



Clinical Documentation Standards for Short-Term Residential Therapeutic Programs (STRTPs)

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Learning Objectives

- Understand the minimum required elements of clinical documentation for STRTPs according to current STRTP regulations
- Identify the required elements of an STRTP Mental Health chart
- Know the timelines to complete required documents, including: Mental Health Assessment, CANS, Admission Statement, Treatment Plan, Progress Notes, and Transition Determination Plan

♥◀ Agenda

1:00-1:05 - Introductions and orientation to webinar

1:05-2:30 - Review required chart elements and documentation standards for Assessment, Admission Statement, and Treatment Plan

2:30-2:35 – Break

2:35-3:45 - Review documentation standards for Progress Notes, Clinical Review, Medication Services and Transition Determination Plan

3:45-4:00 - Q&A

♥ < Mental Health Treatment Services



- (a) The STRTP shall provide structured mental health treatment services in the day and evening, seven (7) days per week, according to the child's individual needs as indicated in the child's treatment plan.
- (b) The STRTP shall be able to directly provide the following mental health treatment services onsite, for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries:
 - (1) Crisis Intervention
 - (2) Mental Health Services
 - (3) Targeted Case Management



Mental Health Treatment Services



- The STRTP shall make available the following mental health treatment services according to the child's treatment plan:
 - (1) Day Treatment Intensive
 - (2) Day Rehabilitation
 - (3) Medication Support Services



Mental Health Treatment Services

- The STRTP shall make available the following mental health treatment services according to the child's treatment plan (continued):

(4) EPSDT services

(5) Psychiatric nursing services, which shall include, but not be limited to, nursing assessments, taking vital signs, monitoring vital signs, coordinating medical care, administering, dispensing, and furnishing medication, and other services.

➤ Psychiatric nursing services shall be provided by a registered nurse, licensed, or vocational nurse, licensed psychiatric technician, or another licensed professional acting within the scope of their practice.



Mental Health Treatment Services

- “Make available” means that the STRTP mental health program either directly provides the services or provides access to services from other providers.
- A child may receive services offsite from other providers to meet the child’s needs as described in the child’s treatment plan.
- If a child is a Medi-Cal beneficiary and the STRTP is not certified to provide a specialty mental health service that is medically necessary for that child, the STRTP shall arrange for the child to receive the service through the mental health plan with responsibility for providing or arranging for specialty mental health services for that child.



Required Elements of an STRTP Mental Health Chart

- The STRTP shall ensure that each child residing in the STRTP has an accurate and complete client record.
- The client record shall be confidential and an STRTP shall only disclose the client record if the disclosure is authorized by applicable federal and state privacy laws.

Required Chart Elements



- The client record shall include:
 - (1) Signed informed consent for treatment;
 - (2) Mental Health Assessment;
 - (3) Admission Statement;
 - (4) Treatment Plan;
 - (5) STRTP Mental health program Progress Notes;
 - (6) Child and Family Team meeting notes;
 - (7) Clinical review report and Transition Determination;

Required Chart Elements



- The client record shall include (continued):

(8) Physician's orders related to mental health care, medication reviews, if applicable, and written informed consent for prescribed medication, pursuant to applicable law;

(9) A copy of any available court orders or judgments regarding: physical or legal custody of the child, conservatorship or guardianship of the child, the child's probation, or the child's juvenile court dependency or wardship;

(10) Documentation indicating each date and name(s) of individuals or groups of individuals who have participated in the development of the treatment plan, or transition, including, but not limited to, the child, parent, guardian, conservator, tribal representative, child and family team members, and/or authorized representative;

(11) A transition determination plan.

Frequency of the Child and Family (CFT) Meeting

- For children or youth who are receiving Katie A services (e.g. ICC, IHBS) a CFT meeting must occur at least every 90 days.
- For children and youth in child welfare or juvenile probation systems who are not receiving Katie A services, the placing agency must hold a CFT no less than once every six months, unless there is a change in the client's status (for example, client is ready to return home).
- CFT meetings may be held more frequently according to the needs of the child and family.





Medical Records and Electronic Health Records

- Alameda County uses Clinician's Gateway as its Electronic Health Record System (EHR)
- Some STRTP providers will be using Clinician's Gateway to document a beneficiary's care and examples will be shown regarding where to document required information within the various forms and templates.
- STRTP Providers are not required to use Clinician's Gateway templates or forms, but must assure that all medical records meet documentation requirements set forth in Alameda County's Specialty Mental Health Documentation Manual.

Clinicians Gateway

Action Generate Patient Code

Start Individual Service
Client Medication
Start Client Plan
Start Document
Account
Services Search
Vital Signs Log
Client Referrals
Open Referrals By RU
Closed Referrals By RU
Followups By Client
Followups By RU
Vital Signs - growth
Clinical Summary
Lab Orders
Problem List
Medication List
Med Allergy List
Clinical Documents
Reconciliation

CONSUMER INFORMATION			
Number:	75138646	Birth Date:	10/19/2005
Issued On:	11/2/2006	Age:	15
SSN:		Gender:	Male
Account:	937082	Language:	English
Marital:	TESTING, TEN	Education:	None
Disability:	Never Married	Ethnicity:	White
Problem:	None	Ethnic Origin:	Non-Hispanic

Medicaid Coverage				
Insured	Eligibility	Eligible	Special	
Number	Name	Date	County	Reason

Insurance			
Policy #	Insured	Effective	Expires

SIGNIFICANT OTHER / EMERGENCY CONTACT					
Name	Relation	Full Address	Effective	Expires	Phone

Specialty Mental Health Documentation Requirements and Supplemental STRTP Documentation Requirements



- This training covers supplemental STRTP documentation requirements. Providers should attend Alameda County's Medi-Cal Documentation Training in addition to this one.
- That training can be found at <http://www.acbhcs.org/providers/QA/training.htm>
- The Training is titled "Clinical Documentation Training for Clinician's Gateway-Electronic Health Record (EHR) Users." Note: It is okay to sign up for this training if you are not using Clinician's Gateway at this time.

The screenshot shows the website for Behavioral Health Care Services (BHCS). The header includes the BHCS logo and the text "providing mental health & substance abuse services for the people of Alameda County ...". The main navigation menu on the left lists: Providers Home, Access, Administration, CalOMS/DATAR, CANS/ANSA, Clinician's Gateway, COVID-19, Document Center, Fiscal, Office of Ethnic Services, and Forms. The "Training" section is highlighted, and the page content reads: "Welcome to Quality Assurance's Training Page! Here you will find the most up to date information on trainings provided by QA including handouts and registration. Please check back regularly for additional training opportunities from QA." Below this, it says "QA Training Schedule 2020" and "Registration is required for all trainings except where noted". A link for "Training Handouts & Resources" is also present.

♥ < Mental Health Assessment

- The STRTP shall ensure that within five (5) calendar days of the child's arrival, the child has a completed and signed mental health assessment.
- The mental health assessment shall be completed by a licensed mental health professional or waived/registered professional. Other STRTP mental health program staff acting within their scope of practice may assist the licensed mental health professional or waived/registered professional in gathering information required to complete the assessment.

Note: The assessment must be co-signed by a Licensed LPHA if completed by a waived/registered staff person.

Using Medi-Cal Specialty Mental Health Assessments in STRTP



- STRTP documentation requirements for assessments are almost identical with Medi-Cal's Outpatient Specialty mental health assessment requirements.
- Providers using Clinician's Gateway can use the "Assessment Mental Health" template and most requirements will be met.
- The following are the major exceptions:
 1. The presenting problem section of the assessment shall include the reason(s) for the child's referral to the STRTP.
 2. Information on Medical history (and all sub categories) must be gathered and documented. This section cannot be left blank, unknown indicated, or that information will be gathered at a later time. This medical information is required to be gathered within 5 days of admission because the STRTP is responsible for the client's medical care while at the STRTP program.
 3. Each child admitted to a STRTP shall have an assessment completed and signed by a licensed mental health professional, waived/registered professional, or the Head of Service within **five (5) calendar days** of the child's arrival.

