



Individualized Action Plan Review/Revision

Review/Revision Date: 1/1/13 Page: 1 of 3

| | | |
|--|---------------------|---|
| Person's Name (First MI Last): Jean B. Stone | Record #: | Date of Admission: 7/1/10 |
| Organization/Program Name: Creative Life Choices Inc/Oak Street Program | DOB: 10/1/84 | Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender |

☐ 30 day ☐ 60 day ☐ 3 month ☒ 6 month ☐ 9 month ☐ 12 Month ☐ Other: Specify Dates Covered: 7/1/12-1/1/13

| Goal & Objective Status (Active / New / Discontinued / Completed / Revised) | Evidence of Progress, Barriers, and/or Rationale for Addition of New Goal/Discontinuation of Goal, Revision or Rewrite |
|---|---|
| <input checked="" type="checkbox"/> Goal #: 1 Keyword or Goal Statement: Apartment | <input checked="" type="checkbox"/> Active: check to indicate progress <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Met <input type="checkbox"/> New <input type="checkbox"/> Discontinued – actual date of goal discontinuation: <input type="checkbox"/> Completed – actual date of goal completion: <input type="checkbox"/> Revised |
| <input checked="" type="checkbox"/> Obj. 1 <input checked="" type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input checked="" type="checkbox"/> Obj. 2 <input checked="" type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input checked="" type="checkbox"/> Obj. 3 <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> Obj. 4 <input checked="" type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R | <p>Evidence/Rationale: Objective 1- Jean will choose an apartment. REMOVED Jean has worked with her case coordinator on determining her preferences for an apartment. She has decided that she would like to look for a one bedroom apartment that is close to a park, a grocery store and a bus stop. She has not yet determined the price range for the apartment search because she is currently seeking a part time job to supplement her benefit income. She would like to wait until she knows what her monthly income will be before starting the search. Jean has also applied for Section 8 housing.</p> <p>Objective 2- Jean will package her medications for one week at a time: REMOVED Jean has begun to package her morning medications. She knows all of her medications and doses. She has also set an alarm on her cell phone to remind her about medication times. At this time, she still needs staff assistance with her evening medications but was able to identify that her barrier to being independent with nighttime medications is that she would prefer to stay up late to watch her favorite TV show. Jean is willing to work with her case coordinator to problem solve a way that she will be able to take her night medications without sacrificing the enjoyment of her favorite show.</p> <p>Objective 3-Jean will use two coping skills per month for a period of six months to reduce her anxiety as she prepares for major life changes. REMOVED Jean has attended IMR group for the past three months and attended modules about stress vulnerability and coping skills. Jean frequently uses skills such as running and talking to her brother to help in times of stress. Jean noted that she tried meditation but did not find it helpful. She was also able to try painting and singing to deal with stress, which she states "has really helped me out a few times." Jean attended yoga class with her mother for several weeks but identified feeling an increase in stress during those sessions due to her mother's level of stress. Jean felt that yoga may be helpful if she could do it on her own and endorsed the idea of working with her case coordinator to identify free methods of getting involved in yoga. Though Jean has remained consistent in using 2 coping skills per month for six months, she would like this objective to remain active at this time because she is concerned that she will not use coping skills consistently without having it on her "goal list". The objective target date is being modified.</p> <p>Objective 4-Jean will get a part time job. REMOVED Though Jean has not yet secured a part time position, she has submitted several applications to local businesses and has interviewed with 3 different companies. She quickly learned how to create her resume and fill out applications. She has been very professional in her interview roleplays with the Supported Employment Specialist. She has demonstrated tremendous motivation toward the job search process and remains hopeful, stating, "It's just a matter of time before someone hires me."</p> |

☐ (If Applicable) Refer to Progress/Service Note(s) of (Date):



