

### Behavioral Health – Individual Plan of Service

#### Person Centered Planning Process

McLaren Behavioral Health uses a person-centered planning which means you assist in developing your goals. On admission you were provided with a Treatment Plan Questionnaire to assist with identifying goals and barriers. Your goals have been integrated into the plan. Staff will also give input into developing your plan and providing feedback. This document reviews the diagnosis used to describe the problems you are experiencing, the plan of action to be taken to address the problems, the goals of treatment, and the plans for continuing care when you leave the program. Behavioral Health Staff or the Recipient Rights Advisor are available to address any questions you may have regarding the Person Centered Planning Process.

**Patient Name:** \_\_\_\_\_ **Date/Time of Admission:** \_\_\_\_\_

- Inpatient Behavioral Health     Partial Hospitalization Program (PHP)

#### Patient Supports:

- Family     Friends     Cultural/Spiritual     Outpatient Therapist     Outpatient Psychiatrist     Sponsor  
 Community Case Management: \_\_\_\_\_     Support Groups: \_\_\_\_\_  
 Other \_\_\_\_\_

#### Patient Disadvantages/Limitations:

- Medications     Housing     Transportation     Legal Services     Nutritional Needs     Medical  
 Employment     Financial     Clothing     Educational     Recreational     Limited Supports  
 Alcohol/Drug Use     Treatment Noncompliance     Lack of Insight     Other \_\_\_\_\_

#### Patient Strengths and Resources/Assets:

- Motivated for treatment     Friendly/Caring     Positive sense of humor     Hard worker  
 Medication compliant     Effective communication skills     Cognitively intact     Effective decision making  
 Personal insight     Maintains hygiene/grooming     Effective coping skills     Effective social skills  
 Personal judgment     Housing     Transportation     Employment

#### Physician Diagnosis:

Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis III \_\_\_\_\_  
Axis IV \_\_\_\_\_  
Axis V \_\_\_\_\_



PT.  
MR.#/P.M.  
DR.

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**DISCIPLINE SPECIFIC INTERVENTIONS-**

DISCIPLINE	SPECIFIC INTERVENTION	FREQUENCY
	<ul style="list-style-type: none"> <li>ASSESS AND EVALUATE PATIENT'S SYMPTOMS &amp; PROGRESS</li> </ul>	Daily
<b>Medical Doctor (Psychiatry) will</b>	<ul style="list-style-type: none"> <li>PRESCRIBE MEDICATIONS AND EVALUATE EFFECTIVENESS</li> </ul>	Daily
	<ul style="list-style-type: none"> <li>CONSULTATION ORDERED FOR:</li> </ul>	
<b>Nursing will</b>	<ul style="list-style-type: none"> <li>ORIENTATE PATIENT TO UNIT</li> </ul>	Admission, Each Shift
	<ul style="list-style-type: none"> <li>ASSESS PATIENT CONDITION AND PROGRESS</li> </ul>	Admission, Each Shift
	<ul style="list-style-type: none"> <li>ADMINISTER MEDICATIONS &amp; ASSESS FOR SIDE EFFECTS</li> </ul>	Each Shift
	<ul style="list-style-type: none"> <li>MONITOR FOR SAFETY</li> </ul>	Every 15 minutes
	<ul style="list-style-type: none"> <li>PROVIDE EDUCATION</li> </ul>	Daily
<b>Social work will</b>	<ul style="list-style-type: none"> <li>FACILITATE GROUP THERAPY TO ASSESS FUNCTIONING</li> </ul>	Daily
	<ul style="list-style-type: none"> <li>ASSIST PATIENT WITH IDENTIFYING SUPPORT SYSTEMS</li> </ul>	Daily
	<ul style="list-style-type: none"> <li>DISCHARGE PLAN WILL BE REVIEWED</li> </ul>	3 X Week
<b>Recreation Therapy will</b>	<ul style="list-style-type: none"> <li>ASSESS PATIENT FUNCTIONING AND LEISURE NEEDS</li> </ul>	Daily, Monday-Friday
	<ul style="list-style-type: none"> <li>FACILITATE RECREATION THERAPY SESSION FOR EDUCATION IN COPING SKILLS</li> </ul>	Daily, Monday-Friday
	<ul style="list-style-type: none"> <li>OFFER INDEPENDENT LEISURE RESOURCES</li> </ul>	Daily

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**PROBLEM STATEMENT (# 1 )** \_\_\_\_\_

**AS EVIDENCED BY:**

1.

