

Client: Jane D. Client	Case #: 200000001	Program: A Clinic Somewhere	
Date of Service: 02/13/17	Unit: 9900	SubUnit: 9901	
Server ID: 619	Service Time: 0:57	Travel Time: 0:39	Documentation Time: 0:19
Provided To: O	Place: H	Outside Facility:	Contact Type: F Appointment Type: 1
Billing Type (Language Service Provided In): 1	Intensity Type (Interpreter Utilized): N		EBP (Homework/CFT): 92
Focus of session Diagnosis ICD-10 Code(s): F41.9		Service: ICC 82	
Collateral Server ID:	Service Time:	Travel Time:	Documentation Time:
<b>Type of ICC:</b> (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) <u>Child and Family Team Meeting</u>			
<b>Participants:</b> (for CFT Meetings list all participants and role) Clinician, CWS Worker, Foster Mo, Bio Mo, Client, Client's three foster brothers.			
<b>Intervention:</b> (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. Discussed current supports and services client has as well as concerns. Ideas were discussed and an action plan was created to address concerns of the CFT. Clinician reminded team of agreements throughout the meeting and validated the feelings of client, Foster Mo, and Bio Mo in order to facilitate the group process and support Client in having a voice in the process.			
<b>Response/Observed Behavior(s):</b> (what are the high risk behaviors that meet medical necessity; response to intervention; how did behaviors/mood change) Client, Bio Mo, Foster Mo and foster brothers were receptive to the meeting and engaged in services AEB participating actively in the 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 they were able to be redirected 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 PSW, Bio Mo, Foster Mo, and this writer all contributed to identifying client strengths, which included: caring, assertive, expressive, funny, and strong academically and motivated to accomplish goals. Bio Mo shared about a recent positive visit between her and client, this was identified as a strength as client was able to use coping skills to maintain behavior during the visit. Team members shared client's recent progress in managing anger and anxiety appropriately and client was able to discuss coping tools, such as journaling, listening to music and coloring, which are working successfully. The team praised client on being able to use coping strategies to manage his anxiety and anger in stressful situations. Client was able to identify his mother and foster mother as current people he found helpful and supportive. Concerns discussed were: client's outburst at school, foster sibling conflict, and consistency of visits affecting client's behavior. Team reflected on recent anger outbursts that occurred at school and ways that client could "cool off" when escalating. Bio Mo identified her consistency with visits as being an important element in client's progress and wellbeing. Bio Mo is concerned that she often feels "out of the loop" when client is struggling in school. Bio Mo also expressed that she would like to work more closely with Foster Mo around behavior management needs of client. Team validated these concerns and made plan to address them.			
<b>Progress toward Plan Goals/Objectives:</b> (includes safety, permanency, well-being, and 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 integrated more coping tools. Client has been able to maintain safe behaviors in her foster home, reducing outbursts from severe intensity 5x/week to a mild intensity 3x/week. Client is able to identify coping tools that are working and acknowledged use of coping skills when visiting with Bio Mo the week prior.			
<b>Plan:</b> Bio Mo agreed to work with client to identify ways to "have fun together" during their visits to assist in decreasing anxiety. Bio Mo agreed to discuss client's current coping skills with this writer and Foster Mo and implement those strategies during visits. Foster Mo and Bio Mo agreed to communicate on a weekly basis, either in person or over the phone, regarding client's progress and challenges in school. Since client's outbursts occur in the school environment, the team agreed to invite client's favorite teacher, Mr. Jones, to the next Child and Family Team meeting. Care Coordinator will follow up with client's school regarding inviting client's teacher for the next CFT meeting. Client will continue to meet with this clinician for individual session 1 time per week and schedule the next CFT Meeting, preferably at school.			
<b>Additional Information:</b> (when applicable) N/A			

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

INDIVIDUAL PROGRESS NOTE/ICC NOTE  
HHS:MHS-925 Rev. 08/01/17

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**Traveled To:** (when applicable) Clinician traveled round trip from the Claremont Mesa therapy office to client's foster home in North Park for the CFT Meeting.

**COMPLETE THESE ADDITIONAL FIELDS WHEN USED AS CFT MEETING NOTE**

Child Family Team meeting must occur within first 30 days of determining eligibility and at a minimum every 90 days and be captured in CCBH 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 Progress Summary and Action Plan Offered to youth, caregiver and PSW on:** 02/13/17

**CFT Meeting Note Offered to Youth, Caregiver, and PSW on:** 02/13/17

**Date of Initial Treatment Session** for current treatment episode: 01/20/2017

**Total number of attended tx session(s):** 3 **Total number of missed tx session(s):** 0

**Dates of missed session(s):** N/A

**Reason for missed session(s):** N/A

\_\_\_\_\_  
Signature/Credential

\_\_\_\_\_  
Date

Sally A. Therapist/IMF/619

\_\_\_\_\_  
Printed Name/Credential/Server ID#

\_\_\_\_\_  
Co-Signature/Credential

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Credential/Server ID#

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