**Section 65 – Children’s Behavioral Health Day Treatment**

**Individualized Treatment Plan**

(Based on Comprehensive Assessment)

**Member information:**

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| --- | --- | --- |
| **1)** Last Name:  | **2)** First Name: | **3)** MI:  |
| **4)** DOB:  | **5)** Service Initiation Date:  | **6)** Date of ITP development (must be within 30 days of commencement of service delivery — box #5):  |

**District Information:**

|  |  |
| --- | --- |
| **7)** District Name: | **8)** District KEPRO Contact Person: |
| **9)** Address: | **10)** Telephone #:**11)** Fax #:  |
| **12)** Clinician’s Name: | **13)** Telephone #:**14)** Email: |

**ITP Members –** List all persons involved in the development of the treatment plan:

|  |  |
| --- | --- |
| **15)** Child (use n/a if not appropriate to involve and explain): | **16)** Parent(s) or Guardian(s): |
| **17)** Clinician(s): | **18)** Service Provider(s): | **19)** Other (if applicable): |

**Diagnosis:**

|  |  |  |  |
| --- | --- | --- | --- |
| **20)** Axis I and/or Axis II\*: | **21)** ICD-10 code: | **22)** Assessment Date: | **23)** Score: |

***\**** *EDMS is aware that KEPRO has updated to the DSM-5 language that removes Multi-axial terminology; however, until DHHS make corresponding updates to policy, we will continue to use the policy’s language*

**24) Reason for Service** (Describe related behaviors and symptoms along with frequency and intensity): ­­­­

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**25) List of Psychiatric Medications** (if applicable to the service provided):

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**26) Clinical Indicators Justifying Service Request** (only place an “**X**” in the chart below for severity and history of severity for clinical indicators that apply):

*\*Additional comments on the clinical indicators can be included in box #49.*

|  | **Clinical Indicator** | **Current Severity** | **History of Severity** |
| --- | --- | --- | --- |
|  | Mild | Moderate | Severe | Within 7 days | Within 8-90 days | Within 3-12 mo. | Within 1-10 years | 10+ years |
| **Risk/Danger to Self/Others** | Aggressiveness |  |  |  |  |  |  |  |  |
| Fire Setting |  |  |  |  |  |  |  |  |
| Assaultive |  |  |  |  |  |  |  |  |
| Homicidal Attempt |  |  |  |  |  |  |  |  |
| Homicidal Ideation |  |  |  |  |  |  |  |  |
| Self-care Deficit |  |  |  |  |  |  |  |  |
| Self-injurious Behavior |  |  |  |  |  |  |  |  |
| Sexually Inappropriate Behavior |  |  |  |  |  |  |  |  |
| Suicide Attempt |  |  |  |  |  |  |  |  |
| Suicidal Ideation |  |  |  |  |  |  |  |  |
| Use of Weapons |  |  |  |  |  |  |  |  |
| Harm to Animals |  |  |  |  |  |  |  |  |
| **Symptoms and Behavior** | Anxiety/Panic |  |  |  |  |  |  |  |  |
| Attachment Problems |  |  |  |  |  |  |  |  |
| Depressed Mood |  |  |  |  |  |  |  |  |
| Dissociative Symptoms |  |  |  |  |  |  |  |  |
| Grandiose/Hyper Religious |  |  |  |  |  |  |  |  |
| Hopeless/Helpless |  |  |  |  |  |  |  |  |
| Hyperactive |  |  |  |  |  |  |  |  |
| Hyper-vigilance |  |  |  |  |  |  |  |  |
| Impulsive |  |  |  |  |  |  |  |  |
| Insomnia |  |  |  |  |  |  |  |  |
| Irritable |  |  |  |  |  |  |  |  |
| **Symptoms and Behavior cont.** | Lying/Manipulative |  |  |  |  |  |  |  |  |
| Obsessions/Compulsions |  |  |  |  |  |  |  |  |
| Oppositional Behavior |  |  |  |  |  |  |  |  |
| Phobias |  |  |  |  |  |  |  |  |
| Property Destruction |  |  |  |  |  |  |  |  |
| Psychomotor Agitation |  |  |  |  |  |  |  |  |
| Psychomotor Retardation |  |  |  |  |  |  |  |  |
| Racing Thoughts |  |  |  |  |  |  |  |  |
| Running Away |  |  |  |  |  |  |  |  |
| Sexually Inappropriate Behavior |  |  |  |  |  |  |  |  |
| Separation Problems |  |  |  |  |  |  |  |  |
| Social Withdrawal |  |  |  |  |  |  |  |  |
| Stealing |  |  |  |  |  |  |  |  |
| Trauma-related Symptoms |  |  |  |  |  |  |  |  |
| Truancy |  |  |  |  |  |  |  |  |
| Verbal Aggression |  |  |  |  |  |  |  |  |
| **Thought, Attention, and Cognition** | Decreased Concentration |  |  |  |  |  |  |  |  |
| Dementia |  |  |  |  |  |  |  |  |
| Disorganized Thinking |  |  |  |  |  |  |  |  |
| Distractible |  |  |  |  |  |  |  |  |
| Hallucinations |  |  |  |  |  |  |  |  |
| Paranoid |  |  |  |  |  |  |  |  |
| Poor Judgment |  |  |  |  |  |  |  |  |
| Thought Disorder |  |  |  |  |  |  |  |  |
| **Drugs and Alcohol** | SA Related Medical Problems |  |  |  |  |  |  |  |  |
| Over the Counter Medications |  |  |  |  |  |  |  |  |
| Alcohol Use/Abuse |  |  |  |  |  |  |  |  |
| Illicit Drug Use/Abuse |  |  |  |  |  |  |  |  |
| Prescription Drug Use/Abuse |  |  |  |  |  |  |  |  |

