

CCS Policy/Procedures
Service Planning and Delivery
DHS 36.07(5)(n)

Policy Statement: Each client will have a comprehensive recovery plan developed and written within 30 days of admission, and a review and update of the plan in writing at least once every six months thereafter. CCS services will be delivered according to the plan.

Discussion and Procedures:

Facilitation of Recovery Planning:

1. The written recovery plan will be based on the assessment and completed within 30 days of application for services.
2. The recovery planning process will be explained to the person served, guardian or family member if applicable, in detail with ample examples of how he/she can be involved in constructing the team and the plan.
3. The client, service facilitator, mental health professional/SUD professional, guardian and service providers, family, and other individuals of the client's choosing will develop the plan. The client's participation in the development of the plan and goals will be documented in the record and evidenced by the client's signature on the plan.
4. Recovery plans will flow from the results of the assessment and recognize the needs, hopes, and dreams of the client while taking into consideration each individual's culture, background, and language.
5. Discharge planning will be built into the recovery plan from the outset to instill hope and convey the belief that clients will achieve independence.

Recovery Plan Documentation:

1. The plan will specify recovery goals and the treatment, rehabilitation, and support service actions necessary to accomplish the goals. The goals will be written in measurable terms. The plan will include schedules and frequency of services.
2. Recovery goals will be elicited from the client and reflected on the plan in the client's own words.
3. Expected outcomes and the staff, person or agencies responsible for providing the services will be identified in the plan. Payment source for each service will be explained.

4. The type and frequency of data collection that will be used to measure progress toward goals will be written into the plan.
5. The plan will be reviewed, approved, and signed by the client, licensed mental health or SUD professional and the service facilitator. The names of participants in the recovery planning meeting will be recorded on an attendance roster and will include the date of the meeting and the name, address, and telephone number of each person.
6. Each original, updated and partially completed service plan will be included in the service record contained within the Mental Health Module of the DCDHS Information System.
7. An electronic or hard copy of the plan will be available to all members of the recovery team.
8. The review of the recovery plan will be scheduled every six months and may occur more often. Progress and current status in meeting the goals set forth in the plan will be reviewed with the client. Goals that have been met will be upgraded, intensified, or deleted, as appropriate. Goals that have not been met will be modified, continued, or deleted, as explained by the review narrative.

Service Delivery:

1. Services, both psychosocial rehabilitation and treatment, will be provided in congruence with the client's wishes and style.
2. To the extent possible, services will be provided in natural and integrated settings preferred by the client, and will use the natural supports of the client and his/her community when possible.
3. Interventions and actions will be designed to assist the client to do for themselves to achieve their desired outcomes, rather than those actions that "do for" or "do to".
4. Services will be provided with reasonable promptness and with appropriate frequency to achieve the goals set out in the recovery plan.
5. If services are needed or desired that are not delineated in the recovery plan, the service facilitator will convene the recovery team to modify the plan.

5.1.14, 8.22.14
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