The screenshot displays the 'Enter new Service, Select Client' section of the Clinician's Gateway. A search bar contains the client ID '75138646' and a 'Search' button. Below the search bar, a dropdown menu is open, showing a list of assessment templates. The 'Assessment Mental Health' option is highlighted in blue. The background of the interface includes a header bar with the text 'PERSONAL INFO | SECURITY (PASSWORD) |' and a version/build information footer: 'Clinician's Gateway version 3.6.0 Built: 11/18/2018 (9:48 AM)'.

Title
Assessment Mental Health
Clinician's Progress Note
Physician's Progress Note
Assessment Mental Health
Assessment Interim Initial MH
Assessment Update
Assessment Psychiatric MH
FSP - Partnership Assessment Form - Child
FSP - Partnership Assessment Form - TAY
FSP - Partnership Assessment Form - Adult
FSP - Partnership Assessment Form - Older Adult
FSP - Key Event Tracking - Child
FSP - Key Event Tracking - TAY
FSP - Key Event Tracking - Adult
FSP - Key Event Tracking - Older Adult
FSP - Quarterly Assessment - Child
FSP - Quarterly Assessment - TAY
FSP - Quarterly Assessment - Adult
FSP - Quarterly Assessment - Older Adult
Housing Program
Vocational Profile



Mental Health Assessment

The mental health assessment must address the following:

- (1) Presenting problem, including the history of the presenting problem(s), family history, and current family information.
 - (A) The presenting problem shall include the reason(s) for the child's referral to the STRTP.
- (2) A mental status examination (MSE).
- (3) Mental health history, including previous treatment, inpatient admissions, therapeutic modalities, such as medications and psychosocial treatments, and response. If available, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports.



Mental Health Assessment

- (4) Medical History, including physical health conditions, name and address of current source of medical treatment, prenatal and perinatal events, developmental, and other medical information from medical records or consultation reports.
 - (A) The medical history shall include all present medical condition(s).
- (5) Medications, including information about medications the child has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment, the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications.
 - (A) Medication information shall include all medications currently prescribed and dosage.

♥ < Mental Health Assessment

- (6) Risks to the child and/or others.
- (7) Substance Exposure/Substance Use, including past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications), over-the-counter, and illicit drugs.
- (8) Psychosocial factors and conditions affecting the child's physical and mental health, including living situation, daily activities, social support, sexual orientation, gender identity, cultural and linguistic factors, academics, school enrollment, and employment.



Mental Health Assessment

- (9) History of trauma.
- (10) Child Strengths, including the child's strengths in achieving needs and services plan goals related to the child's mental health needs, challenges, and functional impairments as a result of the mental health diagnosis.

Note: Clinician's Gateway Assessment Template is being updated to include a "strengths" section. Document strengths in impairments to functioning section. Because it is a requirement to identify strengths that help a client cope with impairments, the impairment section is the best place to document them until the form is updated.



- (11) A complete diagnosis shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data.
- (12) Any additional clarifying information.

Assessment Mental Health

Initial Annual

Informing Materials signed (annually) Release of Information Forms signed (annually)

ASSESSMENT SUMMARY

Assessment Sources of Information (Check All that Apply):

Client Family Guardian Hospital Other: _____

REFERRAL SOURCE/REASON FOR REFERRAL/CLIENT COMPLAINT:

Describe precipitating event(s) for Referral:

Current Symptoms and Behaviors (intensity, duration, onset, frequency; present/new precipitants/stressors; for episodic illnesses describe first episode, onset, precipitants, duration & Rx response, etc.):

Impairments in Life Functioning caused by the MH symptoms/Behaviors (from perspective of client and/or others):

Strengths Documented Here as well.

MENTAL HEALTH HISTORY

Psychiatric Hospitalizations / Outpatient Treatment: Yes No Unable to Assess

If Yes, describe any known dates, locations, reasons, response to, and satisfaction with treatment:



Updating an Existing Mental Health Assessment

- To satisfy the mental health assessment requirement, the STRTP may use an existing mental health assessment that was performed **within sixty (60) days** of the child's arrival at the STRTP, subject to all of the following requirements:
 - (1) The mental health assessment was conducted or certified by an interagency placement committee, a licensed mental health professional, or waived/registered professional or an otherwise recognized provider of mental health services acting within their scope of practice.
 - (1) Note: Most providers will want to claim the process of gathering information for and writing/completing an assessment to specialty mental health Medi-cal. There is a scope of practice required for claiming assessment activities to Medi-Cal. Providers planning to claim for this service should take this into account when determining who will be conducting the assessment. I.e. "Other recognized provider" may not be able to claim for conducting the assessment.
 - (2) A licensed mental health professional or waived/registered professional shall review the prior assessment within five calendar days of the child's arrival at the STRTP program and determine whether to accept the existing mental health assessment or whether conducting a new assessment is more clinically appropriate.



Updating an Existing Mental Health Assessment

(3) As part of the review, the licensed mental health professional or waived/registered professional shall sign and complete an addendum documenting their acceptance of the existing assessment. The addendum shall include:

- Any available required information that was missing from the existing assessment,
- Updated information regarding the child's physical and mental condition at the time of arrival, diagnosis, and reason for referral, before signing and accepting.

The screenshot shows a software interface with a search bar at the top containing the number '75138646' and a 'Search' button. Below the search bar is a navigation menu with options: 'PERSONAL INFO | SECURITY (PASSWORD) |' and 'Clinician's Gateway version 3.6.0 Built: 11/18/2018 (9:48 AM)'. A dropdown menu is open, displaying a list of assessment types. The 'Assessment Update' option is highlighted in blue. Below the dropdown is a section titled 'Additional Assessment Information' with a text box containing the text: 'Assessment Update opens a simple form with this field.'



Mental Health Assessment – Emergency Placement

- In the case of an emergency placement, a licensed MHP or waived/registered professional shall make a written determination that the child requires the level of services and supervision provided at the STRTP to meet their behavioral and mental health service needs.
- The determination shall occur as soon as possible after the child arrives at the STRTP, but no later than 72 hours from the time the child arrives at the facility.



Mental Health Assessment – Emergency Placement

- The following information should be considered and addressed when completing the written determination:

(A) The child’s presenting problem, including the history if it is available.

(B) Whether the STRTP meets the specific therapeutic needs of the presenting problem.

(C) The child’s prior mental health diagnosis, if any.

(D) The child’s current prescription and non-prescription medications, including dosages.

Mental Health Assessment – Emergency Placement



- The following information should be considered and addressed when completing the written determination (continued):

(E) The child’s current medical conditions, including any prescribed treatment and medications.

(F) A risk assessment that addresses the child’s likelihood of danger to self or others.

Note: When risks are identified, it is important to have a safety plan to contain the risk. This can be documented in a progress note, and should be incorporated into the client’s treatment plan.

(G) Commonality of need with other children at the STRTP.

(H) Any other information necessary to determine whether the child requires the level of services provided at the STRTP.

♥ < How to Document an Emergency Placement Assessment



- Alameda County does not currently have an Emergency Placement Assessment template/form in Clinician's Gateway (CG).
- At this time, Alameda County recommends that all children placed into a STRTP on an Emergency placement basis, receive a full STRTP compliant assessment within 72 hours. The "Universal" assessment in CG should be used.
- Providers that do not use Clinician's Gateway may develop and use an Emergency Placement Assessment template in their medical record system as long as it contains the required information. Note: an Emergency Placement Assessment (due within 72 hours of admit) does not replace the requirement for a full STRTP mental health assessment (due within 5 calendar days of admit).

