

ADHS TEACHING EXAMPLE: PART D: BEHAVIORAL HEALTH SERVICE PLAN

Name: Jane Smith

CIS Client ID#

Program:

Today's Date: 7/20/04

Individuals at Service Planning Meeting: Jane, Martha, Frank, P.O., CPS, Patty, Chris, Adam, Facilitator

RECOVERY GOAL/PERSON-FAMILY VISION: To end CPS involvement and for Jane to remain at home with family

PERSON'S STRENGTHS: Jane is interested in many activities which are socially acceptable. She is intelligent and usually makes good decisions when faced with choices. Jane and her family are committed to her being successful at home, to their living together as a family, to becoming independent of public agency [e.g. CPS, juvenile probation, juvenile court] involvement. Jane and her family have supportive friends and an extended family that, for the most part, understands Janis special needs, especially during times of crisis. (See SNCD for additional information)

Review Date (Objective Target Date):8/12/04

IDENTIFIED NEEDS and SPECIFIC OBJECTIVES (to address these needs)	Current Measure	INTERVENTIONS to MEET OBJECTIVES		Desired Measure	Achieved Measure (at target date)	Measure Met (Y/N)
		Specific Services and Frequency	Strengths Used			
1. Jane needs to enroll in school and attend regularly, as reported by Martha	Not enrolled	Family Facilitator will provide a list of potential schools (by Monday 7/25) in their neighborhood. Martha and Jane will investigate and enroll Jane before school starts in August.	Jane wants to go to school if she can find a non-traditional school. There are a number of options in the neighborhood. Family is able to transport Jane if no school transportation is available.	School enrollment and regular attendance	August 12, '04	
2. Jane needs to be involved in socially acceptable activities, as reported by Martha and P.O.	No involvement	Family friend, Chris, agrees to take Jane to the Brazilian martial arts center and register her. Family will pay for 1 st month (\$80). If necessary, flex funds may be used in part. Jane will attend the program as frequently as desired, but at least 3 times a week.	Jane has expressed interest in this program, but is somewhat shy about starting. Chris has agreed to attend first few sessions and the program director will allow him to do this for free.	Enrollment and attendance at least 3 times/wk	July 25, '04	

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3. Jane will develop ways of dealing with her feelings of "crisis" that do not put her or others in danger, as reported by Martha, the P.O, and CPS.	Copes safely 9 out of 10 times that she feels in crisis.	Facilitator will arrange for authorization of therapy. Jane will participate in individual therapy 2x per month at -----, for one hour each visit.	Jane wants to learn ways to make better decisions and knows that this will help her be safe, get off probation, and satisfy CPS	Will cope safely 10 out of 10 times she feels in crisis	Nov. 20 th '04	
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DISCHARGE PLAN (add discharge date if known):

Person / Guardian _____ Date: _____

Yes, I am in agreement with the types and levels of services included in my service plan. No, I disagree with the types and/or levels of some or all of the services included in my service plan. By checking this box, I will receive the services that I have agreed to receive and may appeal the treatment team's decision to not include all the types and/or levels of services that I have requested. *

Clinical Liaison _____ Date: _____ Other _____ Date: _____

BH Prof. Rev. _____ Date: _____ Other _____ Date: _____

*If no is checked, a Title XIX/XXI eligible person and/or person determined to have a serious mental illness must be given the Notice of Intended Action Form (PM Form 5.1.1)

BEHAVIORAL HEALTH SERVICE PLAN REVIEW OF PROGRESS

Name: _____

I. Review of Progress

Provide a summary below of the progress the person has made toward meeting the objectives identified on the service plan. In addition, indicate any adjustments that are being made to the service plan objectives and/or measures, including the justification and any additional needs or strengths that have been identified.

II. Current Diagnostic Summary

Describe and explain any changes in diagnoses and functioning of person: _____

III. Team Members Present at Plan Review Meeting (CFT Planning): _____

IV. Date of Next Plan Review (CFT Planning) Meeting: _____

V. Clinical Liaison (responsible for reviewing clinical record)

Clinical Liaison's Name (print) / Signature

Credentials/Position

Date

Behavioral Health Professional Reviewer Name (print) / Signature

Credentials/Position

Date

ADHS-DBHS BEHAVIORAL HEALTH CLIENT COVER SHEET

Name _____ Date of Birth _____ Client CIS ID# _____