Community Integration Program

Strengths-Based Documentation Policy

Policy Number: CI-DOC-004

Effective Date: 03/01/2026

Review Date: 03/01/2027

Responsible Party: Director of Medical & Clinical Services

Purpose

The purpose of this policy is to ensure that all clinical documentation within the Community Integration program reflects a strengths-based, person-centered approach that supports recovery, resilience, and individual empowerment. Documentation will highlight an individual's abilities, resources, and progress while accurately recording clinical needs and services provided.

Policy

REACH for Tomorrow requires that all clinical documentation be completed using a strengths-based framework. Documentation must emphasize the individual's abilities, personal goals, natural supports, and progress toward increased independence and community participation. Staff will avoid deficit-focused language whenever possible and instead document challenges within the context of growth, skill development, and recovery.

Strengths-Based Documentation Standards

1. Identification of Strengths

Assessments, service plans, and progress notes must identify and document the individual's personal strengths, talents, skills, interests, cultural supports, and natural support systems.

2. Person-Centered Language

Documentation must use respectful, person-first language that recognizes the individual as an active participant in services. Notes should reflect the individual's voice, preferences, and goals.

3. Recovery-Oriented Approach

Clinical documentation should reflect recovery-oriented principles including hope, empowerment, self-direction, and meaningful participation in community life.

4. Focus on Skill Development

Progress notes and service documentation must describe interventions that support skill development, independence, and improved functioning in community settings.

5. Documentation of Progress

Staff must document progress toward goals, improvements in functioning, newly developed skills, and successful community participation.

6. Balanced Clinical Documentation

While strengths are emphasized, documentation must also accurately reflect clinical needs, barriers, and risks when present. Documentation should demonstrate how services address identified needs while building upon individual strengths.

Application in Clinical Records

The strengths-based approach must be reflected throughout the clinical record including the comprehensive assessment, person-centered service plan, progress notes, service reviews, and discharge summaries.

Staff Responsibilities

All staff responsible for clinical documentation will receive training on strengths-based documentation practices. Supervisors will review documentation through routine chart audits to ensure compliance with organizational standards and CARF requirements.

Quality Monitoring

Strengths-based documentation practices will be monitored through ongoing quality improvement activities, including chart reviews, clinical supervision, and staff training initiatives.

References

CARF International. (2025). Behavioral Health Standards Manual – Person-Centered and Strengths-Based Practices.