♥ < Mental Health Assessment – Emergency Placement

- A child who receives a written determination must also receive a mental health assessment to document the need for STRTP level of care.
- A mental health assessment, if completed within 72 hours of a child's arrival at the STRTP, may satisfy the requirement of a written determination.
- Until a licensed MHP or waived/registered professional determines that the child requires the level of services and supervision provided at the STRTP, the child shall have one-on-one observation at all times or be in a physically separate area from the other children in the program. During this time, the child shall receive all services and programming required in these regulations.



♥ < Admission Statement

- The head of service (HOS) shall sign an admission statement **within five (5) calendar days** of the child's arrival at the STRTP.
- In the statement, the head of service shall affirm that they have:
 - Read the child's referral documentation and any previous mental health assessments, if available;
 - Considered the needs and safety of the child;
 - Considered the needs and safety of the children already admitted to the STRTP;
 - And concluded that admitting the child is appropriate.



Admission Statement

- The head of service (HOS) must affirm that the child meets criteria for admission to a STRTP.
- The admission statement shall affirm the following are reviewed, and will ensure that the materials included in the Interagency Placement Committee (IPC) referral information have also been reviewed:
 - 1) The child does not require inpatient care in a licensed health facility.
 - 2) The child has been assessed as requiring the level of services provided in a STRTP in order to maintain the safety and well-being of the child or others due to behaviors that render the child or those around the child unsafe or at risk of harm, or that prevent the effective delivery of needed services and supports provided in a home-based setting.

Admission Statement



3) The child meets at least one of the following conditions:

a) The child has been assessed as meeting the medical necessity criteria for Medi-Cal Specialty Mental Health Services.

b) The child has been assessed as seriously emotionally disturbed (SED).

Note: The above sentence is a quote from regulations. It may be more appropriate to refer to children “as having a serious emotional disturbance,” to help reduce stigma.

c) The child requires emergency placement.

d) The child has been assessed as requiring the level of services provided by the STRTP in order to meet their behavioral or therapeutic needs.

Admission Statement Template



Alameda County Behavioral Health Care Services (ACBHCS)
Short-Term Residential Therapeutic Program (STRTP)
ADMISSION STATEMENT

Client's Name: _____ **Client's Pronouns:** _____
Case #: _____ **STRTP Name:** _____
Intake Date: _____

The Admission Statement is to be completed by the Head of Service or acting Head of Service within five (5) days of a child/youth's arrival to the STRTP.

1. Head of Service has read the child's Mental Health Assessment? Yes No
2. Head of Service has read the child's referral documentation? Yes No
3. Head of Service has considered the child's needs and safety? Yes No
4. Head of Service has considered the needs and safety of the other children placed at the STRTP named above? Yes No
5. Head of Service affirms that the child meets criteria for admission established in California Welfare Institutions Code section 11462.01(b): *Child must meet all three criteria for admission to a STRTP.*

a. Does the child require inpatient care in a licensed health facility (i.e. inpatient psychiatric hospitalization)? *If a child requires inpatient care they are not eligible for placement in a STRTP.*

Does not require inpatient care

Requires inpatient care

If checked, describe all clinically significant risk factors observed/identified.

Client referred to (include name and location of facility):

Date of referral:

b. The child has been assessed as requiring the level of services provided in a STRTP in order to maintain the safety and well-being of the child or others due to behaviors, including those resulting from traumas, that render the child or those around the child unsafe or at risk of harm, or that prevent the effective delivery of needed services and supports provided in the child's own

home or in other family settings, such as with a relative, guardian, foster family, resource family, or adoptive family? Yes No

c. The child has been assessed as having a commonality of needs with the other children in the STRTP? Yes No

5. And the child meets at least one of the following conditions (the child may meet more than one):

a. The child has been assessed as meeting Medical Necessity criteria for Medi-Cal Specialty Mental Health Services? Yes No N/A

b. The child has been assessed as Seriously Emotionally Disturbed as defined in subdivision (a) of section 5600.3? Yes No N/A

c. The child requires emergency placement in a STRTP prior to Interagency Placement Committee approval pursuant to paragraph (3) of subdivision (h)? Yes No

i. If the child requires emergency placement prior to Interagency Placement Committee approval, a licensed mental health professional has made a written determination within 72 hours of the child's placement that the child requires the level of services and supervision provided by the STRTP in order to meet his or her behavioral or therapeutic needs? Yes No

ii. Head of service certifies that the child or youth will be evaluated by the Interagency Placement Committee within 30 days of the emergency placement? Yes No

d. The assessment by the Interagency Placement Committee indicated the child requires the level of services provided by the STRTP in order to meet their behavioral or therapeutic needs? Yes No N/A

6. Based on these considerations, the Head of Service or acting Head of Service affirms that the child meets criteria for admission into the STRTP and admittance is appropriate? Yes No

SIGNATURE

Signature of Head of Service Accepting the Assessment:

Date: _____

Printed Name: _____

Staff ID Number: _____

Client Name:

Case #:

Program RU:



STRTP



Treatment/Client Plans for STRTP



- All STRTP Treatment/Client Plans must comply with Specialty Mental Health Documentation requirements.
- Clinician’s Gateway has a “universal” treatment plan template that when completed fully will meet these requirements.
- Each child admitted to a STRTP shall have a Treatment Plan reviewed and signed by a licensed mental health professional, waived/registered professional, or the Head of Service within **ten (10) calendar days** of the child’s arrival.

Client Plan MHS
Recent Assessment

Plan #: New	Status: New
Revision: 1	Episode Opening Date: 1/1/2009
Client: TESTING, TEN (75138646)	Effective Start: 01/01/2021
Client DOB: 10/19/2005	Effective End: 12/31/2021
Provider: 9999CG - CLINICIAN GAT	Plan Instructions
Plan Type: <input type="radio"/> Initial (new to this RU or client) <input type="radio"/> Update (90 Day or Change to the current plan in place)	<input checked="" type="checkbox"/> Consumer/Client is a long term ACBHCS beneficiary (> 3 months).

Client Plan MHS

MY GOALS FOR THE FUTURE

INDIVIDUAL/FAMILY DESIRED RESULTS FROM MH INTERVENTIONS (Client quote if possible)

MY STRENGTHS

INDIVIDUAL/FAMILY STRENGTHS TOWARD OVERCOMING BARRIERS AND ACHIEVING DESIRED MH RELATED RESULTS

CHALLENGES

Area of Challenges: Community Life, Family Life, Safety School/Education, Vocational, Independent Living, ADLs, Health, Housing, Legal, SUD, Food/Clothing/Shelter, etc.

(Select) ▼

(Select) ▼

Specific Challenges or Functional Impairments related to MH Diagnosis's Signs & Symptoms: (For Case Mgt. must indicate need for C/M service, i.e. ct. is homeless. Also, must indicate (1) which severe Symptoms/Impairments/Barriers resulting from MH Diagnosis that prevents client from accessing/maintaining needed services, or (2) for child that the lack of such services (caretaker not providing) exacerbates child's MH symptoms/impairments.)

Add Another Challenge

OBJECTIVES

Obj# Short-Term Mental Health Objectives: Specific, quantifiable or observable outcomes of target symptoms, behaviors, or impairments in functioning. (Note: these are ALWAYS MENTAL HEALTH Objectives - even when providing Case Management Services.)	Target Date: (12 months unless specified)	At Reassessment: (Optional) When appropriate indicate level of improvement, date and initial.
1	12 Months ▼	<input type="radio"/> Not Improved <input type="radio"/> Somewhat Improved

Minimum Required Elements for Specialty Mental Health Treatment Plans



The following elements must be fully addressed in the initial and subsequent Treatment Plans:

- Client name and ID number (usually InSyst PSP#).
- Client Goals (Client goals should be meaningful and stated in the client's own words, when possible. Goals can also include a long-term mental health goal that links a client's non-mental health goal to medically necessary mental health services.)
- Mental health objectives are specific, measurable (or observable), attainable, reasonable, and time bound (SMART), and are linked to the Assessment's clinical analysis and diagnosis (e.g. must be related to mental health barriers to reaching client's goals). Projected time frames for attainment of each mental health objective must be indicated.

