

*Dedicated to the Health
of the Whole Community*



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MENTAL HEALTH DEPARTMENT DIRECTIVE NO.: 2012 – 03

DATE: September 7, 2012

TO: All County and Contractor Mental Health Staff

SUBJECT: TCP Treatment Plan for MHD System of Care

EFFECTIVE: Immediately; Supersedes Directive No.: 2011-02 & 2011-04

Reference: **SDMH/DHCS Medi-Cal Contract (2012; 11-73044-000): Exhibit A1, 13. Quality Assurance (Client Plans)**

The Mental Health Department is implementing a best practice approach to a care model—Transformational Care Planning (TCP). Adopting TCP as our practice standard for assessment and treatment planning is intended to enhance the quality and value of our services as reflected in our clients' improved recovery and increased independence. Increasing the quality and value of our services will generate a chain reaction of improvements to other important aspects of our system, including: increased capacity of services; improved financial performance; increased public support of our work and the individuals we serve; increased community health and welfare, including lower rates of incarceration, homelessness, and increased levels of education and employment; and improved standing with and benefit to the community.

This important best practice is based on principles derived from *Systems of Care, Wraparound, Treatment Planning For Person-Centered Care*^[1], and is described in the [Santa Clara County's Transformational Care Planning Training Curriculum](#).

Attached are the final treatment plan elements for use by providers implementing TCP treatment planning for Person-Centered and Family-Driven care. Also attached is an interim update form and a new documentation manual section.

These TCP treatment plan elements should be used by all County and Contractor staff immediately after completing their TCP training. The TCP treatment plan should be used when developing a plan for new clients and the interim update should be used when updating a client's treatment plan. Staff may at their discretion allow existing treatment plans to remain in effect until the update is required.

^[1]Neal Adams and Diane Grieder, [Treatment Planning For Person-Centered Care](#), (Burlington MA: Elsevier Academic Press, 2005)

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The actual order of the treatment plan elements will be at the discretion of each agency. The prompts may be used immediately next to the element name or in proximity at the discretion of each agency.

The County Mental Health Department staff will be required to use the form as it appears in the attached. The elements are on a single page with the prompts written on the back of the form.

The TCP treatment plan has seven elements, each of which is designed to support this best practice and assure compliance and service reimbursement:

- Desired Results
- Desired Transition
- Obstacles
- Short Term Goals
- Individual / Family / Supporter's Strengths
- Action Steps By Individual / Family / Supporters:
- Action Steps By Staff (Interventions):

The plan assumes there may be multiple goals, which would be labeled: 1a, 2a, 3a. etc. The plan also assumes that specific goals will have specific strengths, and action steps (interventions) tied together, which make up a set of four elements: 1a.-1b.-1c.-1d.

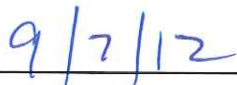
The new plan elements meet existing State requirements. A cross-walk table of State requirements and our implementation of the TCP standards of practice is attached.

Symptoms and Behaviors Related to Diagnosis. Please note that symptoms or behaviors must be included in either the a) obstacles section or b) short term goals section. Interventions must be consistent with the goals and address/diminish symptoms or behaviors. These requirements will be monitored by the QI Program.

If you have any questions, please contact the QI Office at 408-793-5894.



Nancy Pena, Ph.D.



Date

Attachments:

- Table – Treatment Plan Elements. State Regulations, Contract, and SCCMHD TCP Treatment Plan (4 pages)
- TCP Treatment Plan, Prompts and Interim Update Form (3 pages)
- Documentation Manual Section on TCP Treatment Plan (7 pages)

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Table – Treatment Plan Elements. State Regulations, Contract, and SCCMHD Treatment Plan

