

To: Mental Health System of Care Providers

Date: 6/22/17

From: Steve Jones, LCSW, QM Program Manager

Re: CCBH Client Plan Redesign

The current Client Plan has undergone a redesign in hopes to create a more user and client friendly document. There are several changes with this redesign including; Client Plan family folders, formatting changes, and a new Confirmation page. Also included in this memo will be a transition plan into the new Client Plan family folders.

Client Plan Family Folders

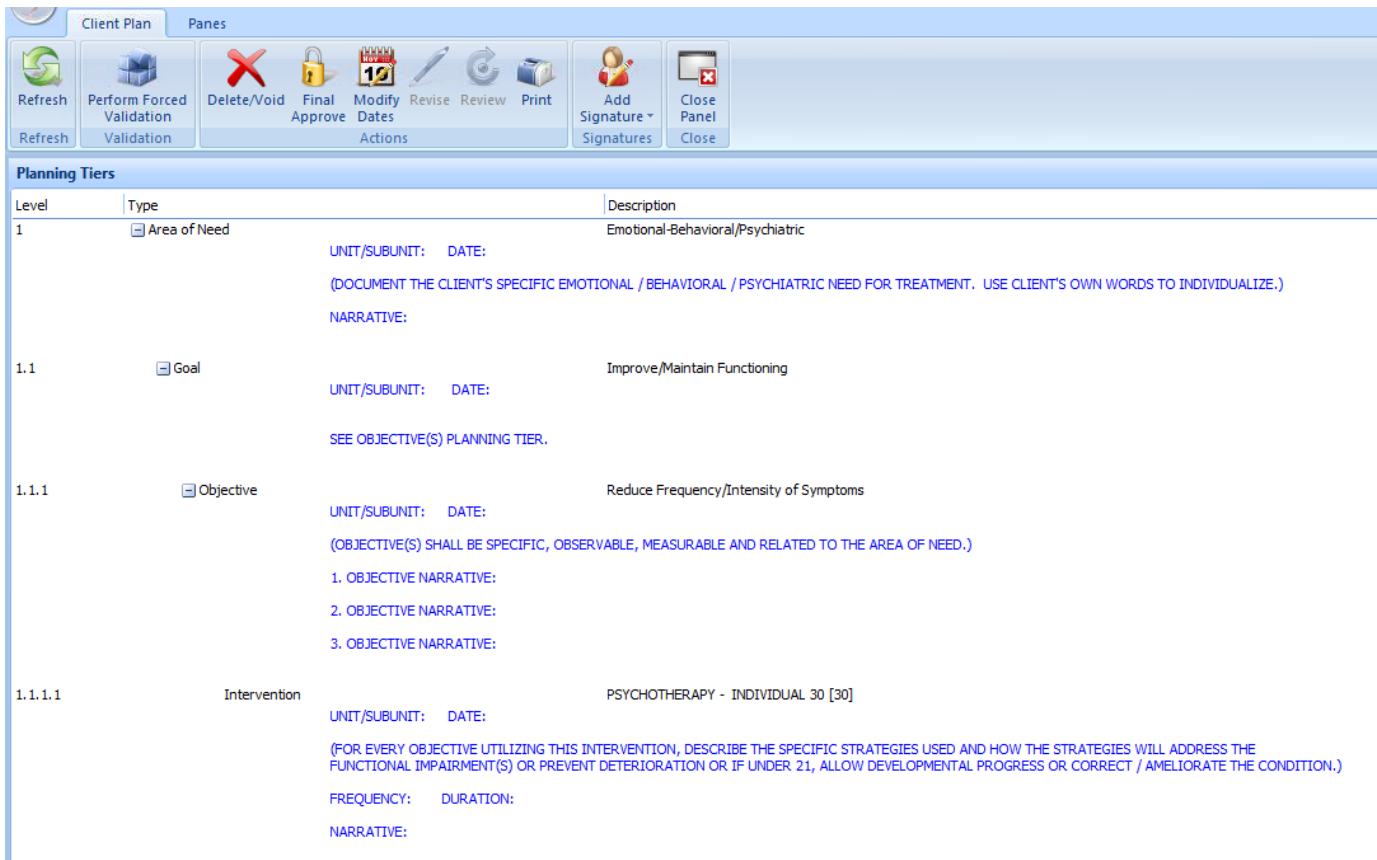
There are now Client Plan family folders which are separated out by service types. The new families will allow for programs to develop a Plan that is specific to the type of service being provided and will decrease the instances in which Plans are shared. While there will be fewer instances in which a Client Plan will be shared, it is still necessary to view any other open Plans and determine if duplicative services are being offered. The table below includes the Client Plan family folders that will be available in CCBH **EFFECTIVE JULY 3**.

