

### Progress Notes

Patient Name: [REDACTED]	Episode: 2 (100)
Facility Chart#: [REDACTED]	Note ID: NOT68456-004
Written On: 9/26/2014	Program: [REDACTED] (00)
Admit Date: [REDACTED]	Discharge Date: [REDACTED]
Note Type: No Cost/No Fee	
Service Desc: MH Rehab Service (1543)	Service Date: 9/25/2014
Provider: [REDACTED]	Service Start Time: 02:30 PM
Discipline: Certified Rec Therapist	Duration: 60
Staff County ID: Not Found (Star: 10104-90905)	Location: 14 [REDACTED]
In Locked Facility: No	

**Progress Note:**

Treatment team was held to discuss youth's progress on her treatment and educational goals. This writer offered feedback on youth's program participation and interpersonal interactions with staff and peers. This writer also provided the team with an update on youth's strengths, group rehab participation and areas in need of improvement.  
 Plan: Continue to provide youth with coaching, encouragement, redirection, praises and skills training in order to assist youth in meeting her treatment and educational goals.

Evidence Based Practices: Unknown Evidence-Based Practice / Service Stated

**Note Addresses Which Treatment Plan Problem:**

Problems-> exhibits therapy interfering behaviors that impact therapeutic progress such as avoidance, over-compliance, inappropriate affect, lack of follow through, refusal of sessions, lack of skill-implementation, etc.  
 Goals-> will commit and engage in treatment and reduce therapy interfering behaviors to ensure therapeutic progress.

## Progress Notes

Patient Name	Episode: 2 (100)
Facility Chart#	Note ID: NOT63385007
Written On: 7/17/2014	Program
Admit Date:	Discharge Date
Note Type: Needs Co-Sign - Final - Co-Signed	
Service Desc: Collateral w/out Client (1518)	Service Date: 7/15/2014
Provider:	Service Start Time: 04:30 PM
Discipline:	Duration: 30
Staff County Id: Not Found (Guar: 10104-90905)	Location: 11 (Office)
In-Locked Facility: No	

Progress Note:

Name  
 DOB: 9/17/99  
 Date of Service: 7/15/14  
 Current Meds: Trazadone 200mg one tablet at 8pm; Ziprasidone 20mg in am 60mg at 8pm; Prozac 40mg; wellbutrin XL 150mg  
 TTM: SW, Clinician, Clinical coordinator from cottage, cottage staff + CASA worker and Erin joined meeting.  
 Labs: needing 6mo lipid & glucose labs (Geodon) + EKG to be ordered today  
 Clinician feels s improving overall, chooses not to be involved in parts of the program. Was sleeping during day (& not sleeping at night) until 3days ago. I had told I was going to take her off the Trazodone if she continued to nap during day.  
 is very connected to clinic-ian--working on termination and processing to a new therapist in Sept. will attend Phoenix school in the Fall. No discussion re: discharge. All seem to feel Wellbutrin has been a positive addition as seems more regulated since this was initialized.  
 Cottage asking that makes appt for glasses. (relayed to med assts- appt has been scheduled). CASA continues to visit and support has agreed to meet with dietician, continues to gain weight.  
 45min session

Note Addresses Which Treatment Plan Problem:

Problems-> exhibits quality of life interfering behaviors such as poor interpersonal boundaries/interactions, depression, verbal aggression, AWOL, drug use, lying, defiant behaviors, etc.  
 Goals-> will decrease quality of life interfering behaviors and engage in more effective behaviors to replace these behaviors.

Co-Signed By: \_\_\_\_\_

# Systems of Care Progress Note

Date of Service: 7-17-14

Billing Formula: Minutes of Service: 50 + Documentation Time: 10 + Travel Time: \*          = Total Billable Minutes: 60

\* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

**Service Provided:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Assessment                          | <input type="checkbox"/> Rehabilitation         | <input type="checkbox"/> Collateral                           | <input type="checkbox"/> Targeted Case Management |
| <input checked="" type="checkbox"/> Individual Psychotherapy | <input type="checkbox"/> Group - Rehabilitative | <input type="checkbox"/> Plan Development                     | <input type="checkbox"/> Crisis Intervention      |
| <input type="checkbox"/> Family Psychotherapy                | <input type="checkbox"/> Group - Psychotherapy  | <input type="checkbox"/> Therapeutic Behavioral Service (TBS) | <input type="checkbox"/> Non-Billable Activity    |