Minimum Required Elements for Specialty Mental Health Treatment Plans



- Service Modalities & Detailed Interventions:
 - Focus must be consistent with the mental health objectives,
 - The proposed intervention(s) will have a positive impact on the identified impairments,
 - Frequency and duration of the intervention/modality must be included (e.g. 1-2x per week for 3 months).

Clinician’s Gateway Client Plan Template does not currently have a “STRTP” modality listed as a check box. Providers will need to put this in as “Other” so that it generates an “intervention” box.

<input checked="" type="checkbox"/> Katie A. (ICC)	Every <input type="text" value="Week and As Needed"/>	3 - 12 Months <input type="text" value=""/>
<input type="checkbox"/> Katie A. (IHBS)	Every <input type="text" value="Week and As Needed"/>	3 - 12 Months <input type="text" value=""/>
<input type="checkbox"/> Therapeutic Foster Care	Every <input type="text" value="Day and As Needed"/>	3 - 12 Months <input type="text" value=""/>
<input type="checkbox"/> Day Rehab	Every <input type="text" value="Day and As Needed"/>	6 - 12 Months <input type="text" value=""/>
<input type="checkbox"/> Crisis Residential	Every <input type="text" value="Week and As Needed"/>	3 - 12 Months <input type="text" value=""/>
<input type="checkbox"/> Adult Residential	Every <input type="text" value="Week and As Needed"/>	6 - 12 Months <input type="text" value=""/>
<input type="checkbox"/> Crisis Stabilization	Every <input type="text" value="Week and As Needed"/>	3 - 12 Months <input type="text" value=""/>
<input checked="" type="checkbox"/> Other	Every <input type="text" value="Week and As Needed"/>	12 Months <input type="text" value=""/>
<input type="checkbox"/> Other	Every <input type="text" value="Week and As Needed"/>	12 Months <input type="text" value=""/>



SPECIFIC SERVICES FOR EACH MODALITY	
MODALITY	Detailed Intervention(s)(For Case Management indicate as relevant: linkage to and monitoring of community support services for _____ (i.e. homeless, joblessness, medical illness, or substance abuse) will result in client achieving their Mental Health Objectives # and # listed above)
STRTP	<input type="text"/>
Katie A. (ICC)	<input type="text"/>

Minimum Required Elements for Specialty Mental Health Treatment Plans



- Tentative discharge plan (termination/transition plan), including: discharge date, termination, or plan (indicating readiness signs), as applicable.
- “Complete Signature” or the electronic equivalent by the person providing the service
 - Best Practice is that the client’s current medical provider within the same agency reviews and signs the Client Plan indicating their agreement
 - If the above person providing the service(s) is not licensed, registered, or waived, a complete co-signature is required by a Licensed LPHA.
- Client Signature, or written explanation of client’s refusal or unavailability to sign



Minimum Required Elements for Specialty Mental Health Treatment Plans

- Evidence that the client collaborated in the creation of the Plan, agreed to the Plan and that a copy of the Treatment Plan was offered to the client (or legal representative).
 - A statement whereby the client acknowledges these must be on the Plan above the client's signature or within the associated Progress Note (with dates for each activity indicated).
- Date signed by staff and client.
- Coordination of care.
- When case management is claimed for children, documentation must include:
 - That without the provision of case management services the client's symptoms will worsen, and
 - That successful case management services will result in a decrease in the client's symptomatology.

♥ < Treatment Plan – Required Elements for STRTPs

- The Treatment Plan outlines the goals and objectives of treatment based upon the diagnosis, areas of functioning, and medical necessity.
- The Treatment Plan is specific to the mental health services that are provided by the STRTP.
- Selected services address identified mental health needs, consistent with the diagnosis, that are the focus of the mental health treatment.



Treatment Plan

The Treatment Plan shall include:

- (1) Anticipated length of stay.

Clinician’s Gateway does not have an “Anticipated length of stay” section. It is recommended to document this information in the “Discharge Plan” section of the CG Client Plan template.



DISCHARGE PLAN

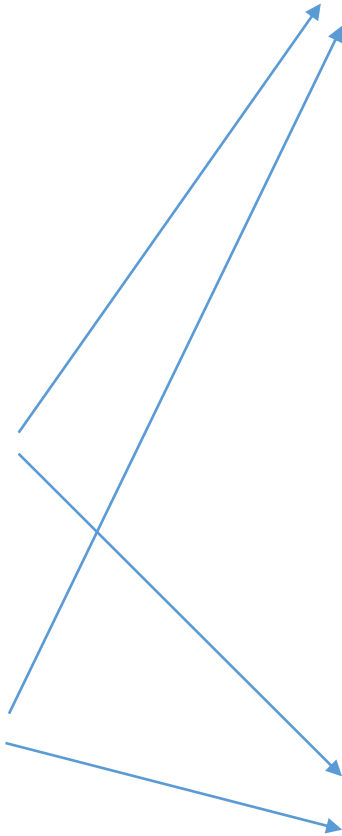
DISCHARGE PLAN (Readiness/Time Frame/Expected Referrals, Etc.)

Treatment Plan



(2) Specific behavioral goals for the child and specific mental health treatment services the STRTP shall provide to assist the child in accomplishing these goals within a defined period of time.

(3) One or more transition goals that support the rapid and successful transition of the child back to community based mental health care.



MY GOALS FOR THE FUTURE

INDIVIDUAL/FAMILY DESIRED RESULTS FROM MH INTERVENTIONS (Client quote if possible)

MY STRENGTHS

INDIVIDUAL/FAMILY STRENGTHS TOWARD OVERCOMING BARRIERS AND ACHIEVING DESIRED MH RELATED RESULTS

CHALLENGES

Area of Challenges: Community Life, Family Life, Safety School/Education, Vocational, Independent Living, ADLs, Health, Housing, Legal, SUD, Food/Clothing/Shelter, etc.
 (Select)

Level of Challenges: Moderate, Severe
 (Select)

Specific Challenges or Functional Impairments related to MH Diagnosis's Signs & Symptoms: [For Case Mgt, must indicate need for C/M service, i.e. ct. is homeless. Also, must indicate (1) which severe Symptoms/Impairments/Barriers resulting from MH Diagnosis that prevents client from accessing/maintaining needed services, or (2) for child that the lack of such services (caretaker not providing) exacerbates child's MH symptoms/impairments.]

Add Another Challenge

OBJECTIVES

Obj#	Short-Term Mental Health Objectives: Specific, quantifiable or observable outcomes of target symptoms, behaviors, or impairments in functioning. (Note: these are ALWAYS MENTAL HEALTH Objectives - even when providing Case Management Services.)	Target Date: (12 months unless specified)	At Reassessment: (Optional) When appropriate indicate level of improvement, date and initial.				
1	<input type="text"/>	12 Months <input type="text"/>	<input type="radio"/> Not Improved <input type="radio"/> Somewhat Improved <input type="radio"/> Very Much Improved <input type="radio"/> Met <table border="0"> <tr> <td>Date:</td> <td><input type="text"/></td> <td>Initials:</td> <td><input type="text"/></td> </tr> </table>	Date:	<input type="text"/>	Initials:	<input type="text"/>
Date:	<input type="text"/>	Initials:	<input type="text"/>				

Add Another Objective

Treatment Plan



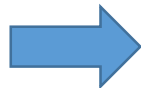
The Treatment Plan shall include (continued):
(4) The child and authorized legal representative's participation and agreement.

a) Document if child is unable or refuses to sign.