Page 1 of 4

SCCMHD TCP Treatment Plan Elements	SCCMHD TCP Standard of Practice	Regulations: Title 9	DHCS/SDMH: MHP Contract (April – December 2012)
	The Mental Health Department is implementing a best practices approach to a care model— Transformational Care Planning (TCP) with the intent of improving and prioritizing the quality/value of mental health services.	Title 9, 1840.112 (a) (5): A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the MHP contract with the Department.	Exhibit A1, QA: Client Plans shall: f) Be consistent with the qualifying diagnosis.
Desired Results	Reflects the individual’s or family’s personal or life goals, and should be stated in the individual’s or family’s / supporter’s own words, and include statements of dreams, hopes, and vision of life.	None	None
Desired Transition	Describe changes in the individual’s and family’s / supporter’s current needs and circumstances that will need to occur in order to achieve the desired transition or discharge from mental health services.	None	None
Obstacles	Describe the individual’s mental health (symptoms, behaviors, or functional impairments that support medical necessity) or other co-occurring obstacles keeping them from achieving their personal desired results and/or achieving their desired transition.	Title 9, 1830.205 (b) (3): The beneficiary must meet criteria outlined in Subsection (2)... (2) Have at least one of the following impairments as a result of the mental disorder(s) listed in Subsection (b)(1) above: (A) A significant impairment in an	

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Table – Treatment Plan Elements. State Regulations, Contract, and SCCMHD TCP Treatment Plan

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SCCMHD TCP Treatment Plan Elements	SCCMHD TCP Standard of Practice	Regulations: Title 9	DHCS/SDMH: MHP Contract (April – December 2012)
		<p>important area of life functioning.</p> <p>(B) A reasonable probability of significant deterioration in an important area of life functioning.</p> <p>(C) Except as provided in Section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate.</p>	
Short Term Goals	<p>Short Term Goals should be SMART (Specific, Measurable, Attainable, Realistic and Time-Framed). Using action words, the specific changes expected must be described in observable or quantifiable terms, and include symptoms, behaviors, or functional impairments that support medical necessity. Changes must be consistent with the obstacles and mental health diagnosis. Include the estimated target date or duration for achieving improvement.</p>		<p>Exhibit A1, QA: Client Plans shall:</p> <p>a) Have a specific observable and/or specific quantifiable goals/treatment objectives;</p>

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Table – Treatment Plan Elements. State Regulations, Contract, and SCCMHD TCP Treatment Plan

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SCCMHD TCP Treatment Plan Elements	SCCMHD TCP Standard of Practice	Regulations: Title 9	DHCS/SDMH: MHP Contract (April – December 2012)
Individual / Family / Supporters Strengths	Identify the individual’s and family’s / supporter’s past accomplishments, current aspirations, motivations, personal attitudes, attributes, etc. which can be used to help accomplish a unique short term goal.	None	None
Action Steps By Individual / Family / Supporters	Describe the specific activity, the responsible person (including the individual, family, or supporters), and the intended purpose or impact as it relates to a unique short term goal.	None	None

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Table – Treatment Plan Elements. State Regulations, Contract, and SCCMHD TCP Treatment Plan

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SCCMHD TCP Treatment Plan Elements	SCCMHD TCP Standard of Practice	Regulations: Title 9	DHCS/SDMH: MHP Contract (April – December 2012)
Action Steps By Staff (Interventions)	Describe the specific services (i.e. action), mental health staff, and intended purpose or impact. Interventions must be consistent with the short term goal and address/diminish symptoms or behaviors. The frequency, duration, modality (i.e. rehab, group, med support, etc.) must be specified.	<p>Title 9, 1830.205 (b) (3): The beneficiary must meet criteria outlined in Subsection (3)....</p> <p>(3) Meet each of the intervention criteria listed below:</p> <p>(A) The focus of the proposed intervention is to address the condition identified in Subsection (b) (2) above.</p> <p>(B) The expectation is that the proposed intervention will: 1. Significantly diminish the impairment, or 2. Prevent significant deterioration in an important area of life functioning, or 3. Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate. 4. For a child who meets the criteria of Section 1830.210 (1), meet the criteria of Section 1830.210(b) and (c).</p> <p>(C) The condition would not be responsive to physical health care based treatment.</p>	<p>Exhibit A1, QA: Client Plans shall:</p> <p>b) Identify the proposed type(s) of intervention/modality.</p> <p>c) Have a proposed frequency and duration of intervention(s);</p> <p>d) Have interventions that focus and address the identified functional impairments as a result of the mental disorder;</p> <p>e) Have interventions that are consistent with the client plan goal;</p>

