

Example 8

**Region 3 Behavioral Health Services
Program Plan Verification Checklist
The Bridge, Inc.**

- 1) Agency shall have the following documentation available for review during the audit process.
- 2) Please complete each page by placing an "X" in the column to verify language is included within agency program plan(s).
- 3) Agency Director's signature is required at the bottom of this documentation. Print first and last name, sign and date.

THERAPEUTIC COMMUNITY		
<i>Language below taken from the Title 206: BH Services & Utilization Guidelines (service definitions) Changes effective 4/11/15</i>		
SERVICE NAME	"X"	
Facility License		Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition		Therapeutic Community is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of substance use disorder on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. This service provides psychosocial skill building through a set of longer term, highly structured peer oriented treatment activities which define progress toward individual change and rehabilitation and which incorporate a series of defined phases. The individual's progress must be marked by advancement through these phases to less restrictiveness and more personal responsibility.
Service Expectations		A strengths based substance use disorder assessment & mental health screening conducted by appropriately credentialed staff at admit w/ongoing assessment as needed.
		Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission
		Review & update of the tx/recovery plan under clinical supervision w/ the indiv & other approved family/supports every 30 days or more often as needed
		A minimum of 30 hours of treatment and recovery focused services weekly including individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies
		Program is characterized by peer oriented activities and defined progress through defined phases
		Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living
		Other services could include 24 hours crisis management, family education, self-help group and support group orientation
		Monitoring stabilized co-occurring mental health problems
		Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs
Length of Services		Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness
Staffing		Clinical Director (APRN, RN, LMHP, LIMHP, LADC or Licensed Psychologist) to provide clinical supervision, consultation and support to all program staff and the clients they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation.
		Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors. Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
		All staff should be educated/trained in rehabilitation and recovery principles.

THERAPEUTIC COMMUNITY

*Language below taken from the Title 206: BH Services & Utilization Guidelines (service definitions) **Changes effective 4/11/15***

SERVICE NAME	"X"	
Staffing Ratio		Clinical Director to direct care staff ratio as needed to meet all responsibilities
		1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served
		1:10 Therapist to individual
		On-call availability of direct care staff and licensed clinicians 24/7
Hours of Operation		24/7
Desired Individual Outcome		The individual has substantially met their treatment plan goals and objectives
		The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions
		Individual has alternative support systems secured to help the individual maintain stability in the community
Admission Guidelines		The indiv. meets the diagnostic criteria for a substance-related Disorder, as defined in the most recent DSM, as well as the dimensional criteria for admit.
		The individual meets specifications in each of the six dimensions.
		It is expected that the individual will be able to benefit from this treatment.
Continued Stay Guidelines		It is appropriate to retain the individual at the present level of care if:
		1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals. OR
		2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals. AND/OR
		3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

By signing the Program Plan Verification Checklist Document, the Agency Director represents and warrants that the language above, and as indicated with an "X", is included within the program plan(s). Therefore, such language is in compliance with the Title 206: BH Services & Utilization Guidelines (service definitions), are approved by the organization, and are adhered to.

Agency Director (Print first and last name)

Agency Director Signature

Date

Revised: 11/30/17