

The Basics of Treatment Planning

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Objectives

Introductions and Discussion: Why?
10minutes

Objective 1: 45 Minutes

Participants will learn that the most important perspective in developing an individualized treatment plan is that of the person-served, while including the entire treatment team on one plan allows for a cohesive treatment flow from assessment through completion (golden thread).

Objective 2: 25 minutes

Gain understanding of the requirements met through integrated treatment planning at the Micro (person-served), Mezzo/Meso (organization, stakeholders), and Macro (accreditation, certification, state standards) levels.

Objective 3: 25 minutes

Participants will practice the development of an integrated individualized treatment plan that is SMART: Specific, Measurable, Attainable, Reliable, and Time-bound.

Discussion Q&A: 15 minutes





What is a Treatment Plan?

Chapter 5112 ORC: "Treatment plan" means a written statement of reasonable objectives and goals for an individual established by the treatment team, with specific criteria to evaluate progress towards achieving those objectives."



REMEMBER WHY YOU STARTED

YOUR WORLD WITHIN



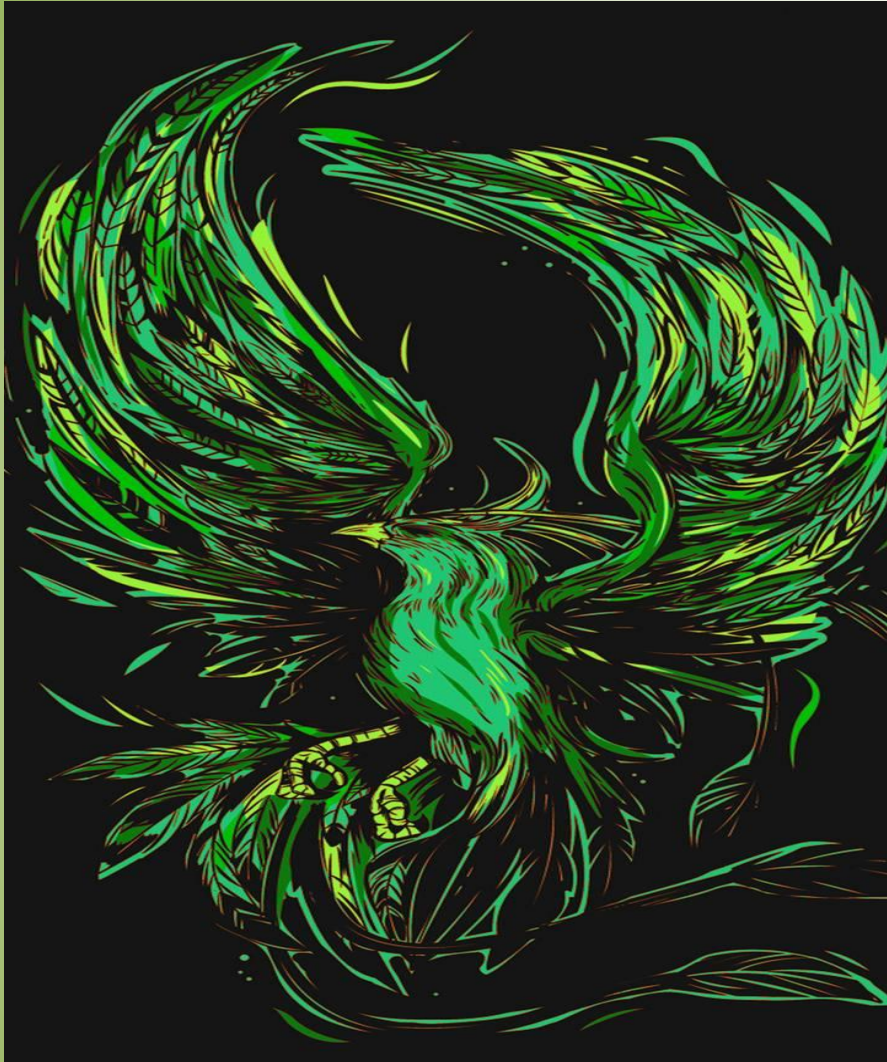
But first, why?