Santa Clara County Mental Health Department – TCP Treatment Plan

Desired Results:	
Desired Transition:	
Obstacles:	
1.a Short Term Goal:	2.a Short Term Goal:
1.b Individual / Family / Supporters Strengths:	2.b Individual / Family / Supporters Strengths:
1.c Action Steps By Individual / Family / Supporters:	2.c Action Steps By Individual / Family / Supporters:
1.d Action Steps By Staff (Intervention):	2.d Action Steps By Staff (Intervention):

<p>SIGNATURES (Indicates person's participation / agreement with Treatment Plan):</p> <p>Client*: _____ Date: _____ *If no signature, see progress note dated: _____</p> <p>Family or Support Person: _____ Date: _____</p> <p>Program (Cost Center) Staff: _____ Date: _____</p> <p>LPHA (if different from Program Staff): _____ Date: _____</p>	<p style="text-align: center;">AUTHORIZED PERIOD</p> <p>Start Date: _____ End Date: _____</p> <p>Was a Copy of the Treatment Plan offered to Client? Yes / No</p> <p>If Yes: Accepted / Declined</p> <p>If No, see progress note dated _____</p>
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TYPE OF SERVICE (check \checkmark):	<input type="checkbox"/> Outpatient MH	<input type="checkbox"/> DTI	<input type="checkbox"/> DR	<input type="checkbox"/> AR	<input type="checkbox"/> CR
Client Name:	Unicare #		Program / Cost Center		

Santa Clara County Mental Health Department – TCP Treatment Plan

Symptoms and Behaviors Related to Diagnosis.

Symptoms or behaviors **must** be included in either the a) **obstacles** section or b) **short term goal** section. Additionally the **interventions must** be consistent with the goal and address/diminish symptoms or behaviors.

<p>Desired Results: Reflects the individual’s or family’s personal or life goals, and should be stated in the individual’s or family’s / supporter’s own words, and include statements of dreams, hopes, and vision of life.</p>	
<p>Desired Transition: Describe changes in the individual’s and family’s/supporter’s current needs and circumstances that will need to occur in order to achieve the desired transition or discharge from mental health services.</p>	
<p>Obstacles: Describe the individual’s mental health (symptoms, behaviors, or functional impairments that support medical necessity) or other co-occurring obstacles keeping them from achieving their personal desired results and/or achieving their desired transition.</p>	
<p>1.a Short Term Goal: Short Term Goals should be SMART (Specific, Measurable, Attainable, Realistic and Time-Framed.) Using action words, the specific changes expected must be described in observable or quantifiable terms, and include symptoms, behaviors, or functional impairments that support medical necessity. Changes must be consistent with the obstacles and mental health diagnosis. Include the estimated target date or duration for achieving improvement.</p>	<p>2.a Short Term Goal:</p>
<p>1.b Individual / Family / Supporters Strengths: Identify the individual’s and family’s / supporter’s past accomplishments, current aspirations, motivations, personal attitudes, attributes, etc. which can be used to help accomplish a unique short term goals.)</p>	<p>2.b Individual / Family / Supporters Strengths:</p>
<p>1.c Action Steps By Individual / Family / Supporters: Describe the specific activity, the responsible person (including the individual, family, or supporters), and the intended purpose or impact as it relates to a unique short term goal.</p>	<p>2.c Action Steps By Individual / Family / Supporters:</p>
<p>1.d Action Steps By Staff (Interventions): Describe the specific services (i.e. action), mental health staff, and intended purpose or impact. Interventions must be consistent with the short term goal and address/diminish symptoms or behaviors. The, frequency, duration, modality (i.e. rehab, group, med support, etc.) must be specified.</p>	<p>2.d Action Steps By Staff (Intervention):</p>

**Santa Clara County Mental Health Department – TCP Treatment Plan
Interim Update**

(To be used when adding elements to an Initial/Existing Treatment Plan.)

