

**INDIVIDUAL SERVICE PLAN
MENTAL HEALTH SUPPORTS AND SERVICES PROGRAM**

POLICY

The Board shall ensure that each individual enrolled in the Mental Health-Supports and Services Program will have an Individual Service Plan (ISP) completed within established time frames. The Individual Service Plan and all updates will be kept in the Individual Client Record (ICR).

The superintendent shall develop procedures to implement this policy.

This policy replaces the previous policy X .11, effective February 20, 2015.

Reference: OAC 5122-27-03;
CARF Behavioral Health Standards, Section 2. C.

Approved by Legal Counsel: Laura Mariani

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Date Approved: March 19, 2019

Effective Date: March 20, 2019

**INDIVIDUAL SERVICE PLAN
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PROCEDURES

Each person served will be actively involved and have a significant role in the planning process and in determining the direction of their ISP. The planning process will be person-directed and person-centered and will be designed to meet the specific needs of each person served.

A. The Individual Service Plan will be:

1. Developed with:
 - a. The active participation of the person served
 - b. The involvement of family/legal guardian of the person served, when applicable and permitted.
2. Prepared using the information from the assessment process.
3. Based on the persons strengths, needs, ability and preferences.
4. Focused on the integration and inclusion of the person served into
 - a. His or her community
 - b. Their family, when appropriate
 - c. Natural support systems
 - d. Other needed services
5. Communicated to the person served in a manner that is understandable.
6. Provided to the person served, when applicable.

II. Each Individual Service Plan must include:

- A. The identification of the needs/desires of the person served through:
1. Goals that are expressed in the words of the person served.
 2. When necessary, clinical goals that are understandable to the person served and that are reflective to the informed choice of the person served and/or their guardian.
- B. Specific treatment objectives that are:
1. Reflective of the expectations of the person served and the treatment team.
 2. Reflective of the person's age, development, culture and ethnicity.

- ~~C.~~ Identification of specific interventions, modalities, or services, and the frequency and duration in which they will occur.
- D. When applicable, information on:
 - 1. Any needs beyond the scope of the program.
 - 2. Referrals for additional services
 - 3. Transition to other community services.
 - 4. Available aftercare options, when needed.
 - 5. When applicable, identification of any legal requirements.
 - 6. The ISP will be reviewed periodically with the person served to reflect current issues, maintain relevance and modify goals, objectives and interventions when necessary.
These reviews shall occur:
 - a. At the person's request.
 - b. When clinically indicated;
 - c. When there is a change in the level of care; or
 - d. When a recommended service is added, terminated, denied, or no longer available to the person served.
- ~~E.~~ Progress toward achievement of treatment goals for the person served is:
 - ~~1.~~ Documented
 - ~~2.~~ Utilized for treatment improvement
 - ~~3.~~ Communicated to the person served.
- ~~F.~~ Documentation that the plan has been reviewed with the active participation of the person served and, as appropriate, with involvement of family members, parents, legal guardians or custodians or significant others. This documentation will occur on the Individualized Service Plan itself and in progress notes.
- G. As relevant, the inability or refusal of the person served to participate in service and treatment planning and the reason given;
- H. The signature of the agency staff member responsible for developing the ISP, the date on which it was developed, and documented evidence of clinical supervision of staff developing the plan, as applicable. Evidence of clinical supervision will be documented by supervisor signature on the ISP.

The complete ISP must be completed within five sessions or one month of admission, whichever is longer, excluding crisis intervention mental health service provided in accordance with rule 5122-29-10 of the Administrative

Code or pharmacologic management service provided as the least restrictive alternative in an emergency situation in accordance with rule 5122-29-05 of the Administrative Code.

- III. The Individual Service Plan will be part of the ICR.