Meet Phoenix

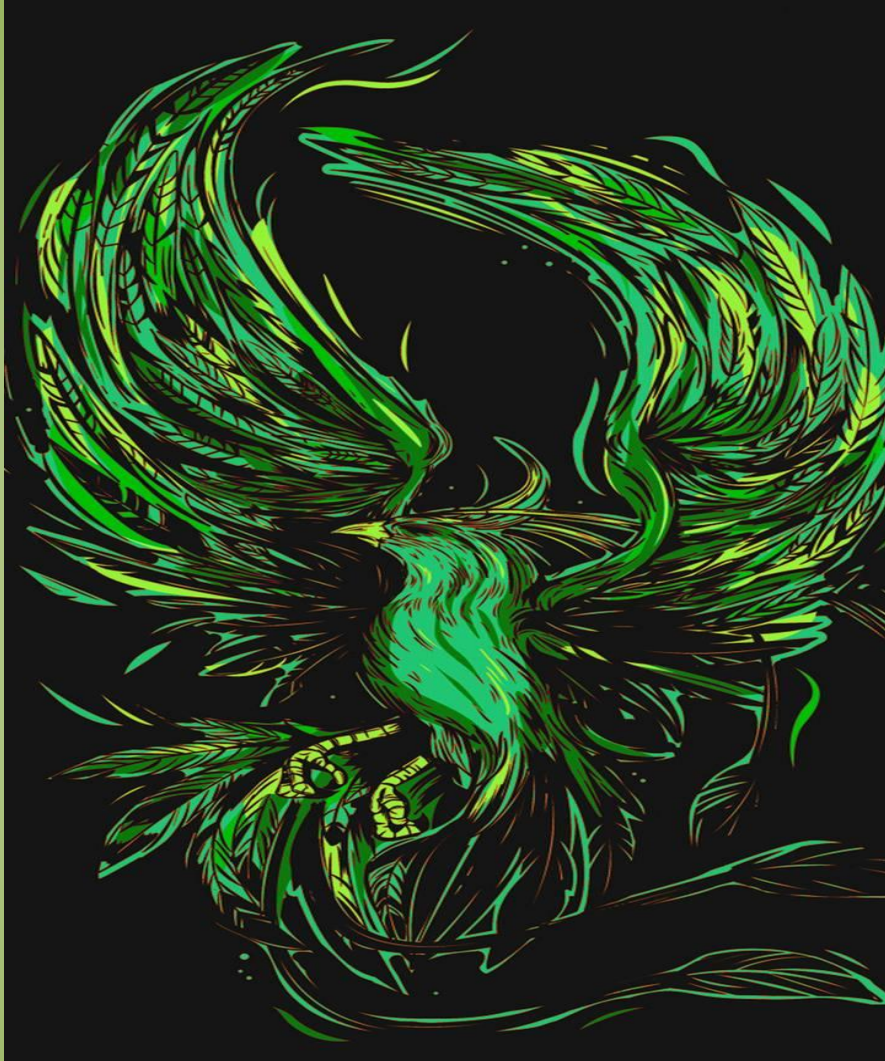




Objective 1: 45 Min

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Who?

- Client
 - Person-First Language
 - SNAP
 - Stages of Change
 - “Follow the Client...”



What is Trauma-Informed Care?