__a Short Term Goal:	__a Short Term Goal:
__b Individual / Family / Supporters Strengths:	__b Individual / Family / Supporters Strengths:
__c Action Steps By Individual / Family / Supporters:	__c Action Steps By Individual / Family / Supporters:
__d Action Steps By Staff (Intervention):	__d Action Steps By Staff (Intervention):

SIGNATURES (Indicates person's participation / agreement with Treatment Plan): Client*: _____ Date: _____ *If no signature, see progress note dated: _____ Family or Support Person: _____ Date: _____ Program (Cost Center) Staff: _____ Date: _____ LPHA (if different from Program Staff): _____ Date: _____	AUTHORIZED PERIOD Start Date: _____ End Date: _____ Was a Copy of the Treatment Plan offered to Client? YES / NO If Yes: ACCEPTED / DECLINED If No, see progress note dated _____
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Client Name:	Unicare #	Program / Cost Center
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IV. Treatment Plan (TCP)

Introduction

Whereas the Assessment serves as the foundation for the individual's plan of care, the Treatment Plan is the driving force behind the delivery of care. The Treatment Plan is an agreement between the individual and the provider that establishes the focus of the individual's mental health treatment. It identifies the obstacles to be addressed, the specific short term goals, the actions steps by individual/family/supporters that will be taken, and the action steps by staff.

In building a Treatment Plan with an individual, it is important to identify the reason(s) for the services being provided. Determining whether the services are necessary and will benefit the individual is the first step. The services must aim to reduce risk and improve functioning, as well as to support the individual in regaining meaning in his/her life. Annually (at minimum), providers should re-evaluate the appropriateness of their services. Co-creating the Treatment Plan is a way to connect with the individual and to be sure you share the same vision of his/her success. Without this, it is difficult to know when success has been achieved.

A Treatment Plan is required in every chart that is open beyond 60 days. No exceptions! The Treatment Plan shall be used for all service activities.

The TCP Treatment Plan is intended to be a living, evolving document. As such, it should contain goals and interventions that are attainable in shorter periods than 12 months.

- An individual's Desired Result is the overarching vision for the future of what might be possible if his/her mental health symptoms did not interfere.
- The obstacles the person is facing should reflect symptoms, behaviors or functional impairments of the mental health diagnosis. Then the short term goals should be developed to overcome those obstacles. The short term goals must be tied to the presenting symptoms, behaviors, or functional impairment. Following the flow, the action steps by the individual, family, or supporters should be designed to help the individual attain the short term goals. Action steps by staff (interventions) must include duration and should aim to significantly diminish the obstacles, prevent deterioration in an important area of life functioning or allow the child/youth to progress developmentally as individually appropriate.
- **Symptoms and Behaviors Related to Diagnosis.** Symptoms or

IV. Treatment Plan (TCP) (Cont.)

behaviors must be included in either the a) **obstacles section** or b) **short term goal section**. The **interventions** must be related to the **short term goal** and address/diminish symptoms or behaviors.

- A Treatment Plan is expected to be written in both the individual's preferred language and in English.

Timeline

The completion of the Treatment Plan is subject to specific deadlines, as described below:

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| Initial | ➤ The initial Treatment Plan shall be completed within 60 days of the individual's entry into a program. This deadline applies both to individuals who are new to the system and existing individuals who enter a new program (i.e., an individual transfers to a new program). |
| Renewal | ➤ Each Treatment Plan can be authorized for a maximum of one year. A new Treatment Plan supersedes the previous plan. |
| Late Renewal | ⊖ If the renewal period passes and the next Treatment Plan is completed late, there will be unauthorized days that should not be claimed. (i.e., the renewal date is July 1st but the Plan is completed on July 7th, then July 1st through 6th would be unauthorized for all services during that time period). |
| Q.I. Tip | ➤ A Treatment Plan's effective date is based on the LPHA's signature date. |
| Q.I. Tip | ➤ Under TCP, some short term goals may have shorter duration than the authorized time period (maximum 12 months). The Treatment Plan Update form may be used within the existing Treatment Plan authorization dates to add new short term goals if previous goals are reached or the focus of service changes. The end date of the Treatment Plan Update form cannot exceed the end date of the primary Treatment Plan. |

Desired Results (hopes, vision, life role)

Use the individual's own words to indicate what he/she hopes to gain from the mental health services so that he/she can live a meaningful life in the community. This is what the individual wants for him/herself, e.g. "having a safe place to live", "getting a job", "having friends and a social life". This statement should be meaningful to the individual.

