

**SECTION – THERAPY SERVICES
ADMINISTRATIVE DIRECTIVE NO. 434
(Replaces A.D. No. 434 dated 4/13/06)**

Effective Date: February 14, 2007

SUBJECT: ACTIVE TREATMENT INTERVENTIONS

I. PURPOSE

- A. The purpose of this administrative directive is to ensure that there is a clearly defined process for the development, approval, delivery and recording of all active treatment interventions provided through the Psycho-Social Rehabilitation (PSR) Mall, Central Program Services, units and programs.
- B. Each Individual shall be provided with a personal wellness and recovery plan, which specifies the Individual's activities schedule. Active treatment is intended to enhance functional skills necessary to successfully adapt to the post-discharge environment.

II. AUTHORITY

Authority is established in conformity with policy and procedures as approved by the Hospital Executive Director, consistent with the Wellness and Recovery Model Support System (WaRMSS).

III. POLICY

Each program, mall site and service area will have in place operational plans to achieve and maintain an appropriate level of intervention. Managers and supervisors will utilize available data to evaluate Individual's needs and the adequacy of available services. Procedures outlined in the hospital's PSR Mall Manual will be the responsibility of the supervisory manager.

IV. METHOD

The Mall and Service Area Directors are responsible to ensure the availability of the appropriate level of dispositionally relevant courses, group therapies, and activities for the Individuals in the hospital. The Directors must ensure that the interventions being provided are stages of change, appropriate to the needs of the Individuals relative to identified psycho-social skills, and level of functioning, and that the activities are provided according to established policy. The Program or Service Area Director will ensure that the defined mechanisms for clinical review and administrative approval of each course outlined are followed. The content, format, approval process, and evaluation system for these course outlines and activity descriptions are detailed in the PSR Mall Manual.

V. WELLNESS AND RECOVERY PLANNING

- A. Treatment planning is a Team function that incorporates the coordinated involvements of each of the following: medicine, psychiatry, psychology, social work, rehabilitation therapy, nursing, nutrition services and the Individual served. Coalinga State Hospital (CSH) uses a wellness and recovery model that emphasizes the Individual's strengths, active involvement, and his long-term recovery from effects of the severe mental disorder.
- B. Each Individual will have a current individualized Wellness and Recovery Plan (WRP) that includes active treatment interventions specific to the Individual's needs, strengths and stage of change. These activities are listed in the Intervention sections of the Individual's WRP.
- C. Active treatment interventions are approved by program management and Mall Director, and delivered according to a written course outline. The Wellness and Recovery Team (WRT) develops a schedule of intervention activities appropriate to goals and objectives identified in the WRP.

VI. COURSE OUTLINE

- A. Number: An identification number assigned by the WaRMSS software.
- B. Primary Focus: This will serve as the Key Identifier and will correlate to the Focus of Hospitalization (Psychiatric and Psychological, Social Skills, Dangerousness and Impulsivity, etc.).
- C. Title of the Course: The name assigned to the recovery activity.
- D. Entry Criteria: This identifies the level at which the course is being taught. The activity level will correspond to the Stages of Change. The WRT will refer the Individuals to the activity based on the Individual's choice and identified stage of readiness specific to the Foci (one of the eleven identified barriers to discharge).
- E. Description of Curriculum: A brief outline of the recovery activity describing how the Individual is expected to benefit from participation in the activity.
- F. Methods/Materials: A description of the methods used and primary supporting materials necessary to conduct the recovery activity.
- G. Exit Criteria: The Individual has achieved maximum benefit from the intervention as identified by the course or activity provider, the WRT, and/or the Individual. The Individual has demonstrated his/her ability to progress to the next Stage of Change.
- H. Frequency and Duration: The number of times the activity is held weekly and the length of the activity.

- I. Facilitators/Providers: Identifies the discipline(s) who will provide this particular recovery activity.
- J. Location: Identifies where and in which Mall site the activity is being held.

VII. MINIMUM ELEMENTS FOR REPORTING ACTIVE TREATMENT INTERVENTIONS

- A. The following information shall appear on each course/activity roster. Mall sites and programs will ensure that the necessary information is provided according to this policy.
 - 1. Class Number: Each roster will include a class identification number, which is assigned through the WaRMSS software.
 - 2. Title: Course activity title.
 - 3. Mall Site: The site responsible for providing the course/activity.
 - 4. Day: Day of week the course/activity is held.
 - 5. Time: The time the activity is held.
 - 6. Location: Room number or name of location.
 - 7. Duration: The duration of the course/activity.
 - 8. Date held: The date the activity was held.
 - 9. Provider(s): First name, last name of each staff member scheduled to facilitate the course/activity.
 - 10. Minutes held: The total number of minutes the course/activity was held.
 - 11. Individual's CSH Number and Individual's Name: Name and number of each Individual scheduled to attend the activity. The activity provider will write, in ink, the names and CO numbers of any Individuals that attended the treatment activity but are not listed on the roster.
 - 12. Minutes Attended: The number of minutes each Individual attended the treatment activity.
 - 13. Non-Attendance Reason Code: If an Individual does not attend his recommended intervention activity, the group facilitator will list the reason using the Patient Non-Attendance Reason Codes located on the roster.
 - 14. Participation Code: The group facilitator may enter the code on the Participation Roster sheet.
 - 15. Provider Signature: The signature of the group facilitator.

16. Mall Coordinator or Area Supervisor Signature: The signature of the coordinator/lead on the Mall site in which the "majority" of the activity is held.

B. In the event the activity is canceled, the group course/activity facilitator will complete the following:

1. Date Cancelled: The date the activity was cancelled.

2. Provider Cancellation Code: The facilitator will list the reason using the Provider Cancellation Codes located on the roster.

C. When an Individual has successfully completed a course/activity and/or has reached maximum benefit from the intervention, the facilitator will enter the correct Delete/Rescind Code as found on the roster.

VIII. DISTRIBUTION OF ROSTERS AND DATA ENTRY

According to Mall and program policies, each Mall site will enter the necessary information described in Section VI for generating activity/course rosters for each activity currently held. Assigned staff will generate rosters and distribute them to the Mall site, or units/departments. Units will distribute rosters to staff providing activities prior to the activity, collect the completed rosters following the activity, and ensure all required data from the Attendance Group Roster are entered into the WaRMSS tracking system.



W.T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 134 – Facility Plan for Services

A.D. No. 446 – Wellness and Recovery Planning