

MENTAL HEALTH SCREENING FORM

I. IDENTIFYING DATA Screen Urgency Urgent Tracking # 634578
QMHP/LMHP Sylvia Stevens, MA, LMLP Location of Interview Stellar Hospital ER Room 8
 Screen Date 6/27/2011 Screen Start Time 21:00 AM/PM AM Screen Decision Time 23:45 AM/PM AM
 Screening **CMHC/LMHP** General Mental Health Center

Courtesy Screen No Yes **CMHC** Staff _____ Date/Time _____

Inpatient Rescreen Date _____ QMHP _____

<u>Jackson</u>	<u>Jillian</u>	<u>C</u>
Name: Last	First	MI
Pre-Marital Name _____ Also Known As (AKA) _____		
Street Address <u>1044 NW 33rd</u>		
City, State, Zip <u>Kansas Town, KS 12345</u>		
Phone <u>913-777-5555</u>		
County of Residence <u>Shawnee</u>		
County of Responsibility <u>Shawnee</u>		
SSN <u>111-222-3333</u>		
DOB <u>3/12/1979</u> Age <u>32</u> Gender <u>F</u>		
Current outpatient treatment order: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UK		

Referred by <u>Stellar Hospital – Steve Weaver, Nurse</u>
Consumer Status
<input type="checkbox"/> Current CMHC Consumer <input type="checkbox"/> Former CMHC Consumer
<input type="checkbox"/> Other CMHC Consumer <input checked="" type="checkbox"/> Never a CMHC Consumer
<input type="checkbox"/> Private Provider _____
Screening Informants
<input type="checkbox"/> Family _____
<input type="checkbox"/> CMHC/Private Provider _____
<input checked="" type="checkbox"/> Hospital Staff <u>Dr. Severon – treating physician, Steve Weaver, Nurse</u>
<input type="checkbox"/> JJA/Contractor _____
<input type="checkbox"/> LEO/Other Agency _____
<input type="checkbox"/> Other _____
Child Custody Status
<input type="checkbox"/> Parental <input type="checkbox"/> DCF _____
<input type="checkbox"/> JJA <input type="checkbox"/> Contractor _____
Type of Screening Completed
<input type="checkbox"/> State Hospital
<input checked="" type="checkbox"/> Medicaid Inpatient Psychiatric
<input type="checkbox"/> State Hospital Alternative <input type="checkbox"/> Prairie Ridge STAR <input type="checkbox"/> Wheatland
<input type="checkbox"/> PRTF <input type="checkbox"/> Emergency Exception <input type="checkbox"/> Initial <input type="checkbox"/> Extension

II. PSYCHOSOCIAL ASSESSMENT: Guardian Yes No Name/Address/Phone #: _____

This individual has others involved in helpful way (circle): Parent, Family, Friends, Case Worker, Neighbor, Landlord, Other Name/Address/Phone #: Samantha Wilder, 419 Wild Street, Kansas Town, KS 12345 – 913-666-7777

Name/Address/Phone #: Phil Melverne – Pastor – Grace Baptist Church, 59942 Main, Here, KS 12346 – 913-444-5555

This Individual: Has adequate support systems Has limited support systems Has no support systems
 Stable living environment Unstable Living Environment Homeless Currently Incarcerated

Receiving MR/DD services – Agency/Case Worker Name/Phone #: _____

Armed Forces: Veteran Active Inactive None Period(s) of Service: _____

Additional Information/Clarification regarding psychosocial supports, conflicts, stressors concerns, housing etc. Ct currently resides alone, is active in her church and has support from her pastor and peer parishioners. Ct was working full time but has been on medical leave since death of fiancé, appears to have active Medicaid.