(5) Include participation of the child and family team, if one exists.



The Plan Development Progress notes that claims for the creation of the Client Plan should detail the extent that the Child and Family Team participated in the creation of the treatment plan.



ADDITIONAL COMMENTS

ADDITIONAL COMMENTS (Client, Provider, Family, etc. and provide name and title of other Treatment Team members.)

AUTHORIZATION SIGNATURES

This plan is to be forwarded to the following for authorization:

- Licensed LPHA Co-Sign
- Psychiatric NP/PA
- Psychiatrist Client is being treated
- Program Supervisor
- Other

This plan also sent to:

INDIVIDUAL/FAMILY PARTICIPATION

- Plan was discussed in primary language
- Individual/Family was offered a copy of this Plan
- Individual/Family participated in the development of, and agreed to, this Plan.
- Provider attests that Individual signed plan.
- Provider attests that legal representative (Parent, Legal Guardian, Conservator, etc.) signed or verbally accepted this Plan on this date due to Individual inability to sign.
- Individual/Family verbally accepts this plan but not able to sign on this date (explain below).
- Individual/Family declines to sign (explain below).
- See progress note dated describing development of the plan with Individual/Family.

Treatment Plan






(6) Be reviewed by a member of the STRTP mental health program staff at least every thirty (30) calendar days.


- a) Review should be documented in the client record.
- b) Include whether or not it is necessary to change the treatment plan.

Note: This would be documented in a (577)- ICC progress note. (Most STRTPS would use this code.)

If a provider is contracted to facilitate the Child and Family Team they should use the (578)- Child and Family Team code.


Service #: 4609210 Title: Clinician's Progress Note 


Client: Number: 75138646 Last Name: TESTING First Name: TEN  



Service date: 03/17/2021 

Client opened: 1/1/2009

Last assessment: 7/5/2018


Procedures: 577 - INTEN CARE CORD KATIE A (ICC) 


Service Location: Field 

Med. Compliant: N/A  Side Effects: N/A 

Emergency

Billing time

Primary Clinician: 6570 - Sammis, Jeffery M 

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD 

Primary Total Time: 00:53

Intervention Previous Entries: (Select Note)

Met with Client's Child and Family Team. We reviewed client's treatment plan goals and objectives. The team discussed client's successes (Client has succeeded in reducing physical and verbal altercations with staff and peers this month). Discussed how client still needs to work on following directions and complying with house rules. Client is still also learning to process through trauma of being assaulted 2 years ago and so far has been responding well to CBT interventions.

Response Previous Entries: (Select Note)

It was determined that client needs to remain in the STRTP until this goal is met and that Client's Treatment plan is still valid and does not need to be changed or updated at this time.

Plan Previous Entries: (Select Note)

Will continue to monitor client's needs and update the treatment plan as necessary. Next review is on __/__/__

♥ < Treatment Plan

- (7) A trauma-informed perspective, which includes planned services to promote the child's healing from any history of trauma.

The best place to document this requirement would be in the description of interventions that will be provided for Individual or group therapy.

Indiv Therapy
 Every
6 Months

Week and As Needed

SPECIFIC SERVICES FOR EACH MODALITY

MODALITY	Detailed Intervention(s)(For Case Management indicate as relevant: linkage to and monitoring of community support services for _____ (i.e. homeless, joblessness, medical illness, or substance abuse) will result in client achieving their Mental Health Objectives # and # listed above)
Indiv Therapy	Trauma Informed Cognitive Behavior and Dialectical Behavior Therapy will be used to help client gain skills necessary for emotional regulation. Once client gains these skills, client will talk about the trauma they have experienced

♥ < Treatment Plan

- The child's Treatment Plan shall be updated as the child's mental health treatment needs change.
- The STRTP shall provide a copy of the Treatment Plan to the child's placing agency within ten (10) calendar days of the request of the placing agency and in compliance with all applicable privacy laws.



PROGRESS NOTES



Mental Health Program Progress Notes – Specialty Mental Health Service

- Section 11 (a) “For each child, the STRTP shall ensure that there is a minimum of one (1) written daily mental health progress note.”
- Section 11 (f) “If a progress note for a specialty mental health service is provided, this replaces the requirement for this daily mental health progress note.”

♥ < Progress notes: Daily notes and Specialty Mental Health Progress Notes

- All children referred by Alameda County to STRTP providers will have full scope Medi-Cal and for this reason, the majority of services provided to children will be claimable to specialty mental health and progress notes describing those services will replace the need for a daily progress note.
- Occasionally, a child will not receive a Specialty Mental Health Service while at a STRTP and in those occasions a daily progress note will be required.
 - **Note: If a child loses Medi-Cal eligibility, notify their Child Welfare Worker immediately. Continue to provide and document services as usual but do not submit claims until the eligibility issue is resolved.**

Specialty Mental Health Progress Note minimum requirements



- InSyst 3 digit and/or CPT Procedure Code (or exact name per ACBH) claimed.
- Date of Service
- “Face to Face” or “Contact Time”
- “Total Time”
- Telephone contact can be entered into the FF/Contact Time field of CG. You must have the location be phone if you provide services over the phone. Failure to do this can result in disallowance.
- Which objective is being addressed.
- It is strongly recommended to include travel and documentation time. This helps support the amount of time claimed.
- Indicates what language the service was provided in (unless Assessment indicates “client is English speaking and all services will be provided in English”).
- Legible Provider Signature with M/C credential and date signed.

Completion requires finalization of all required signatures.

Formatting and Documenting Medical Necessity in Specialty Mental Health Progress Notes: BIRP Format



- **Purpose/Problem/Behavior/Assessment**

Describe the client's current presentation and reported functioning since last encounter especially in terms of progress towards goals and objectives.

Identify the purpose of the contact (e.g., to link, assess, plan, provide skill building, provide therapy, etc.)

Illustrate narrative description of the contact – who, what, when, where, and why, and the purpose of the service and/or situation requiring the service.

- **Intervention by Staff**

Identify what specific intervention was provided toward the mental health objectives – interventions, and/or linkage to services consistent with achieving client objectives

- **Response of Client to Intervention**

Identify client's response today toward the interventions and impact/progress toward their objectives

- **Plan for future services**


Can include collaterals, coordination of care, continue with CBT techniques or any follow up by the provider or client.

Example of a Specialty Mental Health Progress Note for STRTP

Service #: 4607508 Title: Clinician's Progress Note 



Client: Number: 75138646 Last Name: TESTING First Name: TEN

Service date: 03/16/2021 

Client opened: 1/1/2009

Last assessment: 7/5/2018

Procedures: 443 90837 Psychotherapy 60 min

Service Location: Office

Med. Compliant: Yes Side Effects: No

Emergency

Document "Total Time" Here.



Billing time

Primary Clinician: 6570 - Sammis, Jeffery M

Primary Code Time: 01:00

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD

[Add Additional Clinicians](#)

Additional E/M, Psychotherapy or Crisis Minutes: None 2nd FF/Contact/E-M Time:

Interactive Complexity: Not Present

Document Face to Face time here.



