

Incorporating Person-Centered Planning Elements into Treatment Plans

The following information should be included in the Diag forms on page 5 (and should be updated whenever a Recovery Plan Review is completed):

1. Identifying Information:

include gender, age, birthday, current living situation, family composition (when appropriate), ethnicity, and other relevant identifying information.

The screenshot shows a web-based form titled "DIAGNOSIS CHECKLIST" with a date of 6/15/07 2:27 PM and Record No. 6. The form has several sections: "Identifying Information (age, marital status, living arrangements)" with a text input field; "Current Overview of Need" with a large text area; "Does Client Have Current Medical Needs" with a checkbox and a text input for "Referral for Medical Evaluation Explain:"; and "Risk" with a checkbox and a text input for "Explain:". Arrows from the surrounding text boxes point to these sections: one to the "Identifying Information" field, one to the "Current Overview of Need" text area, one to the "Medical Needs" checkbox, and one to the "Risk" checkbox.

3. Medical Needs

Check either appropriate box.
Explain mental health medical needs PLUS any outside medical needs and or referrals

4. Risk

Check the Risk box and explain the concern (such as: suicidality, violence, sexual behaviors, truancy, unstable housing, criminal behavior, etc...)

2. Current Overview of Need:

1. Include the **reason** that the individual and/or family is seeking services in their own words.
2. Assess and describe the following:
 - Clients readiness to change using the client's (or parents, or both if working with an older child or youth) own words.
 - Client strengths that will help them to achieve their goals.
 - Family or other natural/informal supports and how they can help client to achieve goal
 - Anticipated difficulties/barriers from the client's point of view.
 - Cultural factors affecting the family or treatment process.

Comprehensive Service Plan for Recovery
COMPREHENSIVE SERVICE PLAN FOR RECOVERY Record No: 7

700180 5/21/2007 Read Mode 1

Recovery Needs

| | High | Moderate | Low | None | Unknown |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hx Violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hx Self Harm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hx Sexual Acting Out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hx Substance Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hx Noncompliance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Med Management Only

Other Changes

Anticipated Problems/Barriers To Recovery, Current Concerns

| Authorized Services | | | | | |
|---------------------|----------------------|---------------|---------------|--------------------|----------|
| Date | Problem Addressed | Srvc/Provided | Authorized By | Provided By | End Date |
| 6/25/2007 | Adaptive Functioning | IT_YSD | 606 | Licensed Clinician | |

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Anticipated Problems/Barriers to Recovery, Current Concerns:

Describe the current significant barriers, stressors, and clinical issues that are affecting the client (and his/her family if applicable)

The information included in the SCP needs to be entered initially and then updated every time the SCP is reviewed!

Specific Change Plan for Recovery

Record No: 2

700180 5/21/2007 Read Mode 1

Date: 6/4/2007 SCP Type: Primary Treatment Plan

Primary Problem Area

Goal: asdf

Objective 1: asdf

Objective 2: asdf

Objective 3: asdf

Lowest Outcome: asdf

Best Outcome: asdf

Where CLIENT sees self NOW

Where CLIENT would like to be

Where PROVIDER sees client NOW

Close-Out Date: The end of this goal

Reason: Discontinued

| Agrees | Method | Frequency/Duration | Sessions | Staff Responsible |
|--------|--------------------------|--------------------|----------|--------------------------|
| Yes | Adult Skills Development | 2 days/week | 2 | Family Intervention Team |

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SCP Instructions:

1. The **GOAL** is the overarching treatment goal written in the clients own words that is tied to the Primary Problem Area
2. The **OBJECTIVES** are the specific changes expected in measurable and behavior terms (can be written in the clinicians words).

Lowest and Best Outcomes:

3. Lowest Outcome: In the client or family's words, "What is the smallest amount of change that would indicate to you that you have made progress on your goal?"
4. Best Outcome: Describe changes in the individual/family's current needs and circumstances that will need to occur for them to be succeed in discharge or transition. Also, describe the discharge/transitional setting in terms of location, level of care, length of stay, and service needs for discharge. This statement may be different on the different SCP's (discharge from Case Management could be different than from a residential or outpatient setting for the same client...) "[Client name] will be discharged when describe the above information"

Specific Change Plan for Recovery

Record No: 2

700180 5/21/2007 Read Mode 1

Specific Change Plan Reviews

Date Reviewed: 1/14/2008

Where CLIENT sees self NOW

Where CLIENT would like to be

Where PROVIDER sees client NOW

Progress:

sdfsadf

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In Progress Box:

Specifically address each of the goal areas and objectives.

Include OQ/YOQ data showing progress or increased distress/symptoms and relevance to changes in Recovery plan.