FINANCIAL RESOURCES: Employed Unemployed Disabled Student Other: Medical Leave

Third Party Payer(s) Medicaid ID# 0000102050305 Pending Medicaid Medicare ID # _____

Other ID#/Group #/Responsible Party _____ VA Benefits Yes No

III. PRESENTING PROBLEM(S)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Current Danger | <input type="checkbox"/> Potential Danger to SELF | <input type="checkbox"/> Self Care Failure | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Current Danger | <input checked="" type="checkbox"/> Potential Danger to OTHERS | <input type="checkbox"/> Psychotic Symptoms | <input type="checkbox"/> Conduct/Behavior |
| <input type="checkbox"/> Current Danger | <input type="checkbox"/> Potential Danger to PROPERTY | <input type="checkbox"/> Mood Disorder | <input checked="" type="checkbox"/> Other |

The Ct was referred for a screening by General Hospital ER where she was taken this evening by ambulance after calling 911 for chest pains. Reportedly the Ct refused to leave the hospital after examination, though tests did not indicate medical need for admission. Ct reportedly became emotional and crawled under the examination table, then kicked staff who approached her. The Ct reported she has been experiencing severe anxiety, cold sweats, and heart palpitations on a nightly basis. Her pastor had reported she has been sad (recent losses) and anxious since her home was burglarized.

Consumer Statement of Concern(s) (In his/her own words): “Everyone around me is dying, and I have chest pain and can hardly breathe. I’m afraid I’m going to die next.”

IV. RISK FACTORS

Name Jillian Jackson

Current Danger to Self: None Ideation Plan Threat Intent with Means Intent w/o Means
 Self Care Failure Gesture/Attempt Risk aggravated by substance use At Risk

Explain (Include dates, means, rescue) When asked, the Ct denied current thoughts of harming herself.

History of Danger to Self: None Ideation Plan Threat Intent with Means Intent w/o Means
 Self Care Failure Gesture/Attempt Risk aggravated by substance use

Explain (Include dates, means, rescue) When asked the Ct reported no previous history of feeling suicidal.

History of family members or significant acquaintances that attempted or completed suicide Yes No Unknown

Explain When asked the Ct reported no history of suicide attempts by family members or significant acquaintances.

Current Danger to Others: None Ideation Plan Threat Intent with Means Intent w/o Means
 Gesture/Attempt Risk aggravated by substance use At Risk

Explain (Include dates, means) When asked the Ct denied current thoughts of harming others. However, prior to the screen, the Ct attempted to kick hospital staff that approached her when she crawled under the examination table and refused to leave the ER.

History of Danger to Others: None Ideation Plan Threat Intent with Means Intent w/o Means
 Gesture/Attempt Risk aggravated by substance use Physical Aggression

Explain (Include dates, means) When asked the Ct denied any history of harming others.

Current Destruction of Property: YES NO UNK **History of Destruction of Property:** YES NO UNK

Explain When asked the Ct denied current property destruction. She did indicate she had broken a glass once by throwing it when angry (approx 8-10 yrs ago).

Current Abuse: YES NO UNK **TYPES:** Physical Sexual Emotional Neglect History Reported
If yes, individual is: Victim Perpetrator Both Neither, but abuse reported in environment

Explain When asked the Ct denied current and history of abusive circumstances.

SUBSTANCE USE/ADDICTIONS: Indication of Current/History of Substance Use Yes No Unknown

Drug/Type	Amount	Frequency	Last Use/Dose
Drug of choice:			
Secondary:			
Tertiary:			

**WHEN APPROPRIATE- Recommend medical consultation/evaluation to determine medical stability for transfer.*

Positive Lab Screen for the following: _____ **BAC/BAL** _____ Not Available

History of Withdrawal Symptoms/Complications with Detox? Seizures DT's (Delirium Tremens)

Explain (Identify withdrawal symptoms, medical intervention etc): When asked the Ct denied substance use/abuse history.

*** GAMBLING ADDICTION:** Past Current Unk N/A **INTERNET ADDICTION:** Past Current Unk N/A

Substance Treatment History:

Type of Treatment	Agency	Month/Year

Additional information/clarification of Substance/Addiction Concerns (Including collateral concerns, interaction of substances with mental health symptoms, etc): Ct reported no history of any substance use or addiction concerns. Her pastor reported she is "not the type. However, she began taking Benedryl (25 mg) nightly starting a week ago at the advice of a friend to help her relax to fall asleep.