Instructions and Pre-Existing Diagnoses

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

FF/Contact/E-M Time: 00:50
Hours:Minutes

Services were provided in: English

by interpreter or clinician

Episode Diagnosis Information

	Primary	Secondary	Tertiary	SU	GMC
ICD-10:	F91.3	F90.1			17
DSM 5:					

Primary ICD-10 and DSM 5 do not match - you must update Insyst or CG

Example of a Specialty Mental Health Progress note for STRTP



Presenting Problem(s)	Previous Entries: (Select Note) ▼
<p>Client reported that a peer at the STRTP said client's hair looked like "steel wool." Client reported that client didn't even think before she stepped up to the other person and began to yell and verbally fight. Client reported that she had been ready to physically fight if the peer had made any sort of move. Staff at the STRTP broke up the fight. Client said she was proud that she hadn't actually hit the peer and that afterwards she had been able to use some breathing techniques to calm herself down. Client reports that she is surprised that breathing on a count of 4 actually works.</p>	
Evaluation	Previous Entries: (Select Note) ▼
<p>Client has been making some gains in using breathing and calming techniques to manage her feelings after negative events occur. Client reports that when she is negatively confronted or experiences micro aggressions against her, that in the moment she is still getting very overwhelmed and still lashes out verbally at people around her.</p>	
Intervention	Previous Entries: (Select Note) ▼
<p>Did Trauma informed Cognitive Behavioral work with client. Focused on teaching client guided imagery. Had client imagine being in a safe space (Client chose a garden). Had client do this while talking about an event that caused her to have feelings of annoyance and frustration (another peer negatively commented on her hair.) Worked towards having client feel as though they could talk about the event while feeling more in control of their physical body and its reactions.</p>	
Response	Previous Entries: (Select Note) ▼
<p>Client was able to practice the guided imagery. Client reported that she doubted doing this while talking about things that upset her would help much. But client was willing to try. Client seemed frustrated when told that it would take quite some time to practice and use these stress techniques before they became effective.</p>	

Each Progress Note must be unique and not cloned from previous notes



- Cloning: “This practice involves copying and pasting previously recorded information from a prior note into a new note, and it is a problem in health care institutions that is not broadly addressed ...
- The medical record must contain documentation showing the differences and the needs of the client for each visit or encounter ...
- The U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) indicated that due to the growing problem of cloning, its staff would be paying close attention to EHR cloning.”
- For more words of caution about EHRs check out this link:

www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-ehr-providerfactsheet.pdf




Mental Health Daily non-billable Progress Notes

- The daily Progress Note shall document the following **when applicable**:
 - (1) The specific service(s) provided to the child.
 - (2) A child's participation and response to each mental health treatment service directly provided to the child.
 - (3) Observations of a child's behavior.
 - (4) Possible side effects of medication.
 - (5) Date and summaries of the child's contact with the child's family, friends, natural supports, child and family team, existing mental health team, authorized legal representative, and public entities involved with the child.
 - (6) Descriptions of the child's progress toward the goals identified in the Treatment Plan.

Daily Progress Note: Alameda County Clinician's Gateway Users

Service Entry, Individual

Service #: New Title: Clinician's Progress Note 

Service date:

Client opened: 1/1/2009
Last assessment: 7/5/2018

Client: Number: 75138646 Last Name: TESTING First Name: TEN

Procedures:

- 441 90832 Psychotherapy 30 min
- 442 90834 Psychotherapy 45 min
- 443 90837 Psychotherapy 60 min
- 377 90839 Crisis Thpy 60 min
- 413 90846 COLLATERAL FAMCOUNSELING
- 449 90847 FAMILY PSYCH W PATIENT
- 326 90889 BehavEval non face/face
- 325 90889 PsyDiagEval nonface/face
- 535 96111 EXT DEV TEST INTERP RPT
- 324 96151 Behavioral Eval
- 571 Brokerage Services
- 570 Brokerage Services IMD
- 197 CG INFORMATIONAL NOTE**
- 311 Collateral
- 310 COLLATERAL - CAREGIVER
- 614 COLLATERAL HEALTHCARE PROVIDER
- 381 Individual Rehabilitation
- 300 No Show
- 421 Performance Outcomes
- 581 Plan Development

Service Location:

Med. Compliant:

Billing time

Primary Clinician:

Provider:

Primary Code Time:

Additional E/M, Psychoth:

Interactive Complexity:

Instructions and P

Respond to problems functioning. If there is

Additional symptoms related to diagnosis. Include treatment interventions and address changes in the client's progress.

FF/Contact/E-M Time:

Hours:Minutes

Services were provided in:

by interpreter or clinician

Episode Diagnosis Information

	Primary	Secondary	Tertiary	SU	GMC
ICD-10:	F91.3	F90.1			17
DSM 5:					

Primary ICD-10 and DSM 5 do not match - you must update Insys or CG

Alameda County will be adding a STRTP Daily Progress Note Procedure Code in the next few months. Until that code is added, CG users should enter daily notes as 197 CG Informational Notes. This is a non-billable code.

Daily Progress Note: Documenting Side Effects of Medications in Clinician's Gateway

Quality of Care Issue: If a client is experiencing side effects from a medication, make sure that the details of the side effects are well documented and a plan to address them is developed. (I.E. "...will contact psychiatrist", "...will continue to closely monitor" etc.)

Service Location: Med. Compliant: Side Effects: Emergency

If Client reports Side Effects with medication, detail them in the presenting problem section.

Billing time

Primary Clinician: Primary Code Time:
 Provider: [Add Additional Clinicians](#)

Additional E/M, Psychotherapy or Crisis Minutes: 2nd FF/Contact/E-M Time:
 Interactive Complexity:

Instructions and Pre-Existing Diagnoses

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

FF/Contact/E-M Time: Hours:Minutes
 Services were provided in: by interpreter or clinician

Episode Diagnosis Information				
Primary	Secondary	Tertiary	SU	GMC
ICD-10: F91.3	F90.1			17
DSM 5:				

Primary ICD-10 and DSM 5 do not match - you must update Insyst or CG

Allergies

Yes No new allergies reported No

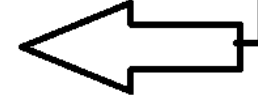
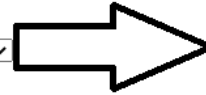
NKA [o8/o1/2012: Peterson, Camille E]
NKA [o8/o1/2012: Peterson, Camille E]

Complete PHQ-9 Questionnaire?

Treatment Plan Objectives (most recent plan)

Presenting Problem(s) Previous Entries:

Client reports that since they have been taking an increase dosage of Risperidone for the past 3 days, that they have been experiencing more drowsiness and dizziness. Client reports she isn't sure if it is the Risperidone or the dizziness, but that she is also experiencing some nausea.



Example of a Daily Non-Billable, Progress Note for a Medi-Cal Beneficiary.

Note: Do not use this example for documenting daily progress notes when client has other insurance (i.e. Kaiser etc.)

<p>(3) Observations of child's behavior</p> <p>(4) Side effects of meds</p> <p>(5) Date and summaries of child's contact with family</p>		<p>Presenting Problem(s)</p> <p>Medication Side effects: None reported Client was sick with a cold today and did not attend group therapy as scheduled. Client mostly kept to themselves and spent a lot of time in their room reading and sleeping. Client joined the group for dinner and did engage in some conversation with peers but presented as tired and wanting to be left alone.</p> <p>Client had a phone call in the evening with their "aunt" who is a fictive kin for about 20 minutes. Client talked about how frustrated and bad she felt being sick with a cold. Client yelled "you aren't listening" a few times on the phone with her aunt and had to be encouraged to keep her voice down in the common area.</p>	<p>Previous Entries: (Select Note) ▼</p>
<p>(6) Description of the Child's progress toward the goals Identified in Plan</p>		<p>Evaluation</p> <p>Client had appropriate behavior with staff and peers today. Staff witnessed client ignore a peer at dinner time that made a negative comment which was positive choice. Client was appropriate in asking for help in managing her sickness and cold.</p>	<p>Previous Entries: (Select Note) ▼</p>
<p>(1) Specific service provided to client</p>		<p>Intervention</p> <p>Staff checked in with client several times throughout the day to see how client was doing and assess their needs due to client being sick. Client was directed to come to dinner even though client requested to stay in their room during meal time. Client had to be instructed to keep their voice down while talking with their aunt on the phone in the common area.</p>	<p>Previous Entries: (Select Note) ▼</p>
<p>(2) A child's participation and response</p>		<p>Response</p> <p>Client was withdrawn and asked to be left alone. Client complied with directives to get dressed and come to dinner. Client complied with directives to stop yelling to her "Aunt" on the phone in the common area.</p>	<p>Previous Entries: (Select Note) ▼</p>
		<p>Plan</p> <p>Client is clearly suffering from a cold and so did not participate in group therapy. Client seemed to resist talking back negatively to peers during dinner time and this was a success. Client will be encouraged to participate more actively in formal treatment once client gets better.</p>	<p>Previous Entries: (Select Note) ▼</p>

Mental Health Progress Notes – Significant Changes/Events



- In addition to the daily mental health progress note, the STRTP mental health program staff shall write a progress note whenever there is a significant change in the client’s condition or behavior, or a significant event involving the child.
- Include the date and time of the event and the STRTP’s response to the event.

Definition: A significant event involving the child is any unintended or unexpected event, which could or did lead to physical or emotional harm. This includes incidents which did not cause harm but could have caused harm, or where the event should have been prevented.

Examples: Events requiring crisis intervention; therapy sessions with major breakthroughs on trauma history; or, changes in behavior and symptoms like suicidal ideation or self-harm.



Mental Health Progress Notes – Significant Changes/Events

2) Whenever there is a significant event involving the child, the STRTP shall consider whether the child has a history of trauma and, if so, do the following:

(A) Determine whether the child’s history of trauma has precipitated the significant event.


(B) Determine whether the significant event could be used to promote healing and growth from the child’s history of trauma.


(C) Determine whether the significant event has created a need for changes to the child’s treatment plan.

(D) Update the child’s treatment plan with any additional services that the child needs.

Significant Change/Event Crisis Therapy example





Service #: New Title: Clinician's Progress Note 

Service date: 03/16/2021 

Client opened: 1/1/2009

Last assessment: 7/5/2018

Client: Number: 75138646 Last Name: TESTING First Name: TEN  

Procedures: 377 90839 Crisis Thpy 60 min

Service Location: Office

Med. Compliant: N/A Side Effects: N/A

Emergency

Billing time

Primary Clinician: 6570 - Sammis, Jeffery M Primary Code Time: 01:30

Provider: 9999CG - CLINICIAN GATEWAY TEST MHS AD [Add Additional Clinicians](#)

Additional E/M, Psychotherapy or Crisis Minutes: 378 90840 Crisis Therapy Additional minutes 2nd FF/Contact/E-M Time: 00:30

Interactive Complexity: Not Present

When Primary code 377 Crisis service time exceeds 75 minutes, set the Primary code 377 Crisis service time to 60 minutes. Enter the remaining Crisis service time for the 2nd code 378 Additional Crisis. Add all documentation and travel time to the Primary code time.

Instructions and Pre-Existing Diagnoses

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

Episode Diagnosis Information

	Primary	Secondary	Tertiary	SU	GMC
ICD-10:	F91.3	F90.1			17
DSM 5:					


FF/Contact/E-M Time: 00:50

Hours.Minutes

Services were provided in: English

by interpreter clinician

Primary ICD-10 and DSM 5 do not match - you must update Insyst or CG

Note: Crisis Therapy exceeding 75 minutes requires the need to enter an add on code. 

Significant Change/Event Crisis Therapy Example:

- Required Elements:



1) Date and Time of the event

2) Determine whether the child's history of trauma has precipitated the significant event

3) Determine whether the significant event could be used to promote healing and growth from the child's history of trauma

4) Determine whether the significant event has created a need for changes to the child's treatment plan

5) Update the child's treatment plan with any additional services that the child needs

Presenting Problem(s)

At 2:30pm 3/16/2021 staff were alerted to a commotion in the STRTP common area. Staff discovered that Client another child at the STRTP were having a physical altercation. Client had her sweat shirt pulled over her head by the other peer and was punched several times in the head, chest and back. Client kicked the peer several times and crashed her body into the peer resulting in both falling to the ground. STRTP staff and this therapist was able to break the fight up at that point. Client and peer were separated with staff assessing and talking to both. This therapist talked with client and client reported that she and the peer were talking about their experiences in Hayward Ca, and client suddenly realized that she knew this person and that this person had dated a man responsible for shooting one of client's close friends last year. Client reported that she confronted the peer and a physical fight ensued.

Evaluation

Client was very angry and shaking after the fight. It became clear that client had experienced significant trauma about 9 months ago when one of her close friends had been killed in a shooting while at a side show. Client had not disclosed this trauma in the past and this is probably the first time client has talked about it with mental health staff before. Client admitted that she had such a strong feeling of anger that she attack the peer almost without thinking about it. After about 50 minutes of talking client was calmer and seemed genuine in their commitment to stay in their room and away from the peer for the rest of the night. This event did cause client to gain some insight into another trauma she hasn't talked about or processed through yet.

Intervention

Separated client from peer they were fighting and made sure both were in a safe location at the STRTP. Checked client for injuries that might need treatment (none were identified.) Talked with client to assess how the fight had started and assessed what role past trauma had on the event. Guided client through some breathing and calming exercises. Consulted with client's Child Welfare Worker to determine if a placement change was warranted to keep client and the other peer safe (it was determined that a safety plan could be tried first.) A safety plan was created with client (see in chart) and client agreed to it. See plan section for future interventions.

Response

Client at first had started to pack her bag in the room saying they were going to leave the STRTP and that if anyone tried to stop her, she would fight them. After this therapist talked with client for about 20 minutes, client stopped packing and talked about how upset and mad she was that one of her good friends had been killed. Client reported that she didn't want to do calming exercises because she might have to fight the girl again. Client reported that she didn't know if the other girl in the program knew anything about the shooting, but suspected that she did and that thought was driving her crazy. Client agreed that she was so worked up that sleeping tonight would be difficult and so would practice the calming exercises at bed time.

Plan

Because client started the physical altercation, and there is concern that another altercation might happen again with the same peer, staff will make sure that the peers are not left alone together. Client's CWW has asked that staff work with client to try and maintain placement at the STRTP. Client's treatment plan will be updated to include a goal of processing through the trauma of having a friend killed so that she isn't so overwhelmed by the memory or so easily triggered (as happened tonight.) A behavioral goal of no physical aggression will added to the plan as well. Client and the peer they got into a fight with will be continually assessed for safety and a change in placement for client or the peer may occur in the future if needed.

♥ < Timeliness for STRTP Progress Notes

- All mental health progress notes shall be completed, signed and dated (or electronic equivalent) **within seventy-two (72) hours** of the service provided.
- The mental health progress notes shall be maintained in the child's record.
- If the child is a Medi-Cal beneficiary, the STRTP shall complete separate progress notes for each Specialty Mental Health Service provided.

♥ < Medication Assistance, Control, and Monitoring at STRTPs





Medication Assistance, Control, and Monitoring

- May be provided by a nurse practitioner, physician's assistant or registered, licensed or vocational nurse acting within their scope of practice *and* under the direction of a psychiatrist.
- Each child must be examined by a psychiatrist at least one time during the child's stay at the STRTP.
- A physician or psychiatrist shall examine each child prior to prescribing any psychotropic medication.
 - The examination shall include a screening to determine whether there are potential medical complications from the medication that could impact the child's mental health condition.
 - The examination shall be noted in the client record.



Medication Review

- A physician or a psychiatrist shall sign a written medication review for each child prescribed psychotropic medication. This review shall be completed as often as clinically appropriate, but at least **every forty-five (45) days**.
- This review may be prepared by a STRTP mental health program staff member acting within the scope of their practice and shall be included in the client record.