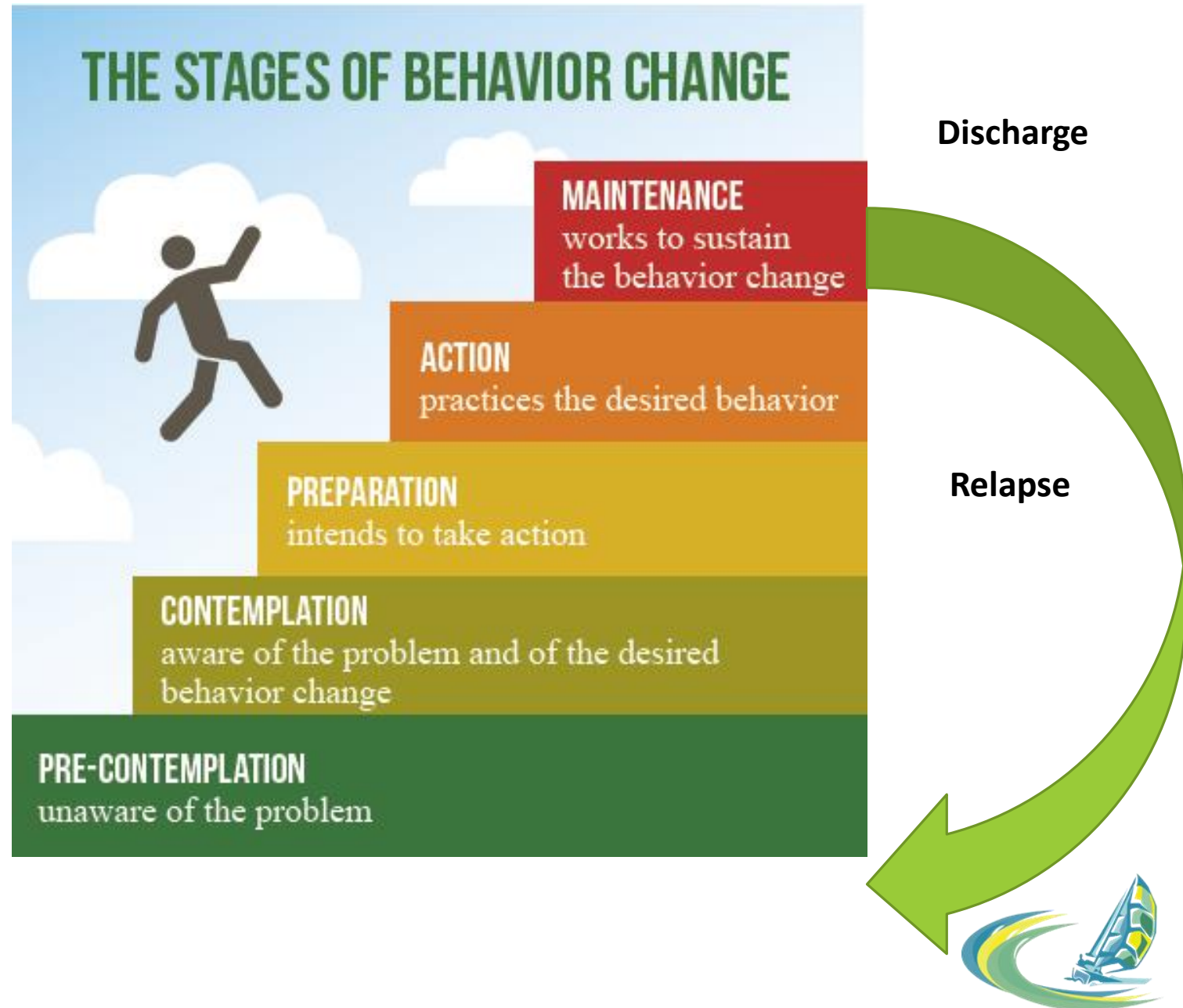
The 4 R's of Trauma-Informed Care

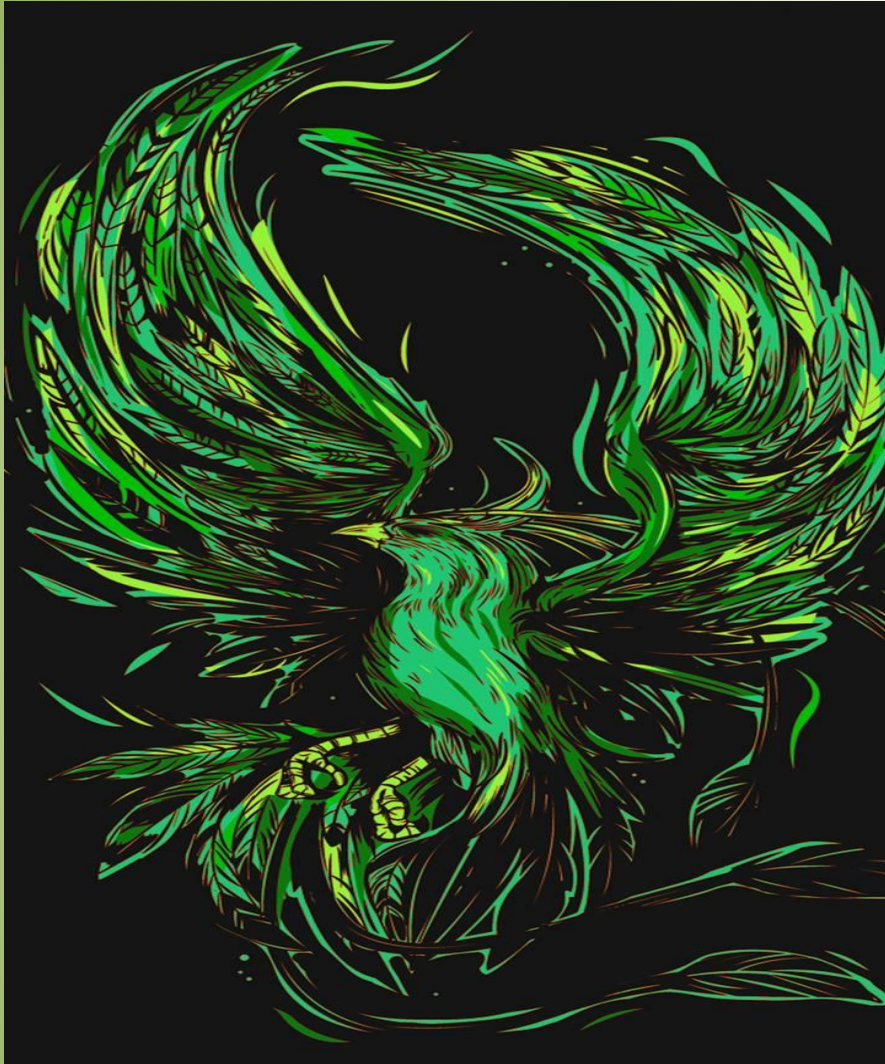
- Realize,
- Recognize,
- Respond,
- Resist Retraumatization



Stages of Change

Transtheoretical Model (Prochaska and DiClemente)





Who?

