Treatment Plans/Progress Notes

- A valid treatment plan must be in place prior to the provision of ongoing services.
- Treatment Plans should include documentation of client involvement, including the client's signature and use of the client's own words in the development of the plan. Treatment plans not signed by the client are not considered valid plans.
- Plans should identify goals with specific objectives, services, activities, and time frames for completion. Objectives should be specific and measurable, and they should match the given time frames.
- Services provided without a valid treatment plan may result in financial take-back.
- Progress notes must contain the file number, date/time of session, clinicians' signature, and clinician credentials. They should also include documentation of progress toward goals/objectives.
- Group session notes must include the items listed above as well as the number of participants in the group.

Goal/Objective Samples

Example: Goal that is **not** specific or measurable

Goal: Abstinence.

Objectives:

1-Report no use of substances at each appointment.

2-Report less urges to use.

Example 2: Goal that is specific, measurable, and shows what interventions will be provided

Goal: “I want to stay clean”.

Objectives:

1-Client will participate in random UDS with no positives while in treatment.

2-Client will attend weekly groups and actively engage in sessions.

3- Client will develop a pros and cons lists of use.

4- Client will participate in individual sessions where the therapist will utilize Motivational Interviewing and Cognitive Behavioral Therapy to explore triggers for use and more positive coping techniques.

Change in Level of Care

- If a client presents with a need for a higher level of care or additional services such as recovery housing a change in level of care request should be submitted through FOCUS.
- In this form you must provide up to date information regarding the clients' current stage of change, current medications, current participation in treatment, what services are being requested and clinical justification for those requests.

Change In Level Of Care

Request Date

Use Current Date

Requesting Therapist lookup clear

8345 NICOLE GABRIEL

Times Available

Diagnosis

SUD Diagnostic Code lookup

MH Diagnostic Code 1 lookup clear

MH Diagnostic Code 2 lookup clear

MH Diagnostic Code 3 lookup clear

Diagnostic Formulation

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Level Of Care Information

Current Level Of Treatment

Rehabilitation/Residential - Short-Term (30 days or fewer)

Additional Service Categories

- ☐ Peer Recovery Coach
- ☐ Recovery Home
- ☐ Case Management

Request Change To

☐ Detox ☐ IOP ☐ LT Residential ☐ OP ☐ Peer Recovery Coach ☐ Recovery Home ☐ Case Management ☐ ST Residential

SUD Substances (SA or MH/Integrated Tx episodes)

Substance Rank	Substance	Route of Administration	Frequency of Use	Age at First Use
Primary				
Secondary				
Tertiary				

Medication-Assisted Opioid Therapy

○ Yes ○ No ○ Not Applicable

Attendance at Substance Use Self-Help Groups in past 30 Days

* Select

Results of Past 30 days drug screen (testing date, substance and result)

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Opioid Use Only: Indicate type of Medication Assisted Treatment client is receiving

☐ Methadone ☐ Suboxone ☐ Vivitrol ☐ None

Is Client Currently (check all that apply)

Injecting Drugs? ○ Yes ○ No

Pregnant? ○ Yes ○ No ○ Not Applicable

On Rx Methadone? ○ Yes ○ No

A parent at risk of losing child(ren) due to substance use? ○ Yes ○ No

Eligible For Women's Specialty Funds? ○ Yes ○ No

ASAM Results

ASAM Worksheet

Dimension 1		**Dimension 4**	
Dimension 2		**Dimension 5**	
Dimension 3		**Dimension 6**	

