suicidal or homicidal. Consumer is currently prescribed Citalopram (RX808728) by the PCP Dr. Rodney Cowans, despite seeing Dr. Cheryl Bella for her general medical needs. Consumer reports she has no psychiatrist or therapist, but is interested in finding one. Consumer reports before obtaining the prescription for Citalopram, she was off her medication for six months. Consumer reports a history of medication noncompliance. Consumer attributes her noncompliance to the lack of access to medication, and/or she feels as if she doesn't need the medication. Consumer reports she smokes marijuana daily to reduce stress and cope with depressive symptoms. Consumer reports depressive symptoms occur daily. She identified symptoms include crying spells, isolation, insomnia, poor appetite, and frustration. Consumer reports she feels frustrated daily because of her negative home life and environment. Consumer currently lives with her daughter and son, and that their relationships are strained. Consumer is unhappy with their life style choices. Consumer feels her daughter (27yrs) does not respect her, and often leaves her children with the consumer despite the consumer's current mental state. Consumer stated, "I feel like she doesn't think I have a life, just because I don't work". Consumer believes her son(18yrs) is stealing from her, which she identifies as another stressor. Consumer reports feeling overwhelmed, worthless, and hopeless on a daily basis. Consumer states, she has no one to confide in or trust. Consumer stated, "Everyone I try to trust, takes or steals from me". Consumer feels her depressive symptoms are becoming worse. For example, the consumer reports she has trouble sleeping at night. She reports staying up for two to three days at a time. Consumer states she has racing thoughts and is more depressed at night. Consumer expressed that she has problems with concentration. She stated, "I can't think". Consumer reports having memory problems which also contribute to her medication noncompliance. Consumer reports panic attacks one to two times a week. She reported symptoms included racing heart, talkative, and feeling anxious. Consumer reports mood swings in the morning, but feels they are better after she takes her psychotropic mediation. Consumer reports she isolates herself, because of her feelings of hopelessness. Consumer states she has no enjoyable social activities or hobbies. Consumer reports having diabetes and high blood pressure. Consumer reports her depressive symptom greatly affect her motivation to perform proper hygiene practices, such as bathe and style hair. Consumer states she never feels like cleaning or preparing meals. Consumer admits to eating mostly processed food such as potted meat. Consumer reports a history of paying her bills late or not at all. She attributes this behavior to not wanting to leave the house. Consumer reported her grandmother died when she was eighteen-years-old. She reports that she continues to grieve the loss of her grandmother. She also reports grieving the loss of relationship with her mother. Consumer expressed that the relationship with her mother is strained due to trust issues. MHSS is need to help the consumer build skills to live successfully and independently in the community.

INDIVIDUAL'S FUNCTIONAL STRENGTHS & WEAKNESSES:

Consumer has an interest in receiving services and eventually being independent enough to live on her own again. However, she relies heavily on her daughter to control her finances, complete her laundry, and preparing meals. Consumer's weaknesses are medication management and controlling her diabetes. Consumer expressed that she has a limited support system due to poor socialization skills. Consumer is a caring mother and wants to succeed in making improvements in her life. Consumer expresses that she will actively participate in all scheduled sessions.

LONG RANGE DESIRED OUTCOME:

Consumer has a desire to improve her overall health and well-being.

SERVICE DELIVERY	FREQUENCY	TOTAL HOURS	PROJECTED DISCHARGE/LENGTH OF SERVICE
MHSS	3-5 times a week	15 hours weekly	6 months

ACTION PLAN

GOAL 1: Major Depression and Bipolar Disorder

BEHAVIOR DATA: Consumer was admitted into Henrico Doctors on 12/9/14 under TDO orders. Henrico Doctors reported the consumer attempted suicide by overdosing on prescription drugs. Consumer reports being hospitalized was first hospitalized at the age of twelve. Consumer requires assistance with developing an understanding of her Axis I diagnosis.

