

# Welcome to the Assessment and Treatment Planning Workshop



Funding for this workshop is provided by the Center for Substance Abuse Treatment  
under contract to DB Consulting Group, Inc. / JBS International, Inc.

# Module One Objective

To provide information about OTTAP, to set the tone for the workshop, and to create an open environment for everyone to discuss and learn about assessment and treatment planning as a critical component for individualized treatment and quality services.

# Overview of OTTAP

- September 2006 - Division of Pharmacologic Therapies awards OTTAP to DB Consulting Group, Inc. / JBS International, Inc.
- OTTAP provides technical assistance to opioid treatment programs and to States with the ultimate objective of improving the service delivery system for individuals with opioid dependence and addiction.
- Approved accrediting bodies: CARF, COA, JCAHO, NCCHC, and the states of Washington and Missouri.
- Arranges trainings.
- Has consultants available to provide participants with FREE technical assistance with:
  - organizational self-studies
  - specific areas of need
  - survey preparation

# Types of Technical Assistance Offered

- On-site assessments to help determine a program's readiness for accreditation.
- Action plans to identify changes that need to be made, timelines, more assistance.
- “Mock” surveys by accreditation surveyors.

# Types of Technical Assistance Offered (*cont'd.*)

- Assistance with interpreting organizational self-studies, CSAT treatment guidelines, and accreditation standards.
- Consultation or training on cultural competence, organizational development, fiscal management, quality assurance systems, management information systems, and performance outcome measurement.

# Types of Technical Assistance Offered (*cont'd.*)

- Assistance with preparing documents, including mission statements, policy and procedure manuals, patient rights statements, policies addressing individuals with special needs, etc.
- Consultation on improving clinical performance, increasing treatment accessibility, and strengthening community relations.

# Workshop Purpose

To identify assessment and treatment planning as a critical component for delivering individualized or patient-centered opioid treatment and quality services.

# Workshop Objectives

- Create and articulate the business case for assessment and treatment planning, and understand the value of comprehensive, patient-centered processes.
- Identify the key elements of a comprehensive assessment process.
- Write an interpretive/integrated summary.
- Identify the components of a patient-centered treatment plan.
- Develop patient-centered treatment plans.
- Conduct comprehensive assessments and develop patient-centered treatment plans in your organizations.



# **Participant Introductions**

## **Exercise Instructions**

- 1. Select a spokesperson and a recorder at each table.**
- 2. The recorder will be responsible for writing on newsprint the reasons people at the table are attending this workshop.**
- 3. The spokesperson will be responsible for introducing the people at his or her table and sharing their reasons for attending the training.**

# Participant Introductions

## Exercise Instructions (cont'd.)

4. Begin the exercise by giving each person at your table a couple of seconds to introduce themselves by sharing the following information:
  - Name and job title
  - Organization or employer
  - Reason for attending the workshop
5. Each table will have 15 minutes to complete the table sharing and recording of information.
6. The spokespersons will have 2 to 3 minutes to introduce the people at their tables and share their reasons for attending the training.

# Day One Agenda - Morning

- 8:00 a.m. Registration
- 8:30 Module One: Introduction to the Workshop
- 9:30 Module Two: The Business Case for Assessment and Treatment Planning
- 10:30 Break
- 10:45 Module Three: Introduction to Comprehensive Assessments
- 12:00 p.m. Lunch (On Your Own)

# Day One Agenda - Afternoon

- 1:00 p.m. Module Four: Components of a Comprehensive Assessment
- 2:45 Break
- 3:00 Module Five: Writing an Interpretive/Integrated Summary
- 4:15 Module Six: Lessons Learned and Applications
- 4:25 Module Seven: Day One Closing Activities
- 4:30 Day One Closure

# Day Two Agenda - Morning

- 8:00 a.m. Day Two Sign-In
- 8:30 Module One: Day Two Opening Activities
- 8:45 Module Two: Introduction to a Patient-Centered Treatment Plan
- 9:15 Module Three: Components of Patient-Centered Treatment Plans
- 10:30 Break
- 10:45 Module Four: Developing Patient-Centered Treatment Plans
- 12:15 Lunch and Hotel Checkout

# Day Two Agenda - Afternoon

- 1:45 p.m. Module Four: Developing Patient-Centered Treatment Plans (cont'd.)
- 3:15 Break
- 3:30 Module Five: Putting It All Together
- 4:00 Module Six: Workshop Closing Activities
- 4:30 Workshop Closure

# Module Two Purpose

To identify what treatment organizations are already doing in assessment and treatment planning, and to create an understanding of the impact that assessment and treatment planning have on achieving successful outcomes for patients.

