

ISPs in Clinical Information System (CIS)

1. Choose the appropriate Program for the Client (in most cases this is MOPS General)
2. Select the ISP TAB
3. Choose New

Tabs

ISP Information:	Therapist's do not need to enter anything in this tab
Sources of Info:	List all sources of information used during Diagnostic Assessment. This should include clinical interview, psychosocial history, House-Tree-Person, Bender-Gestalt, Draw-A-Family, WRAT, Outcome Scales, and Collateral Information as it is received.
Axis I:	List Dx and add "primary" in notes field for the primary diagnosis
Axis II:	List Dx for Axis II
Axis III-IV:	List Axis III-IV Dxs GAF: Initial and current must be entered
Strengths:	Make sure these are complete to reflect client's current status
Needs:	Make sure these are complete to reflect client's current status
Abilities:	Make sure these are complete to reflect client's current status
Preferences:	Make sure these are complete to reflect client's current status
Goals:	
Goal:	There must be a goal to address each dx
Objective:	Need to be measurable objective of how you will know when the client has met the treatment goal
Status:	Reflects progress toward goal
Goal Start Date:	Reflects the date the goal is being added to the ISP
Goal Target Date:	Reflects when you would reasonably expect the goal to be complete (generally one year from ISP creation date)
Goal Completion Date:	This date is added once a client completes a treatment goal and the status reflects "completed"
Resources:	Reflects all MOPS employees working on the case, therapist, psychiatrist, case manager if applicable.
Service Types:	List ALL services that are to be provided

Other Resources:	In this section list any additional people that will be involved in the treatment. For children and adolescents this section should list parents, caseworkers, etc.
Contact Frequency:	Should be consistent with frequency of scheduled appointments, or there should be an explanation as to why the discrepancy in frequency.
Compliance:	Cannot really be completed on initial ISP because this reflects compliance with treatment, this should be included on ISP updates and treatment summaries
Medication:	This section should be filled in if the client is on medication, especially if the client sees agency personnel for medication (Dr. Vajen or Danny DiSalvo). May not be able to be completed on initial ISP.
Providers:	List all providers involved in the case and the services they provide.
Comments:	On the initial ISP the comments section must provide justification for the diagnoses and cannot be left blank. The date of the comments becomes the ISP date.
Risk:	This does not necessarily need to be completed but should be completed if the client has certain risks, especially needs to be completed for sex offenders
AOD Levels of Care:	This is only for clients that are enrolled in an AOD program at MOPS.

4. Save
5. Print then select View ISP Report

Updating an ISP (at least every 90 days or changes in providers/services)

1. Select the appropriate Program (generally MOPS General) and ISP tab
2. Select an Active ISP and select Copy
3. Select Pending ISP that was just created
4. Update Diagnosis, GAF and treatment goals if necessary.
5. If adding a provider due to a transfer in services, you need to update the goals, providers and comments. Be sure to explain the reason for transfer.
6. Update progress on goals with and comments sections. When updating comments include progress on treatment goals, whether or not clients have attended appointments, address transfer issues, services added or dropped, progress with other providers (medication, Children Services, school, etc) and any life changes.
7. Make sure all changes are saved and select print ISP (sometimes you have to select a different tab for the added information to save and print out).