

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

### I. Contact/Service Information

Date of Service: March 5, 2020 Funding Plan: MHSA-PEI

Rendering Provider Name(s):

Robert B. LevineTime (Min): 50Procedure Code: H2014Service Modality: Individual or GroupFace-to-Face or Telephonic:

(Circle one)

(Circle one)

Participant Name: John DoeParticipant ID (PID): 0000000000000*[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.)*

<input checked="" type="checkbox"/>	MHLA
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#### PREVENTION PRACTICE: General category staff is working under or to which client is served

Psychological First Aid/Skills for Psychological Recovery	<input checked="" type="checkbox"/>	Prevention - Prolonged Engagement*	Other _____
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\*Name of the curriculum, or course title provided under Prolonged Engagement:

Stress Management

### II. Notes/Future Plans & Recommendations

This staff met with client for his final session on Stress Management. As part of the termination process, this staff and client reviewed his "What I Need" worksheet (previously completed and turned in by client towards the beginning of this Prevention service cycle); and did some relapse prevention work by reviewing previously taught stress management skills such as breathing exercises, effective communication skills, and boundary setting principles from the Stress Management curriculum. This staff also administered the post measure tool (GAD-7), whereby client's score was a "1". This was down from his previous score of a "5" which was at his initial screening. Client reported how his previous symptoms like trouble relaxing, irritability, and excessive worrying had pretty much all disappeared, and he felt he was able to use his newly acquired coping skills to keep him more relaxed. Client shared with this staff that he still had some concerns about income (as previously noted on his "What I Need" worksheet). As such, this staff provided him with some referrals for resume writing and job searching to which client agreed he would follow up on to see about applying for some other jobs. At the end of session, this staff presented client with a Certificate of Completion for his 10-week Stress Management course.

Robert B. Levine LMFT

Staff Signature\*\*

March 5, 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**