# Comprehensive Assessment

- An in-depth evaluation that provides detailed information to formulate an individualized treatment plan
- Ongoing and measures patient progress
- Signals the need for relapse prevention
- Information is collected on:
  - ✓ severity of drug and alcohol use
  - ✓ treatment readiness
  - ✓ current psychiatric functioning
  - ✓ medical problems
  - ✓ employment
  - ✓ legal issues
  - ✓ family and social problems



# Treatment Plan

A flexible, adaptable, and realistic road map, inclusive of all possibilities, to provide a patient with the services, resources, and supports needed for a positive treatment experience/outcome.

# Business Case

***Business case*** is the reason why assessment and treatment planning are important to the delivery of comprehensive, patient-centered services.

# Governing Board of the National Research Council

The Committee on Quality of Health Care in America was organized in 1998 by the Governing Board of the National Research Council, whose members are drawn from:

- The National Academy of Sciences
- The National Academy of Engineering
- The Institute of Medicine

# Findings of the Committee on Quality of Health Care in America

- Health care delivery has not kept pace with the rapid advances in medical science and technology.
- Health care systems often fall short in their ability to translate knowledge into practice, and to apply technology safely and appropriately.
- The health care system as it is currently structured does not make the best use of resources.
- Several types of medical errors result in the need for additional services to treat patients who have been harmed.

# Findings of the Committee on Quality of Health Care in America (cont'd.)

- The delivery system is fragmented and lacks clinical information capabilities, which causes poorly designed care processes.
- There is overuse of services that have the potential risk of harming patients.
- The increasing growth in the number of people with more than one chronic condition requires more sophisticated mechanisms to communicate and coordinate care.
- There are safety and quality problems in health care because the system relies on outmoded systems of work.

# Six Aims of the Committee on Quality of Health Care in America

1. **Safety** - Avoiding injury to patients for the care that is intended to help them.
2. **Effectiveness** - Providing services, based on scientific knowledge, to all who can benefit, and avoiding the underuse and overuse of services.
3. **Patient-Centeredness** - Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.
4. **Timeliness** - Reducing waits and sometimes-harmful delays for both patients and caregivers.
5. **Efficiency** - Avoiding waste of equipment, supplies, ideas, and energy.
6. **Equality** - Providing care that does not vary in quality because of personal characteristics such as race, gender, ethnicity, geographic location, and socioeconomic status.

# Potential Impact of Comprehensive Assessments and Treatment Planning

1. **Patient Safety** - Conducting comprehensive assessments may prevent unnecessary injuries to patients.
2. **Effectiveness of Services** - The best way to provide effective services is to ensure that there is a thorough assessment or examination of the needs of the patient.
3. **Patient-Centered Care** - When assessment and treatment planning are conducted properly, the patient is involved in the decision-making process.
4. **Timely Delivery of Services** - Treatment planning can play a key role in ensuring that services are delivered in a timely manner.
5. **Efficient Use of Resources** - Assessment and treatment planning are strategies that may be used to identify the most appropriate services for each patient, therefore avoiding waste.
6. **Equitable Care** - When assessment and treatment planning are patient centered, personal characteristics are not barriers to the type and quality of care the person receives.

# Program Objectives

- Delivery of quality services
- Patient retention in programs
- Successful patient outcomes
- Cost efficiency
- Staff performance and professional development
- Meeting state and federal regulations and accreditation standards
- Risk management and insurance requirements



# Business Case Exercise Instructions

1. Work at your tables to answer the following questions:
  - What are your organizations currently doing to use assessment and treatment planning to impact the assigned objective?
  - How might your organizations' assessment and treatment planning processes be improved to have a more positive impact on the assigned program objective?
2. You will have 20 minutes to complete the exercise.
3. Select a spokesperson to share the highlights of your table's discussion with the large group.

