

Second Chance Counseling Center LLC

Individual Plan

I. POLICY:

A. It is the policy of Second Chance Counseling Center LLC to assist all persons served in the development of an Individual Plan that serves as to guide all aspects of the individual's behavioral health care needs. The Individual Plan seeks to assist persons with maximizing their strengths and abilities, address their behavioral health goals through the identification of the care needs of the person served, document specific goals and objectives, outline the criteria for achieving specified interventions, and document individual progress in meeting specified goals and objectives.

II. PROCEDURES:

- A. Individual plans will be developed for all individuals served by Second Chance Counseling Center LLC, within all levels of care, services, and/or programs in which the individual is enrolled.
- B. Individual plans will be developed based on the following guidelines:
 - 1) The plan will utilize the information from the initial screening, referral materials, the psychosocial assessment, and the interpretive summary.
 - 2) The plan will be based on the needs of the persons served and will focus on integration and inclusion into the local community, family, and natural support systems.
 - 3) The individual's family and other significant relations will be involved in the plan's development, based on the appropriateness of the involvement and agreement by the person served.
 - 4) The plan will identify both the needs that are beyond the scope of Second Chance Counseling Center LLC's services and programs, and the specific services that will be provided by Second Chance Counseling Center LLC.

- 5) The plan will be communicated to the person served in a manner that is understandable by ensuring that issues such as language and comprehension level are taken into consideration when writing the plan.
- 6) Each person served will be provided a current Individual Plan.
- C. The Individual Plan will be completed on the day of admission to Second Chance Counseling Center LLC. Should the plan be completed at a later date than the specified time frame, documentation for such delay will be noted in the individual's record.
- D. Individual Plans will be developed by assigned therapist with the full input of all staff that are involved in the individual's service provision.
- E. The Individual Plan will identify goals based on the individual's strengths, needs, abilities, and preferences. The goals will be developed within the following guidelines:
 - 1) They will be expressed in the words of the person served.
 - 2) They will reflect the informed choice of the person served.
 - 3) They will be appropriate to the persons' culture and age.
- F. The Individual Plan will contain the following components to support the individual's ability to achieve the identified goals:
 - 1) <u>Specific objectives</u> that are to be met to provide a measurable indicator that the overall goal has been met. Specific objectives will be written to reflect an increase in functioning whenever possible, rather than a decrease of symptomology, to support a strengths-based model of services. Objectives will be reflective of the expectations of the person served and the service providers, the person's age, developmental factors, culture and ethnicity, and disabilities or concerns.
 - 2) Specific needs and desires of the persons served
 - 3) <u>Interventions</u> necessary to achieve the stated objective. Interventions may include individual staff generated services, based on clinical training and expertise, participation in specific program services in a group setting, and a variety of ancillary services available within the community.
 - 4) <u>Frequency of the interventions</u> to provide the necessary service level to achieve the stated objective.
 - 5) <u>Duration of the interventions</u> to provide a time specific measure of the individual's involvement.

- 6) <u>Staff responsible</u> for providing the interventions/services necessary to achieve the stated interventions.
- G. Persons served shall be active participants in the development of his/her Individual Plan. Active participation will include the following:
 - 1) The person served will meet with the designated staff responsible for coordination of services and other service providers, as appropriate, to establish the overall goals of services.
 - 2) Expectations and the anticipated outcomes of both the person served and providers of services will also be discussed with the individual at the time of plan development.
 - 3) Once the plan is completed and finalized by the service providers, the person served will endorse his/her knowledge of, and participation in developing the plan by reviewing and signing the document.
 - 4) The person served will actively participate in and agree to any changes in his/her individual plan.
- H. All individual planning conferences will be documented in the record, with a progress note and identification of all persons participating in the conference.
- I. Regular reviews of an individual's progress will occur every 90 days and document completion of portions of the plan, significant events or changes in the life of the person served, and the delivery of services that support the Individual Plan.
- J. Individual Plans will be updated whenever a significant change in clinical status, services, or programming requires such a revision, and/or by timelines established by the organization.
- K. The person served will actively participate in and agree to any changes in his/her treatment plan. All conferences in which changes in the individual plan are discussed and/or made will be documented in the record.
- L. The therapist is responsible for the individual's service coordination will assume primary responsibility for implementing and monitoring the Individual Plan, coordinating the services indicated, coordinating and facilitating the reviews of progress, participating in team meetings in which program specific goals are reviewed, and orienting the individual to the services identified in the plan as agreed upon to meet the overall goals.
- M. The therapist is responsible for the individual's service coordination the staff responsible for specific objectives, the person served, and family members, if appropriate, will determine together when the Individual Plan goals have been met.

N. Should a person have a co-occurring disability, the Individual plan will specifically address those issues in an integrated manner, and services will be provided by personnel, either within the organization or by referral, who are qualified to provide services for persons with co-occurring disabilities.