

BHRS Treatment Plans

Technical Assistance and Education

PerformCARE

Goals and Objectives

MEASURABLE

- Must be measurable (e.g., number of times, amount of time, % of time out of observed opportunities)
- Baseline AND progress should be measured in the same manner as goal/objective
- The Treatment Plan should note the person responsible for collecting data

RELATE TO A BEHAVIORAL/MENTAL HEALTH NEED

- Should relate to behaviors as outlined in evaluation
- Goals related to communication, social skill development, and discrete trial must be related to mental health treatment, behaviors, and/or symptoms
- Vocational, educational, and ADL related goals are not MA compensable

Goals and Objectives

- Should be individualized to the member's level (e.g. not all members with a diagnosis of ADHD should have the same goals/objectives)
- Should be age/developmentally appropriate (e.g. 100% compliance is not generally appropriate, unless related to risk/safety behaviors)
- Should have individualized target dates
- Should be strength-based and written to achieve a positive outcome

Interventions

- Interventions should not rely only on BHRS-the skills are to transfer to the member and natural supports
- All team members should be included (e.g. member, parents, BSC/MT, TSS, teachers and other natural supports)
- Should be individualized to both the member, and the team member who will be implementing
- The evidence-based practices that are utilized should be included (e.g. FBA, CBT, manualized treatments)
- Effective interventions (from prior treatment, FBA recommendations) should also be included
- Interventions should be detailed and clearly described, leading to more accurate, consistent implementation of the interventions
- Information on how behaviors/progress will be tracked and by whom should also be included

- Progress should be recorded in measurable terms (e.g. same terms as baseline and goals/objectives)
- Adding the member/family perception of progress to measurable terms is appropriate
- When progress is occurring, identify the method/interventions that are effective and utilize to the fullest. If regression is occurring, re-evaluate what is not working, and revise treatment plan.
 - Are all team members utilizing interventions as intended?
 - Is the plan clear?
 - Was the appropriate behavior targeted?
 - How can the treatment team change the methods and interventions?

Recording Progress

Discharge Planning

- Discharge planning should start at the beginning of treatment, and be reassessed continually with the member and family
- Discharge criteria should be recorded in measurable terms (relates back to goals/objectives) and should be realistic
- Discharge plans should include both formal and natural supports (e.g. support groups, family members, school, preferred activities)
- Should include relapse management: describe what steps the family should take if symptoms increase (skills the family and/or member will use to maintain treatment gains; relapse prevention plan)
- Barriers to discharge or recommended discharge resources should be discussed with family throughout treatment (e.g. transportation, fear of regression)

Crisis/Safety Planning

- Should include antecedents and triggers to a crisis
- Should identify early warning signs of what could be a crisis (specific symptoms or behaviors the member may exhibit prior to a crisis)
- Should include steps that member can complete (e.g. request a break, listen to music, 1:1 time with adult, go to a safe place)
- Should include member strengths/interest
- Should include steps for others to take to support member prior to contacting provider, crisis, or the police
- Should include contact numbers to be used during a crisis (e.g. natural supports, providers, local crisis)
- Should include a plan for assessing effectiveness of the crisis plan following a crisis (e.g. what steps were effective, which steps were not, adding additional interventions)

Additional Information

Treatment plans lacking necessary information can be cause for PerformCare follow-up/request for revisions

- Assessment information (symptom-free period of time, strengths, diagnosis)
- Treatment planning (improving quality of life, member-family driven)
- Anticipated discharge date
- Cultural preferences
- Details the roles of the professional and family/community supports
- Objective, measurable, specific details addressing all appropriate life domains
- Individualized crisis plan

Additional Resources:

- Treatment Record Review Tools:
 - <http://pa.performcare.org/providers/resources-information/forms-quality.aspx>
- PerformCare Policies:
 - <http://pa.performcare.org/providers/resources-information/policies.aspx>
- PerformCare Wellness Information:
 - <http://pa.performcare.org/members/health-wellness/toolkit.aspx>
- PerformCare Provider Manual:
 - <http://pa.performcare.org/pdf/providers/resources-information/provider-manual.pdf>
- Guidelines for Best Practice in Child and Adolescent Mental Health:
 - www.dhs.state.pa.us/cs/groups/public/documents/manual/s_001583.pdf

Additional Resources (continued)

- CASSP:
 - http://www.parecovery.org/principles_cassp.shtml
- SAMHSA Recovery:
 - <http://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>
- Bulletin 50-02-02:
 - <http://www.dhs.state.pa.us/publications/bulletinsearch/bulletinselected/index.htm?bn=01-02-07&o=N&po=OMAP&id=04/03/2002>
- DHS- BHRS Frequently Asked questions:
 - <http://www.dhs.state.pa.us/provider/doingbusinesswithdhs/frequentlyaskedquestions/behavioralhealthrehabitationservicesbhर्सfrequentlyaskedquestions/>
- OMHSAS-09-01:
 - <http://www.dhs.state.pa.us/publications/bulletinsearch/bulletinselected/index.htm?bn=OMHSAS-09-01&o=N&po=OMHSAS&id=01/09/2009>