# Three Levels of Impact

- **Individual Level:** Patient will receive adequate, person-centered services, and may not become a risk to himself/herself, family, community, or society. Decrease in the emotional and social costs to patients and their families.
- **Organizational Level:** The organization will be in compliance and will not risk losing funding, licensing, patients, credibility, or accreditation. Employees will have better guidelines for delivering patient-centered treatment services and they will understand that a treatment plan is a legal document because it is part of the patient's records.
- **Community/Societal Level:** Providing more effective treatment services may help to decrease violence, spread of HIV/AIDS, and other social issues in the communities your organizations serve.

# Module Three Purpose

To address the impact that language has on the assessment process, to review the levels of assessments, and to identify the assessment-related accreditation standards.

# Scrambling for Words

## Exercise Instructions

1. Read the list of commonly used terms on Page 25 of your Guides.
2. At your tables, try to identify at least one alternative term for each of the commonly used words or phrases.
3. Write the alternative words or phrases in the right column, which corresponds to the commonly used terms.
4. You will have 5 minutes to complete the exercise.

# Scrambling for Words Chart

<i>Commonly Used Terms</i>	<i>Alternative Terms</i>
1. Client	
2. Urine sample	
3. Urine testing	
4. Dirty urine	
5. Clean urine	
6. Addict	
7. Junkie	
8. Drug addict	
9. Detox	
10. Fee-tox	
11. Methadone program	
12. Abuse	

# Types of Substance Abuse Treatment Assessments

## 1. Intake or Screening:

- Focuses on patient's admission for treatment.
- Comprehensive exam performed within approximately 30 days of admission when patient is stable and better able to participate.
- May include formal psychiatric and vocational assessment and ancillary medical workups.
- Program is responsible for arranging evaluations and follow-up.
- Patient re-entering treatment may need a repeat exam.
- Patients undergo periodic health assessments, including regular screening based on clinical guidelines as appropriate for age and gender.
- Establishes eligibility and assists with immediate crises.
- Information gathered includes patient name, address, DOB, SS# residence, emergency health needs, and emergency contacts.

# Types of Assessments (cont'd.)

## 2. Comprehensive Assessment:

- Systematic collection and review of individual-specific data.
- The process established by an organization for obtaining appropriate and necessary information about each individual seeking entry into a health care setting or service.
- Information is used to match the needs of the individual served with the appropriate setting and intervention.
- Evaluation history, tests, consultations, and other data are collected for the purpose of determining patient strengths and needs.
- Assessment is not an abbreviated version of the patient history.

# Types of Assessments (cont'd.)

## 3. Reassessment:

- Ongoing
- Measures patient progress
- Updates the treatment plan
- Signals the need for relapse prevention

*(Taken from CARF, JCAHO, and COA G8.2.02 Assessment Matrix.)*



# Accreditation Assessment Standards Exercise Instructions

1. Move to the section of the room designated for your accreditation-specific group.
2. Turn to the relevant accreditation-specific standards in the supplement section of the Participant Guide:
  - CARF Assessment Standards      Page 80
  - COA Assessment Standards      Page 85
  - JCAHO Assessment Standards      Page 94
3. Engage in a discussion about the accreditation standards and how your organizations are working to meet each of them.
4. Also, discuss where your organizations might do a better job of meeting specific standards.
5. You will have 30 minutes to complete this exercise.

# Module Four Purpose

To review and critique  
three sample treatment  
assessments.

# Comprehensive Assessment

- The systematic collection and review of individual-specific data.
- The process established by an organization for obtaining appropriate and necessary information about each individual seeking entry into a health care setting or service.
- Information collected is used to match the needs of the individual served with the appropriate setting and intervention.
- Evaluation history, tests, consultations, and other data are collected for the purpose of determining patient strengths and needs.
- Assessment is not an abbreviated version of the patient history.

