

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

(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.)* 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:

Trauma Informed Care

II. Notes/Future Plans & Recommendations

This staff spoke with client through telephone due to current pandemic restrictions. This staff called for follow up session after MHPS screening session, where it was determined client might benefit from working with the MHPS Trauma Informed Care curriculum. This staff listened attentively as client shared about history of traumatic events that included near death experiences. Client sounded increasingly sad as he opened up about past traumas. This staff validated client feelings about the history of their trauma and attempted to introduce the "Taking Care of You" activity to try and reduce client's emotional distress. It appeared to this staff that client may need more than MHPS, and so staff discussed with client about being referred for mental health treatment to better help him manage his feelings and thoughts, to which client agreed. Staff worked with his MHLA Lead in the Behavioral Health unit of his agency to establish a transfer to a Behavioral Health team member. This client will then be discharged from MHPS and transferred into treatment effective immediately upon his transfer.

Staff Signature**

Date

Co-Signature**

Date

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

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