

**SUTTON PLACE BEHAVIORAL HEALTH
TREATMENT PLAN ADDENDUM**

Date: _____

The Following Objectives are Added to Treatment Problem _____

4. _____

_____ Target date: _____ Date achieved: _____

5. _____

_____ Target date: _____ Date achieved: _____

6. _____

_____ Target date: _____ Date achieved: _____

Services Prescribed

Service	Frequency	Length of Service	Duration	Person Responsible
Psychiatric Evaluation	time(s) per _____	minutes		
Medication Management	time(s) per _____	minutes		
Psychosocial Evaluation	<u>1</u> time(s) per <u>year</u>	<u>60</u> minutes	6 months	Counselor
Individual/Family Counseling	time(s) per _____	minutes		
Group Counseling	time(s) per _____	minutes		
Drug Screen	time(s) per _____	minutes		
Psychosocial Rehabilitation	time(s) per _____	minutes		
TBOS	time(s) per _____	minutes		
BBHSE	<u>10</u> time(s) per <u>year</u>	<u>15</u> minutes	6 months	LPHA/CAP

Measurable discharge criteria from this goal: _____

☐ Increase in GAF/CGAS to _____
☐ Significant decrease in symptoms

☐ ASAM criteria for discharge met
☐ 30 days substance free

The above objectives will be observed by a therapist, counselor, team member, parent/guardian, or teacher.

Client Name:	CID#: