

Client: Jane D. Client		Case #: 000000000		Program: A Clinic Somewhere	
Date of Service: 5/16/14		Unit: 9900		SubUnit: 9901	
Server ID: 000		Service Time: :60		Documentation Time: :19	
Person Contacted: B		Place: H		Appointment Type: A	
Focus of session Diagnosis: 3140.01, 309.81		Service: KTA ICC 82			
Collateral Server ID:		Service Time:		Documentation Time:	
Type of ICC: (specify if <u>CFT Meeting</u> or <u>Care Coordination Activity</u> specifying if a TDM, IEP, Wrap meeting, type of case management or collateral activity) Child and Family Team Meeting					
Participants: (for CFT Meetings list all participants and role) Clinician, CWS Worker, Foster Mo, Bio Mo, client, client's three foster brothers					
Intervention: (what was done as related to Engagement, Assessment/Evaluation, Plan Development/Revision, Referral/Follow up Activities, Transition) Clinician provided each team member with a Pathways to Well-Being Child and Family Teaming Standards document, briefly reviewed the standards, and discussed with team the purpose of the meeting. Clinician facilitated the creation of group agreements and an agenda for the meeting as a means of supporting the client and family. Clinician then facilitated a discussion about client's strengths, which included modeling praise towards client for Bio Mo. Clinician reminded team of agreements throughout the meeting, validated the feelings of client, Foster Mo, and Bio Mo, and encouraged all team members to listen and wait their turn to speak, in order to adhere to the group process and support Client in having a voice in the process. Clinician reviewed with the family their strengths, needs, and goals, including a recent shared family experience where client and Bio Mo had a successful visit with one another.					
Response/Observed Behavior(s): (what are the high risk behaviors that meet medical necessity; response to intervention; how did behaviors/mood change) Client, Bio Mo, and Foster Mo were receptive to meeting and engaged in services AEB participating actively in creation of the agreements, discussion around strengths, and assessment of services. Client and foster sibling struggled with taking turns talking and arguing with one another, but were able to redirect with prompting from clinician and encouragement from Bio Mo and Foster Mo to use appropriate coping strategies while waiting for their turns to speak. CWS Worker, Bio Mo, Foster Mo, and this writer all contributed to identifying client strengths, which included: caring, assertive, expressive, funny, strong academically, and willingness to do what it takes to get back home to Bio Mo. Team members shared in discussing client's recent progress in managing feelings of anger more appropriately and client was able to discuss coping tools, such as journaling and running laps, that are working successfully. Team reflected on recent anger outbursts that occurred at school and ways that client could "cool off" when escalating. Bio Mo and client shared recent successful visit and mother identified her consistency in visitation as being an important element in client's progress. CFT member discussed client's interests (art and softball) and how she is using these as tools to assist in appropriate management of feelings. Bio Mo asserted that she would like to work more closely with Foster Mo around disciplinary needs of client, including that she often feels "out of the loop" when client is struggling in school. Team discussed ways to help Bio Mo feel more involved in client's school process, including holding the next Child and Family Team meeting at the school.					

County of San Diego
Health and Human Services Agency
Mental Health Services

INDIVIDUAL PROGRESS NOTE/ICC NOTE
HHSA:MHS-925

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Progress toward Plan Goals/Objectives: (includes permanency & safety goals, transition plan) Foster Mo reports that client continues to be argumentative with her and foster siblings, but that overall conflict in the home has decreased as client has increasingly integrated more coping tools. Client is able to identify coping tools that are working and acknowledged use of coping skills when visiting with Bio Mo the week prior. Client has reduced overall number of outburst to 3/week. Bio mo is continuing to attend group therapy as a part of her CWS case plan in order to work towards reunification and transition of minor back into the home.

Plan: Child and Family Team would like to increase positive interactions on a weekly basis between Bio Mo and client, through visitation and outings. Bio Mo agreed to work with client to identify ways to “have fun together” when they are visiting. Team agreed that since client’s outbursts typically occur in the school environment, to invite client’s favorite teacher, Mr. Jones, to next Child and Family Team meeting. Next therapy session is scheduled for next week. Bio Mo will continue to attend group therapy and parenting classes for additional support. Fo Mo and client will communicate on a weekly basis, either in person or over the phone, with Bio Mo regarding client’s progress and challenges in school. CWS Worker will follow up with client’s school regarding inviting client’s teacher and scheduling next CFT Meeting at school in 2 weeks.

Additional Information: (when applicable) n/a

Traveled To: (when applicable) Clinician traveled from the Clairemont Mesa therapy office to client’s foster home in North Park for the Child and Family Team Meeting

COMPLETE THESE ADDITIONAL FIELDS WHEN USED AS CFT MEETING NOTE

Child Family Team meeting must occur at a minimum every 90 days and be captured in Anasazi for all program types

Care Coordinator: (name of the primary staff that serves as the official CC, include the affiliation/program) Sally A. Therapist, A Clinic Somewhere, Clinician

CFT Meeting Note offered to Youth, Caregiver and PSW on: 5/16/14

Date of Initial Treatment Session for current treatment episode: 2/10/14

Total number of attended tx session(s): 5 **Total number of missed tx session(s):** 0

Dates of missed session(s): n/a

Reason for missed session(s): n/a

Session: a treatment service that is identified as an included service for UM purposes (excludes ICC and IHBS services)

Signature/Credential

Date

Sally A Clinician, MFT, 000

Printed Name/Credential/Server ID#

Co-Signature/Credential

Date

Printed Name/Credential/Server ID#

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