

COMMUNITY INTEGRATION PLANNING GUIDANCE

Objective: This is a guidance document to offer LMEs-MCOs and/or their contracted entities ideas about how to begin conversations with individuals about community integration, alternative housing options, and community-based services and supports. Conversation about community integration should begin during the Diversion process and should reflect the needs of the individual.

Disclaimer: *This document contains only brief, general ideas for questions and suggestions about how to begin the conversation about community integration planning. It is not intended to be an all-inclusive checklist.*

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

Living Situation

Begin by asking the individual/guardian the following questions: *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? Where do you not want to live and why?*

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

- Do you live or want to live close to family? Do you live or want to live close to a bus line? Is it important that you can walk to a corner store?
- What kind of things do you have difficulty with or need help with? For instance, do you have difficulty climbing steps or reaching higher cabinets? Will you need surfaces lowered, widened doors due or other special accommodations due to wheel chair use? (If the individual is deaf, hard of hearing or blind, the interviewer should have knowledge of accommodations and explore those with the individual if needed.) Do you prefer living alone or with a roommate? (If with a roommate, interviewer should explain the conditions of having a roommate.)
- What types of situations might cause you to consider living in an ACH?
- Have you ever lost housing and why? What worked and what did not work while living on your own?
- What services are or will need to be in place if you live in the community? What services or supports do you receive or think should be in place to prevent loss of housing?
- Have you ever been evicted from housing? Why?

Employment/Volunteering Daily Activities

How would your time be spent differently if you lived in the community? 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? (e.g., fast food, retail, office, etc.)
- Are you currently employed? If so, what type of work do you do? If not, what type of work would you like to do?
- If you could find a job or volunteer, what would you like to do? (part-time or full-time)

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

Do you manage your own money and pay bills?

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

- 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?
- Are there any safety concerns (e.g., falls, fires, etc.) that you have about living on your own?

Everyday Tasks

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

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

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? (e.g., eat right, exercise, stop smoking/drug use, manage stress, etc.)

Medical Care

What medical issues do you want me to know about? (e.g., 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). This would be good information to share with LME-MCO medical staff (nurse, etc.) to assist when there are health and medical care issues to address further.

- 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? (e.g., 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? (e.g., 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? (e.g., What things bring you joy? What motivates you? What would you do more of, if you could?)

Transportation

Will you need assistance with transportation? (e.g., 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 would change about your current living situation?

- What places, things and people in the community do you want to learn about?

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?