MEDICAL: None by Client Report Self/Family Report Physician/Nurse Report Medical Records

Current Medical Conditions/Concerns (Check those that apply):

- Unknown Diabetes-Insulin Yes No Kidney Disease/UTI
- Pregnant Wks: _____ History of Dementia Diagnosis History of Traumatic Brain Injury
- Seizure Disorder Other: _____

NKDA Drug/Food Allergies: _____

List Current Medications: Specify Name & Dosage (Include Psychiatric & Non-Psychiatric Medications)

Taking as Directed: (Y) Yes (N) No (U) Unknown	Y	N	U	Y	N	U
Benedryl 25 mg HS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psychiatric Provider/Location: N/A

Primary Care Physician/Location: Dr. Cook – Good Health Family Practice – Last physical 5/27/2007

Comments regarding reported medical issues (i.e. Medication Compliance, Current Medical Treatment, etc): The Ct reported she has difficulty relaxing or falling asleep. Ct reported fearing sleep because she wakes up with a racing heart and “panicky” feeling, sweating and gasping for breath. Ct reported taking Benedryl nightly for approx. one week to help relax and fall asleep. Ct reported she dislikes taking medication because her father told her “only drug addicts and sissies chug pills.”

***Special Medical Considerations:** N/A Self/Family Report Physician/Nurse Report Medical Records Unknown

“Do you need or use any of the following medical equipment or treatment?”

- Oxygen Equipment Ventilator Wound care
- Foley or Catheters, Dialysis Insulin pump Surgery/Post-operative care
- Intravenous ports or permanent venous access Current cancer treatment
- IV medications, care or services

“Do you require assistance with any of the following?”

- Getting out of bed Toileting Feeding Moving Using wheelchair

Comments/other: When asked the Ct denied the need for medical equipment or specialized treatment. Ct also denied need for medical assistance with daily living needs.

V. TREATMENT/PLACEMENT INFORMATION

Currently in treatment: Yes No Unknown Therapist/Case Manager: _____

Agency/Provider/Service(s): Ct reported she is not currently receiving any outpatient mental health services. She reported once seeing a therapist in high school for anxiety.

Service Progress/Failure: N/A

Previously Hospitalized: Yes No Unknown Multiple Hospitalizations: Yes No Unknown

Last Psychiatric Hospitalization: _____ Date Admitted _____ Date Dismissed _____ AMA

Other Psychiatric Hospitalizations: _____

PRTF Treatment History (Include Dates if Known): _____

Legal History:

Current/History of Legal Contacts/Problems: Yes No Unknown Charges Pending: Yes No Unknown

- Probation Parole Incarcerations/Detention
- CINC JO Foster Care YRC Other _____ Not Applicable

Explain: Ct denied any history of legal problems when asked.

Education Status: Name of School N/A Highest Grade Completed _____

Regular Education Special Education - Category (if known): _____

VI. CLINICAL IMPRESSIONS (where two choices are offered, circle appropriate choice)**General Appearance**

- Appropriate hygiene/dress
 Poor personal hygiene
 Overweight Underweight
 Eccentric Seductive

Sensory/Physical Limitations

- No limitations noted
 Hearing Visual
 Physical Speech

Mood

- Calm Euthymic
 Cheerful Anxious
 Depressed Fearful
 Suspicious Labile
 Pessimistic Irritable
 Euphoric Hostile
 Guilty Apathetic
 Dramatized Hopelessness
 Elevated mood
 Marked mood shifts

Affect

- Primarily appropriate
 Primarily inappropriate
 Congruent Incongruent
 Constricted Tearful
 Blunted Flat
 Detached

Speech

- Unable to assess*
 Logical/Coherent Loud
 Delayed responses Tangential
 Rambling Slurred
 Rapid/Pressured
 Incoherent/loose associations
 Soft Mumbled/Inaudible

Thought Content/Perceptions

- Unable to assess* Delusions
 No disorder noted Grandiose
 Paranoid Racing
 Circumstantial Obsessive
 Disorganized Flight of ideas
 Bizarre Blocking
 Ruminations/Intrusive Thoughts
 Auditory Hallucinations
 Visual Hallucinations
 Other hallucinatory activity
 Ideas of reference
 Illusions/Perceptual Distortions
 Depersonalization/Derealization

Memory

- Unable to assess-*
 No impairment noted
 Impaired Immediate
 Impaired remote
 Impaired recent

Insight (Age Appropriate)

- Unable to assess-*
 Good Fair
 Poor Lacking

Orientation

- Unable to assess* Oriented x 4
 Impaired time Impaired situation
 Impaired place Impaired person