IV. Treatment Plan (TCP) (Cont.)

Desired Transition (anticipated transition plan)

Describe changes in the individual's and family's current needs and circumstances that will need to occur in order for them to succeed in discharge or transition. Describe the level of care, length of stay, and service needs.

Obstacles (symptoms, behaviors or functional impairments of mental health and co-occurring disorders)

Describe the individuals' mental health (symptoms, behaviors, or functional impairments that support medical necessity) or other co-occurring obstacles keeping them from achieving their personal desired results or achieving their desired transition. Identifying these obstacles is key to specifying the short term goals as well as the services, action steps by individual/family/supporters, and action steps by staff (interventions).

The obstacles are the symptoms, behaviors, or impairments in life functioning that get in the way of the Individual achieving his/her Desired Results.

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| Example | ➤ For a diagnosis of Schizophrenia: – “auditory hallucinations, delusions, disorganized thinking, poor hygiene, and social withdrawal are interfering with Individual’s ability to maintain housing and eventually getting his own apartment (Desired Result)”. |
| Example | ➤ For a diagnosis of Oppositional Defiant Disorder: “arguing with adults, yelling and screaming, temper tantrums, blaming others, not taking responsibility; this behavior is interfering with school and youth’s hope of attending college”. |
| Example | ➤ For a diagnosis of Major Depressive Disorder: “Individual has depressive symptoms of insomnia, isolation, social withdrawal, decreased appetite, suicidal ideation, and poor concentration, which interfere with ability to maintain employment and her Desired Result of starting her own business”. |
| Q.I. Tips | ☺ A well described obstacle will include the Individual’s impairment in life functioning that is related to the diagnosis and how it interferes with the Desired Results. |

Short Term Goals

Short Term Goals should be SMART (Specific, Measurable, Attainable, Realistic and Time-Framed.) Using action words, the specific changes expected **must** be described

IV. Treatment Plan (TCP) (Cont.)

in observable or quantifiable terms, and include symptoms, behaviors, or functional impairments that support medical necessity. Changes must be consistent with the **obstacles** and mental health diagnosis. Include the estimated target date or duration for achieving improvement.

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| Example | ➤ Increase the time child is able to stay seated in his chair at school from 10 minutes to 15-20 minutes as reported by teacher by 12/31/11. |
| Example | ➤ Decrease episodes of screaming in response to AH from daily to 3x per week as reported by board & care staff in order to maintain stable placement for the next 3 months. |
| Example | ➤ Increase number of times adolescent follows adult directions from 0 times a day to 3x per day as reported by parent and teacher for the next 6 months. |
| Example | ➤ Increase communication skill-building by using "I statements" from 0x per day to 3x per day in order to facilitate individual's information sharing and genuine understanding. |

Individual/Family Strengths

The ability to identify and tap into an individual's and family's strengths expands as the therapeutic relationship develops. Identify the individual's and family's past accomplishments, current aspirations, motivations, personal attitudes, etc. that can be used to help accomplish the short term goals.

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| Example | ➤ Individual has insight into his mental health symptoms, makes good use of his therapy time, and is able to use his coping skills well. |
| Example | ➤ Individual has a large extended family that is supportive of her issues. They are committed to ensuring she keeps her clinic appointments and is adherent to her medication regimen. |
| Example | ➤ Individual is able to live independently. She has been clean and sober for 5 years and is actively involved in NA/AA. She is able to set firm boundaries with her adult children and family members. |

IV. Treatment Plan (TCP) (Cont.)

Action Steps By Individual and Family/Supporters (if applicable)

Describe the specific activity the responsible person (including the individual, family, or supporters) will engage in and the intended purpose or impact as it relates to a unique short term goal.