2.

**SHORT TERM GOALS/TREATMENT OBJECTIVES** – What specifically will client need to do to accomplish goal?

	Initiated	Staff Initials	Goal
<i>(NURSING)</i>			Met
			Modified
<i>(NURSING)</i>			Met
			Modified
<i>(SOCIAL WORK)</i>			Met
			Modified
<i>(RECREATIONAL THERAPY)</i>			Met
			Modified

**INTERVENTIONS**

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**NURSING WILL:**

- **Interact one on one to allow expression of feelings each shift.**
- **Provide visual checks every 15 minutes.**

**SOCIAL WORK WILL:**

**RECREATION THERAPY WILL:**

- **Provide orientation to Recreation Therapy services.**
- **Provide access to Leisure Resources/Literature as tolerated and monitored for safety as required.**

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- Standard Intervention

**PROBLEM STATEMENT (# 2 )** \_\_\_\_\_

**AS EVIDENCED BY:**

1.

2.

**SHORT TERM GOALS/TREATMENT OBJECTIVES** – What specifically will client need to do to accomplish goal?

	Initiated	Staff Initials
<i>(NURSING)</i>		Met
		Modified
<i>(NURSING)</i>		Met
		Modified
<i>(SOCIAL WORK)</i>		Met
		Modified
<i>(RECREATIONAL THERAPY)</i>		Met
		Modified

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### INTERVENTIONS

#### NURSING WILL:

- Interact one on one to allow expression of feelings each shift.
- Provide visual checks every 15 minutes.

#### SOCIAL WORK WILL:

#### RECREATION THERAPY WILL:

- Provide orientation to Recreation Therapy services.
- Provide access to Leisure Resources/Literature as tolerated and monitored for safety as required.

- Standard Intervention

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**PROBLEM STATEMENT ( # 3 )            MEDICALLY STABLE- ALTERED HEALTH STATUS**

**AS EVIDENCED BY:**

**SHORT TERM GOAL:    PATIENT WILL REMAIN MEDICALLY STABLE DURATION OF HOSPITAL STAY**

**INTERVENTIONS**

- **ASSESS PATIENT’S CURRENT KNOWLEDGE OF ALTERED HEALTH STATUS**
- **MONITOR VITALS EVERY SHIFT AND AS NEEDED**
- **ADMINISTER MEDICATIONS AS PRESCRIBED**
- **MONITOR MEDICATION FOR SIDE EFFECTS AND EFFECTIVENESS**
- **PROVIDE TEACHING SPECIFIC TO PATIENT’S ALTERED HEALTH STATUS**
- **PROVIDE PATIENT TEACHING ABOUT MEDICATIONS AND SIDE EFFECTS**
- **MONITOR FOR CHANGES OF CONDITION AND REPORT FINDINGS TO PHYSICIAN**
- **DOCUMENT PATIENT HEIGHT AND WEIGHT UPON ADMISSION**
- **MONITOR FALL RISK AND PROVIDE EDUCATION FOR SAFETY**
- **MONITOR ACTIVITIES OF DAILY LIVING**
- **MONITOR SLEEP AND NUTRITION DAILY**
- **OTHER \_\_\_\_\_**
- **OTHER \_\_\_\_\_**

**DISCHARGE CRITERIA**

– Client will discharged from this level of care when...

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**AFTER CARE PLANS** – Client will follow up this level of care by...

**COMMENTS**

**SIGNATURES OF PERSONS PARTICIPATING IN DEVELOPMENT OF THIS PLAN**

<i>Signature</i>	<i>Date</i>	<i>Time</i>	<i>Title</i>	<i>Initials</i>

**Check all that apply:**

- Client/guardian received copy of this plan
- Client/guardian refused copy of this plan
- Client/guardian wants Primary Care Physician to receive a copy of this plan
- Client/guardian wants outpatient therapist/clinic to receive a copy of this plan

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