

MHLA-Behavioral Health Expansion Prevention Services and/or Activities

I. Contact/Service Information

Date of Service: 7/30/21

Funding Plan: MHSA-PEI

Rendering Provider Name(s): Karen Karg

Time (Min): 0:45

Procedure Code: H2014Service Modality: Individual or GroupFace-to-Face or Telephonic:

(Circle one)

(Circle one)

Participant Name: Johnette Doe

Participant ID (PID): 1234567

[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.)*

| | |
|----------|------|
| x | MHLA |
|----------|------|

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

| | | | |
|---|----------|------------------------------------|-------------|
| Psychological First Aid/Skills for Psychological Recovery | X | Prevention - Prolonged Engagement* | Other _____ |
|---|----------|------------------------------------|-------------|

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

Grief and Loss

II. Notes/Future Plans & Recommendations

This staff met with patient via telephone due to the Covid-19 pandemic to continue to work with patient on the grief and loss curriculum.

Today, patient and this staff reviewed the "My Needs to Reduce the Distress of Grief" worksheet as outlined in the curriculum. For example, patient indicated she felt lonely after the loss of her husband. Additionally, this staff reviewed with patient the "Deep Abdominal (or belly) Breathing as a Way to Cope with Stress."

This staff modeled each of these skill sets with patient, and took turns role-playing some different scenarios where patient can implement the skills. Patient agreed to practice these techniques as homework, and further agreed to continue with the grief and loss curriculum in next scheduled session in 2 weeks.

Staff Signature**

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