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| Example | ➤ Child will engage in weekly play therapy sessions to learn to express his needs without having a tantrum. |
| Example | ➤ Individual will go for a walk when feeling stressed or anxious. |
| Example | ➤ Parents will practice new communication skills with adolescent to improve parental effectiveness and reduce adolescent's acting out behavior. |
| Example | ➤ Support person will drive individual to Depression Group on Fridays to support individual in managing her depressive symptoms. |

Action Steps by Staff (Interventions)

Action steps by staff (Interventions) should support the action steps by the individual toward attaining his/her desired results. They are the mental health staff's services that assist the individual in meeting a specific short term goal and diminish symptoms or behaviors. Action steps by staff should describe the specific services (i.e. action), mental health staff, and intended purpose or impact. Interventions must be consistent with the **short term goal** and address/diminish symptoms or behaviors. The, frequency, duration, modality (i.e. rehab, group, med support, etc.) must be specified.. **All services intended to be provided must be included in this section.**

- | | |
|---------|---|
| Example | ➤ Clinician will provide individual therapy 1x per week and teach "I" messages, active listening, and role playing to assist individual in improving communication skills. Clinician will also link individual to psychiatric services and community resources as needed for the next 3 months. |
| Example | ➤ Clinician will provide Symptom Management group 1x/week and provide family therapy 1x/week for the next 6 months to assist individual in managing his assaultive behavior in the home. |
| Example | ➤ Case manager will provide rehabilitation services twice a month to teach social skills and link individual to community resources as needed for the next 12 months. Case manager will consult |

IV. Treatment Plan (TCP) (Cont.)

- with psychiatrist as needed for the next 12 months.
- Q.I. Tip ➤ Action steps by staff **not included** in the treatment plan are subject to disallowance; i.e., group therapy being provided without listing it as an action step by staff.

Signatures

The “signatures” section indicates the individual’s participation and agreement with the Treatment Plan.

- Individual ➤ The individual’s signature is required in the Treatment Plan. If the individual does not or cannot sign the plan, then a progress note shall document the reason for the missing signature. Ongoing efforts should be made to obtain individual’s missing signature and efforts documented. **Exception:** If the individual refuses to sign, this should be documented as such. In this case, it may not be clinically appropriate to continue attempting to secure a signature.
- Family ➤ A family or other support person may sign the Treatment Plan for children/adolescents.
- Staff ➤ The cost center staff is the person who writes the Treatment Plan. If the cost center staff is not an LPHA, the Treatment Plan must also be reviewed and co-signed by an LPHA.
- Q.I. Tip ☹️ A treatment plan without an LPHA signature or date is subject to disallowance.

Authorization

The Treatment Plan must be authorized by an LPHA whose signature and date of signature establishes the completion of that plan. The LPHA also reviews and authorizes the effective time period of the Treatment Plan’s Start and End date.

- ☹️ **A missing or late LPHA signature will result in a disallowance for the unauthorized time period.**
- Initial For the initial Treatment Plan, the start date is the date that the individual is open to the program. The end date cannot exceed 12 months from the start date. Only on the initial Treatment Plan should the start date be dated back to the episode opening date; for example, if the individual entered the program on June 13,

IV. Treatment Plan (TCP) (Cont.)

2011, and the LPHA signed the Treatment Plan on August 6, 2011, the authorization period must be June 13, 2011 through June 12, 2012. **Subsequent treatment plans cannot be dated back.**

- Renewal
- For the renewed Treatment Plan, the start date should be the first day after the end date of the previous plan. For example, if the previous plan ends on June 30th, then the next plan would start on July 1st. The authorization period would be from July 1st through June 30th of the following year.

Miscellaneous

- TBS
- For the Therapeutic Behavioral Services (TBS) treatment plan, the provider shall use the TBS treatment plan template in P&P #224.
 - TBS charts missing TBS treatment plans are subject to disallowance for the unauthorized period.