**27A) Treatment and Service History —** information regarding co-occurring mental health and substance abuse disorders**:**

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| --- | --- | --- |
| Date of assessment for co-occurring disorders:  | Have you communicated with the Member’s PCP to coordinate mental health and physical health care? (Indicate with N, Y, or N/A):  | Is member receiving integrated MH/SA services? (Indicate with N, Y): |
| How long has member been receiving this service: | How many times has the member been seen by your service within this authorization period: | Currently on probation/parole/conditional release? (Indicate with N, Y): |

**27B) Frequency –** indicate the number of occurrences by placing an **“X”** in the appropriate box for each category:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **0 times** | **1-2 times** | **3-4 times** | **5 or more times** |
| Number of inpatient admissions in the last 12 months |  |  |  |  |
| Number of ER or other crisis episodes in the last 12 months |  |  |  |  |
| Number of years of active mental health treatment |  |  |  |  |
| Number of lifetime homeless episodes |  |  |  |  |
| Number of lifetime jail/prison terms |  |  |  |  |
| Number of school suspensions last 12 months |  |  |  |  |
| For youth under age 18, number of times run away for over a 24-hour period |  |  |  |  |

**28)** **Strengths/Skills** (Mark **X** for those that apply) — Must select at least one:

|  |  |
| --- | --- |
|  | Positive family network |
|  | Positive peer support |
|  | Interest in work/ volunteer activity |
|  | Realistic, positive expectations and goals for future |
|  | Good problem-solving skills/ able to seek help when needed |
|  | Spiritual/ Cultural involvement |
|  | Natural Supports |
|  | Good physical health/ self-care |
|  | Stable home setting |
|  | Involvement in positive activities/ interests |
|  | Good self-awareness/ self-understanding |
|  | Other: |  |

**Measurable Long Term Goals** — These should be measurable in terms of behaviors, symptoms, and functional deficits. This should align with what improvement would indicate readiness to end this service.

**Measurable Short Term Goals** — These should describe what the specific intervention is attached to the service you are requesting, what is hoped to be accomplished within this period, and how progress will be measured.

**Problem Statement for Goals** — Brief statement with specific behaviors, symptoms, functional deficits, including frequency/duration/intensity.

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|  |  |  | **31) Progress – reviewed every 90 days (should be stated in terms of the measures provided):** |
| **29) Problem Statement:** |  |
|  | **1st review deadline date:** | **2nd review deadline date:** | **3rd review deadline date:** |
|  |  |
| **30) Measurable Long Term Goal #1 with Target Date:** |  |  |  |  |
|  | **a) Measurable Short Term Goal #1 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |
|  | **b) Measurable Short Term Goal #2 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |
|  | **c) Measurable Short Term Goal #3 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |

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|  |  |  | **34) Progress – reviewed every 90 days (should be stated in terms of the measures provided):** |
| **32) Problem Statement:** |  |
|  | **1st review deadline date:** | **2nd review deadline date:** | **3rd review deadline date:** |
|  |  |
| **33) Measurable Long Term Goal #2 with Target Date:** |  |  |  |  |
|  | **a) Measurable Short Term Goal #1 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |
|  | **b) Measurable Short Term Goal #2 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |
|  | **c) Measurable Short Term Goal #3 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |

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|  |  |  | **37) Progress – reviewed every 90 days (should be stated in terms of the measures provided):** |
| **35) Problem Statement:** |  |
|  | **1st review deadline date:** | **2nd review deadline date:** | **3rd review deadline date:** |
|  |  |
| **36) Measurable Long Term Goal #3 with Target Date:** |  |  |  |  |
|  | **a) Measurable Short Term Goal #1 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |
|  | **b) Measurable Short Term Goal #2 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |
|  | **c) Measurable Short Term Goal #3 with Target Date (including objectives that allow for measurement of progress):** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Progress Key:** |

**38) Medically Necessary Treatment Services Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service**  | **Co-occurring services\* (when applicable)?****(Y/N)** | **Amount** | **Frequency** | **Duration** | **Practice Methods** | **Natural Supports (when applicable)** | **Service Provider Designation** |
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*\*Child has both mental health and substance abuse diagnosis and the co-occurring services address the substance related and mental health disorder.*

