

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 had a telephonic session with client due to current Covid-19 stay at home restrictions. This staff spoke with client today to complete the Trauma Informed Care curriculum. This staff administered the GAD7 and PHQ9 as part of termination process in order to gather post measures. This staff discussed with client how his GAD7 score had gone down from a 6 to a 2 and his PHQ9 had gone down from a 6 to a 1.

This staff then focused session on reviewing previous skills learned that had been beneficial to reduce his triggers. This staff listened attentively as client shared how the "Making a Wellness Toolbox" and "Taking Care of You" exercises were most helpful. Client further shared that learning new ways to relax and deal with frustration had made a "big impact on my life".

This staff discussed some ways to ensure client would not regress by continuing to practice skills learned. Client praised for his willingness to practice skills and the positive changes he made. This staff informed client he would soon be receiving his certificate of completion for the Trauma Informed Care curriculum.

Agustin Zaragoza Jr.
Staff Signature**

7/27/21
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