

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): 41

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 spoke with client to continue Trauma Informed Care prevention services. This staff reviewed previous topic of using butterfly breath. This staff modeled butterfly breath as part of encouraging client to use skills learned. This staff introduced new topic of "Recognize, Evaluate, Act, and Do it again" (READ) from the curriculum. This staff used hand out and discussed each section in detail. Client was able to discuss information on hand out and how it applied to his life. Client agreed to practice skills learned so far in session to reduce trauma responses.

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