**Crisis/Safety Plan** (addresses the safety of the child and others surrounding a child experiencing a crisis):

**39)** Identify precursors to the crisis:

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**40)** Identify the strategies and techniques that may be utilized to stabilize the situation:

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**41)** Identify the individuals responsible for implementation of the plan, including any individuals identified by the child (or parent(s) or guardian(s), as appropriate) as significant to the child’s stability and well-being:

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**42) Special Accommodations** (necessary to address physical or other disabilities to provide the service):

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**Measurable Discharge Criteria/Plan**:

**43)** Identify the individuals responsible for implementing the discharge plan:

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**44)** Identify natural and other supports necessary for the child and family to maintain the safety and well-being of the child as well as sustain progress made during the course of treatment:

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**45)** Include the criteria, plan, and time frame for a reduction in intensity of service, and the eventual discharge of service:

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|  |

**46) Family/Social Involvement (**Mark **X** for those that apply):

|  |  |
| --- | --- |
|  | Family |
|  | Spouse/Partner |
|  | Friends |
|  | Religious group |
|  | Community Resources |
|  | AA/NA or self-help group |
|  | Other: |  |

|  |  |
| --- | --- |
| **47) Rate Overall Level of Family Involvement in Treatment Goals** (options – none; 1-5 with 5 being significant)**:** |  |

|  |  |
| --- | --- |
| **48) Rate Overall Level of Natural Supports involvement with the Client/Family** (options – none; 1-5 with 5 being significant): |  |

**49)** **Additional Comments** (Briefly summarize the behavioral health needs, and provide any information that has not been captured elsewhere. If there is a change in the number of units since the last review, or you expect significant variability within the upcoming 180 days, you can provide some description here. You may also explain any external factors that contribute to increased behaviors, symptoms or need in this period, or high usage of the service in this request.):

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**50) Initial Signatures of ITP Members\*:**

| **Printed Name of ITP Members\*** | **Signatures of ITP Members\* (including parent(s) or guardian(s))** | **Credentials** | **Date** |
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*\*Required ITP Members: child, parent(s) or guardian(s), clinician(s), and service provider(s)*

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| **First** **Review (**at all major decision points, but no less frequently than **90 days**): | **51) Deadline date:** |

* Include an update to all previous pertinent fields, including Crisis Safety/Plan (with date and initial).
* Based on the child’s needs, determine if the ITP needs to be revised.
* Progress on long-term goals: (should be stated in terms of those behaviors, symptoms, and functional deficits).
* Progress on short-term goals: (should be stated in terms of the measures you have provided).

**52) Treatment Progress** (Include measurable change – either progress made, or deterioration of progress. Provide some information about what contributes to progress/deterioration and if any modifications need to be made to support progress):

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| --- |
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**53) First Review Signatures of ITP Members\*:**

| **Printed Name of ITP Members\*** | **Signatures of ITP Members\* (including parent(s) or guardian(s))** | **Credentials** | **Date** |
| --- | --- | --- | --- |
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*\*Required ITP Members: child, parent(s) or guardian(s), clinician(s), and service provider(s)*

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| --- | --- |
| **Second Review (**at all major decision points, but no less frequently than **90 days**): | **54) Deadline Date:** |

* Include an update to all previous pertinent fields, including Crisis Safety/Plan (with date and initial).
* Based on the child’s needs, determine if the ITP needs to be revised.
* Progress on long-term goals: (should be stated in terms of those behaviors, symptoms, and functional deficits­).
* Progress on short-term goals: (should be stated in terms of the measures you have provided).

**55) Treatment Progress** (Include measurable change – either progress made, or deterioration of progress. Provide some information about what contributes to progress/deterioration and if any modifications need to be made to support progress):

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**56) Second Review Signatures of ITP Members\*:**

| **Printed Name of ITP Members\*** | **Signatures of ITP Members\* (including parent(s) or guardian(s))** | **Credentials** | **Date** |
| --- | --- | --- | --- |
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*\*Required ITP Members: child, parent(s) or guardian(s), clinician(s), and service provider(s)*

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| **Third Review** (at all major decision points, but no less frequently than **90 days**): | **57) Deadline Date:** |

* Include an update to all previous pertinent fields, including Crisis Safety/Plan (with date and initial).
* Based on the child’s needs, determine if the ITP needs to be revised.
* Progress on long-term goals: (should be stated in terms of those behaviors, symptoms, and functional deficits).
* Progress on short-term goals: (should be stated in terms of the measures you have provided).

**58) Treatment Progress** (Include measurable change – either progress made, or deterioration of progress. Provide some information about what contributes to progress/deterioration and if any modifications need to be made to support progress):

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**59) Third Review Signatures of ITP Members\*:**

| **Printed Name of ITP Members\*** | **Signatures of ITP Members\* (including parent(s) or guardian(s))** | **Credentials** | **Date** |
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*\*Required ITP Members: child, parent(s) or guardian(s), clinician(s), and service provider(s)*