[Description]
ACT Client Plan
ACT Interim Folder
CAC Client Plan
CAC Interim Folder
Case Management Client Plan
Case Management Interim Folder
Day School Service Client Plan
Day School Svcs Interim Folder
Day Treatment Med Folder
Limited Service Log
Outpatient / FSP Client Plan
Outpatient/ FSP Interim Folder
TBS Client Plan
TBS Interim Folder
WRAP Client Plan
WRAP Interim Folder

Formatting Changes in the Client Plan

Several changes have been made to the Client Plan format. There is a Quick Click Guide that will be distributed with the redesign changes along with a Clinical Standards for Client Plans to help with explaining the changes.

The Goal tier remains as part of the plan however narration will not be entered as this tier will now defer to the Objective tier. The Applied Strength tier has been removed and there will only be the Strength tier to individualize with strength and applied strength information. There will now be standard text in all narratives to help guide providers towards appropriately individualizing each tier along with prompts for unit/subunit, date, frequency, and duration. The standard text will be in CCBH on June 30, 2017. In the Clinical Standards for Client Plans there is guidance around choosing one broad Objective from the drop down menu with the possibility of including several Objectives under that one heading, by listing them in numerical form.



Level	Type	Description
1	Area of Need	Emotional-Behavioral/Psychiatric UNIT/SUBUNIT: DATE: (DOCUMENT THE CLIENT'S SPECIFIC EMOTIONAL / BEHAVIORAL / PSYCHIATRIC NEED FOR TREATMENT. USE CLIENT'S OWN WORDS TO INDIVIDUALIZE.) NARRATIVE:
1.1	Goal	Improve/Maintain Functioning UNIT/SUBUNIT: DATE: SEE OBJECTIVE(S) PLANNING TIER.
1.1.1	Objective	Reduce Frequency/Intensity of Symptoms UNIT/SUBUNIT: DATE: (OBJECTIVE(S) SHALL BE SPECIFIC, OBSERVABLE, MEASURABLE AND RELATED TO THE AREA OF NEED.) 1. OBJECTIVE NARRATIVE: 2. OBJECTIVE NARRATIVE: 3. OBJECTIVE NARRATIVE:
1.1.1.1	Intervention	PSYCHOTHERAPY - INDIVIDUAL 30 [30] UNIT/SUBUNIT: DATE: (FOR EVERY OBJECTIVE UTILIZING THIS INTERVENTION, DESCRIBE THE SPECIFIC STRATEGIES USED AND HOW THE STRATEGIES WILL ADDRESS THE FUNCTIONAL IMPAIRMENT(S) OR PREVENT DETERIORATION OR IF UNDER 21, ALLOW DEVELOPMENTAL PROGRESS OR CORRECT / AMELIORATE THE CONDITION.) FREQUENCY: DURATION: NARRATIVE:

Confirmation Page

A new page has been added to the Client Plan to capture the information currently documented on the paper signature page. The Confirmation Page includes offering the client/guardian a copy of the plan and in which language.

It is possible to mark N/A when making administrative updates but keep in mind, it is required to offer the client or guardian a copy of their Plan in their preferred language within 30 days of intake, at UM cycle, when clinically significant changes have been made to the Plan, and annually.

Transition Plan

As of July 3, 2017, the new format will be available in CCBH and the current Client Plan folder will be made inactive to accepting new information. Plans in this folder however will remain valid. Programs are advised to Final Approve any Plans prior to July 3, after this date, any Plans that are to be Reviewed or Revised are to be ended and a new Plan is to be entered into the appropriate Client Plan family folder. If a Plan is SHARED, contact the other provider and communicate the plan for transitioning.

**** See Attached Tip Sheets, Quick Click Guide and Clinical Standards for Client Plans**

Please direct any questions and/or comments to the QI Matters mailbox:

QIMatters.HHSA@sdcounty.ca.gov