OBJECTIVE 1: Consumer will develop an understanding of signs, symptoms, and triggers related to her Axis I diagnosis.	**Target Date:** 8/12/2017

INTERVENTION:	**Person Responsible:**	**Frequency:**
Case Manager will educate the consumer on signs, symptoms, and triggers related to her Axis I diagnosis. Case Manager will assist consumer in identifying triggers, learning effective coping strategies, and implementing these skills.	Joslynn McNeish-Edgerton, QMHP-A	3-5 times a week

Review Date:	**Status Code:**	**Progress toward objective:**
2/12/2017	N	Consumer will increase her knowledge of her diagnosis and implementing positive coping skills.
5/12/2017	O	Consumer continues to struggle with managing her psychiatric symptoms daily. Consumer allow her psychiatric symptoms to dictate her daily living. Consumer feels as if she is alone in the world and that no one understand her due to her psychiatric issues. Consumer expressed that because of her psychiatric symptoms, she experiences anxiety and irritation 3 to 5 hours daily.
8/12/2017		
11/12/2017		

OBJECTIVE 2: Consumer will effective verbalize her discomforts related to symptoms of her mental illness and will complete tasks to alleviate the negative feelings.	**Target Date:** 8/12/2017

INTERVENTION:	**Person Responsible:**	**Frequency:**
Case Manager will encourage consumer to verbally discuss her emotions, thoughts related to lack of daily productive activity, and structure.	Joslynn McNeish-Edgerton, QMHP-A	3-5 times a week

Review Date:	**Status Code:**	**Progress toward objective:**
2/12/2017	N	Consumer will develop coping skills to assist her in increasing her productivity.
5/12/2017	O	Consumer continues to struggle with complete simple daily task as a direct result of her psychiatric symptoms. Consumer displays aggression when trying to verbalize her feelings/emotions and she also shuts down when experiencing her psychiatric symptoms. Consumer is making progress but needs assistance in order to function appropriately. Consumer has verbalized on several occasions that no one truly understands her. Consumer speaks and reacts without thinking and is never attentive to nonverbal communication. Consumer displays aggression when trying to express her feelings/emotions when experiencing unforeseen issues.
8/12/2017		
11/12/2017		

Status Codes: N=New, R=Revised, O=Ongoing, A=Achieved, D=Discontinued

GOAL 2: Life Skills Inventory/ADLs, IADLs, Substance Awareness	
BEHAVIOR DATA : Consumer requires assistance with improving her life skills, her sense of independence, and abstaining from illegal drug use. Consumer struggles to complete daily task as a direct result of her psychiatric symptoms. Consumer requires help in basic living skills such as maintaining personal hygiene, preparing food in which maintains adequate nutrition and depends on others for assistance with her finances as evident by her numerous eviction and medical psychical.	
OBJECTIVE 1:	**Target Date:**
Consumer will participate in obtaining and maintaining life skills; ADLs (showering, dressing	8/12/2017

INTERVENTION:	Person Responsible:	Frequency:
Case Manager will encourage and facilitate activities related to life skills inventory. Case Manager will reinforce the importance of remaining medication compliant as it relates to consumer's overall health and wellness, encourage consumer to attend all scheduled appointments, improve her budgeting skills, improve her understanding on how symptoms impact her ADLs/IADLs.	Joslynn McNeish-Edgerton, QMHP-A	3-5 times a week

Review Date:	Status Code:	Progress toward objective:
2/12/2017	N	Consumer will participate in life skills inventory and will improve her ADLs/IADLs.
5/12/2017	O	Consumer has been observed wearing the same clothing for several days. Consumer does not understand the importance of life inventory skill during periods of depression. Consumer does interact during our sessions and gives positive feedback to the strategies and activities used. However, consumer is reluctant to maintain scheduled appointments with outpatient and PCP providers. Consumer continues to struggle with her hygiene, medication management, impulse control, budgeting and nutrition.
8/12/2017		
11/12/2017		

OBJECTIVE 2:	Target Date: 8/12/2017
Consumer will participate in activities to identify how mood altering substances interact with prescribed psychotropic medications.	

