

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): 0:40

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

(Circle one)

(Circle one)

Participant Name: John 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.)* 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:

Grief and Loss

II. Notes/Future Plans & Recommendations

This staff met with client for his final session on MHPS Grief and Loss via telephone due the Covid-19 pandemic. As part of termination process, staff administered the PHQ-9, whereby client's score was a "2". This was down from his previous score of a "9" which was during his MHPS screening.

This staff and client reviewed his "What I Need" worksheet (previously completed by client towards the beginning of this MHPS cycle); and did some relapse prevention work by reviewing previously taught grief and loss skills such as breathing exercises, identifying and managing feelings, self-care, reaching out for social support, and being assertive from the Grief and Loss curriculum.

This client reported how his previous symptoms like grief, sadness, and loneliness had been significantly reduced, and he felt he was able to use his newly acquired coping skills to deal with his loss more effectively. Client shared with this staff that he still had some concerns regarding parenting skills (as previously noted on his "What I Need" worksheet). As such, this staff provided him with some referrals for parenting classes to which he agreed he would follow up on. Client was informed he would soon be receiving a Certificate of Completion for his 10-week Grief and Loss course.

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