

THE INDIAN HEALTH SERVICE

Integrated Behavioral Health



Superior Health Information Management
Now and for the Future

Treatment Plans

Learning Objectives

- Understand the main elements of a traditional behavioral health (BH) treatment plan
- Identify the main functional areas that can be covered in an integrated treatment plan
- Discuss the many ways treatment plans are being documented by IHS/Tribal/Urban programs

Traditional BH Treatment Plans

- A BH treatment plan is a tool used by BH clinicians and clients to detail a client's current BH problems. It outlines the goals and strategies that will assist the client in overcoming BH issues. It can be completed by one or more BH specialty providers.
- Information gathered during the intake and assessments helps the provider to make a diagnosis. Generally, there is a timeframe for creating and reviewing an initial/master treatment plan per local policy.

Elements of a BH Treatment Plan

- The client's personal information, psychological history, and demographics
- A diagnosis of the current BH problems
- Short-term and long-term goals and expected outcomes
- Measurable objectives
- Therapeutic intervention and treatment modalities
- Timeline for treatment progress
- Defines if this is the initial or update/review
- Needs to be individualized

What Is an Integrated Treatment Plan?

- One integrated service plan to provide quality care and improve health outcomes.
 - It is a living document that provides primary care and behavioral health information and reflects the shared goals of providers and individuals for improved health.
 - There is no perfect model or template for integrated treatment plans
 - Patient-centered care planning

Strengths of an Integrated Treatment Plan

- Integrated treatment plans (individual care plans) have shown benefits for patients of all ages:
 - Pediatric – e.g., congenital/developmental conditions, ADHD, asthma
 - Adult – e.g., mental health conditions, COPD, diabetes, cancer, palliative care
- Evidence suggests patient engagement and goal-setting is important for empowerment/outcomes. Patients play a central role in managing their own health.
- It's key to engage multi-disciplinary frontline staff in planning to co-write treatment plan and its use.

Functional Areas Covered in the Plan

- Physical Health
- Mental Health
- Substance Abuse
- Wellness

Providers works with each patient and other clinical providers on the team to set goals and objectives for improvement in those areas. Using SMART or RUMBA goals is considered best practice.

SMART Goals

- **Specific:** Objectives need to be clear and specific, not general or vague. It's easier for a patient to complete objectives when they know exactly what they need to do.
- **Measurable:** Objectives need specific times, amounts, or dates for completion so you and your patients can measure progress.
- **Attainable:** Encourage patients to set goals and objectives they can meet. If their objectives are unrealistic, it may decrease their self-confidence or discourage them. However, goals and objectives should not be too easy either. Goals should be challenging but also realistic.
- **Relevant:** Goals and objectives should be relevant to the issues listed in the treatment plan. When patients complete objectives and reach their goals, they should be closer to the place they want to be in life and as a person.
- **Time-bound:** Goals and objectives must have a deadline. Goals might be considered short-term or long-term, while objectives need specific dates to meet. A deadline creates a sense of urgency which helps motivate clients.

RUMBA

- **Relevant:** Functional goals and achievement
- **Understandable:** Legible — avoid jargon
- **Measurable:** Includes frequency and duration — how long it occurred or how many times
- **Behavioral:** Measurable occurrences
- **Achievable:** Reasonable

Where Do You Document the Treatment Plan?

- Fillable paper treatment plans that are filed in paper charts or scanned into the EHR.
- Using the treatment plan functionality in the RPMS Behavioral Health System to generate treatment reports.
- Notes or interdisciplinary notes.

