


CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 35
SECTION Treatment		DESCRIPTION Active Treatment Standards	
WRITTEN BY Lauren Emmons, ACSW COO	REVISED BY Lisa Ruddy, CHES Quality Improvement Coordinator	AUTHORIZED BY  Lauren Emmons, ACSW, CEO	

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) will provide active treatment to persons served. Active treatment is mandated by the Michigan Mental Health Code and guided by Medicaid standards, service selection guidelines, and evidence based practices. Active treatment is directed by person centered planning and grounded in a recovery-based philosophy and strategy.

STANDARDS:

- A. The emphasis of active treatment is on person centered planning and recovery.
- B. Active treatment is designed to improve the competence, self-control, enhance coping skills, increase the level of community participation, and improve the health status of the person served.
- C. Active treatment works to facilitate quality interaction between the persons served and the treatment environments in which they participate. 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.

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

PROCEDURES:

Active Treatment moves through four major phases and is an ongoing process based on the needs, hopes, dreams, and desires of the person served: assessment, planning, implementation and monitoring and evaluation.

- A. Assessment of the needs of the person served through a functional and comprehensive determination of:
 - 1. Problems
 - 2. Disabilities (and causes)
 - 3. Strengths
 - 4. Weaknesses
 - 5. Communication deficits
 - 6. Physical profile
 - 7. Developmental and behavioral needs
 - 8. Needed changes in the environment.

- B. Planning through assertive case management and coordinated person centered planning activities. Review assessment data, specialized services recommendations, the hopes dreams and desires of the person served.
 - 1. The planning process is dedicated to individual acquisition of skills in areas of self-determination and independence.
 - 2. Recovery and movement to optimal functioning continues as the over-all goal.
 - 3. Specific goals and objectives are designed to meet individual needs. They are formulated into the individual plan of service (IPOS) that is prioritized and integrated.

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

4. Specific objectives are:
 - a. Stated separately
 - b. Have single behavior outcome
 - c. Assigned completion dates
 - d. Measurement indices of performance stated in behavioral terms
 - e. Reflect a developmental progression.

- C. Implementation of the IPOS is carried out by the person served with the support of fully-trained staff that must be familiar with the goals and objectives. Training of staff supporting the person served is essential to assure smooth implementation and desired outcomes.

- D. Monitoring and evaluation is an ongoing process involving contact with the person served and treatment providers in all settings. Monitoring and evaluation also includes review of documented notes, and is highlighted through periodic review of data determining whether progress is occurring as planned.
 1. The function of monitoring and evaluation is to assess the persons served response to the IPOS on a regular, on-going basis.

 2. Monitoring and evaluation activities may lead to the modification of the IPOS, which involves the pursuit of needed changes in the plan either because the objective is met or progress is not realized as expected. This eventuality brings the active treatment plan full cycle to the assessment phase, followed by planning, implementation, and monitoring and evaluation.

- E. Documentation of active treatment services is essential, for if there is not a clear, written record identifying these services, it will be assumed they did not occur. Persons served have a fundamental right to receive active treatment. Thus to maintain quality assurance, quality documentation will also need to be in place.

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

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 a flow and integration of services through an active treatment cycle in a person's life.

LR

This policy supersedes 06.003.15
#08/90048 dated 08/08/1990.