- Stakeholders/Support System
 - Treatment Team
 - Internal/External

Poll # 1



Ohio Governing Bodies

- US Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration (SAMHSA).
- Ohio Mental Health and Addiction Services.
- Ohio Administrative Code (OAC).
- Health Insurance Portability and Accountability Act (HIPAA).
- 42 Code of Federal Regulations (CFR), part 2
- Grant/Funding regulations.
- Ohio Chemical Dependency Professionals Board.
- Ohio Counselor, Social Worker, and Marriage Family Therapy Board.
- Accreditation Bodies (CARF, COA, TJC)
- Organization/Agency policy and procedure.
- County Mental Health and Addiction Services Board



OHIO ADMINISTRATIVE CODE (OAC) Rule 5122-27-93 Treatment Planning

- Treatment Providers are required to keep a clinical record, and a treatment plan.
- Treatment plans must be collaborative between the Client and Provider(s).
- Treatment plans must include information related to diagnostic assessment, and reflect on-going assessment of needs.
- Support the needs of the clients with the identified MH/SUD services.
- Identify goals and objectives rooted in client's needs/desired treatment outcomes.
- Goals/objectives should be mutually agreed upon. If not, must explicitly explain why.
- Document all services provided, except crisis intervention.
- Note anticipated duration and frequency of treatment services.
- Document collaboration with client and, when appropriate, support system.
- Date and signature of provider (and supervisor, if necessary).
- Note Client level-of-care (LOC).
- Comprehensive treatment plans must be completed within one month or 5 appts, whichever is longer. (Differs for case management plans in residential treatment, or initial treatment plans)



OHIO ADMINISTRATIVE CODE (OAC) Rule 5122-27-93 Treatment Planning cont...

REVIEW SCHEDULE

- SUD Treatment Plan review ninety days, at minimum.
- Whenever clinically appropriate/medically necessary:
 - Change in level-of-care
 - Additional diagnoses
 - Per Client request
 - At minimum, within twelve months

TREATMENT PLAN DOCUMENTATION

- Updates must be documented.
- Reviews must be documented, even when no changes are made.
- Document must show evidence of client active participation, and support system as appropriate.
- Documentation of client's refusal to participate, when applicable.
- Provider (and supervisor, when necessary) signature.



FERPA

The **Family Educational Rights and Privacy Act (FERPA)** is a federal law enacted in 1974 that protects the privacy of **student education records**.

The Act serves two primary purposes:

1. Gives parents or eligible students more control of their educational records
2. Prohibits educational institutions from disclosing "personally identifiable information in education records" without written consent



Who must comply?



- **Any public or private school:**
 - Elementary
 - Secondary
 - Post-secondary
 - **Any state or local education agency**
- Any of the above must receive funds under an applicable program of the US Department of Education

Protected information



Student Education Record:
Records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution

Permitted disclosures¹



- School officials
- Schools to which a student is transferring
- Specified officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for or on behalf of the school
- Accrediting organizations
- Appropriate officials in cases of health and safety emergencies
- State and local authorities, within a juvenile justice system, pursuant to specific state law
- To comply with a judicial order or lawfully issued subpoena

HIPAA

The **Health Insurance Portability and Accountability Act (HIPAA)** is a national standard that protects sensitive **patient health information** from being disclosed without the patient's consent or knowledge. Via the Privacy Rule, the main goal is to

- Ensure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.



- Every healthcare provider who electronically transmits health information in connection with certain transactions
- Health plans
- Healthcare clearinghouses
- Business associates that act on behalf of a covered entity, including claims processing, data analysis, utilization review, and billing



Protected Health Information²:
Individually identifiable health information that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records



- To the individual
- Treatment, payment, and healthcare operations
- Uses and disclosures with opportunity to agree or object by asking the individual or giving opportunity to agree or object
- Incident to an otherwise permitted use and disclosure
- Public interest and benefit activities (e.g., public health activities, victims of abuse or neglect, decedents, research, law enforcement purposes, serious threat to health and safety)
- Limited dataset for the purposes of research, public health, or healthcare operations