# Sample 1: Addiction Recovery Institute

- A. Office Intake Form for Potential Admission . . . . . PG Page 103
- B. Intake Assessment Part I . . . . . PG Page 105
- C. Intake Assessment Part II . . . . . PG Page 111
- D. DSM IV Assessment Form . . . . . PG Page 116

# Sample 2: Adult Methadone Clinic Assessment Tools

- A. Psychosocial Narrative . . . . . PG Page 118
- B. Mental Status/DSM IV-TR. . . . . PG Page 127
- C. Patient's Education . . . . . PG Page 130
- D. Assessment of Domestic Violence . . . PG Page 131
- E. Nursing Administration . . . . . PG Page 134
- F. Admission Medical History  
and Assessment . . . . . PG Page 137
- G. Drug Use Summary . . . . . PG Page 144
- H. Problem List . . . . . PG Page 145
- I. Vocational Assessment . . . . . PG Page 146

# Sample 3: Addiction Recovery Systems Assessment

- A. Daily Induction Assessment Tool . . . . . PG Page 150
- B. AIDS Risk Assessment . . . . . PG Page 151
- C. Problem List . . . . . PG Page 152
- D. Individual Treatment Plan . . . . . PG Page 153
- E. Individual Pregnancy Treatment Plan . . . . PG Page 154
- F. Nursing Assessment . . . . . PG Page 156
- G. History and Physical Exam . . . . . PG Page 158
- H. Interpretive Summary . . . . . PG Page 163
- I. Psychosocial History. . . . . PG Page 166

# Sample Treatment Assessment Assignments

- **Sample 1:** Addiction Recovery Institute Assessment      Page 102
- **Sample 2:** Adult Methadone Clinic Assessment Tools      Page 117
- **Sample 3:** Addiction Recovery Systems Assessment      Page 149

# Components of a Comprehensive Assessment Exercise Instructions

1. Work with the people at your table to review the components/forms for the assigned assessment sample.
2. After reviewing the components/forms, engage in a small group discussion by answering the following questions:
  - a. What information or which components/forms did you find most useful?
  - b. What information (if any) might be missing from your assigned sample?
  - c. Which components/forms of the sample would be most useful to your organizations?
3. You have 45 minutes to complete the exercise.
4. Be prepared to share the highlights of your discussion with the large group.



# Module Five Purpose

To give participants a chance to practice using the data gathered in a comprehensive assessment to write interpretive/integrated summaries.

# Interpretive/Integrated Summary

- Clinical analysis of the data gathered from the patient (personnel, family members) during the assessment that provides critical information about a person's need for care, treatment, and services.
- Provides information to make care, treatment, and service decisions in a patient-centered manner.
- Allows for the prioritization of the needs and strengths of the person served.

# Elements of the Interpretive/Integrated Summary

- Clinical summary that integrates and interprets the assessment to identify the central themes
- Relationships between sets of findings
- Clinical judgments regarding positive and negative factors likely to affect treatment
- Treatment recommendations
- Additional assessment needs
- Referrals to other services
- Anticipated levels of care and expected focus
- Areas that need additional information

# Interpretive/Integrated Summary Exercise Instructions

1. Take 10 minutes individually to review Joan Doe's Psychosocial Assessment.
2. After everyone finishes reviewing the assessment, discuss the data gathered about the patient.
3. Work together and use the data from the assessment to write an interpretive/integrated summary.
4. The interpretive/integrated summary should include the following elements:
  - a. Clinical summary that integrates and interprets the assessment data to identify central themes
  - b. Relationships between sets of findings
  - c. Clinical judgments regarding positive and negative factors likely to affect treatment
  - d. Treatment recommendations
  - e. Additional assessment needs
  - f. Referrals to other services
  - g. Anticipated levels of care and expected focus
  - h. Areas that need additional information
5. Select a person to be the recorder. The recorder is responsible for capturing the information for the interpretive/integrated summary.
6. Identify another person to give a brief presentation (3 mins.) including central themes, positive/negative factors affecting treatment, recommendations, additional information needed, and referral services.
7. You will have 30 minutes to complete the exercise.