Individualized Action Plan Review/Revision

| | |
|---|---|
| <input type="checkbox"/> Goal #: Keyword or Goal Statement: | <input type="checkbox"/> Active: check to indicate progress <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Met <input type="checkbox"/> New <input type="checkbox"/> Discontinued – actual date of goal discontinuation: <input type="checkbox"/> Completed – actual date of goal completion: <input type="checkbox"/> Revised |
| <input type="checkbox"/> Obj. 1 <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. 2 <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R | Evidence/Rationale: <input type="checkbox"/> (If Applicable) Refer to Progress/Service Note(s) of (Date): |

| | |
|---|---|
| <input type="checkbox"/> Goal #: Keyword or Goal Statement: | <input type="checkbox"/> Active: check to indicate progress <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Met <input type="checkbox"/> New <input type="checkbox"/> Discontinued – actual date of goal discontinuation: <input type="checkbox"/> Completed – actual date of goal completion: <input type="checkbox"/> Revised |
| <input type="checkbox"/> Obj. 1 <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. 2 <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R | Evidence/Rationale: <input type="checkbox"/> (If Applicable) Refer to Progress/Service Note(s) of (Date): |

| | |
|---|---|
| <input type="checkbox"/> Goal #: Keyword or Goal Statement: | <input type="checkbox"/> Active: check to indicate progress <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Met <input type="checkbox"/> New <input type="checkbox"/> Discontinued – actual date of goal discontinuation: <input type="checkbox"/> Completed – actual date of goal completion: <input type="checkbox"/> Revised |
| <input type="checkbox"/> Obj. 1 <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. 2 <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> Obj. ____ <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R | Evidence/Rationale: <input type="checkbox"/> (If Applicable) Refer to Progress/Service Note(s) of (Date): |

Comments:

| | | |
|---|-----------------|------------------------|
| Person's Name (First / MI / Last): Jean B. Stone | Record#: | D.O.B.: 10/1/84 |
|---|-----------------|------------------------|

This Section Mandatory for Outpatient Substance Abuse Counseling Only (Check Here if Not Applicable: ☒)

| Medication Name | Dose | Plans for Change-Including Rate of Detox | Prescribed By |
|-----------------|------|--|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |



Individualized Action Plan Review/Revision

| | | | |
|---|-------------------|-----------------------------|--|
| Other Agencies/Community Supports and Resources Supporting Individualized Action Plan: <input type="checkbox"/> None Reported <input checked="" type="checkbox"/> No Change | | | |
| Agency Name: | Contact and Title | Services Currently Provided | Release Signed |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|-------------------|
| Transition/Level of Care Change/Aftercare/Discharge Plan <input type="checkbox"/> No Change | Anticipated Date: |
| Criteria - How will the provider/client/parent guardian know that level of care change is warranted? (Check All that Apply): <input checked="" type="checkbox"/> Reduction in symptoms as evidenced by: Jean's consistent use of coping skills to reduce daily stress and manage high stress in the moment. In the past, Jean's stress has led to substance use and suicide attempts so continued effort to manage her stress will increase her tolerance to upsetting situations. <input type="checkbox"/> Attainment of higher level of functioning as evidenced by: <input type="checkbox"/> Treatment is no longer medically necessary as evidenced by: <input checked="" type="checkbox"/> Other: Jean has self-identified that she will feel ready for living independently in the community when she has achieved the ability to administer her own medications accurately and consistently. She has also identified that she will feel more comfortable with the move to independent living if she is able to secure a part time job in order to supplement her income | |

| | |
|--|---|
| Reviewed by (Name, Title, Program): | Benjamin Green, Residential Counselor, Oak Street Program |
| Was the person served provided copy of the IAP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Reason: | |

| | | | |
|--|-------|--|-------|
| Person's Signature (Optional, if clinically appropriate) | Date: | Parent/Guardian Signature (If appropriate): | Date: |
| Clinician/Provider - Print Name/Credential: Benjamin Green, Residential Counselor | Date: | Supervisor - Print Name/Credential (if needed): Anne Renner, LMHC | Date: |
| Clinician/Provider Signature: | Date: | Supervisor Signature (if needed): | Date: |
| Psychiatrist/MD/DO (If required): | Date: | Next Appointment: Date: / / - Time: <input type="checkbox"/> am <input type="checkbox"/> pm | |