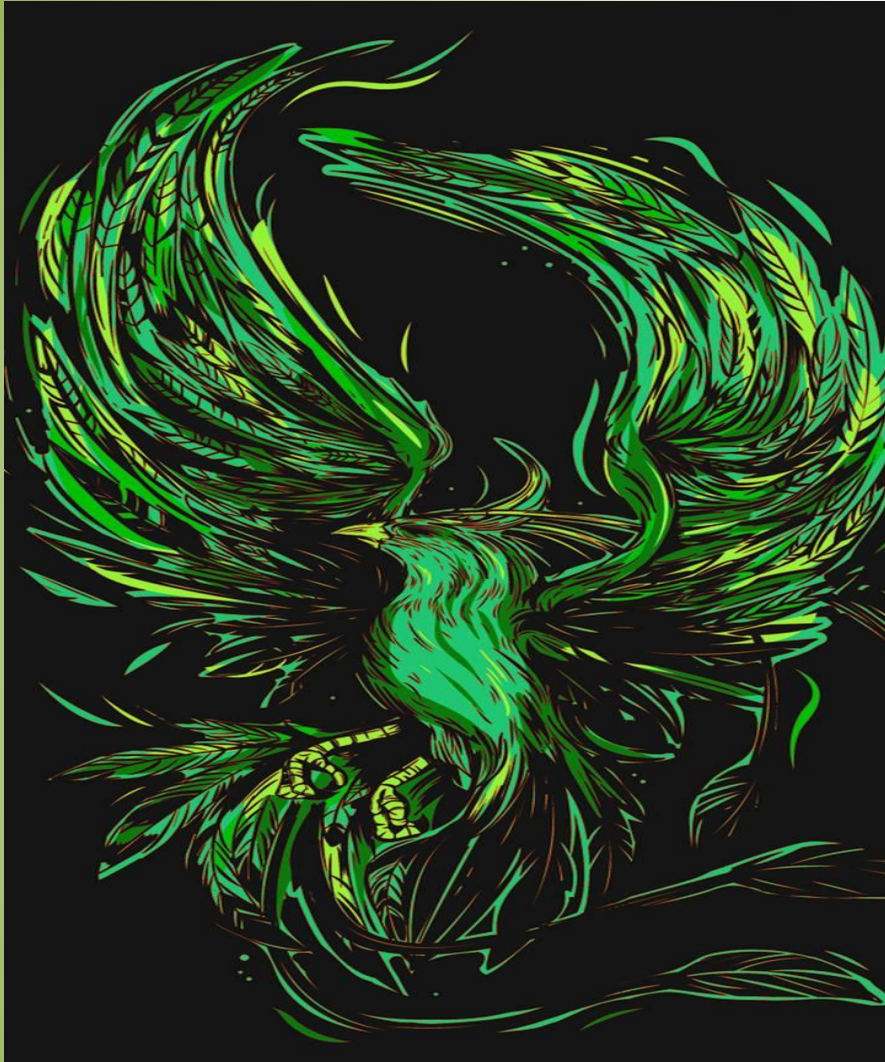
1. **Permitted disclosures** mean the information can be, but is not required to be, shared without individual authorization.

2. **Protected health information** or **individually identifiable health information** includes demographic information collected from an individual and 1) is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse and 2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and

- (i) That identifies the individual, or
- (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

For more information, please visit the Department of Health and Human Services' [HIPAA website](#) and the Department of Education's [FERPA website](#).

