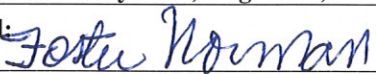


COBB COUNTY COMMUNITY SERVICES BOARD

Policy # 8069	Treatment Planning/Individual Recovery Plan	Service Delivery
Origination Date: February 1998		
Revision Date: November 2004; March 21, 2006; June 29, 2007; February 24, 2009, August 3, 2012, June 19, 2013, July 14, 2016, January 24, 2019		
Reviewed Date: July 2005, August 23, 2010		
Approved: 		
Foster Norman, Executive Director		

POLICY:

It is the policy of the Cobb County Community Services Board (the Board) to develop a Treatment Plan (TP)/Individual Recovery Plan (IRP) with each individual that is specific to the person to facilitate positive individual outcomes. The plan is an ongoing process throughout care and is modified as new information and individual changes occur.

PROCEDURE:

1. Based on data collected during an initial screening or initial assessment upon entry into care a preliminary TP/IRP will be developed with the individual to initiate services and care.
2. The preliminary plan will consist of a minimum of one goal, objective, intervention per service identified as a need.
3. A comprehensive TP/IRP will be developed upon completion of all appropriate and/or required admission assessments used as part of the Authorization process or as required by the program.
4. The comprehensive TP/IRP will include all identified clinical needs and goals and will be prioritized based on the data collected from the completed assessment data.
5. Objectives are established for each goal and written as specific individualized statements of the individual's progress toward achieving the goal. Objectives can be either incremental steps or a grouping of related behaviors that will lead the individual to final goal achievement. Objectives describe desired results of treatment. Objectives are written in measurable terms to demonstrate the individual's progress and/or lack of progress.
6. Interventions are planned for each objective describing the clinical modalities or services activities provided. Interventions are planned clinical procedures, methods, actions, approaches and modalities designed to bring about the desired individual objective. An intervention requires/should include the documentation of the frequency, duration, and responsible qualified staff/service for each intervention.
7. When the use of corrective, adaptive, and/or prosthetic supports or devices are indicated to meet the specified objectives, justification for their use, how often, and under what circumstances they will be used is documented. The TP/IRP will document the reason

for such a program, how often and under what circumstances program activities will be conducted and the methods used.

8. The TP/IRP stipulates specific criteria for discharge or termination of treatment based on accomplishment of goals.
9. The TP/IRP is reviewed with the individual and/or family members and is documented on an ongoing basis when goals are achieved. The TP/IRP is reviewed/updated whenever there is a significant change in an individual's clinical status or presenting problems or at least every thirty (30) days for residential, every sixty (60) days for outpatient Substance Use individuals, and at least once per year for Mental Health individuals, although some services may require a treatment plan review/update every six months. ACT is required to complete a TP/IRP review every 90 days per program guidelines.
Developmental Disabilities staff members participate in the Individual Service Plan (ISP) meetings with a Support Coordinator. Staff members contribute ideas and assist to identify specific goal statements that accurately reflect the individual's needs and interests. The Support Coordinator submits the ISP and staff members review it for accuracy and to assure it meets the individual's needs and preferences. Staff will request a review or an amendment if changes are required.
10. At the time of orientation, new employees who will complete treatment plans/individual recovery plans receive basic training in the development of a treatment plan/individualized recovery plan for each individual based on the assessment findings and prioritization of the problems. On-going training is also provided as needed through the guidance of the program's clinical supervisor, the agency's Quality Management Team and the Behavioral Health Clinical Director.
11. After orientation and a period of evaluation of the employee's competency to write a treatment plan/individualized recovery plan, the employee is eligible to begin completing TP/IRP.
12. Competency of staff completing treatment plans/individualized recovery plans is evaluated yearly in the Performance Appraisal through results of internal quality assurance checks and quarterly audits completed by the Quality Management Team and/or the staff member's supervisor/Director. External audit/review feedback is also used in this evaluation.