPPORTS SCALE:** The behavioral supports scale is intended to capture information regarding the amount of personal support time (e.g. respite, residential habilitation, homemaker, personal care) needed to redirect children who otherwise would engage in activities detrimental to property, or dangerous to themselves and/or others. While a child may have a number of issues for which support is needed, the behavior support scale focuses on the primary “target” behaviors which are most significant in a child’s life. There are two aspects of the scale. First, the frequency of the behavior is assessed. Specifically, the intent is to measure how often a child engages in the target behavior over the course of the past twelve months. The second aspect of the scale focuses on the intensity of the behavior. Specifically, the intent is to measure the risk which the target behavior presents to people and property. In addition to considering current target behaviors for which personal support is needed, the scales also are intended to capture the amount of personal support to maintain children who have previously experienced severe behavioral episodes but are no longer doing so because of the continued presence of direct care supports. The scoring structure, definitions, and interpretive guidelines are as follow:

**FOCUS QUESTION: DOES THE CHILD HAVE ANY BEHAVIOR CHALLENGES WHICH REQUIRE PAID SUPPORT SERVICES?**

**Behavioral Frequency: IF YES, HOW OFTEN DO THESE BEHAVIORS OCCUR?**

Score	Definition	Interpretive Guideline
1	One (1) to six (6) times per year	The target behavior has occurred between one to six times in the past 12 months. Include in this score any children with documented life threatening behavior which has occurred in the past 36 months but has not occurred in the past 12 months.

Score	Definition	Interpretive Guideline
2	Over six (6) and up to twelve times per year	The target behavior has occurred at a frequency of between once every two (2) months up to once a month over the past 12 months. An average should be applied when occurrence is intermittent but unusual (e.g. 3 episodes in month one, 0 episodes in month two, 0 episodes in month three; average = 1 per month)
Score	Definition	Interpretive Guideline
3	Over once per month to once per week	The target behavior has occurred at a frequency of over once per month up to once per week during the past 12 months. This score should be used to capture behavior which occur intermittently but often over the course of 12 months. Again, an average should be applied.
4	Over once per week to once per day	The target behavior has occurred at a frequency of between once per week and daily during the past six (6) months. Different from the earlier scores, this score focuses on current repetitive and predictable behavior, and does not consider events prior to six months.
5	Constantly	The target behavior has occurred constantly and is present at most times during the day. The behavior is not intermittent but rather is in constant expression.

***Behavioral Intensity: IF YES, HOW SERIOUS ARE THESE BEHAVIORS?***

Score	Definition	Interpretive Guideline
1	Verbal redirection / no risk of harm to self, others, or property	The target behavior is managed with redirection and presents no risk of harm or injury. Attention to the behavior is considered “usual and customary” and no additional parent or staff time is required to support the child.
2	One (1) person needed for intervention / risk limited to property	The target behavior requires the complete attention of one (1) person for the duration of the episode. The duration is relatively time-limited and the risk is limited to property damage and / or disruption of others.
3	One (1) person needed for intervention / significant risk of injury to self and/or others	The target behavior requires the complete attention of one (1) person for the duration of the episode. The duration is relatively long, and requires continuous monitoring for a significant portion of the day by person. The target behavior presents a significant risk of injury to self and / or others and can require first aid and / or emergency room support.

Score	Definition	Interpretive Guideline
4	One (1) person needed for intervention / life threatening risk to self and/or others	The target behavior requires the complete attention of one (1) person for the duration of the episode. The episode may be explosive and requires personal attention for a significant portion of the day in order to maintain stability. The target behavior presents life threatening risk to self or others, and can require emergency response, and/or hospitalization.
5	Two (2) people needed for intervention / life threatening risk to self and / or others	The target behavior requires the complete attention of two (2) people for the duration of the episode. Similar to the previous score, the episode may be explosive and requires attention from two people for a significant portion of the day in order to maintain stability. The target behavior presents life threatening risk to self or others, and can require emergency response, and/or hospitalization.