# Module Six Purpose

To give participants time to reflect on the topics covered in Day One of the workshop, identify lessons learned, and discuss how to implement similar assessments in their agencies.

# Day One Summary

The topics that were covered on Day One include the following:

- The business case for assessment and treatment planning
- Introduction to comprehensive assessments
- Accreditation assessment standards
- Components of a comprehensive assessment
- Writing interpretive/integrated summary

# Welcome to Day Two of the Assessment and Treatment Planning Workshop



Funding for this workshop is provided by the Center for Substance Abuse Treatment  
under contract to DB Consulting Group, Inc. / JBS International, Inc.

# Module One Purpose

To summarize the topics covered on Day One of the workshop and to conduct an overview of the material that will be addressed today.



# Day One Review

- The business case for Assessment and Treatment Planning
- Introduction to comprehensive assessments
- Accreditation assessment standards
- Components of a comprehensive assessment
- Writing interpretive/integrated summaries
- Lessons learned and applications

# Day Two Agenda - Morning

- 8:00 a.m. Day Two Sign-In
- 8:30 Module One: Day Two Opening Activities
- 8:45 Module Two: Introduction to a Patient-Centered Treatment Plan
- 9:15 Module Three: Components of Patient-Centered Treatment Plans
- 10:30 Break
- 10:45 Module Four: Developing Patient-Centered Treatment Plans
- 12:15 Lunch and Hotel Checkout

# Day Two Agenda - Afternoon

- 1:45 p.m. Module Four: Developing Patient-Centered Treatment Plans (cont'd.)
- 3:15 Break
- 3:30 Module Five: Putting It All Together
- 4:00 Module Six: Workshop Closing Activities
- 4:30 Workshop Closure

# Module Two Purpose

To define the patient-centered treatment plan and address how it may impact an individual's recovery from substance abuse.

# Patient-Centered Treatment Plan

A flexible, adaptable, road map inclusive of all of the services, resources, and supports to have a positive treatment experience/outcome. “Patient-centered” means that the patient is actively involved in every phase of goal setting and plan implementation.

# Reasons for a Patient-Centered Treatment Plan

- Enables providers to better identify and meet the needs of patients and their families.
- Enhances patient participation in the accomplishment of the goals and objectives of the plan.
- Contributes to compliance with state, federal, and accreditation regulations/standards.
- Allows for tracking of patient progress or lack of progress.
- Provides patient with more accurate information about his/her illness, treatment options, and risks.
- Helps the provider identify and focus on the strengths and determination of the patient.
- Defines the roles and responsibilities of the plan's participants, i.e., patient, staff, etc.

# Reasons for a Patient-Centered Treatment Plan (cont'd.)

- Builds collaboration and cooperation between the provider and the patient.
- Prevents fragmentation in the delivery of programs and services.
- Helps to eliminate disparities in healthcare by individualizing treatment.
- Communicates the treatment to all members of the team.
- Provides analytical and creative thinking to identify the best intervention for the patient.
- Assists in keeping the clinician alert to modifying the treatment when it is ineffective.
- Plans follow accreditation and third party funding requirements.

# Barriers to Patient-Centered Treatment Planning

- Providers feel overwhelmed by the demands of regulatory and accreditation agencies.
- Planning is seen as being meaningless and an administrative burden.
- Providers are not trained to plan effectively.
- Behavioral health treatment has a history that is based in process and not on outcomes.
- There is a focus on personal and peer experience, and not on the unique, individual needs of the patient.



# Barriers to Patient-Centered Treatment Planning (cont'd.)

- Planning is time-consuming and interferes with the “real work.”
- There is no common language to use in writing the documents.
- Clinicians may find it difficult to keep up with the changes in treatment and to keep the treatment plan up to date.
- The plan may seem overly behavioral and trivial because everything must be measurable.

# Committee on Quality of Health Care in America Recommendations

- Use best practices to redesign treatment and planning processes.
- Make better use of technology to access clinical information that supports clinical decision-making.
- Manage the knowledge and skills of staff.
- Develop effective teams.
- Coordinate care across patient conditions, services, and settings.
- Incorporate performance and outcome measures for improvement and accountability.

# Module Three Purpose

To identify and review the components of a patient-centered treatment planning process.

# **Eight Components of a Patient-Centered Treatment Planning Process**

1. Assessment, evaluation, and diagnosis
2. Identification of strengths and needs
3. Prioritization of needs
4. Formulation of treatment goals
5. Formulation of measurable objectives
6. Specify interventions, treatment, and services or activities
7. Evaluation of impact and outcomes
8. Modification of needs, goals, and objectives

# Areas of Assessment Data Collection

- Severity of drug and/or alcohol use
- Treatment readiness
- Current psychiatric functioning
- Medical problems
- Employment
- Legal issues
- Family and social problems
- Demographic information
- Abilities and past accomplishments
- Interests and aspirations
- Resources and assets
- Unique individual attributes

# Treatment Assessment Components

## Small Group Exercise Instructions

1. Work as a group to review the information that is provided about the assigned component.
2. Next, go back to the Joan Doe assessment on Pages 37- 45 and to the interpretive summaries that were developed on Day One.
3. Using these two documents, identify the data that you think will be important for the development of the assigned component of the treatment plan.
4. Record the draft on newsprint and select a spokesperson to share the information with the large group.
5. You will have 15 minutes to complete the exercise.

# Elements to Evaluate in a Treatment Plan

- Problems and needs
- Treatment goals and objectives
- Interventions and modalities
- Timeframes and target dates

# Reasons to Modify Treatment Plans

- Improve service coordination.
- Make informed choices that will lead to improved individual outcomes.
- Achieve and sustain recovery for the patient.



# Module Four Purpose

To practice using the data gathered from the comprehensive assessment and interpretive/integrated summary to develop a patient-centered treatment plan.