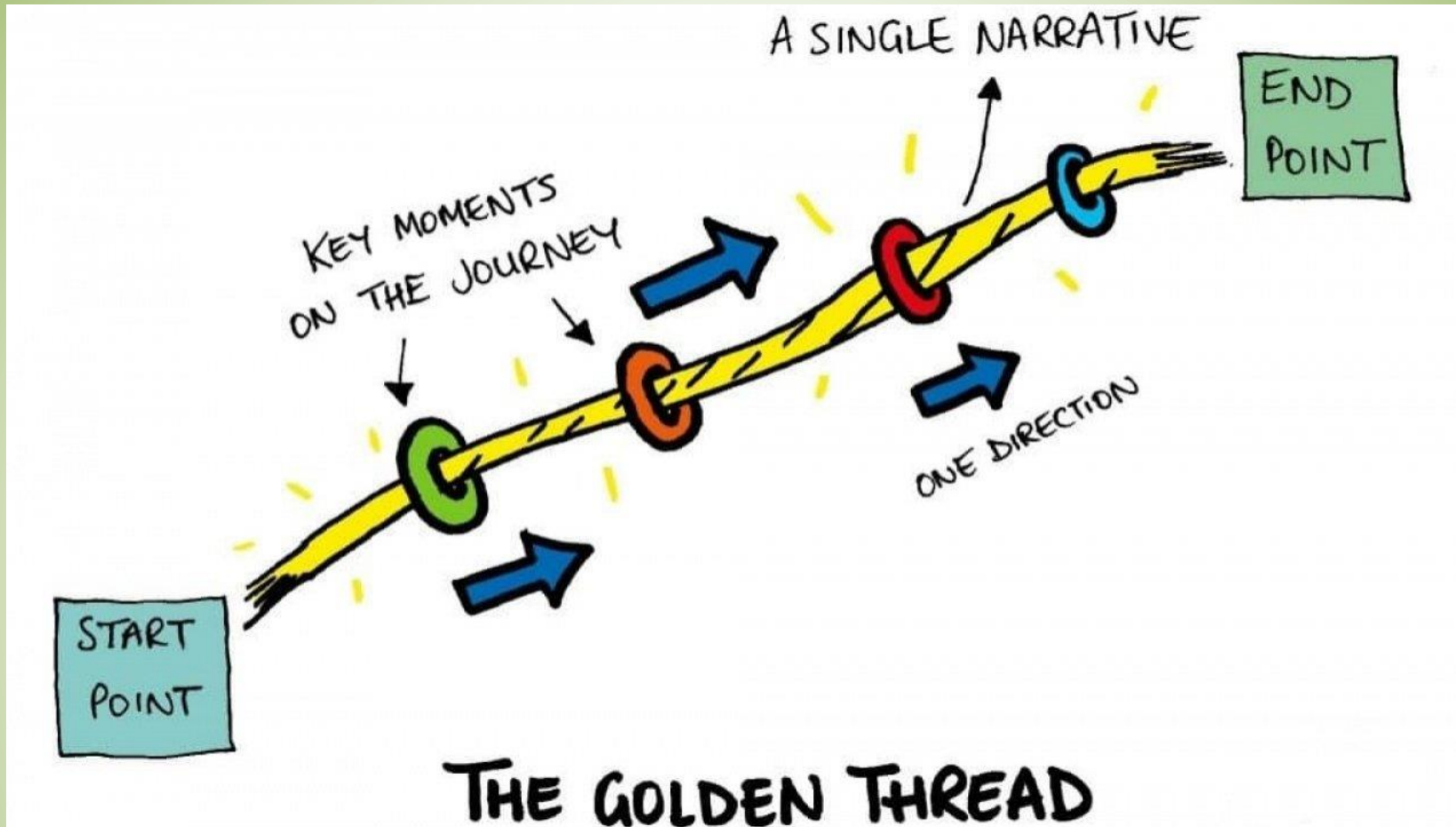




Objective 2: 25 min

Gain understanding of the requirements met through integrated treatment planning at the Micro (person-served), Mezzo/Meso (organization, stakeholders), and Macro (accreditation, certification, state standards) levels.





Assessment + Treatment Plan + Progress Notes =
Golden Thread



American Society of Addiction Medicine (ASAM) Criteria

Level-of-care (LOC)