INTERVENTION:	Person Responsible:	Frequency:
Consumer reported a history of self-medicating by using drugs to assist her to reduce the racing thoughts of depression and trying to escape from daily stressors. Case Manager will educate the consumer of the dangers of mixing prescribed medications with illegal substances. Case Manager will assist consumer with identifying the positive impact that sobriety will have on intimate and family relationships.	Joslynn McNeish-Edgerton, QMHP-A	3-5 times a week

Review Date:	Status Code:	Progress toward objective:
2/12/2017	N	Consumer will abstain from ingesting non-prescribed substances.
5/12/2017	O	Consumer has not made some progress towards sobriety over this past quarter. Consumer expressed that she is currently still using substances as an everyday struggle but she feels as if she is "not winning the battle" at this point. Consumer has shown several signs of being under the influence as evident by slur speech and sudden restlessness. Consumer has digressed towards her sobriety goals over the last few months. Consumer expressed that her frequency of life's issues has caused her to relapse several times. Consumer explained that if she does not use illegal substances, then, she will take her personal medication in excess in order to escape life's mishaps.
8/12/2017		
11/12/2017		

Status Codes: N=New, R=Revised, O=Ongoing, A=Achieved, D=Discontinued

GOAL 3: Communications/Social Skills Building	
BEHAVIOR DATA: Consumer experiences anxiety/depression daily and has difficulty with developing expressing herself as evident by her refusal to engage with others, isolating herself and/or the display of aggression.	
OBJECTIVE 1:	**Target Date:**

they affect her daily living.

INTERVENTION:	Person Responsible:	Frequency:
Case Manager will assist consumer with working through the symptoms of diagnosis by expressing herself discomforts and how they affect her ability to effectively socialize with others. Case Manager will encourage and assist consumer with practicing effective communication skills through role-modeling.	Joslynn McNeish-Edgerton, QMHP-A	3-5 times a week

Review Date:	Status Code:	Progress toward objective:
2/12/2017	N	Consumer will improve her communication and interpersonal skills.
5/12/2017	O	Consumer continues to struggle with her communication skills. Consumer verbalized on several occasions that no one truly understands her. Consumer speaks and reacts without thinking and is never attentive to nonverbal communication. Consumer displays aggression when she is experiencing anger and/or psychiatric symptoms. Consumer has faced several altercations over the last few months as a result of her lack of social skills towards her household members.
8/12/2017		
11/12/2017		

OBJECTIVE 2:	Target Date:
Consumer will learn to effectively verbalize feelings of frustration in order to reduce the frequency of aggressive tendencies and improve her social skills.	8/12/2017

INTERVENTION:	Person Responsible:	Frequency:
Case Manager will educate consumer on how to identify triggers of aggression. Case Manager will explore and coach consumer on alternative appropriate way to express her frustration with others. Case Manager will introduce exercises to assist consumer with recognizing and demonstrating appropriate non-verbal communication.	Joslynn McNeish-Edgerton, QMHP-A	3-5 times a week

Review Date:	Status Code:	Progress toward objective:
2/12/2017	N	Consumer will work towards building and maintaining a positive support system.
5/12/2017	O	Consumer currently relies heavily on her daughter to provide her with meals, maintain household chores, and reminding her to maintain medication compliance. However, when consumer becomes aggressive, she often takes it out on her pregnant daughter. Consumer verbalizes that she does not feel the support of her children and her own biological mother. Consumer states that she understand that her family does a lot for her, however, they do not love her. Consumer will continue to require assistance with meeting this goal.
8/12/2017		
11/12/2017		