Level Of Care Comments

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General Comments

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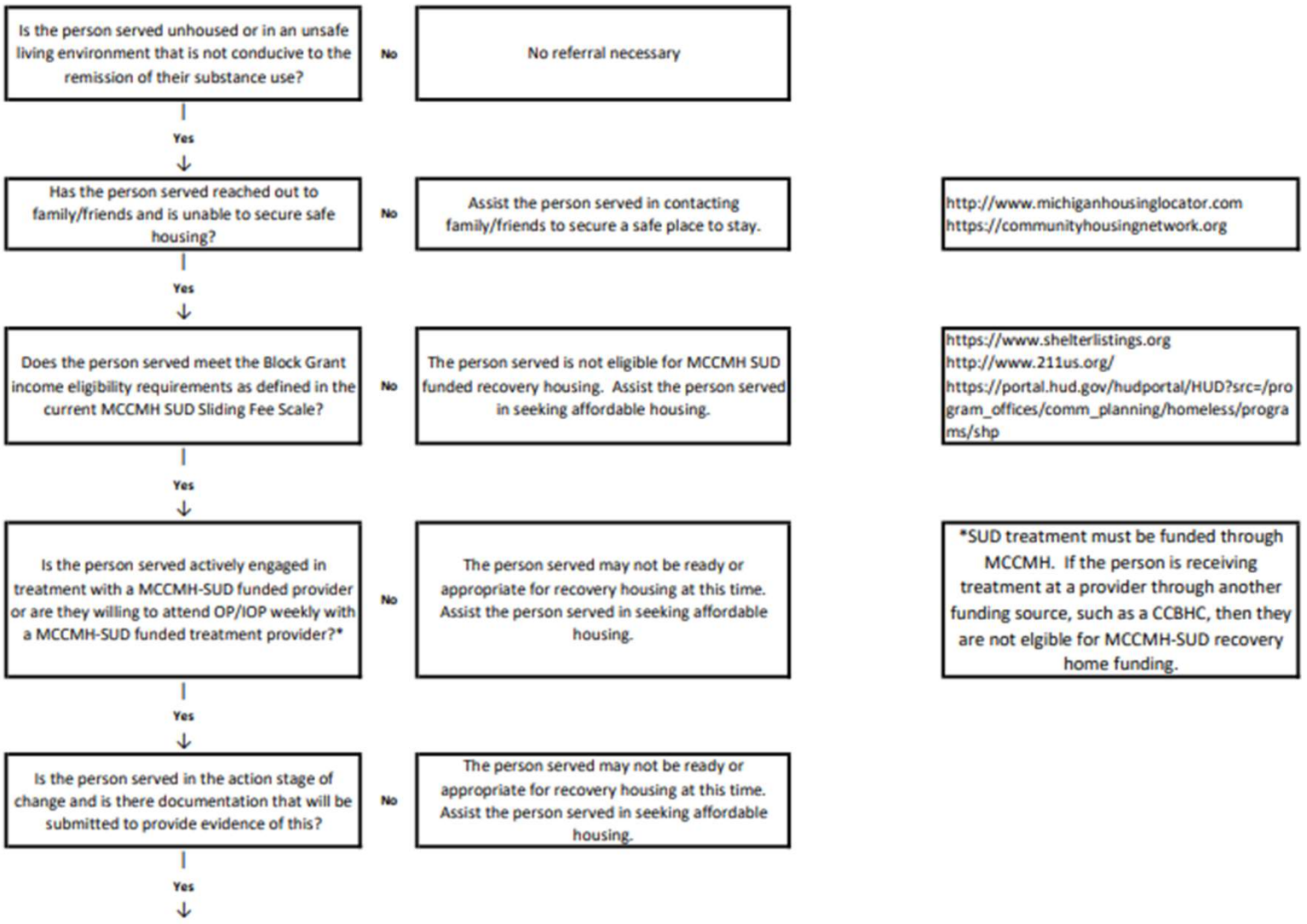
Recovery Home Referrals

- To ensure clients have safe, secure, sober housing to fully focus on treatment, MCCMH-SUD can provide short term funding for recovery housing with contracted recovery home providers.
- Individuals should only be referred to a MCCMH-SUD funded recovery home if they are highly motivated for recovery, in the action stage of change and willing to participate in regular treatment.
- Clients must be actively engaged in treatment funded by MCCMH-SUD to qualify for recovery home funding.
- Inappropriate referrals can threaten the integrity of the homes as well as the recovery of the other residents.
- MCCMH-SUD relies on clinicians' judgement to ensure appropriate referrals are made to the homes. Once at the home, any extension requests would come from the recovery home providers.
- MCCMH-SUD had created a flow-chart that staff can use to determine if a client is appropriate for funding.
- Clients can also be referred to recovery housing and self-pay if they are able.

MCCMH-SUD Funded Recovery Home Eligibility Flow Chart



Next Slide - continued

MACOMB COUNTY COMMUNITY MENTAL HEALTH

Are the preson served's physical, psychiatric, and SUD health concerns monitored and stable at this time? (i.e. able to independently care for daily needs and function in a shared living situation)

No → Assist the person served in coordinating services with a primary care physician, behavioral health provider, or other applicable provider. Person served is not appropriate for MCCMH SUD funding without having appropriate health care in place.

Yes ↓

If on medications, does the person served have a prescriber willing to continue prescriptions for those medications?

No → Assist the person served in coordinating services with a primary care physician, behavioral health provider, or other applicable provider. Person served is not appropriate for MCCMH-SUD funding without having appropriate health care in place.

Yes ↓

Does the treatment plan include goals for recovery housing, participating in weekly recovery meetings and seeking employment/volunteer opportunities?

No → Treatment plan must be updated prior to moving forward.

Yes ↓

Complete the Change in Level of Care (CLOC) form in the FOCUS EMR including the clinical rationale for referral to a recovery home. Completion of this form indicates that it is the clinical determination of the treating SUD provider that the person served meets all eligibility criteria as indicated in this flow chart.

Updated April 2025

MACOMB COUNTY COMMUNITY MENTAL HEALTH

Discharges

- Discharges must be entered into FOCUS within 30 days of the last session or sooner if the discharge is planned.
- Those clients who drop out of treatment must have outreach efforts documented in the chart (letters, phone calls, etc).
- If appropriate, after-care referrals should be provided to all clients regardless of the nature of their discharge.
- All aftercare referrals should be documented in the FOCUS discharge.
- The discharge date is the last date a billable service was provided.
- Withdrawal Management, IOP, and Residential treatment are not considered the last step in a treatment episode. Therefore, any client discharging from one of these levels of care should be provided with an aftercare referral.