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

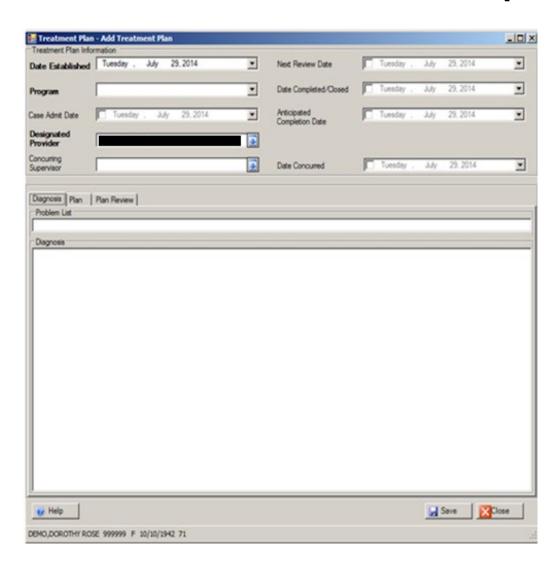
Where Do You Document the Treatment Plan?

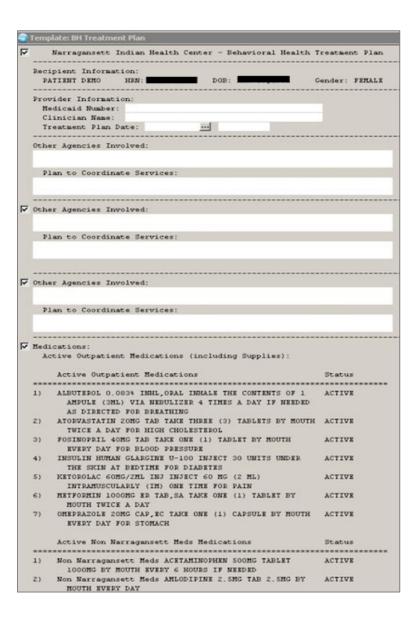
- Fillable paper treatment plans that are filed in paper charts or scanned into the EHR.
- Using the treatment plan functionality in the RPMS Behavioral Health System to generate treatment reports.
- Notes or interdisciplinary notes.

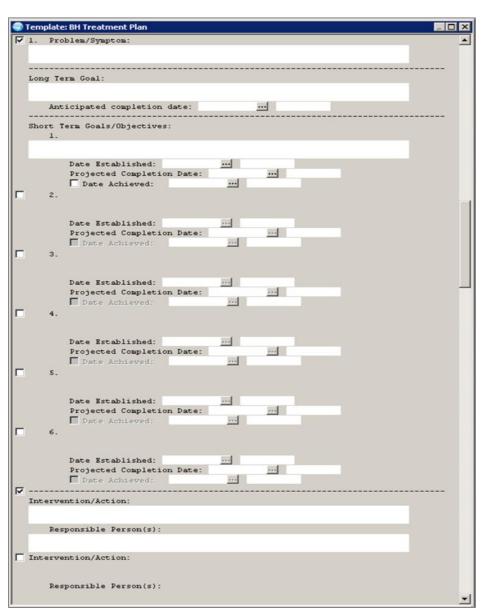
Paper Treatment Plan Example

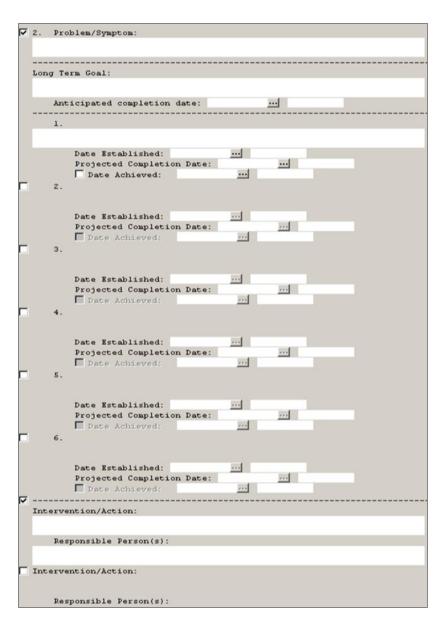
		Mental Heal	th Treatment Plan	CONFIDENTIAL
Date:	Student:	Type of Service		Duration:
Area of Need				
Present Level	: ong-Term Goal:			
☐ Quarterly ☐ Semester How? ☐ Annotated ☐ Other:	e informed of progress Trimester Other: I Goals/Objectives hort-Term Objective:	Periodic Review Dates 1 2 3 4	Progress Toward Goal 1. 2. 3.	Sufficient Progress to Meet Goal
Person(s) Res				Reviewed
Benchmark/S	hort-Term Objective:			Date: Achieved Reviewed
Area of Need Present Level Measurable L				
☐ Quarterly ☐ Semester How?	e informed of progress Trimester Other: I Goals/Objectives	Periodic Review Dates 1 2 3 4	Progress Toward Goal 1. 2. 3.	Sufficient Progress to Meet Goal
Benchmark/S	hort-Term Objective:			Date: ☐ Achieved ☐ Reviewed
Person(s) Res	ponsible: hort-Term Objective:		<u> </u>	Date:
Benchmark/S	non-1erm Objective:			☐ Achieved☐ Reviewed
Person(s) Res	ponsible:			
Student Signa	iture	Date	Signature of Parent	Date
	Mental Health Services Repre- ning Wright, Behavior/Di		998909	9a5-32d2-49b6-9c49-ba57335e9542.do

