

Comprehensive Individual Treatment/Recovery Plan

Revised 1/6/11

PLAN START DATE: 12/25/10

PLAN END DATE: 6/25/11 Page 1 of

Client Name: Mr. Quentin Blake

MPI/Client#: 99501

Program Assignment: CSP Team

Reason(s) for Recovery Plan completion:

Initial Plan

90 day review and Update

Goal/Objective attainment or change

Comments on above if necessary:

Goal #1: (Long Term, in person's own words): "I want control of my money back" Staff elaboration (if necessary):	
Client Strengths & Supports, including Natural Community Supports: Mr. Blake recognizes need for skill development; basic math skills are intact; family is willing to assist	Barriers/ skills development needed, i.e., what specific /needs from assessment(s) will be addressed to achieve this goal Mr. Blake would benefit from skills training around budgeting in order to move toward his goal of managing his own money. Cognitive symptoms have also interfered with budgeting tasks in the past.
Goal 1 Obj. a	Objectives: (a, b, c, etc.) Using action words, describe the specific changes expected in measurable and behavioral terms, and include target date. Consider stage of change/readiness in developing objective and setting target date. a. Mr. Blake will successfully budget a weekly (rather than daily) personal allowance over the next 6 months (March, 2011) as evidenced by report of Residential Counselor

Interventions/Action Steps	Responsible Person, with credentials if applicable	Type of service/ Program TCM/CSP/ RP/ Med Man/ Nat Support	Frequency: How Often	Est. # of Minutes for each Intervention	Duration/ For How long
Include detailed descriptions of rehabilitation interventions to be provided: 1:1 prompting, cuing, coaching, demonstrating, step by step written and/or verbal directions, visual and verbal directions.					
1:1 skill-building group in order to coach personal budgeting skills including developing a specific spending budget, and to provide support as Mr. Blake assumes greater control of his money.	Mary Tomason, BA	CSP	2x/wk	60	6 mos
Medication evaluation and monitoring for purpose of decreasing symptoms and maximizing cognitive functioning, including his ability to manage his own funds and attend to bills	Anthony Sells, MD	Clinical	2x/mo	30	3 mos.
Coaching and verbal direction in completing a Wellness Recovery Action Plan in order to identify simple, safe, effective strategies for keeping himself well	Sam Narrato, Certified Peer Specialist	CSP	1x/wk	30	3 mos.
Within 2 weeks, Ronnie P., Mr. Blake's cousin, will help him outline and bring in records of his expenses in order to assist Mr. Blake and Benefits Coordinator in creating a modified budget.	Ronnie P.	Natural support	One time task	N/A	N/A

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PLAN END DATE: 6/25/11 Page 1 of

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Goal #2: (Long Term, in person's own words): "I want to manage my meds on my own. I don't want the nurse coming in the morning anymore." Clinician elaboration (if necessary):	
Client Strengths & Supports including Natural Community Supports: Strong family support; increasing recognition that the meds help with "nerves" and feeling uncomfortable around other people; consistent use of medications in past 10 months when delivered by staff nurse and prompted; desire to learn and be more independent with med self-administration	Barriers/ skills development needed, i.e., what specific /needs from assessment(s) will be addressed to achieve this goal Cognitive symptoms lead to forgetfulness in taking meds; can become disorganized and have difficulty accurately identifying pills and correct dosages; concerns re: side effect of fatigue may contribute to inconsistent use of medications; baseline med administration skills has led to twice daily visits from the visiting nurse which Mr. Blake would like to reduce. Mr. Blake would benefit from skills training around reminder techniques for taking medications.
Goal 2 Obj. a	Objectives: (a, b, c, etc.) Using action words, describe the specific changes expected in measurable and behavioral terms, and include target date. Consider stage of change/readiness in developing objective and setting target date. a. Within 90 days, Mr. Blake will demonstrate ability to accurately self-administer his morning dose of psychiatric medication for 5 consecutive days as evidenced by nursing services report.

Interventions/Action Steps Include detailed descriptions of rehabilitation interventions to be provided: 1:1 prompting, cuing, coaching, demonstrating, step by step written and/or verbal directions, visual and verbal directions.	Responsible Person, with credentials if applicable	Type of service/ Program TCM/CSP/RP/ Med Man/ Nat Support	Frequency: How Often	Est. # of Minutes for each Intervention	Duration/ For How long
Medication education to teach Mr. Blake to identify dosages/pills, and to develop strategies with Mr. Blake for reminders re: medication administration.	Rashida Waters, BA, CSP Rehabilitation Counselor	CSP	1x/wk	30	3 mos.
1:1 prompting and demonstration on self-administration of medication in order to assist Mr. Blake and the visiting nurse with identifying barriers and developing compensatory strategies for med self-administration.	Connie Clayton, LCSW	CSP	1x/wk	30	3 mos.
Coordination with visiting nursing staff to ensure continued visiting nurse visits and to collaborate around supporting Mr. Blake pursuing med self-administration.	Connie Clayton, LCSW	TCM	1x/month	30	3 mos.
Mr. Jansen, his friend who owns the thrift-shop has agreed to help Mr. Blake purchase a pill box within one week so he can use this to better organize his daily meds and dosages with the visiting nurse	Mr. Jansen	Natural support	One time task	N/A	N/A
Ronnie P., Mr. Blake's Cousin, will text him every morning from work to remind him to take his meds.	Ronnie P.	Natural support	Daily	N/A	3 mos.

