

## MHLA-Behavioral Health Expansion Prevention Services and/or Activities

### I. Contact/Service Information

Date of Service: February 12, 2020 Funding Plan: MHSA-PEI

Rendering Provider Name(s):

Robert B. LevineTime (Min): 30Procedure Code: H2014Service Modality: Individual or GroupFace-to-Face or Telephonic:

(Circle one)

(Circle one)

Participant Name: John DoeParticipant ID (PID): 00000000000000*[If this is a Group: Name of the group (if applicable), for example, Stress Management Group]*

#### SERVICE RECIPIENT

Select the individual(s) receiving services. *(For this Project, the MHLA box should always be checked.)* MHLA

#### PREVENTION PRACTICE: General category staff is working under or to which client is served

Psychological First Aid/Skills for  
Psychological Recovery

Prevention - Prolonged Engagement\*

Other \_\_\_\_\_

\*Name of the curriculum, or course title provided under Prolonged Engagement:

Stress Management

### II. Notes/Future Plans & Recommendations

This staff met with client to continue to work with client on the stress management curriculum previously started in the previous session. Today, client and this staff reviewed some effective communication skills as outlined in the curriculum. For example, what is active listening, reflecting, and learning to ask for clarification. This staff then modeled each of these skill sets with client, and we took turns role-playing some different scenarios. Client agreed he would then practice these techniques at home between sessions. Client further agreed that we would continue with the existing stress management curriculum in our follow up session.

Robert B. Levine LMFT

Staff Signature\*\*

February 12, 2020

Date

\_\_\_\_\_  
Co-Signature\*\*\_\_\_\_\_  
Date

\*\*Must include Discipline/Title and License/Certification/Registration Number (if applicable)

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Agency Name:

**Los Angeles County – Department of Mental Health**