ACBHCS Medication Review Form



Alameda County Behavioral Health Care Services (ACBHCS)
Short-Term Residential Therapeutic Program (STRTP)
MEDICATION REVIEW

Client's Name: _____ Client's Pronouns: _____
Case #: _____ STRTP Name: _____
Date of Admission: _____

For children and youth prescribed psychotropic medication, a Medication Review review shall be completed as often as clinically appropriate, but at least every forty-five (45) days.

1. Observations of any side effects and review of any side effects reported by the child or noted in the client record:
2. The child's response to each psychotropic medication currently prescribed and the child's perspective on the effectiveness of these medications (*include the child's thoughts/feelings about taking medication*):
3. The child's compliance with taking psychotropic medication prescribed:
4. Justification for continuing to prescribe psychotropic medication and/or changing the child's medication plan:
5. The Prescribing Physician has considered the goals and objectives of the Client Plan and medication prescribed is consistent with this Plan: **Yes** **No**
If no, provide an explanation of needed updates to the Client Plan:

Client Name:
Case #:
Program RU:

Page 1 of 2

Rev 3-17-21



*Signature/Title/Credential _____ Date _____
Printed Name/Credential _____ Staff ID# _____

*I certify that the service(s) shown on this sheet were provided by me personally and the service(s) were medically necessary.

Co-Signature/Title/Credential _____ Date _____
Printed Name/Credential _____ Staff ID# _____

Client Name:
Case #:

♥ < Medication Review

- The medication review shall include:
 - (1) Observations of any side effects and review of any side effects reported by the child or noted in the client record.
 - (2) The child's response to each psychotropic medication currently prescribed and the child's perspective on the effectiveness of these medications.
 - (3) The child's compliance with taking psychotropic medication prescribed.
 - (4) Justification for continuing to prescribe psychotropic medication and/or changing the child's medication plan.
 - (5) A statement that the physician, psychiatrist has considered the goals and objectives of the child as listed in the child's needs and services plan and the treatment plan, and that the psychotropic medication prescribed is consistent with those goals and objectives.

♥ < Medication Review

- A psychiatrist shall review the course of treatment for all children who are not on psychotropic medication **at least every ninety (90)** days.
- The results of this review must be included in a progress note signed by the psychiatrist at the time the review is completed.

♥ < Medication Services

- Psychotropic medications for a child residing in a STRTP shall be administered and dispensed in accordance with state and federal laws for pharmaceuticals, which include but are not limited to, laws related to authorization, administering and dispensing medication, psychotropic medication, storage and disposal, informed consent, and documentation of informed consent.
- The STRTP shall ensure the following is documented in the client record: the date and time a prescription or non-prescription medication was taken, the dosage taken or refused, and the child's response to medication.

♥ < Clinical Reviews, Collaboration, and Transition Determination

- Every ninety (90) days, a licensed mental health professional or waiver/registered professional, shall perform a clinical review of the child's current mental health status and progress in treatment to determine whether the child should be transitioned to a different level of care.
- The licensed mental health professional or waived/registered professional shall summarize the reviews and determinations in the client record and update the child's treatment plan, as needed.



Clinical Reviews, Collaboration, and Transition Determination

- As part of the review, the licensed mental health professional or waived/registered professional shall consider:
 - (A) The types and frequency of services provided to the child and the impact of these services on the child's achievement of the goals outlined in the child's treatment plan.
 - (B) Whether the STRTP continues to meet the specific therapeutic needs of the child.
 - (C) Justification for the decision for continued stay or transition of the child based on the client record and licensed mental health professional's clinical opinion.



Clinical Reviews, Collaboration, and Transition Determination

- As clinically appropriate, the STRTP shall collaborate throughout the course of the child's treatment with the child's existing mental health team, parent, guardian, conservator, tribal representative, child and family team, authorized legal representative, placing agency or agencies, the probation department, county welfare department, and county mental health department, if any of these are applicable.
 - The STRTP shall summarize and document the consultations in the client record.



Clinical Reviews, Collaboration, and Transition Determination

- The STRTP mental health program staff shall meet at least once every ninety (90) days, or more often if needed, to discuss the diagnosis, mental health progress, treatment planning, and transition planning for the child.
- Prior to or during each meeting, the STRTP mental health program staff shall obtain information from direct care staff about their observations, if any, for the child. The head of service or a licensed mental health professional or waiver/registered professional shall attend each meeting along with other mental health program staff that provide mental health services to the child.
- The meeting should include the most active and informed members of the mental health program staff responsible for the child's mental health treatment.

♥ < Transition Determination Plan

- A Transition Determination Plan shall be developed, completed, and signed by a member of the STRTP mental health program staff prior to the date the child transitions out of the STRTP.
- A copy shall be provided prior to or at the time of the child's transition, to the following, as applicable: parent, guardian, conservator, or person identified by the court to participate in the decision to place the child in the STRTP.

♥ < Transition Determination Plan

- The Transition Determination Plan shall include:
 - (1) The reason for admission;
 - (2) The reason for transition, referencing the child's transition planning goals, or another reason for the child to be transferred to an alternative treatment setting;
 - (3) The course of treatment during the child's admission, including mental health treatment services, medications, and the child's response;
 - (4) The child's diagnosis at the time of transition;

Transition Determination Plan



(5) The child's aftercare plan, which shall include, the following components:

- (A) The nature of the child's diagnosis and follow-up required.
- (B) Medications, including side effects and dosage schedules.
- (C) Goals and expected outcomes for any follow-up treatment.
- (D) Recommendations regarding treatment that are relevant to the child's care.
- (E) Educational information, including grade level functioning, and any special education needs.
- (F) Referrals to providers of medical and mental health services.
- (G) Other relevant information.

Transition Determination Plan Template



Alameda County Behavioral Health Care Services (ACBHCS)
Short-Term Residential Therapeutic Program (STRTP)
TRANSITION DETERMINATION PLAN

Client's Name:

Client's Pronouns:

Case #:

STRTP Name:

Date of Admission:

Anticipated Transition Date:

Transition Determination Plan to be completed prior to child or youth's discharge from the STRTP.

1. REASON FOR ADMISSION: *Describe events in sequence leading to admission to your program. Describe primary need upon admission.*

2. REASON FOR DISCHARGE FROM STRTP PLACEMENT: *Choose most appropriate reason for transition. If selecting Other or Alternate STRTP/Residential Setting, provide explanation for reason for transition.*

- Higher level of care Lower level of care Client did not return/AWOL
 Alternate STRTP/Residential Setting Other *Explain:*

3. LIVING PLACEMENT UPON DISCHARGE FROM STRTP: *Choose most appropriate placement. If other provide explanation of living placement.*

- Biological Family Extended Family Member
 Non-Related Extended Family Member Resource Family
 Foster Family Agency Extended Foster Care/Transitional Housing Program
 Alternate STRTP Other *Explain:*

Name of caregiver and relationship to youth:

Review of Timeliness Expectations

Type of Service/Document	Due date
<i>Assessment</i>	<i>Within 5 calendar days of child's arrival</i>
<i>Admission Statement</i>	<i>Within 5 calendar days of child's arrival</i>
<i>CANS and PSC-35</i>	<i>Prior to completion of treatment plan</i>
<i>Treatment Plan</i>	<i>Within 10 calendar days after the child's arrival; reviewed every 30 days</i>
<i>Progress Notes</i>	<i>Finalized within 72 hours of service</i>
<i>Clinical Review</i>	<i>Every 90 days</i>
<i>Transition Determination Plan</i>	<i>Before discharge</i>
<i>Medication Services/Medication Reviews</i>	<i>Every 45 days for clients prescribed psychotropic meds; every 90 days for clients who are not on psychotropic meds.</i>

thank you.

Contact QATA@acgov.org for more information



SERVICES FOR MENTAL HEALTH & SUBSTANCE USE DISORDERS