1. Outpatient Services
2. Intensive Outpatient Services
3. Residential Treatment



Transition/Discharge Planning

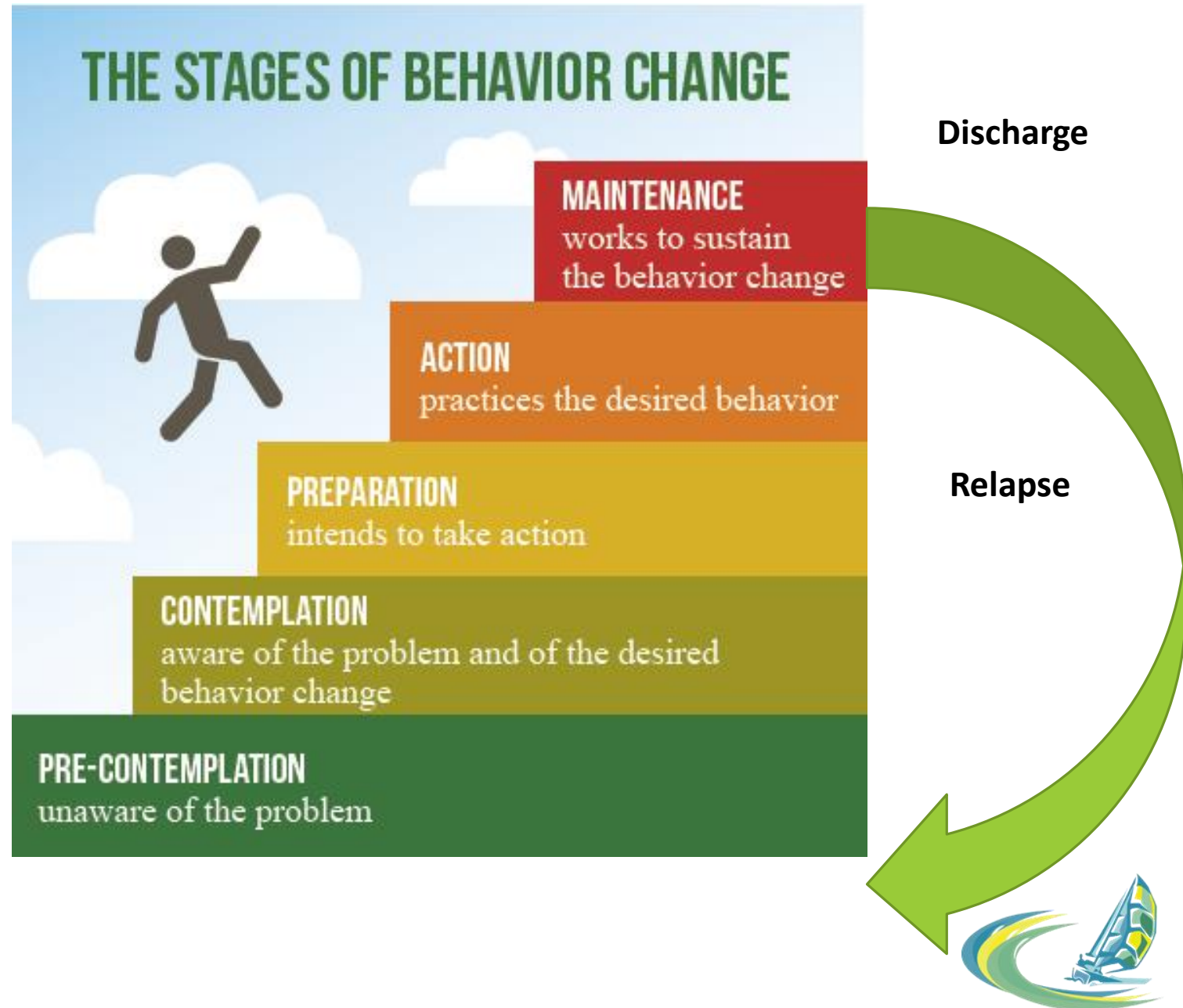


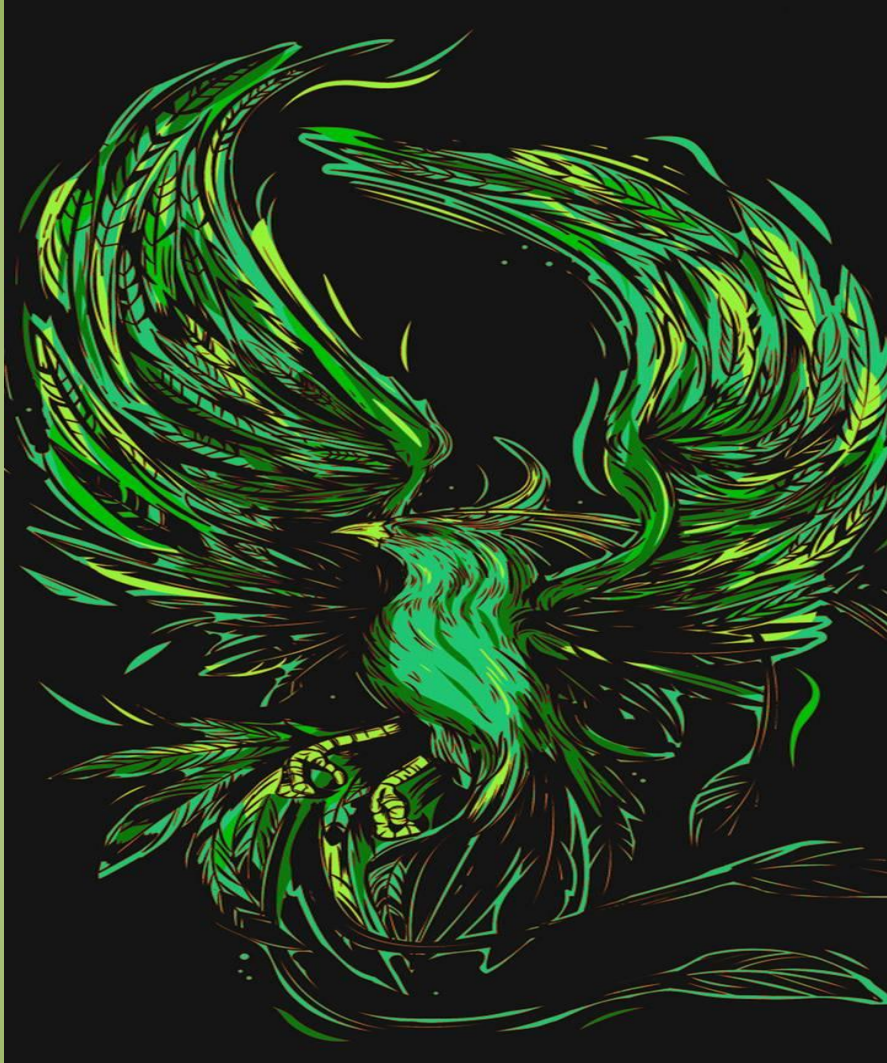
- Starts at the beginning.
- Provides clear expectations.
- Identifies resources to assist in process.



Stages of Change

Transtheoretical Model (Prochaska and DiClemente)





Phoenix Check-in

Poll #2





Objective 3: 25 Min
Participants will learn how to formulate a treatment plan that is Specific, Measurable, Achievable, Relevant, and Time-bound (SMART).