Status Codes: N=New, R=Revised, O=Ongoing, A=Achieved, D=Discontinued

GOAL 4: Personal Awareness	
BEHAVIOR DATA: Consumer requires assistance with increasing her self-confidence, self-advocacy, and to become more assertive about her needs/wants.	
OBJECTIVE 1:	**Target Date:**
Case Manager will model positive self-talk, will encourage the consumer to advocate for herself, and encourage consumer to identify positive characteristics of self.	8/12/2017

INTERVENTION:	Person Responsible:	Frequency:
Case Manger will encourage consumer to practice positive self-talk to improve self-image. Case Manager will assist consumer with creating a	Joslynn McNeish-Edgerton, QMHP-A	3-5 times a week

Review Date:	Status Code:	Progress toward objective:
2/12/2017	N	Consumer will work towards improving self-esteem and self-worth.
5/12/2017	O	Consumer lacks self-confidence as evident by her several negative comments related to self-image. Consumer is reluctant to participate in the activities related to promoting positive self-talk. Consumer will continue to be encouraged to work on this goal and will be redirected to use assertiveness training to verbalize wants/needs.
8/12/2017		
11/12/2017		

OBJECTIVE 2:

Consumer will identify 2 skills to assist her in alleviating negative thoughts related to her self-image.	**Target Date:** 5/12/2017

INTERVENTION:	**Person Responsible:**	**Frequency:**
Case Manager will assist consumer in identifying triggers to her diagnosis that increase her thoughts and intensity of depressive episodes.	Joslynn McNeish-Edgerton, QMHP-A	3-5 times a week

Review Date:	Status Code:	Progress toward objective:
2/12/2017	N	Consumer will learn to implement positive thinking to replace negative ideations.
5/12/2017	O	Consumer continues to require redirection from stating negative ideations related to herself during depressive episodes. Consumer has made limited progress towards this goal due to not being able to recognize triggers of her diagnosis or the ability to implement positive coping skills before a situation escalates. Consumer will continue to require more attention on meeting this goal in order to assist her in alleviating negative thoughts.
8/12/2017		
11/12/2017		

GOAL 5: Safety Plan/Fall Risk Assessment

BEHAVIOR DATA: The consumer will develop a safety plan and take preventative measures to avoid the need for a more intensive level of care, falling, or seriously injuring herself/others.

OBJECTIVE 1: Consumer will become knowledge of recognizing episodes of severe depression before more intensive treatment options are utilized.	**Target Date:** 8/12/2017

INTERVENTION:	**Person Responsible:**	**Frequency:**
Case Manager will educate consumer on available community resources, emergency hotlines, and benefits of increasing her social *support system.*	Joslynn McNeish-Edgerton, QMHP-A	Monthly

Review Date:	Status Code:	Progress toward objective:
2/12/2017	N	Consumer will participate in developing a safety plan and will utilize it during time of need.
5/12/2017	O	Consumer continues to participate in the developing and updating of her safety plan. Consumer has verbalized periods of depression; however, she denies wanting to engage in acts self-harm. Consumer is aware of her emergency contacts, hotline numbers, and local community resources. Consumer has made limited progress towards this goal due to not utilizing safety plan during episodes of psychosis.
8/12/2017		

OBJECTIVE 2:		**Target Date:**
Consumer will manage her diabetes through monitoring her blood sugar and maintaining medication compliance.		8/12/2017
INTERVENTION:	**Person Responsible:**	**Frequency:**
Case Manager will educate consumer on how the fluctuation of her blood sugar can increase her chance of falling, seriously injuring herself, or furthering her medical issues. Case Manager will educate consumer on effective ways to manage diabetes.	Joslynn McNeish-Edgerton, QMHP-A	Monthly

Review Date:	**Status Code:**	**Progress toward objective:**
2/12/2017	N	Consumer will remain compliant with taking her medication as prescribed and monitoring her blood sugar levels.
5/12/2017	O	Over this past quarter, consumer has been provided with a new blood glucose machine and was educated on how to use it. However, consumer will not monitor her blood sugar unless she is directed to by others. Consumer does not understand how poor diabetes management can be fatal, or cause other serious medical conditions. Consumer will experience symptoms such as fatigue, shaking, and cold sweats due to not maintain her compliance. Consumer has not made progress towards this goal.
8/12/2017		
11/12/2017		

