# Treatment plans for OMH

**Initial txp** must be completed within 30 days of admission.

Note: any client who transfer services from an internal sister clinic must also complete a new initial treatment plan under the new clinic where they are engaging in services.

**Due dates** Treatment plans can be submitted up to 30 days in advance of the txp due date. Best practice for initial txp is to complete the plan within admission session or the first session after admission. Treatment plans must be submitted to supervisor and psychiatrist to review prior to or on due date to meet compliance standards.

**All TxPs should include:**

Signature of clinician

Signature of supervisor

Signature of psychiatrist

Med mgmt goal – if not on medication, should identify completing initial psych eval as the goal

Current diagnoses that should mirror identified diagnoses in progress notes

Objectives should be SMART and not continuously carried over

If includes a SU dx, should include a SU goal that aligns with client's assessed stage of change

Measurable discharge criteria

**Client signatures** It is best practice to complete a txp in session with client and obtain client's signature. If client engages in this review via telehealth and/or cannot physically sign the plan, a note should be included in the client comment box specifying which telehealth session the plan was collaborated with client. If client has not been engaged in recent sessions prior to due date, the txp can be submitted without client signature and comment box should indicate being completed in client's absence.

**TxPs should be reviewed annually**. Goals and objectives should be reviewed and updated at each txp review. If a client has had an objective that has recurred for more than one review, it is recommended to adjust this objective to better capture where client is in relation to that goal or readjusting goal if needed.

When reviewing goals with client, it may be helpful to explore the client's perception on progress or lack thereof on stated goals; explore if the current goal could benefit from a slight adjustment to better setup client for success in achieving the goal.

Goals ideally are written in a way that are attainable for client to achieve some progress within each quarter. This may mean that goals are written in small clear steps. Some examples are identified below.

Mental health goal: Client will identify 3 persons that client can outreach for additional support during times of increased depression symptoms

Substance use goal: Client will identify at least 2 pros and cons of engaging in cannabis and its impact on client's mental health

Employment goal: Client will identify 2-3 barriers that would serve as barriers to client starting employment.

Education goal: Client will research 3-5 educational programs that are of interest to client.

In between the initial and annual review, goals are updated within progress notes.

A formal treatment plan review must be completed when there are significant clinical changes (e.g., behavioral or medical diagnosis/condition, increased risk level, increased/new symptoms, decreased functioning, new stressors, needs, circumstances, significant life event, increase and/or change in services provided, etc.).**:**

- new services are added to the Treatment Plan; or
- service intensity (frequency and/or duration) is increased for services currently included in the Treatment Plan.
- Change in diagnosis
- Significant life event and/or crisis
- Patient risk level changes to high risk