Appendix N – Post PHF, Post CSU, Post Jail, Post MHET Appointment Workflow & Progress Note Examples

Post Appointments Open Clients Workflow

Make Sure They Are Safe	• Use "saftey plan client" questions in SmartCare • Short substance abuse screen: "do you use substances?" "Do you need/want help with your substance use?" • Assess current saftey- ask direct questions about current suicidal tendencies and ideations
Make Sure They Have Meds	• Are there any side efffects to the meds they're on? • Are there barriers currently to getting meds? • Did they receive meds on inpatient unit?
Make Sure There Are Plans for Future Services	• Follow up with PCP • Do they have future appointments set up with the county? • Assist client in putting hotline number in phone for easy access
Discuss What Led To The Event	• Go over safety plan and coping skills • "In your own words what happened?" • "What lead up to this event?" • "Could anything have prevented this event?"
Discuss Resources Avalible	• What additional support do they need? • Should they be connected with a case manager or community parnter? • Give them clinic 24 hour line (800-783-0607) and other crisis resouces
Discuss Next Steps	• How can this be prevented in the future • Get release of information (their current phone number, suport persons phone number, ect) • Discuss where the client will store their safety plan

Post Appointments for Clients Not Currently Open to Services Workflow

Make Sure They Are Safe	•Use "saftey plan" questions in SmartCare •Short substance abuse screen: "do you use substances?" "Do you need/want help with your substance use?" •Assess current saftey- ask direct questions about current suicidal tendencies and ideations
Make Sure They Have Meds	•Are there any side efffects to the meds they're on? •Are there barriers currently to getting meds? •Did they receive meds on inpatient unit?
Discussion of What Led Up To The Event	•Go over safety plan and coping skills •"In your own words what happened?" •"What lead up to this event?" •"Could anything have prevented this event?"
Discuss County Services and How We Could Help	•Explain the county services (Therapy, meds, etc.) •Talk about the treatment team and what they do (perscriber, case manager, etc) •When services are avalible and how (Medi-cal, etc.)
If They Do Want Services	•Set Up their next appointment •Explain to them the process, what to expect, the wait for a therapist if they want one, etc
If They Don't Want Services	•Should they be connected with a case manager or a community parnter? •What resources in the community might be the most helpful?

Discuss Other Resources	• What additional support do they need? • Give them clinic 24 hour line (800-783-0607) and other crisis resouces • Discuss where the client will store their safety plan
Make Sure There Are Plans for Future Services	• What is their next step with or without county resources? • Have a follow up with PCP • Assist client in putting hotline number in phone for easy access
Discuss Next Steps	• How can this be prevented in the future • Get release of information (their current phone number, suport persons phone number, etc) • Discuss where the client will store their safety plan

Post-PHF/CSU/Jail/MHET Progress Note Example (Specialist/Clinician)

Information/Interventions:

- Acknowledged the client's efforts to take care of their mental health by attending this Post-PHF/CSU/Jail appointment to encourage their continued efforts to attend services and to build rapport.
- Assessed for current safety by asking direct questions about current suicidal ideation, planning, attempt or self-harm behaviors since the client's release from the PHF/CSU on xx/xx/xxxx. Client reported that he/she/they have not experienced suicidal ideation, planning, attempt or self-harm behaviors since they were discharged from the PHF.
- Completed a brief screening of substance use by asking the client about current use and if they wanted/need help with substance use.
- Helped client identify what lead up to their PHF/CSU intervention and if anything could have prevented their crisis.
- Engaged the client in a review of their safety plan to monitor that it was up to date. Part of the safety plan review included a discussion about how coping skills, social supports, and community resources may help prevent a crisis in the future.

- Engaged the client in a review of their safety plan and completed a safety plan update to add one additional emergency contact number and one additional social support phone number.
- Discussed with the client where they will store their safety plan so that they know where to access it during a crisis.
- Assisted the client with programming the Hotline phone number into their phone to promote ease of use of this resource should there be a crisis.
- Inquired with the client about additional support and resources that they need and supplied the following: DSS for food/cash aid, Veterans services.
- Obtained Releases of Information in order contact the client's other support persons in the event of a crisis.
- Reviewed the client's plans for ongoing County Mental Health services (assessment, medication evaluation, case management, and options for therapy services).
- Reviewed the client's plans for ongoing Mental Health services through their current providers (community therapist, community psychiatrist/PCP).
- Obtained a Release of Information for this Specialist/Clinician to make contact with community therapist/community psychiatrist to discuss the client's recent crisis and recommendation for continued services.

Care Plan:
Client has a MH Assessment appointment scheduled for xx/xx/xxxx. Client has a medication evaluation appointment scheduled for xx/xx/xxxx. Client was made aware that he/she/they can contact the clinic if they need to be connected to a case manager prior to these scheduled appointments. Client said that he/she/they would use the Hotline should they need to.
Client plans to continue Mental Health services through with the therapist that she/he/they already see in the community. Client made a follow-up appointment with their psychiatrist for xx/xx/xxxx during this service. Client said that he/she/they would use the Hotline should they need to.

Post-PHF/CSU/Jail/MHET Progress Note Example (LPT/RN)

Information/Interventions:

- Acknowledged the client's efforts to take care of their mental health by attending this Post-PHF/CSU/Jail appointment to encourage their continued efforts to attend services and to build rapport.
- Assessed for current safety by asking direct questions about current suicidal ideation, planning, attempt, or self-harm behaviors since the client's release from the PHF/CSU on xx/xx/xxxx. Client reported that he/she/they have not experienced suicidal ideation, planning, attempt, or self-harm behaviors since they were discharged from the PHF.
- Asked client if they received medication while at the PHF/CSU/Jail. Client reported that she/he/they started Prozac.
- Inquired with client if they are experiencing any barriers to getting their medications and client reported she/he/they are not.
- Asked client if they are experiencing any side effects from their medications and she/he/they reported that they are not.
- Completed a brief screening of substance use by asking the client about current use and if they wanted/need help with substance use.
- Helped client identify what lead up to their PHF/CSU intervention and if anything could have prevented their crisis.
- Engaged the client in a review of their safety plan to monitor that it was up to date. Part of the safety plan review included a discussion about how coping skills, social supports, and community resources may help prevent a crisis in the future.
- Engaged the client in a review of their safety plan and completed a safety plan update to add one additional emergency contact number and one additional social support phone number.
- Discussed with the client where they will store their safety plan so that they know where to access it during a crisis.
- Assisted the client with programming the Hotline phone number into their phone to promote ease of use of this resource should there be a crisis.
- Inquired with the client about additional support and resources that they need and supplied the following: DSS for food/cash aid, Veterans services.
- Obtained Releases of Information in order contact the client's other support persons in the event of a crisis.
- Reviewed the client's plans for ongoing Mental Health services (assessment, medication evaluation, case management, and options for therapy services).

- Reviewed the client's plans for ongoing Mental Health services through their current providers (community therapist, community psychiatrist/PCP).
- Obtained a Release of Information for this Specialist/Clinician to make contact with community therapist/community psychiatrist to discuss the client's recent crisis and recommendation for continued services.

Care Plan:
Client has a MH Assessment appointment scheduled for xx/xx/xxxx. Client has a medication evaluation appointment scheduled for xx/xx/xxxx. Client was made aware that he/she/they can contact the clinic if they need to be connected to a case manager prior to these scheduled appointments. Client said that he/she/they would use the Hotline should they need to.
Client plans to continue Mental Health services through with the therapist that she/he/they already see in the community. Client made a follow-up appointment with their psychiatrist for xx/xx/xxxx during this service. Client said that he/she/they would use the Hotline should they need to.