Paper Treatment Plan Example

| Mental Health Treatment Plan | | | CONFIDENTIAL |
|--|--|---|---|
| Date: _____ Student: _____ Type of Service: _____ Start Date: _____ Duration: _____ | | | |
| Area of Need: | | | |
| Present Level: | | | |
| Measurable Long-Term Goal: | | | |
| Parents will be informed of progress <input type="checkbox"/> Quarterly <input type="checkbox"/> Trimester <input type="checkbox"/> Semester <input type="checkbox"/> Other: _____ How? <input type="checkbox"/> Annotated Goals/Objectives <input type="checkbox"/> Other: _____ | Periodic Review Dates 1. _____ 2. _____ 3. _____ 4. _____ | Progress Toward Goal 1. _____ 2. _____ 3. _____ 4. _____ | Sufficient Progress to Meet Goal <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Benchmark/Short-Term Objective: | | | Date: |
| Person(s) Responsible: _____ | | | <input type="checkbox"/> Achieved <input type="checkbox"/> Reviewed |
| Benchmark/Short-Term Objective: | | | Date: |
| Person(s) Responsible: _____ | | | <input type="checkbox"/> Achieved <input type="checkbox"/> Reviewed |
| Area of Need: | | | |
| Present Level: | | | |
| Measurable Long-Term Goal: | | | |
| Parents will be informed of progress <input type="checkbox"/> Quarterly <input type="checkbox"/> Trimester <input type="checkbox"/> Semester <input type="checkbox"/> Other: _____ How? <input type="checkbox"/> Annotated Goals/Objectives <input type="checkbox"/> Other: _____ | Periodic Review Dates 1. _____ 2. _____ 3. _____ 4. _____ | Progress Toward Goal 1. _____ 2. _____ 3. _____ 4. _____ | Sufficient Progress to Meet Goal <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Benchmark/Short-Term Objective: | | | Date: |
| Person(s) Responsible: _____ | | | <input type="checkbox"/> Achieved <input type="checkbox"/> Reviewed |
| Benchmark/Short-Term Objective: | | | Date: |
| Person(s) Responsible: _____ | | | <input type="checkbox"/> Achieved <input type="checkbox"/> Reviewed |
| Student Signature _____ | | Date _____ | |
| Signature of Mental Health Services Representative _____ | | Date _____ | |
| Signature of Parent _____ | | Date _____ | |

RPMS Behavioral Health System Treatment Plan Example

Treatment Plan - Add Treatment Plan

Treatment Plan Information

Date Established: Tuesday, July 29, 2014

Next Review Date: Tuesday, July 29, 2014

Program: [Empty]

Date Completed/Closed: Tuesday, July 29, 2014

Case Admit Date: Tuesday, July 29, 2014

Anticipated Completion Date: Tuesday, July 29, 2014

Designated Provider: [Redacted]

Concurring Supervisor: [Empty]

Date Concurred: Tuesday, July 29, 2014

Diagnosis | Plan | Plan Review

Problem List

Diagnosis

Help Save Close

DEMO_DOROTHY ROSE 999999 F 10/10/1942 71

Note Template Example — Page 1

Template: BH Treatment Plan

Narragansett Indian Health Center - Behavioral Health Treatment Plan

Recipient Information:
 PATIENT DEMO HPN: [REDACTED] DOB: [REDACTED] Gender: FEMALE

Provider Information:
 Medicaid Number: [REDACTED]
 Clinician Name: [REDACTED]
 Treatment Plan Date: [REDACTED]

Other Agencies Involved:
 [REDACTED]
 Plan to Coordinate Services:
 [REDACTED]

Other Agencies Involved:
 [REDACTED]
 Plan to Coordinate Services:
 [REDACTED]

Other Agencies Involved:
 [REDACTED]
 Plan to Coordinate Services:
 [REDACTED]

Medications:
 Active Outpatient Medications (including Supplies):

| Active Outpatient Medications | Status |
|---|--------|
| 1) ALBUTEROL 0.083% INHL,ORAL INHALE THE CONTENTS OF 1 AMPULE (3ML) VIA NEBULIZER 4 TIMES A DAY IF NEEDED AS DIRECTED FOR BREATHING | ACTIVE |
| 2) ATORVASTATIN 20MG TAB TAKE THREE (3) TABLETS BY MOUTH TWICE A DAY FOR HIGH CHOLESTEROL | ACTIVE |
| 3) FOSINOPRIL 40MG TAB TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE | ACTIVE |
| 4) INSULIN HUMAN GLARGINE U-100 INJECT 30 UNITS UNDER THE SKIN AT BEDTIME FOR DIABETES | ACTIVE |
| 5) KETOROLAC 60MG/2ML INJ INJECT 60 MG (2 ML) INTRAMUSCULARLY (IM) ONE TIME FOR PAIN | ACTIVE |
| 6) METFORMIN 1000MG ER TAB,SA TAKE ONE (1) TABLET BY MOUTH TWICE A DAY | ACTIVE |
| 7) OMEPRAZOLE 20MG CAP,EC TAKE ONE (1) CAPSULE BY MOUTH EVERY DAY FOR STOMACH | ACTIVE |