**HEALTH CARE SUPPORTS SCALE:** The health care supports scale is intended to capture information regarding the amount of personal support time needed to provide medical, nursing, and therapeutic care to children with health issues. While a child may have a number of health care needs for which support is required, the health care supports scale focuses on the primary health care need which is most significant in a child’s life. There are two aspects of the scale. First, the frequency of the health care issue is assessed. The second aspect of the scale focuses on the intensity of the health care risk. Similar to the behavioral support scale, the health care scales also are intended to capture the amount of personal support to maintain children who have previously experienced severe health issues but are no longer at risk because of the continued presence of personal supports. The scoring structure, definitions, and interpretive guidelines are as follow:

**FOCUS QUESTION: DOES THIS CHILD HAVE ANY HEALTH CONCERNS WHICH REQUIRE PAID SUPPORT SERVICES?**

**Health Care Frequency: IF YES, HOW OFTEN DO THESE HEALTH ISSUES OCCUR?**

Score	Definition	Interpretive Guideline
1	One (1) to six (6) times per year	The target health need has occurred between one to six times in the past 12 months. Include in this score any people with documented life threatening health needs which have occurred in the past 36 months but have not occurred in the past 12 months.
2	Over six (6) and up to twelve times per year	The target health need has occurred at a frequency of between once every two (2) months up to once a month over the past 12 months. An average should be applied when occurrence is intermittent but unusual (e.g. 3 episodes in month one, 0 episodes in month two, 0 episodes in month three; average = 1 per month)

Score	Definition	Interpretive Guideline
3	Over once per month to once per week	The target health need has occurred at a frequency of over once per month up to once per week during the past 12 months. This score should be used to capture health needs which occur intermittently but often over the course of 12 months. Again, an average should be applied.
4	Over once per week to once per daily	The target health need has occurred at a frequency of between once per week and daily during the past six (6) months. Different from the earlier scores, this score focuses on current repetitive and predictable health needs, and does not consider events prior to six months.
5	Constantly	The target health need has occurred constantly and is present at most times during the day. The health need is not intermittent but rather is in constant expression.

*Health Care Intensity:* **IF YES, HOW SERIOUS ARE THESE HEATH ISSUES?**

Score	Definition	Interpretive Guideline
1	Routine monitoring / no health risk	The target health care need is addressed via routine personal monitoring and observation. Personal attention is considered “usual and customary” and no additional parent or personal support time is required to support the child. While there may be long term consequences of the behavior, no immediate health risks are present.
2	Hourly monitoring / risk prevention	The target health care need requires hourly monitoring and/or attention and involves a nursing care plan or physician’s order. Family or personal supports are specifically assigned to attend on a scheduled basis, and such attention is required to prevent secondary or tertiary disabling conditions, and/or maintain current health status.
3	Hourly monitoring / immediate response	Similar to the previous score, the target health care need also requires hourly monitoring and/or attention and involves a nursing care plan or physician’s order. Personal supports are specifically assigned to attend on a scheduled basis, and while such attention is required to prevent future disabling conditions, and/or maintain current health status, <u>immediate</u> response is necessary to avoid serious and immediate consequences. Attention must be provided on demand and personal support cannot be redirected to other duties while attending to the child’s health care need. Monitoring includes routine night time bed checks and assessment.
4	Line of sight monitoring / immediate response	The target health care need requires that at least one (1) family member or support person maintain “line of sight” attention to the child at all times. Response must be immediate and person cannot be redirected to other duties. Monitoring includes continuous night time bed checks and assessment.

Score	Definition	Interpretive Guideline
5	One-on-one person assignment / imminent life threatening	The target health care need requires the complete attention of one (1) family member or support person for the duration of the health care episode. The consequence of the health care issue is life threatening and because of that risk, one person is assigned full-time to provide support. Monitoring may include continuous night time bed checks and assessment, in lieu of one-on-one personal supports.

**FAMILY SUPPORTS SCALE:** The family supports scale focuses on the amount of personal support needed to encourage, maintain, and support family involvement in the child’s life. As such, the scale is intended to capture information regarding the amount of Family Support Specialist and respite time needed to communicate, counsel, and support families. The purpose of the support is not measured; whether families are supportive and engaged, or anxious and critical, the scales attempt to measure the amount of personal support time required rather than the use of the personal time. There are two aspects of the scale. First, the amount of family involvement and interactions is assessed. Specifically, the intent is to measure the amount of respite, homemaker, and personal care which the family provides the child over the course of the past twelve months. The second aspect of the scale focuses on the amount of FSS time required to support each family. Again, the nature of the contact is not measured; only the amount of time required is considered. The scoring structure, definitions, and interpretive guidelines are as follow:

**FOCUS QUESTION: DOES THE FAMILY REQUIRE PAID SERVICES IN ORDER TO SUPPORT THE CHILD?**

*Family Support Frequency (RESPITE Base: IF YES, HOW OFTEN DOES THE FAMILY NEED PAID PERSONAL SUPPORT (RESIDENTIAL HABILITATION AND/OR RESPITE)?*

Score	Definition	Interpretive Guideline
1	The family has not needed or used respite in last 12 months	Family has not used respite service in the past 12 months.
2	The family uses less than one (1) personal support visit per month	Family-initiated personal supports occur at least once but no more than eleven (11) times in the past 12 months to obtain respite. Contacts should be averaged over the 12 month period.
3	The family uses one (1) personal support visit per month	Families have used personal support on average once per month over the past 12 months.
4	The family uses two (2) to four (4) personal support visits per month	Families frequently use between two (2) to four (4) personal support visits per month over the past 12 months.

Score	Definition	Interpretive Guideline
5	The family uses weekly to daily personal support visits	Families frequently use personal supports on a weekly to daily basis during the past six (6) months. Different than the previous definitions, contacts at this frequency need only occur during the most recent six month period.

***Family Support Intensity(FSS TIME): IF YES, HOW MUCH FAMILY SUPPORT SPECIALIST TIME DOES THE FAMILY NEED?***

Score	Definition	Interpretive Guideline
1	No FSS time is required	No FSS time is required to contact families or arrange for services.
2	Up to two (2) hours person time per month	Up to two (2) hours of FSS time per month is required to assist families obtain service.
3	Between two (2) and six (6) hours person time per month	Between two (2) to six (6) hours of FSS time per month is required to assist families obtain service.
4	Up to two (2) hours person time per week	Over six (6) hours per month and up to two (2) hours per week of FSS time is required to assist families obtain service.
5	More than two (2) hours person time per week	Family involvement requires more than two (2) hours per week of FSS time.

**DEVELOPMENTAL SUPPORT & EDUCATION SCALE:** The Developmental Support & Education scale focuses on the amount of habilitation training needed to encourage, maintain, and increase each child’s individual skills. As such, the scale is intended to capture information regarding the amount of residential habilitation and therapy time needed to increase speech, gross / fine motor skills, activities of daily living, and socialization. The scale is divided into five levels starting with public education only and ending with daily habilitation. Also, summer programs and weekend supports are factored into each level. The scoring structure, definitions, and interpretive guidelines are as follow:

**FOCUS QUESTION: DOES THE CHILD REQUIRE HABILITATION SERVICES IN ORDER TO MAINTAIN AND / OR INCREASE PERSONAL SKILLS?**

***Developmental Support & Education Frequency: IF YES, HOW OFTEN DOES THE CHILD NEED RESIDENTIAL HABILITATION AND/OR THERAPY?***

Score	Definition	Interpretive Guideline
1	0 to 12 hours per month of habilitation support including summer program	School provided-only; no additional support needed; twoweek summer program is provided
2	13 to 32 hours per month of habilitation support including summer program and weekend support	Intermittent after-school support provided (less than weekly); two week summer program is provided

Score	Definition	Interpretive Guideline
3	33 to 45 hours per month including summer program and weekend support	Once weekly after-school support provided; two week summer program provided
4	46 to 60 hours per month including summer program and weekend support	Two to four times per week after-school support provided; two week summer program provided
5	61 hours or more per month including summer program and weekend support	Daily hab beyond school needed; includes weekend support and hab programs sustained through summer

**Montana Child Demographic Information**

**Name of Child**

**Provider Name**

**Date of Screening**

**Rater**

**Interview Participants**

<input type="text"/>

Montana Child Screening Score Sheet

<b>Behavior Scale</b>		
Intensity		<input type="text"/>
Frequency		<input type="text"/>
Total	Amount	
<b>Health Scale</b>		
Intensity		<input type="text"/>
Frequency		<input type="text"/>
Total	Amount	
<b>Family Scale</b>		
Intensity		<input type="text"/>
Frequency		<input type="text"/>
Total	Amount	
<b>Developmental Support Scale</b>		
Intensity		<input type="text"/>
Frequency		<input type="text"/>
Total	Amount	
<b>Monthly Allocation Amount</b>		
		<b>\$</b>