Cognition/Attention

- Unable to assess*
 No impairment noted
 Distractibility/Poor Concentration
 Impaired abstract thinking
 Impaired judgment
 Indecisiveness

Behavior/Motor Activity

- Unable to assess*
 Normal/Alert Poor eye contact
 Cooperative Uncoordinated
 Self-Destructive Catatonic
 Lethargic Tense
 Agitated Withdrawn
 Restless/Overactive Provocative
 Impulsiveness Tremors/Tics
 Aggression/Rage Repetitious
 Peculiar mannerisms
 Bizarre behavior
 Indiscriminate socializing
 Disorganized behavior
 Feigning of symptoms
 Avoidance behavior
 Increase in social, occupational, sexual activity
 Decrease in energy, fatigue
 Loss of interest in activities
 Compulsive (including gambling/internet)

Eating/Sleep Disturbance

- Unable to assess*
 No disturbance noted
 Decreased/Increased appetite
 Binge eating
 Self-induced vomiting
 Weight gain/loss (lbs/time _____)
 Hypersomnia (Insomnia)
 Bed-wetting
 (Nightmares) Night Terrors

Anxiety Symptoms

- Unable to assess*
 Within normal limits
 Generalized anxiety
 Fear of social situations
 Panic attacks
 Obsessions/Compulsions
 Hyper-vigilance
 Reliving traumatic events

Conduct Disturbance

- Unable to assess*
 Conduct appropriate
 Stealing Lying
 Projects blame Fire setting
 Short-tempered
 Defiant/Uncooperative
 Violent behavior
 Cruelty to animals/people
 Running away Truancy
 Criminal activity Vindictive
 Argumentative
 Antisocial behavior
 Destructive to others or property

Occupational & School Impairment

- Unable to assess*
 No impairment noted
 Impairment grossly in excess than expected in physical finding
 Impairment in occupational functioning
 Impairment in academic functioning
 Not attending school (work)

Interpersonal/Social Characteristics

- Unable to assess*
 No significant trait noted
 Chooses relationships that lead to disappointment
 Expects to be exploited or harmed by others
 Indifferent to feelings of others
 Interpersonal exploitiveness
 No close friends or confidants
 Unstable and intense relationships
 Excessive devotion to work
 Inability to sustain consistent work behavior
 Perfectionistic Grandiose
 Procrastinates Entitlement
 Persistent emptiness & boredom
 Constantly seeking praise or admiration
 Excessively self-centered
 Avoids significant interpersonal contacts
 Manipulative/Charming/Cunning

NOTES: Ct reported fear about sleeping (wakes feeling panicked, w/ racing heart, unable to breathe, sense of doom/dying). Reported lengthy Hx of anxiety. Fears revictimization. Compulsively checking doors.

VII. CLINICAL SUMMARY AND DIAGNOSTIC IMPRESSIONS

(Include medical necessity, consideration of resources, treatment alternatives, etc)

Ct has history of (lifelong) anxiety symptoms; current symptoms include daily panic attacks (heart racing, lightheadedness, difficulty breathing), obsessive thoughts, and a sense of doom for the past 3-4 weeks (since her home was burglarized while she slept in spring 2011). Client has recent significant relationship losses (x 2) after which her anxiety symptoms became panic attacks. Screening contact came about when the Client called 911 (fearing she was having a heart attack), and she engaged in an emotional/behavioral outburst (kicking at hospital staff) when no organic basis for her symptoms could be identified and she was released from the ER. Client recently added Benedryl to help her address her asleep issues. Client reports fearing she will die like everyone else around her has. At this time, the Client does not meet criteria for inpatient admission and was offered assistance with scheduling outpatient services. Discussed options included possible medication management, outpatient individual (and grief support group) therapy, and crisis case management. Identified community resources include individual (pastoral) and women's group support, a county-wide bereavement group, and deep breathing/relaxation exercises through a yoga class. Client agrees to have a complete physical, to attend pastoral and group support sessions through her church, and to participate in a yoga class through her local health and wellness center in order to reduce her anxiety and improve her coping skills for managing stressors and working through her grief.