**Location of Service:**

- |   |  |                                     |  |  |
|---|--|-------------------------------------|--|--|
| <input type="checkbox"/> Correctional Facility  | <input checked="" type="checkbox"/> Office (In-Person) | <input type="checkbox"/> Phone      | <input type="checkbox"/> Health Care/Primary Care            | <input type="checkbox"/> Age Specific Comm. Center |
| <input type="checkbox"/> Residential Care/Child | <input type="checkbox"/> Client's Job Site             | <input type="checkbox"/> Home       | <input type="checkbox"/> Homeless/Emergency Shelter          | <input type="checkbox"/> Other Comm. Location      |
| <input type="checkbox"/> Residential Care/Adult | <input type="checkbox"/> Non-Traditional Location      | <input type="checkbox"/> School     | <input type="checkbox"/> Faith Based Location                | <input type="checkbox"/> Tele-Health               |
|   | <input type="checkbox"/> Mobile Service Unit           | <input type="checkbox"/> In Patient | <input type="checkbox"/> Field (only use if nothing applies) | <input type="checkbox"/> Unknown/Not Reported      |

Unified Service Plan objective client is working on: **Improving coping skills**

**Narrative:**

*Client's Current Functioning/Progress:*

Client was upbeat when she entered into therapy and reported that her most recent court date was positive. She reported that both the judge and the lawyer were happy about her progress. She stated, "No excuses. I have two feet, a bus pass, and a bike."

*Current Intervention:*

Started a genogram with the client in an effort to look at the prominent themes in her life.

*Client's Response:*

The relationships the client had with her mother, father, grandfather and step-father appeared to be the most impactful. Each relationship, according to the client, was complicated and came with heartache.

*Follow-up and/or Referrals Made:*

Client will be seen next week.

7-18-14

Date Completed:

Print Name:

Client Name:

AVATAR Number:

Placer County Systems of Care  
**Systems of Care Progress Note**

Date of Service: 7-10-14

Billing Formula: Minutes of Service: 50 + Documentation Time: 10 + Travel Time:\* \_\_\_\_\_ = Total Billable Minutes: 60

\* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

**Service Provided:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Assessment                          | <input type="checkbox"/> Rehabilitation         | <input type="checkbox"/> Collateral                           | <input type="checkbox"/> Targeted Case Management |
| <input checked="" type="checkbox"/> Individual Psychotherapy | <input type="checkbox"/> Group - Rehabilitative | <input type="checkbox"/> Plan Development                     | <input type="checkbox"/> Crisis Intervention      |
| <input type="checkbox"/> Family Psychotherapy                | <input type="checkbox"/> Group - Psychotherapy  | <input type="checkbox"/> Therapeutic Behavioral Service (TBS) | <input type="checkbox"/> Non-Billable Activity    |

**Location of Service:**

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> Correctional Facility  | <input checked="" type="checkbox"/> Office (In-Person) | <input type="checkbox"/> Phone                               | <input type="checkbox"/> Health Care/Primary Care   | <input type="checkbox"/> Age Specific Comm. Center |
| <input type="checkbox"/> Residential Care/Child | <input type="checkbox"/> Client's Job Site             | <input type="checkbox"/> Home                                | <input type="checkbox"/> Homeless/Emergency Shelter | <input type="checkbox"/> Other Comm. Location      |
| <input type="checkbox"/> Residential Care/Adult | <input type="checkbox"/> Non-Traditional Location      | <input type="checkbox"/> School                              | <input type="checkbox"/> Faith Based Location       | <input type="checkbox"/> Tele-Health               |
| <input type="checkbox"/> Mobile Service Unit    | <input type="checkbox"/> In Patient                    | <input type="checkbox"/> Field (only use if nothing applies) | <input type="checkbox"/> Unknown/Not Reported       |  |

Unified Service Plan objective client is working on: **Increase self-esteem**

**Narrative:**

*Client's Current Functioning/Progress:*

Client reported that her depression had eased a bit. She also reported that she had graduated from 3x/week outpatient to 2x/week outpatient program.

*Current Intervention:*

Experiences from the client's childhood that contribute to her current depressed state were explored.

*Client's Response:*

The client talked about being referred to as \_\_\_\_\_ the neighborhood and the pride associated with that title. She reported that when she was growing up, despite her mother's addiction and internal family drama, she was the neighborhood mother. The client reported that her mother died when the client was 21 and that was devastating for her and continues to be a source of pain.

*Follow-up and/or Referrals Made:*

Client will be seen next week.

7-10-14

Date Completed:

Print Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

AVATAR Number: \_\_\_\_\_

**Placer County Mental Health  
PROGRESS NOTES**

Date: 7/1/14	Place of Service: [A] Office	Service Type: [3] Case Management Brok	Tx Code: T1017
Start Time:	Travel Time:	Service Time: 20	Doc Time: 9 Total Time: 29
EBP/SS(1):		EBP/SS(2):	EBP/SS(3):
Special Population: (N) No special population services			

T1017 Case Management

WHO WAS PRESENT: Writer

**TX GOALS ADDRESSED:** Client will increase ability to manage feelings of worthlessness from 2x weekly to 7x weekly, as evidenced by attending groups and engaging in social activities with others, within the next 12 months.

**INTERVENTIONS PROVIDED:** Writer prepared documentation to support clt's ongoing treatment with outpatient treatment program. Clt's services through help provide supportive mental health services in addition to providing clt with linkages to outside resources in the community to further support clt's wellness and recovery. Clt's ability to manage his feelings of worthlessness is strengthened by clt engaging in appropriate mental health services through order to help support amelioration of symptoms.

**CULTURAL/SPIRITUAL/LANGUAGE ADDRESSED OR ACCOMODATED:** Services were provided in English.

**STRENGTHS OBSERVED OR NOTED:** Clt is engaged in services.

**FOLLOWUP PLAN:** Clt will continue working with his service coordinator on treatment goals.

**CONFIDENTIAL PATIENT  
INFORMATION**  
See governing rules and  
regulations

**Client Name:**

**Client ID #:**

Placer County Mental Health  
PROGRESS NOTES

Date: 7/25/14	Place of Service: [H] Home- Private Residence	Service Type: [1] Mental Health Services	Tx Code: H2017
Start Time:	Travel Time: 45	Service Time: 30	Doc Time: 10
EBP/SS(1):		EBP/SS(2):	EBP/SS(3):
Special Population: (N) No special population services			

REHAB H2017

**MENTAL STATUS EXAM:** Level of Consciousness: Alert. Orientation: x4. Appearance: casual dressed and hygiene appropriate. Motor Activity: restless. Speech: Clear and coherent. Attitude: Friendly and cooperative. Mood: depressed. Affect: flat. Thought Process: Linear, but not well organized. Psychotic thought content: reports auditory hallucinations have reduced and no longer has visual hallucinations, paranoid delusions at times. Thought Content: Client denies any suicidal or homicidal thoughts. Vegetative: reports sleeping to much, no reduced appetite. Judgment: Appropriate.

**TREATMENT GOALS ADDRESSED:** Client's symptoms of schizoaffective disorder, bipolar type as manifested by auditory hallucinations, depressed mood, poor judgment, trouble sleeping, feelings of worthlessness, and trouble concentrating are impairing his ability to develop and maintain relationships. Client will increase his ability to manage feelings of worthlessness from 2 times a week to 7 times a week as evidenced by attending groups and engaging in social activities with others within the next 12 months.

**Interventions Provided/ Response:** This writer met with client at his home today. Client reported that he was very tired today due to medications. Client reported that he decided to not attend fair due to wanting to go visit with his sister. Client reported that he continues to use Marijuana but only a few times a week. Client reported that his mental health symptoms continue to be diminishing but become worst a few days after he has smoked marijuana.

**Cultural/ Spiritual/ Language Addressed or Accommodated:** services provided in English.

**Strengths Observed or Noted:** client appears to be in good spirits and motivated to make some changes.

**Follow Up/Plan:** This writer to continue to support client in his recovery and mental health goals. Writer to make contact with client within next week.