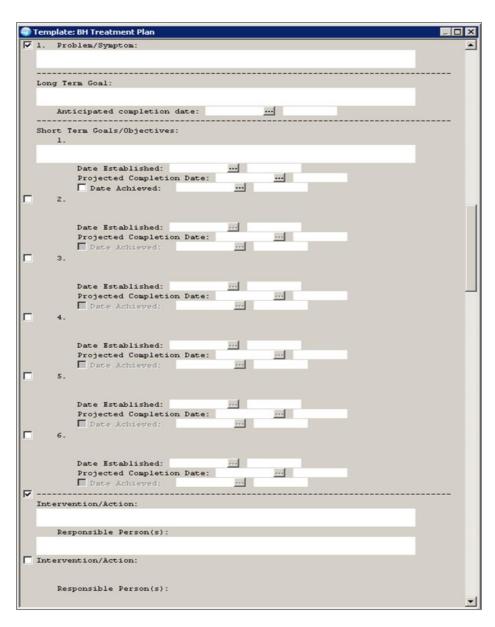
RPMS Behavioral Health System Treatment Plan Example





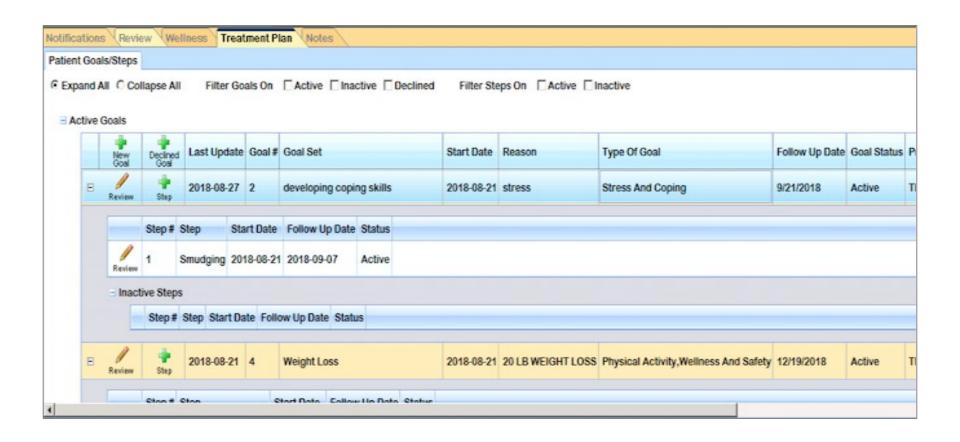




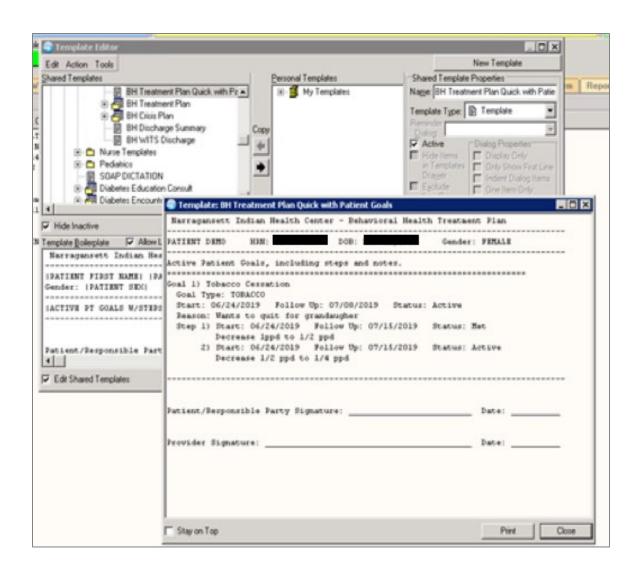


Involvement of Family:						
Services Needed beyond scope of organization or program:						
Estimated Completion date for level of care:						
Patient/Responsible Party Signature:	Date:					
Provider Signature:	Date:					
Provider Name/Title:						

Patient Goal Example — Page 1



Patient Goal Example — Page 2



Patient Goal Example — Page 3

🜒 Template: BH Treatment Plan Quick with Patient Goals						
Narragansett Indian Health Center - Behavioral Health Treatment Pla	an					
PATIENT DEMO HRN: DOB: DOB: Gender: FEMA						
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 grandaugher						
Step 1) Start: 06/24/2019 Follow Up: 07/15/2019 Status: Met Decrease lppd to 1/2 ppd						
 Start: 06/24/2019 Follow Up: 07/15/2019 Status: Active Decrease 1/2 ppd to 1/4 ppd 	è					
Patient/Responsible Party Signature: Date	e:					
Provider Signature: Date	a:					
Stay on Top	Print Close					

Contact Information

Wendy Wisdom, MSW

IHS Office of Information Technology 505-382-6391

wendy.wisdom@ihs.gov



Questions and Discussion