	DIAGNOSTIC CODE	DIAGNOSES	✓ PRIMARY
AXIS I:	<u>300.01</u>	<u>Panic Disorder, Without Agoraphobia</u>	
	<u>311</u>	<u>Depressive Disorder Not Otherwise Specified</u>	
AXIS II:	<u>799.9</u>	<u>Deferred Diagnosis on Axis II</u>	
AXIS III:		<u>Healthy by client report</u>	
AXIS IV:	<u>Financial stress, recent significant relationship losses</u>		
AXIS V:	<u>CURRENT GAF: 45</u>	<u>HIGHEST PAST YEAR: 60</u>	

KHS SPECIAL HEALTH CARE NEEDS:

- SED
 SPMI
 SMI
 Unknown
 N/A
 MR/DD
 Pregnant & Using Substances
 Substance Use & Mental Illness
 IV Drug User & Mental Illness

*Clinical impression, diagnoses, and recommendations have been shared with consumer, parents and/or guardian (unless contraindicated).

VIII. TIME DOCUMENTATION SUMMARY (Include Travel Time):

Contact/Activity	Amount of Time	Rescreen in 5 days
<input type="checkbox"/> Chart Review:	_____	_____
<input checked="" type="checkbox"/> Paperwork:	<u>45</u>	_____
<input checked="" type="checkbox"/> Face-to-Face Interview:	<u>90</u>	_____
<input type="checkbox"/> Coordination of Admission:	_____	_____
<input checked="" type="checkbox"/> Collateral Contacts:	<u>35</u>	_____
<input type="checkbox"/> Consultation/Team Meetings:	_____	_____
Total Screen Time:	<u>2 Hrs 50 Min</u>	<u> Hrs Min</u>
Travel Time To/From:	<u> Hrs 20 Min</u>	<u> Hrs Min</u>
Total Time:	<u>3 Hrs 10 Min</u>	<u> Hrs Min</u>

*Continue to page 6A to complete Medicaid disposition, page 6B for State Hospital screening disposition, or 6C for PRTF Disposition.

IX. COMPLETE FOR MEDICAID INPATIENT PSYCHIATRIC, KVC PRAIRIE RIDGE STAR, and KVC WHEATLAND SCREENS

INPATIENT CRITERIA

Level I, Independent: Criteria which, in and of themselves, MAY constitute justification for admission.

- 1. Suicide attempt, threats, gestures indicating potential danger to self.
- 2. Homicidal threats or other assaultive behavior indicating potential danger to others.
- 3. Extreme acting out behavior indicating danger or potential danger to property.
- 4. Self-care failure indicating an inability to manage daily basic needs that may cause self-injury.

Level 2, Dependent: Clinical characteristics of psychiatric disorders, any of which in combination with at least ONE Level 3 criterion, MAY constitute justification for admission.

- 5. Clinical Depression.
- 6. Intense anxiety or panic that may cause injury to self or others.
- 7. Loss of reality testing with bizarre thought processes such as paranoia, ideas of reference, etc.
- 8. Impaired memory, orientation, judgment, incoherence, or confusion.
- 9. Impaired thinking, and/or affect accompanied by auditory or visual hallucinations.
- 10. Mania or Hypomania.
- 11. Mutism or catatonia.
- 12. Somatoform disorders.
- 13. Severe eating disorders such as bulimia or anorexia.
- 14. Severely impaired social, familial, academic, or occupational functioning, which may include excessive use of substances.
- 15. Severe maladaptive or destructive behaviors in school, home, or placement, which may include excessive use of substances.
- 16. Extremely impulsive and demonstrates limited ability to delay gratification.

Level 3, Contingent: Acute-care program needs which MAY justify psychiatric hospital admission.

- 17. Need for medication evaluation or adjustment under close medical observation.
- 18. Need for 24-hour structured environment due to inability to maintain treatment goals or stabilize in less intensive levels of care.
- 19. Need for continuous secure setting with skilled observation and supervision.
- 20. Need for 24-hour structured therapeutic milieu to implement treatment plan.

DISPOSITION/REIMBURSEMENT AUTHORIZATION

- (A.) Meets inpatient criteria; Hospitalization recommended. Voluntary Involuntary

Admitted/transferred/referred to hospital _____ Admission Date _____

Treatment Expectations/Preliminary Discharge Plan _____

- (B.) Alternative community services plan recommended in lieu of hospitalization, copy given to legally responsible individual.
- (C.) Does not meet inpatient criteria. Alternative community services plan recommended, copy given to legally responsible individual.

Comments: Ct has good community support and stable housing. Has medication consultation w/Dr. Stoop on 7/12/2011 at 10:00 am. Has therapy appt w/Georgia Smith on 7/7/2011 at 2:00 pm. Ct will see her pastor weekly (starting 6/28/2011 at 3:00 pm) for additional support and will participate in a women's bereavement support group on Wednesdays (starting 7/6/2011 at 7:00 pm) through Grace Baptist Church. Ct to attend twice-weekly yoga at York Community Fitness for Life Center (7/7/2011 at 3:00 pm).

I certify that local community resources have been investigated and or consulted to determine whether or not any of them can furnish appropriate and necessary care. I have seen this individual and evaluated him/her and his/her situation. I have also considered alternative modes of treatment. Available community resources have been investigated, and are not appropriate if hospitalization is recommended.

Sylvia Stevens, MA, LMLP
Signature of QMHP designated as a member of MHC Screening Team

6/27/2011
Date

XII. ALTERNATIVE COMMUNITY SERVICES PLAN

Consumer Strengths, Natural Supports, and Resources (friends, family, Peer Support, Consumer Run Organization):

- 1.) Strong faith base, actively attends her church (Grace Baptist Church), connection with her pastor
- 2.) Close parishioner friend, Samantha Wilder (913-666-7777)
- 3.) Women's bereavement support group
- 4.) Consumer Run Organization open 7-10 MWF: "We are People Too" 14489 Crawshaw Blvd, Here, KS 913-549-0221

Consumer Action Steps (Including Safety Plan):

- 1.) Friend will stay overnight tonight with dog, will call Samantha in future if panic symptoms return.
- 2.) Meet with Pastor weekly (starting 6/28) for support and attend women's weekly bereavement group (7/06).
- 3.) Attend yoga classes two times weekly.
- 4.) Read her meditation book and journal as needed to decrease anxiety.

Crisis Services (*include provider address & phone number for appointments):

- 24 Hour Crisis services available at #: 913-454-8881 or address: General MHC 102 Main, Here, KS
- Phone Welfare Check within 24 Hours at consumer number #: _____
- Crisis Appointment (Specify type and provider appt within 24 hours of screen): _____
- In Home Stabilization: Crisis Attendant Care Peer Support In Home Family Therapy
- Out of Home Crisis Stabilization: _____
- Other: _____
- Appointment: _____
- Appointment: _____

DETAILS: Ct agrees to contact crisis services as needed if action steps do not help to reduce anxiety. Ct was advised of location of crisis services and she was advised she can walk in at any time to meet with a crisis clinician for further assessment.

Outpatient Services (*include provider address & phone number for appointments):

- Intake Assessment Psychotherapy Medication Services Private Practitioner
- Case Management Attendant Care Psychosocial Rehab Family Therapy
- Substance Evaluation MR/DD Services SED Waiver Services
- Other (Community Resources): Weekly appt with Pastor Phil Melverne at 3:00 pm on 6/28/2011, Grace Baptist Church
- Appointment: Medication Services – Dr. Al Stoop, 10:00 am on 7/12/2011, General Mental Health Center, 913-454-6091
- Appointment: Therapy appt – Georgia Smith at 2:00 pm on 7/7/2011, General Mental Health Center, 913-454-6091
- Appointment: _____

DETAILS: Ct will begin outpatient mental health services at General Mental Health Center.

Acute Care Services (Diversion from State Hospital): Facility _____ Date of Admission _____

Comments/Other (may include safety plan, consultations, other referrals etc.) Jillian will have a friend stay (with her dog) at Ct's home this evening. Her pastor will arrange to have her window repaired on 6/28/2011. Ct will meet with pastor on 6/28/2011. Ct will attend weekly bereavement support group at church, and will attend yoga with a friend two times a week, starting 7/7/2011.

Signature below indicates I have reviewed and received a copy of this plan

Jillian Jackson _____ 6/27/2011
Consumer and/or Legally Responsible Individual _____ Date

Sylvia Stevens, MA, LMLP _____ 6/27/2011 Samantha Wilder _____ 6/27/2011
QMHP/LMHP _____ Date _____ Collateral _____ Date