MH 709-MHLA Only

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

I. Contact/Service Information  Date of Service: July 27, 2021 Funding Plan: MHSA-PEI  Rendering Provider Name(s): Agustin Zaragoza  Time (Min): 42  Procedure Code: H2014 Service Modality: Individual or Group Face-to-Face or Telephon  (Circle one) (Circle one)  Participant Name: John Doe Participant ID (PID): 123456789  [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			
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Psychological First Aid/Skills for Psychological Recovery  X Prevention - Prolonged Engagement* Other		X Prevention - Prolonged Engagement*	Other
*Name of the curriculum, or course title provided under Prolonged Engagement:	*Name of th	e curriculum, or course title provided under Prolonged	Engagement:
Trauma Informed Care			
II. Notes/Future Plans & Recommendations	II. Notes/Future Plans & Recomm	nendations	
This staff spoke with client through telephone due to current pandemic restrictions. This staff called for follow session after MHPS screening session, where it was determined client might benefit from working with the M		-	-
Trauma Informed Care curriculum. This staff listened attentively as client shared about history of traumatic ev	Session after with 25 screening session		<u> </u>
that included near death experiences. Client sounded increasingly sad as he opened up about past traumas. This		This staff listened attentively as client shared	d about history of traumatic events
validated client feelings about the history of their trauma and attempted to introduce the "Taking Care of You	Trauma Informed Care curriculum.	•	· ·
activity to try and reduce client's emotional distress. It appeared to this staff that client may need more than M	Trauma Informed Care curriculum. that included near death experiences validated client feelings about the hi	s. Client sounded increasingly sad as he open istory of their trauma and attempted to introduce.	ned up about past traumas. This staff luce the "Taking Care of You"
and so staff discussed with client about being referred for mental health treatment to better help him manage h	Trauma Informed Care curriculum. that included near death experiences validated client feelings about the hi activity to try and reduce client's em	s. Client sounded increasingly sad as he open istory of their trauma and attempted to introd notional distress. It appeared to this staff that	ned up about past traumas. This staff luce the "Taking Care of You" client may need more than MHPS,
feelings and thoughts, to which client agreed. Staff worked with his MHLA Lead in the Behavioral Health un	Trauma Informed Care curriculum. that included near death experiences validated client feelings about the hi activity to try and reduce client's en and so staff discussed with client ab	s. Client sounded increasingly sad as he open istory of their trauma and attempted to introduce notional distress. It appeared to this staff that yout being referred for mental health treatment	ned up about past traumas. This staff luce the "Taking Care of You" client may need more than MHPS, at to better help him manage his
his agency to establish a transfer to a Behavioral Health team member. This client will then be discharged for MHPS and transferred into treatment effective immediately upon his transfer.	Trauma Informed Care curriculum. that included near death experiences validated client feelings about the hi activity to try and reduce client's en and so staff discussed with client ab feelings and thoughts, to which clien	s. Client sounded increasingly sad as he open istory of their trauma and attempted to introd notional distress. It appeared to this staff that bout being referred for mental health treatment agreed. Staff worked with his MHLA Lea	ned up about past traumas. This staff luce the "Taking Care of You" client may need more than MHPS, not to better help him manage his and in the Behavioral Health unit of
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Staff Signature** Date Co-Signature** Date	Trauma Informed Care curriculum. that included near death experiences validated client feelings about the hi activity to try and reduce client's en and so staff discussed with client ab feelings and thoughts, to which client his agency to establish a transfer to a	s. Client sounded increasingly sad as he open istory of their trauma and attempted to introd notional distress. It appeared to this staff that out being referred for mental health treatment agreed. Staff worked with his MHLA Lea a Behavioral Health team member. This clien	ned up about past traumas. This staff luce the "Taking Care of You" client may need more than MHPS, not to better help him manage his and in the Behavioral Health unit of
**Must include Discipline/Title and License/Certification/Registration Number (if applicable)	Trauma Informed Care curriculum. that included near death experiences validated client feelings about the hi activity to try and reduce client's en and so staff discussed with client ab feelings and thoughts, to which client his agency to establish a transfer to a MHPS and transferred into treatments.	s. Client sounded increasingly sad as he open istory of their trauma and attempted to introductional distress. It appeared to this staff that yout being referred for mental health treatment agreed. Staff worked with his MHLA Lea a Behavioral Health team member. This client effective immediately upon his transfer.	ned up about past traumas. This staff fluce the "Taking Care of You" client may need more than MHPS, not to better help him manage his ad in the Behavioral Health unit of ent will then be discharged form

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

**Agency Name:** 

Los Angeles County - Department of Mental Health