**To be completed with the consumer*

Significant event(s) that may create increased stress and trigger the onset of a crisis. *(Examples include: Anniversaries, holidays, noise, change in routine, and inability to express medical problems or to get needs met, etc. Describe what one may observe when the person goes into crisis. Include lessons learned from previous crisis events):*

Consumer reports that when she is provoked, ostracized, mocked or teased, she will display aggression. Consumer understands that she requires further education as it relates to anger management. However, if consumer feels threatened, intimidated or if she feels someone is talking about her. Consumer experiences paranoia, stress and depression on a daily basis. Consumer expressed that she becomes depressed when she thinks about how far she has fallen. Aggression intensifies when her blood sugar is not maintained.

Crisis prevention and early intervention strategies that were effective. *(List everything that can be done to help this person AVOID a crisis. What worked in the past):*

Consumer enjoys watching videos on her tablet, completing arts and craft activities, and listening to music. These options should be presented to her as a positive coping skill. Consumer should be calmed down as much as possible and reminded that she is in a safe place.

Describe the back-up protocols to support the individual. *(Who should be called and when during a crisis? How can they be reached? Include contact names, phone numbers, hours of operation, etc. Be as specific as possible.)*

Allow consumer to take a break in order to compose her thoughts and to regain baseline behavior. Allow consumer to express her thoughts/feelings regarding crisis situations. Provide positive, warm regard towards the consumer. Offer to contact someone who is able to reinforce that support or contact her emergency contact, her daughter Tiara Jackson at 804-683-6649. Contact 911 and RBHA crisis response team at (804) 819-4100 and provide as much information regarding the consumer as possible.

Specific recommendations for interacting with the person receiving a Crisis Service: *(Are they techniques that work for calming the consumer down?)*

Remain calm and assist consumer in any way possible to calm her down and make her feel safe. Call a family member/emergency contact to assist as much as necessary. Use Crisis Wave as a last resort to prevent her from harming herself or others. Allow consumer to take a break in order to compose her thoughts and to regain baseline behavior. Allow consumer to express her thoughts/feelings regarding crisis situations.

SAFETY PLAN
As needed

Safety Plan: *Identify and address possible risks, including fall risk plan (if needed).*
Did previous Fall Risk Assessment require a Safety Plan? x Yes □ No

Potential Risks to consumer:
Case Manager and consumer will discuss the fall risk assessment, her medications, the possible side effects, and the importance of blood sugar maintenance.

Prevention methods:
Refer to goal 5 of the ISP

INDIVIDUALIZED DISCHARGE PLAN

Discharge Update: *Please include Recommended Support Systems and Services that will support recovery and/or well-being.*
Consumer will meet the criteria of being discharged once she is able to improve, stabilize, and maintain her mental health. Consumer will develop skills necessary to handle situations in an effective and positive manner. Consumer has been linked to RBHA and Department of Social Services.
Specific Discharge Needs: *Please include Strengths, Needs, Abilities, and Preferences as a result in program participation.*
Consumer does display major concerns in which she wants to improve her daily functioning, as it relates to her psychiatric symptoms. Consumer is a caring mother that wants to succeed in making improvements in her life. Consumer struggles with finding adequate housing due to lack of finances and ability to motivate herself to find housing. She struggles with budget and has difficulty with overspending on a monthly basis. Consumer lacks time management skills and typically does not make her scheduled appointments. As a result of her substance abuse history, consumer should consider joining a support group.

Status of Consumer towards Discharge:
Please check one

☐	Presenting Condition greatly improved
☐	Presenting Condition moderately improved
☐	Presenting Condition slightly improved
☒	Presenting Condition not improved
☐	Presenting Condition has worsened