<b>CONFIDENTIAL PATIENT INFORMATION</b> See governing rules and regulations	Client Name: _____
	Client ID #: _____

**Placer County Mental Health  
PROGRESS NOTES**

Date: 7/7/14	Place of Service: [P] Phone	Service Type: [1] Mental Health Services	Tx Code: H2017
Start Time:	Travel Time:	Service Time: 20	Doc Time: 5
EBP/SS(1):		EBP/SS(2):	EBP/SS(3):
Total Time: 25			
Special Population: (N) No special population services			

REHAB H2017

**MENTAL STATUS EXAM:** Level of Consciousness: Alert. Orientation: x4. Appearance: n/a. Motor Activity: n/a. Speech: Clear and coherent. Attitude: Friendly and cooperative. Mood: Euthymic. Affect: Flat. Thought Process: Linear, but not well organized. Psychotic thought content: reports no hallucinations. But paranoid delusions at times. Thought Content: Client denies any suicidal or homicidal thoughts. Vegetative: Neither insomnia nor reduced appetite. Judgment: Appropriate.

**TREATMENT GOALS ADDRESSED:** Client's symptoms of schizoaffective disorder, bipolar type as manifested by auditory hallucinations, depressed mood, poor judgment, trouble sleeping, feelings of worthlessness, and trouble concentrating are impairing his ability to develop and maintain relationships. Client will increase his ability to manage feelings of worthlessness from 2 times a week to 7 times a week as evidenced by attending groups and engaging in social activities with others within the next 12 months.

**Interventions Provided/ Response:** This writer called client in attempt to make contact. This writer asked client about his missed appointment with psychiatrist and this writer picking him up. Client stated that he did not have the phone and that he left home to hang out with friends. This writer reminded client of the importance of keeping his appointments and encouraged client to be available at next appointment on 07/15/14 at 2:00pm. This writer encouraged client to attend to his appointment with department of rehabilitation next Monday. Client reported that he was feeling better and that he was advised by lawyer to not attend Job Corps for it may interfere with his claim.

**Cultural/ Spiritual/ Language Addressed or Accommodated:** services provided in English.

**Strengths Observed or Noted:** client appears to be in good spirits and motivated to make some changes.

**Follow Up/Plan:** This writer to continue to support client in his recovery and mental health goals. This writer to assist client to his psychiatrist appointment next week.

**CONFIDENTIAL PATIENT  
INFORMATION**  
See governing rules and  
regulations

Client Name:

Client ID #:

Placer County Systems of Care  
Systems of Care Progress Note

Date of Service: 7/11/2014

Billing Formula: Minutes of Service: 25 + Documentation Time: 9 + Travel Time: 0 = Total Minutes: 34

Service Provided: 90887 - Collateral Services

Location of Service: P - Phone

Unified Service Plan objective client is working on:

Narrative:

Client's Current Functioning/Progress:

Client is in the generalization phase of FFT. She is in reunification with her parents and living with her grandparents. She has been in individual therapy for about a month.

Current Intervention:

Collaborated with individual therapist regarding client and coordination of care. FFT therapist identified goals, family dynamics, and progress in FFT. Individual therapist discussed progress and challenges with client and gathered information to continue treatment with client and focus on areas that could benefit client. FFT therapist provided information on plan with FFT to close and the transition process.

Client's Response:

N/A

Follow-up and/or Referrals Made:

Case to be closed:

\_\_\_\_\_  
Signature(include licensure or job title)

7/14/2014  
Date Completed

Client Name:

Avatar Number:



Date of Service: 8/1/2014

Billing Formula: Minnesota Service 4.0 Documentation Time: 9.0 Initial Time: 0.0 for Minnesota 4.0

Service Provided: H0032 - MH Services Plan Development by Nn-Phys

Location of Service: A - Office

Interpreter?: NO

Unified Service Plan objective client is working on:

Narrative:

**Client's Current Functioning/Progress:**

Client has completed FFT and case to be closed.

**Current Intervention:**

Clinician completed the closing paperwork for client case. A discharge summary, outcome screening, Child and Adolescent Needs and Strengths Inventory, diagnostic review and supporting documentation was completed. Paperwork will be forward to supervisor for review and case will be closed.

**Client's Response:**

N/A

**Follow-up and/or Referrals Made:**

Case to be closed.

Electronically Signed by :

Client Name: C

8/1/2014

Date Completed

Avatar Number