| Active Non Narragansett Meds Medications | Status |
|---|--------|
| 1) Non Narragansett Meds ACETAMINOPHEN 500MG TABLET 1000MG BY MOUTH EVERY 6 HOURS IF NEEDED | ACTIVE |
| 2) Non Narragansett Meds AMLODIPINE 2.5MG TAB 2.5MG BY MOUTH EVERY DAY | ACTIVE |

Note Template Example — Page 2

Template: BH Treatment Plan

1. Problem/Symptom:
[Text Field]

Long Term Goal:
[Text Field]

Anticipated completion date: [Date Picker]

Short Term Goals/Objectives:

1. [Text Field]

Date Established: [Date Picker]
Projected Completion Date: [Date Picker]
 Date Achieved: [Date Picker]

2. [Text Field]

Date Established: [Date Picker]
Projected Completion Date: [Date Picker]
 Date Achieved: [Date Picker]

3. [Text Field]

Date Established: [Date Picker]
Projected Completion Date: [Date Picker]
 Date Achieved: [Date Picker]

4. [Text Field]

Date Established: [Date Picker]
Projected Completion Date: [Date Picker]
 Date Achieved: [Date Picker]

5. [Text Field]

Date Established: [Date Picker]
Projected Completion Date: [Date Picker]
 Date Achieved: [Date Picker]

6. [Text Field]

Date Established: [Date Picker]
Projected Completion Date: [Date Picker]
 Date Achieved: [Date Picker]

Intervention/Action:
[Text Field]

Responsible Person(s):
[Text Field]

Intervention/Action:
[Text Field]

Responsible Person(s):
[Text Field]

Note Template Example — Page 3

2. Problem/Symptom:

Long Term Goal:

Anticipated completion date: _____

1.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

2.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

3.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

4.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

5.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

6.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

Intervention/Action:

Responsible Person(s): _____

Intervention/Action:

Responsible Person(s): _____

Note Template Example — Page 4

Template: BH Treatment Plan

1. Problem/Symptom:

Long Term Goal:

Anticipated completion date: _____

Short Term Goals/Objectives:

1.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

2.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

3.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

4.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

5.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

6.

Date Established: _____

Projected Completion Date: _____

Date Achieved: _____

Intervention/Action:

Responsible Person(s): _____

Intervention/Action:

Responsible Person(s): _____

Note Template Example — Page 5

Involvement of Family:

Services Needed beyond scope of organization or program:

Estimated Completion date for level of care: ...

Patient/Responsible Party Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Provider Name/Title:

Patient Goal Example — Page 1

Notifications | Review | Wellness | **Treatment Plan** | Notes

Patient Goals/Steps

Expand All
 Collapse All
 Filter Goals On
 Active
 Inactive
 Declined
 Filter Steps On
 Active
 Inactive

Active Goals

| | | Last Update | Goal # | Goal Set | Start Date | Reason | Type Of Goal | Follow Up Date | Goal Status | P | | | | | | | | | | | | | | | | |
|--|------|-------------|----------------|--------------------------|------------|-------------------|---------------------------------------|----------------|-------------|---|--------|------|------------|----------------|--------|--|---|------------|------------|-------------|------------|-------------------|---------------------------------------|------------|--------|---|
| | | 2018-08-27 | 2 | developing coping skills | 2018-08-21 | stress | Stress And Coping | 9/21/2018 | Active | T | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Step #</th> <th>Step</th> <th>Start Date</th> <th>Follow Up Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>Smudging</td> <td>2018-08-21</td> <td>2018-09-07</td> <td>Active</td> </tr> </tbody> </table> | | | | | | | | | | | Step # | Step | Start Date | Follow Up Date | Status | | 1 | Smudging | 2018-08-21 | 2018-09-07 | Active | | | | | |
| Step # | Step | Start Date | Follow Up Date | Status | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | Smudging | 2018-08-21 | 2018-09-07 | Active | | | | | | | | | | | | | | | | | | | | | |
| Inactive Steps | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Step #</th> <th>Step</th> <th>Start Date</th> <th>Follow Up Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>2018-08-21</td> <td>4</td> <td>Weight Loss</td> <td>2018-08-21</td> <td>20 LB WEIGHT LOSS</td> <td>Physical Activity,Wellness And Safety</td> <td>12/19/2018</td> <td>Active</td> <td>T</td> </tr> </tbody> </table> | | | | | | | | | | | Step # | Step | Start Date | Follow Up Date | Status | | | 2018-08-21 | 4 | Weight Loss | 2018-08-21 | 20 LB WEIGHT LOSS | Physical Activity,Wellness And Safety | 12/19/2018 | Active | T |
| Step # | Step | Start Date | Follow Up Date | Status | | | | | | | | | | | | | | | | | | | | | | |
| | | 2018-08-21 | 4 | Weight Loss | 2018-08-21 | 20 LB WEIGHT LOSS | Physical Activity,Wellness And Safety | 12/19/2018 | Active | T | | | | | | | | | | | | | | | | |

Patient Goal Example — Page 2

The screenshot shows a medical software interface with a 'Template Editor' window and a 'New Template' dialog box. The 'New Template' dialog is open, showing the name 'BH Treatment Plan Quick with Patient Goals' and a 'Template Type' of 'Template'. The main window displays a patient goal example for 'Tobacco Cessation'.

Template Editor

- Shared Templates
 - BH Treatment Plan Quick with Patient Goals
 - BH Treatment Plan
 - BH Crisis Plan
 - BH Discharge Summary
 - BH WITS Discharge
 - Nurse Templates
 - Pediatrics
 - SOAP DICTATION
 - Diabetes Education Consult
 - Diabetes Encounter
- Personal Templates
 - My Templates

New Template

- Name: BH Treatment Plan Quick with Patient Goals
- Template Type: Template
- Reminder Dialog: [Dropdown]
- Active:
- Hide Items in Templates:
- Exclude:
- Dialog Properties:
 - Display Only:
 - Only Show First Line:
 - Indent Dialog Items:
 - One Item Only:

Template: BH Treatment Plan Quick with Patient Goals

Narragansett Indian Health Center - Behavioral Health Treatment Plan

PATIENT DEMO HIM: [REDACTED] DOB: [REDACTED] Gender: FEMALE

Active Patient Goals, including steps and notes.

Goal 1) Tobacco Cessation

Goal Type: TOBACCO

Start: 06/24/2019 Follow Up: 07/08/2019 Status: Active

Reason: Wants to quit for granddaughter

Step 1) Start: 06/24/2019 Follow Up: 07/15/2019 Status: Met

Decrease lppd to 1/2 ppd

2) Start: 06/24/2019 Follow Up: 07/15/2019 Status: Active

Decrease 1/2 ppd to 1/4 ppd

Patient/Responsible Party Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Stay on Top Print Close

Patient Goal Example — Page 3

Template: BH Treatment Plan Quick with Patient Goals

Narragansett Indian Health Center - Behavioral Health Treatment Plan

PATIENT DEMO HRN: ██████████ DOB: ██████████ Gender: FEMALE

Active Patient Goals, including steps and notes.

Goal 1) Tobacco Cessation
Goal Type: TOBACCO
Start: 06/24/2019 Follow Up: 07/08/2019 Status: Active
Reason: Wants to quit for granddaughter

Step 1) Start: 06/24/2019 Follow Up: 07/15/2019 Status: Met
Decrease lppd to 1/2 ppd

2) Start: 06/24/2019 Follow Up: 07/15/2019 Status: Active
Decrease 1/2 ppd to 1/4 ppd

Patient/Responsible Party Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Stay on Top

Contact Information

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Questions and Discussion