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PLAN START DATE: 12/25/10

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Program Assignment: CSP Team

<p>Goal #3: (Long Term, in person's own words): "I don't want to be alone anymore. I want to have friends and family in my life." Clinician elaboration (if necessary):</p>	
<p>Client Strengths & Supports or Natural Community Supports: Long history of a successful and close relationship with his cousin and positive connection to a local thrift-shop owner; after years of social isolation, Mr. Blake is expressing interest in reconnecting with his mother, making friends in his apartment building, and trying new activities</p>	<p>Barriers/ skills development needed, i.e., what specific /needs from assessment(s) will be addressed to achieve this goal Mr. Blake feels very uncomfortable around others and often believes people are out to harm him in some way; has relied on calls to police in past when feeling unsafe; behaves in a manner that others perceive as "odd" and defensive; conflict with his mother over their differing views of his mental illness and the death of his son; social isolation - baseline social functioning typically prevents Mr. Blake from leaving the house for regular social activities. He would benefit from education around symptom coping skills, social skills particularly around family interactions, and ways to schedule and carry out leisure activities, as well as <i>in vivo</i> support around socialization.</p>
<p>Goal 3 Obj. a</p>	<p>Objectives: (a, b, c, etc.) Using action words, describe the specific changes expected in measurable and behavioral terms, and include target date. Consider stage of change/readiness in developing objective and setting target date.</p> <p>a.) Mr. Blake will participate in a minimum of two social activities per week outside his home each week for the next 3 months as evidenced by report of Residential Counselor</p>

Interventions/Action Steps	Responsible Person, with credentials if applicable	Type of service/ Program TCM/CSP/RP/ Med Man/ Nat Support	Frequency: How Often	Est. # of Minutes for each Intervention	Duration/ For How long
Include detailed descriptions of rehabilitation interventions to be provided: 1:1 prompting, cuing, coaching, demonstrating, step by step written and/or verbal directions, visual and verbal directions.					
Jerry Angelica, Rehab Coordinator, to provide social skills group in order to assist Mr. Blake in becoming more comfortable in social situations, and to teach coping strategies to use in social situations.	Jerry Angelica, BA, Rehab Coordinator	CSP	2x/wk	60	3 mos.
Community Connections group for the next 3 months in order to help Mr. Blake identify/ access social and recreational outings which fit with his preferred interests and allow him opportunities to practice social skills in-vivo with support.	Ed Manning, Community Integration Coordinator	CSP	2x/mo	60	3 mos.
Family sessions with Mr. Blake and his mother, in order to assist them in rebuilding their relationship and in exploring ways Mrs. Blake can support her son in a manner that facilitates his recovery and increases community activity.	Sally Rodriguez, MA, Clinical Coordinator	Clinical	2x/mo	60	6 mos.
Ronnie P. Mr. Blake's cousin, has agreed to accompany him to the monthly pot-luck dinners in his housing complex so he can have an opportunity to meet new people and practice coping and social skills	Ronnie P.	Natural support	1x/mo	N/A	6 mos.

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Discharge Criteria: Describe changes in current needs/circumstances that will need to occur in order for person to succeed in lower level of care.

Mr. Blake is currently served in CSP level of care in order to provide him intensive skill development supports which will enable him to succeed in his own apartment. Transition to Recovery Pathways (w/ clinic med management) will occur when Mr. Blake is able to live in his apartment successfully for 6 months with reduced supports from CSP team and no major clinical issues, i.e., involuntary hospitalization.

Diagnoses:

Axis	Dx Code	Diagnosis
I	295.4	Schizophrenia, Paranoid Type

Axis IV:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Primary Support Group | <input type="checkbox"/> Housing | <input type="checkbox"/> Occupational |
| <input type="checkbox"/> Social Environment | <input checked="" type="checkbox"/> Economic | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Health Care Services | <input type="checkbox"/> Other: |

Axis V: Current mGAF _____ **Highest mGAF in the past 12 months** _____

This check mark signifies that all diagnoses have been evaluated for accuracy and necessary changes are reflected in this document.

Client Signature:	Date:	Client provided copy of TX Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Provider Signature:	Date:	Supervisor Signature/Credentials: Date: