



MARYLAND
Department of Health

Behavioral Health Administration

55 Wade Avenue - Dix Building SGHC - Catonsville, Maryland 21228

**RESIDENTIAL REHABILITATION PROGRAM
MANAGED INTERVENTION PLAN (MIP)**

The following individual is at risk for losing his or her placement in the Residential Rehabilitation Program. A summary description and history of the reasons for this action are included, as well as the RRP staff interventions up to this point. The intent of developing this intervention plan is to provide a coaching experience for our consumers so that they can be successful in their time with us, instead of having to be discharged for rule violations/code of conduct. As opposed to immediate discharge, the team should explore with the individual what the alternatives are, how they can best help, and what strategies need to be implemented in order to retain the individual in services. Based on the history presented below, a MIP meeting will be held to develop a comprehensive written plan to prevent discharge from services. If discharge from services should occur, it does not bar the individual or family from further assistance at a later date. Referrals must be made to alternative programming for the individual.

Section A (For RRP Provider & Core Service Agency/Local Behavioral Health Authority Use Only)

Individual's Name:	
Program: <input type="checkbox"/> Adult-RRP <input type="checkbox"/> TAY-RRP <input type="checkbox"/> Other:	Bed Level: <input type="checkbox"/> Intensive <input type="checkbox"/> General

Below is a list of the individual's Intolerable, Major, and Minor program violations.

Intolerable (check all that apply):

These are standards of such importance that no violation can be tolerated. Such violations can warrant immediate discharge (depending on severity and circumstance).

- | | |
|---|--|
| <input type="checkbox"/> Behaving in a life-threatening manner | <input type="checkbox"/> Distributing/selling non-prescription and/or prescription medications or illegal substances to other clients. |
| <input type="checkbox"/> Possessing a "deadly weapon" or item likely to be used as a weapon | <input type="checkbox"/> Other (list): |

Describe the incidents, including dates:

Describe previous interventions, including dates:

Major (check all that apply):

These violations are of a serious nature and can result in suspension, being placed on a managed intervention plan or immediate discharge, depending on the severity of the circumstances.

- | | |
|---|--|
| <input type="checkbox"/> Any form of physical aggression, including but not limited to: biting, hitting, kicking, choking, hair pulling and throwing objects. (if life threatening, this would be considered intolerable) | <input type="checkbox"/> Non-compliance with Federal, State and local laws and ordinances. |
| <input type="checkbox"/> Illicit drug and/or alcohol use or possession on the RRP property. | <input type="checkbox"/> Any form of verbal aggression, including verbal threats. |
| <input type="checkbox"/> Engaging in behavior that violates the rights of others. | <input type="checkbox"/> Stealing property that belongs to the RRP, staff or other consumers in the program. |

Major Continuation (check all that apply):

These violations are of a serious nature and can result in suspension, being placed on a managed intervention plan or immediate discharge, depending on the severity of the circumstances.

<input type="checkbox"/> Knowingly exposing others to life threatening, communicable diseases.	<input type="checkbox"/> Property destruction.
<input type="checkbox"/> Chronic and/or dangerous smoking habits inside a RRP residence that could cause a major fire hazard and compromise the safety of other RRP residents <i>(use only if this is the 2nd offense after it was brought to the attention of the consumer as a 1st offense by RRP staff – See Section “Minor”)</i>	
Describe the incidents, including dates:	
Describe previous interventions, including dates:	

Minor (check all that apply):

Minor violations tend to be more persistent in nature prior to requiring MIP intervention. Any one incident may not rise to the level of requiring progressive intervention, but the pattern represents disruption to services or chronic, but less severe health and safety issues. Staff must demonstrate their attempt to support change prior to a progressive intervention.

<input type="checkbox"/> Bullying, intimidation, or other ongoing behavior that significantly infringes upon the rights, health, safety and/or mental health of the individual, the community, other consumers, or staff.	<input type="checkbox"/> Behavior(s) that can reasonably be seen as disruptive to other clients or the community (such as excessively loud music/ television, etc.)
<input type="checkbox"/> Chronic lack of participation and/or attendance in services.	<input type="checkbox"/> Smoking in non-designated smoking areas <i>(1st offense)</i>
<input type="checkbox"/> Not adhering to other program rules (list):	<input type="checkbox"/> Refusing to pay fees in accordance with the Ability to Pay Schedule.
Describe the incidents, including dates:	
Describe previous interventions, including dates:	

√	MIP Chronological Checklist
<input type="checkbox"/>	RRP Program Manager reviewed Section A.
<input type="checkbox"/>	CSA notified in advance of MIP.
<input type="checkbox"/>	Consumer informed of rule infraction and necessity of MIP verbally on How much time do they get for notification?
<input type="checkbox"/>	Notified and solicited input from treatment team and/or invited to MIP meeting: <input type="checkbox"/> Family <input type="checkbox"/> Therapist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Vocational <input type="checkbox"/> Other_____
<input type="checkbox"/>	Scheduled MIP Meeting for Click here to enter a date.
<input type="checkbox"/>	MIP Submitted to RRP Program Manager for review.
<input type="checkbox"/>	Copies of Sections A & B have been provided to: <input type="checkbox"/> Therapist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> CSA/LBHA <input type="checkbox"/> Other: _____
<input type="checkbox"/>	MIP Review meetings scheduled on calendar: _____; _____; _____
<input type="checkbox"/>	A reminder has been added to incorporate this MIP into the next IRP.
<input type="checkbox"/>	A copy of the MIP has been given to the RRP resident.
<input type="checkbox"/>	Sections A & B filed in consumer's master file by the RRP provider.

_____	_____	_____
Case Manager's Name	Case Manager's Signature	Date
_____	_____	_____
Program Manager's Name	Program Manager's Signature	Date
_____	_____	_____
Other Team Member's Name (if applicable)	Other Team Member's Signature (if applicable)	Date
_____	_____	_____
Other Team Member's Name (if applicable)	Other Team Member's Signature (if applicable)	Date
_____	_____	_____
Other Team Member's Name (if applicable)	Other Team Member's Signature (if applicable)	Date

This Managed Intervention Plan is being developed in an effort to keep you in services. It seeks to identify specific actions/incidents that have become a barrier to services or have put the health, well-being, and safety of you, other consumers, community, or residential staff at risk. It also documents past efforts to address these actions with the purpose of attempting to see what has worked well and what has not. It also will outline identified strengths based steps that can be taken by you and your support team. **This Managed Intervention Plan serves as the notification that you are in danger of potentially losing your housing. This plan is to help prevent this from happening.**

Section B

Individual's Name:
How long have you been in this residence? What do you think/see has been going well for you while at this residence/
What are your most recent goal(s) that you have been working on in your IRP?
What do you see as your strengths that are helping you achieve your goal(s)?
How do you explain what happened with this current incident (s)?
What strategies/steps did you try to take prior to the incident to prevent it?
Do you currently have a WRAP/Relapse Prevention/ or Crisis Intervention Plan?
Description of Targeted Actions
This is an exploration of how my conduct has presented in the past, what the risks and consequences of it are, and how it is a violation of the Residential Rehabilitation Provider's\Agency code of conduct.
Description of my actions to avoid:
Previous incidents:
Triggers:
Consequences (including good, not-so-good, and potential consequences of not changing this behavior):
Rule violations:

Interventions

This attempts to identify past attempts to address my conduct and specifying what has been helpful and not-so-helpful. It also should identify my strengths useful in addressing these issues/incidents as well as barriers that need to be addressed. If you have a WRAP (Wellness Recovery Action Plan) what are some of the strategies you have already identified?

Past interventions:

What has helped me in the past:

What has not helped:

What strengths do I have that can help (resources, supports, skills, knowledge, etc.):

What are some other ways I can meet my needs instead of resorting to my these actions:

What might get in the way of me being successful:

How will I plan in advance to overcome or avoid these barriers/triggers:

What are some new behaviors, resources, skills, or knowledge that might help me in the future:

Other notes:

Supports

This section outlines how members of my support team can help. It also describes any additional services that might help.

How will I ask for help:

Case Manager:

Family:

How might I ask friends/roommates for help:

Rehabilitation Counselors:

Therapist:

Others _____:

Others _____:

Additional Services that may be needed to execute this plan: WRAP Plan, Crisis Intervention Plan?

Plan

Based on what has already been discussed, outline a plan with specific goals, actions, time frame, and review periods. **SMART** goals are encouraged. (*S=specific, significant, stretching; M=measurable, meaningful, motivational; A=agreed upon, attainable, achievable, acceptable, action-oriented; R= realistic, relevant, reasonable, rewarding, results-oriented; T=time-based, time-bound, timely, tangible, trackable*).

In order to address my actions/these incidents _____, I will:

- 1.
- 2.
- 3.

4.
My staff's follow up actions are: 1. 2. 3. 4.
Review dates of my plan's progress have been scheduled for:

The Residential Rehabilitation Program is committed to helping you abide by this plan, remain in services, and keep your housing. The stipulations of this contract will be revisited in 30 days and again in 60 days. If you remain in services, this MIP will be incorporated into your next IRP. Should this plan be successful, amendments can be made at the review times. Should this plan be unsuccessful, you may receive a 30 day discharge notice, which you may appeal using the RRP's grievance process found in your Consumer Handbook. If you are living in the RRP, staff will assist you during these 30 days in securing housing. Housing options may include other residential rehabilitation programs, a homeless shelter, etc. Adequate housing is not guaranteed and will not affect your discharge status. Once discharged from the RRP program, housing is solely your responsibility.

I was offered a copy of my MIP and I (initial): **Accepted** **Declined**

	Print	Signature	Date
Consumer			
Program Manager			
Other:			
Other:			

Supplementary Page (if needed by RRP provider):