

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 35
SECTION Treatment		DESCRIPTION Active Treatment Standards	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides active treatment to persons served.

STANDARDS:

- A. Active treatment is mandated by the Michigan Mental Health Code and guided by Medicaid standards, service selection guidelines, and evidence-based practices.
- B. Active treatment is directed by person centered planning and grounded in a recovery-based philosophy and strategy.
- C. Active treatment improves the competence and self-control, enhances coping skills, increases the level of community participation, and improves the health status of the person served.
- D. Active treatment facilitates quality interaction between the person served and the treatment environments. Monitoring the progress of a person served in active treatment requires frequent communication, coordination, and integration across and between all treatment providers and treatment settings.

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- E. Active treatment moves through four major phases and is an ongoing process based on the needs, hopes, dreams, and desires of the person served:
1. Assessment
 2. Planning
 3. Implementation and monitoring
 4. Evaluation.

PROCEDURES:

- A. Assessment involves a thorough, person-centered review of the current situation and needs of the person served, including:
1. Challenges and barriers to daily living
 2. Understanding disabilities and their root causes
 3. Personal strengths, needs, abilities, and preferences
 4. Communication challenges
 5. Physical health and motor abilities
 6. Understanding developmental and behavioral needs
 7. Identifying needed changes in the environment to support person served
- B. Person-centered planning builds upon assessment findings and aligns with the hopes, dreams, and choices of the person served. See LCCMH Policy 02.001.15 Person-Centered Planning.
1. The planning process includes case management, coordination across service providers, engagement with person served and their support system, and integration of specialized services and professional recommendations.
 2. The goals of the planning process are to:
 - a. Support the growth in self-determination and independence of the person served
 - b. Promote recovery and movement towards highest level of functioning of the person served
 - c. Develop an individual plan of service (IPOS) containing specific, measurable goals tailored to the person served
 3. The IPOS goals and objectives:
 - a. Are clearly stated and behaviorally focused
 - b. Include one desired outcome per objective
 - c. Have target completion dates

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- d. Include measurable indicators of success
 - e. Reflect a logical developmental progression
- C. The IPOS is implemented with the active participation of the person served and supported by trained staff who understand the person's goals and needs.
 - 1. Staff training is essential to ensure everyone carries out their role effectively
 - 2. Implementation includes coaching, teaching, and reinforcing progress toward objectives
- D. Monitoring and evaluation are ongoing and collaborative processes ensuring the IPOS is effective and responsive.
 - 1. The primary case holder:
 - a. Has regular contact with the person served, their natural supports, and treatment providers in all settings
 - b. Reviews progress notes and documented outcomes
 - c. Analyzes data to determine if person served is moving toward their goals
 - 2. Monitoring activities measure the response of the person served to treatment and identify the need for adjustments when progress is stalled or goals are achieved.
- E. Documentation is a required part of active treatment. A clear, consistent record of services provided demonstrates that the rights of the person served are upheld, supports quality assurance and accountability, and outlines continued growth and success. Documentation expectations are available in LCCMH Form #339 Documentation Requirements and LCCMH Form #339a Substance Use Disorder Documentation Requirements.
 - 1. Without documentation, it is assumed services did not occur
 - 2. Quality documentation ensures continuity of care, transparency, and credibility of services

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DEFINITIONS:

Active treatment: a continuous person-centered treatment process with a long-range approach. It assists the individual in developing (1) the ability to function as independently as possible, and (2) to gain increasing personal control over the process of making ongoing life choices. This process involves facilitating flow and integration of services through an active treatment cycle in a person's life.

REFERNECES:

LCCMH Policy 02.001.15 Person-Centered Planning

LCCMH Form #339 Documentation Requirements

LCCMH Form #339a Substance Use Disorder Documentation Requirements.

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