# Patient-Centered Treatment Planning

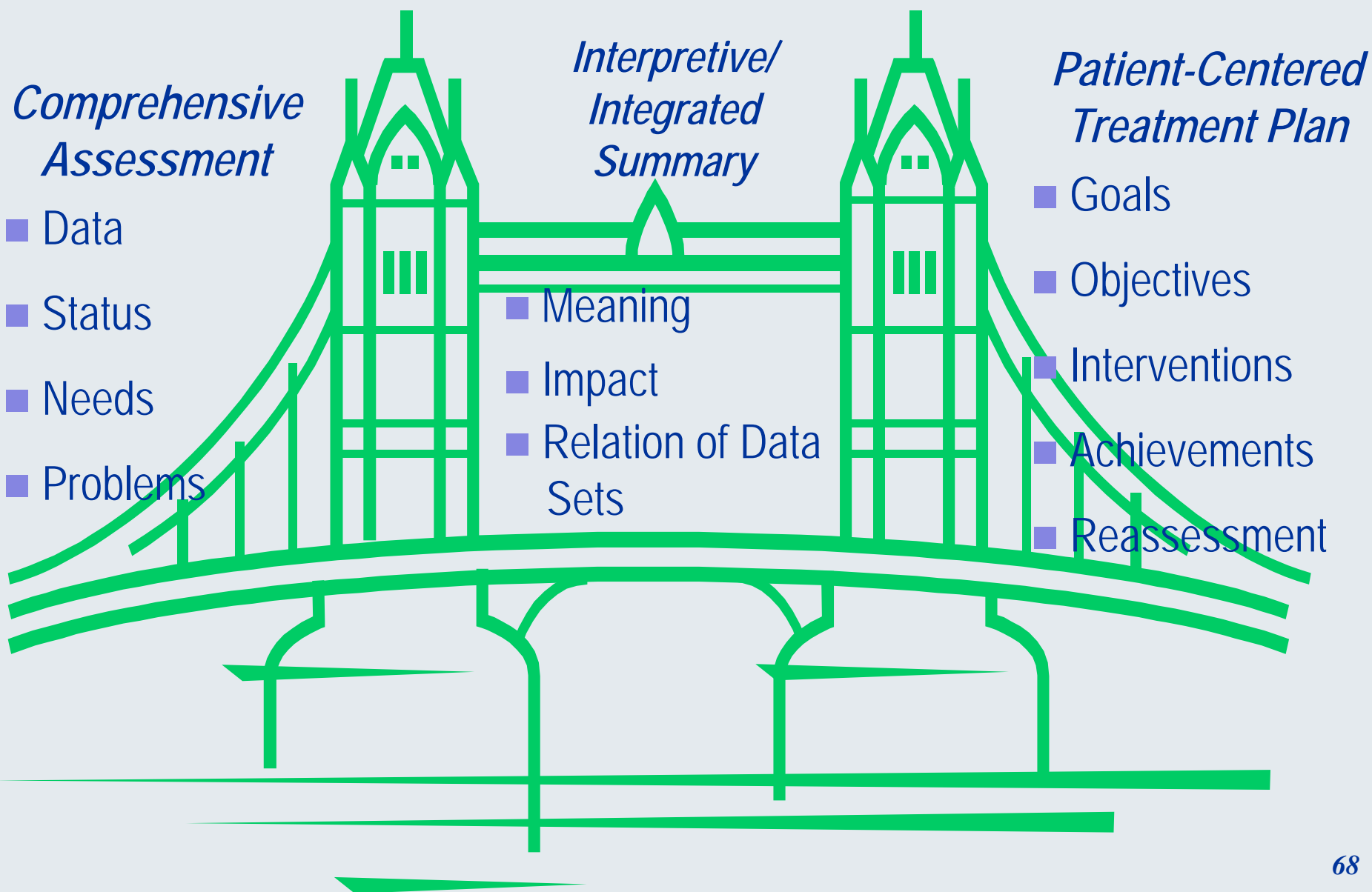
## Role Play Instructions

1. Take a few minutes to review Joan Doe's assessment data, the interpretive/integrated summary, and the eight components of a patient-centered treatment plan.
2. Identify people at your table to play the following roles:
  - Joan Doe - the patient participating in the development of the treatment plan
  - Staff person or clinician - the individual who will work with Joan to develop the patient-centered treatment plan
3. The other participants at your table should be split into the following roles:
  - Patient Advisors – work with Joan Doe during the role-play preparation time to help the patient identify questions and concerns that should be addressed during the treatment planning session with the clinician.
  - Clinician Advisors – work with the clinician to identify issues and develop questions that should be asked to make patient-centered decisions with Joan Doe about the assigned component of the treatment plan.
4. Spend 10 minutes working in two teams at your table to prepare for a brief role-play of the clinician interviewing Joan Doe to develop the assigned component of the treatment plan:
  - Group 1: Identification of patient's strengths, needs, and problems
  - Group 2: Prioritization of patient needs
  - Group 3: Formulation of treatment goals
  - Group 4: Formulation of measurable treatment objectives
  - Group 5: Treatment actions that will be taken by staff/support sources
5. You have 15 minutes to complete your preparation for the role-play exercise.

# Module Five Purpose

To review the connection between comprehensive assessments and patient-centered treatment planning.

# Assessment and Treatment Planning Connection



# Topics Covered during the Training

- The business case for assessment and treatment planning
- Introduction to a comprehensive assessment
- Accreditation assessment standards
- Components of a comprehensive assessment
- Writing interpretive/integrated summaries
- Introduction to patient-centered treatment planning
- Components of a patient-centered treatment plan
- Development of a patient-centered treatment plan
- Putting it all together

# Organizational Planning Exercise Instructions

1. Work individually or with other people from your organization and do the following:
  - a. Identify assessment and/or treatment planning components your agency needs to develop or improve upon.
  - b. Explain how the identified changes will benefit your patients, their families, and your organization.
  - c. Describe what you will do to implement the changes you have identified.
  - d. Decide which resources your organization needs to be able to improve its assessment and treatment planning process.
5. You have 10 minutes to complete the exercise.

# Assessment and Treatment Planning Workshop

*Thank you!*



Funding for this workshop is provided by the Center for Substance Abuse Treatment  
under contract to DB Consulting Group, Inc. / JBS International, Inc.