Joint Commission Standards (Behavioral Health)

PC.4.40 - The organization develops a plan for care, treatment, and services that reflects the assessed needs, strengths, and limitations. Elements of Performance require treatment plans that include the following:

- **Clearly defined problems and needs statements.**
- **Measurable goals and objectives.**
- **The frequency of care, treatment, and services.**
- **Objectives are sufficiently specific to evaluate the client's progress and expressed in behavioral terms that specify measurable indices of progress.**
- **Goals and objectives are re-evaluated and, when necessary, revised.....at a minimum specified time interval established by organization policy.**



CARF 2022 Standards

C. Person-Centered Plan

- **Conducted in collaboration with Client/Support, and treatment team (when applicable.)**
- **Based upon information obtained from assessment, SNAP**
- **Coordinated with external stakeholders and “natural supports”.**
- **Understandable to the client/person-served.**
- **“This standard requires both integration and inclusion...”**
- **Document must list Client’s goals “in their own words,” and clinical goals must be understandable.**
- **Specific to client’s needs, age, development, culture/ethnicity.**
- **Include transition planning and reference external goals/linkages (including legal needs).**
- **A copy must be offered to client, when applicable.**





S

Specific

Who, What, Where,
When, Why, Which

Define the goal as much
as possible with no
ambiguous language.

WHO is involved, WHAT
do I want to accomplish,
WHERE will it be done,
WHY am I doing this
(reasons, purpose),
WHICH constraints /
requirements do I have?



M

Measurable

From and To

Can you track the
progress and measure
the outcome?

How much, how many,
how will I know when
my goal is
accomplished?



A

Attainable

How

Is the goal reasonable
enough to be
accomplished? How so?

Make sure the goal is
not out of reach or
below standard
performance.



R

Relevant

Worthwhile

Is the goal worthwhile
and will it meet your
needs?

Is each goal consistent
with other goals you
have established and
fits with your
immediate and long
term plans?



T

Timely

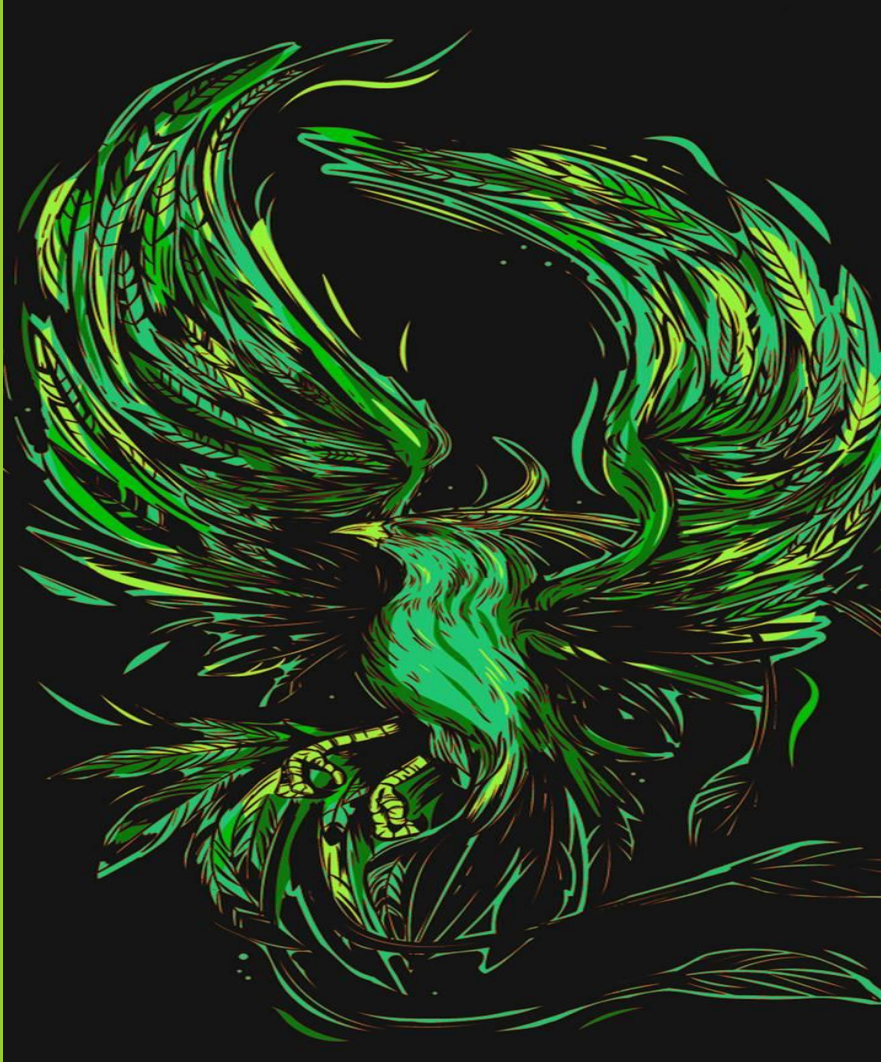
When

Your objective should
include a time limit. "I
will complete this step
by month/day/year."

It will establish a sense
of urgency and prompt
you to have better time
management.



Let's Practice!



Client Desired Outcome:

Transition Planning:

Strengths:

Needs:

Abilities:

Preferences:

Goal(s) - Specific:

Objective(s) – Measurable, Attainable, Relevant, Timely:

Intervention(s) – Interventions for each team member.

Coordinated care:

Client copy? Y/N If no, why?



Discussion Q&A: 15 Min



References

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