Initial Treatment Plan

CLIENT INFORMATION

Name: Fake Client	**Primary Counselor:** RSUD Counselor
Client Id #: 11111	**Admission Date:** 7/3/2018

DSM-5 Diagnosis(es): F 15.20, Amphetamine Use Do Sev

Date of Initial Treatment Plan: 7/10/2018

Was a physical exam completed?
☐ If yes, provide the date of physical (must be completed within last 12 months):
☒ If no, include the goal of obtaining a physical exam under the appropriate problem area below (must remain a goal until completed)

Assessments Reviewed:
☒ ASI or YAI ☒ ASAM LOC Recommendation
☐ Risk Assessment ☐ Health Questionnaire
☐ Other:

If client's preferred language is not English, were linguistically appropriate services provided?
☐ Yes ☐ No
If no, please explain:
N/A Preferered langauge is English

What does the client want to obtain from treatment (use client's own words): "I want to stop using meth so I can get my kids back and move back in with my fiance."

Client Strengths/Resources/Abilities/Interests (to be used to reach treatment plan goals): Clt is willing to be linked with a PCP and willing to resume medication if the doctor says it is ok for the baby.

PROBLEM #1

Select related ASAM Dimension: ☐ 1. Acute Intoxication and/or Withdrawal Potential; ☒ 2. Biomedical Conditions and Complications; ☐ 3. Emotional, Behavioral or Cognitive Conditions/Complications; ☐ 4. Readiness to Change; ☐ 5. Relapse, Continued Use, or Continued Problem Potential; ☐ 6. Recovery Environment

Problem Statement(s): "I need to see the doctor to make sure my baby is ok, espceially because I keep loosing weight."

Goals (Specific & Quantifiable): Within the next week the client will call to schedule an appt with FHCSD to establish primary care and follow up with any speciality referrals within 3 days of the referral.	**Target Date(s):** 7/25/2018	**Resolution Date(s):**
Action Steps (Identify if steps will be taken by the provider and/or client to accomplish identified goals): 1. Client will call the FHC (619) 515-2300 to schedule a primary care appointment by 7.15.18 and will attend the appointment as scheduled on time. 2.Client will meet with the primary care physician and prepare a list of questions and/or concerns to share with the doctor prior to the scheduled appt.	**Target Date(s):** 7/25/2018	**Resolution Date(s):**

PROBLEM #2

Select related ASAM Dimension: ☐ 1. Acute Intoxication and/or Withdrawal Potential; ☐ 2. Biomedical Conditions and Complications; ☒ 3. Emotional, Behavioral or Cognitive Conditions/Complications; ☐ 4. Readiness to Change; ☐ 5. Relapse, Continued Use, or Continued Problem Potential; ☐ 6. Recovery Environment

Problem Statement(s): "I have been struggling. I have been depressed and maybe I need meds again."

Goals (Specific & Quantifiable): The client will schedule an appt with a psychiatrist and a therapist within the next week.	**Target Date(s):** 7/20/2018	**Resolution Date(s):**
Action Steps (Identify if steps will be taken by the provider and/or client to accomplish identified goals): 1. Client will call the FHC (619) 515-2300 to schedule a psychiatry and therapy appointment by 6.22.18 and will attend the appointments as scheduled on time. 2.The client will prepare a list of questions and/or concerns to share with the therapist and MD and will follow through on all tx recommendations	**Target Date(s):** 7/20/2018	**Resolution Date(s):**

PROBLEM #3

Select related ASAM Dimension: ☐ 1. Acute Intoxication and/or Withdrawal Potential; ☐ 2. Biomedical Conditions and Complications; ☐ 3. Emotional, Behavioral or Cognitive Conditions/Complications; ☐ 4. Readiness to Change; ☒ 5. Relapse, Continued Use, or Continued Problem Potential; ☐ 6. Recovery Environment

Problem Statement(s): "I need to learn how to avoid uisng."

Goals (Specific & Quantifiable): The clt will identify 3 new coping skills within the next month and begin practicing them on a daily basis and report progress and or barriers during group and/or individual sessions.	**Target Date(s):** 7/18/2018	**Resolution Date(s):**
Action Steps (Identify if steps will be taken by the provider and/or client to accomplish identified goals): The client will attend daily group meetings and weekly individual sessions and make a list of suggestions make by my counselors and peers. I will choose three coping skills that I would like to practice and will keep a log of when I use them and what the outcome has been that I will share with my counselor during individual sessions. Client will attend 12 step meetings weekly	**Target Date(s):** 7/20/2018	**Resolution Date(s):**

PROPOSED TYPE OF INTERVENTION/MODALITY FOR SUCCESSFUL GOAL COMPLETION (Include proposed frequency and duration)

☒ Individual Counseling 1 x a week for 30 days
☒ Group Counseling 10 x a week for 30 days
☒ Community Support Group 5 x a week for 30 days
☒ Case management 1 x a week for 30 days
☐ Withdrawal Management Services x a week for
☒ Collateral Services 1 x a week for 30 days
☐ Intensive Outpatient Treatment (IOT) x a week for
☐ Residential Treatment (indicate ASAM level. Duration to be established via ongoing re-assessment/Authorization process): 90 day RTC 3.5
☐ OTP/NTP x a week for
☐ Recovery Services x a week for

Does this treatment plan include the Treatment Plan Addendum form for additional problems?	☐ Yes ☒ No
If yes, how many total problems are documented in this entire treatment plan? N/A	

TREATMENT PLAN SIGNATURES

Client was offered a copy of the plan: ☒ YES
☐ NO (if no, document why): _____

Client Signature:	**Date:**
If client refuses or is unavailable to sign the treatment plan, please explain: N/A	

Counselor Name:	**Counselor Signature:**	**Date:**
RSUD Counselor	RSUD Counselor	7-10-18
***MD Name (If applicable):**	***MD Signature (If applicable):**	**Date:**
RSUD MD	RSUD, MD	7-10-18

**Per Title 22, MD signature is required on a Treatment Plan within 15 days for outpatient services billed to DMC. For residential programs not currently billing DMC, MD signature is not required.*