APPLESEED COMMUNITY MENTAL HEALTH CENTER, INC.
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRESS NOTE

<table>
<thead>
<tr>
<th>Client Name (First, MI, Last)</th>
<th>Client No.</th>
</tr>
</thead>
</table>

☐ Client Present  (if others present, please list name(s) and relationship(s) to client)

Significant Changes/Events (if applicable)  ☐ Not applicable

Recommendation for Modifications to ISP (if applicable)  ☐ Not applicable

### CPST Rehabilitative and Environmental Support Activities (check all that apply)

- ☐ 1. Ongoing Assessment of Needs.
- ☐ 2. Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian.
- ☐ 3. Facilitation of further development of daily living skills.
- ☐ 4. Coordination of the ISP.
- ☐ 5. Symptom monitoring.
- ☐ 6. Coordination and/or assistance in crisis management and stabilization as needed.
- ☐ 7. Advocacy and outreach.
- ☐ 8. Education and training specific to the individuals assessed needs, abilities, and readiness to learn.
- ☐ 9. Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist an individual in eliminating barriers to seeking education and employment.
- ☐ 10. Activities that increased the individual’s capacity to positively impact his/her own environment.

Goal(s)/Objective(s):

Brief Description of Service/s and Progress Toward Goal/s and Objectives:

### Provider Signature/Credentials

<table>
<thead>
<tr>
<th>Provider Signature/Credentials</th>
<th>Date</th>
<th>Provider No. (optional)</th>
</tr>
</thead>
</table>

### Client Signature (optional, if clinically appropriate)

<table>
<thead>
<tr>
<th>Client Signature</th>
<th>Date</th>
<th>Supervisor Signature/Credentials (if needed)</th>
<th>Date</th>
</tr>
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</table>

### Supervisor Consultation (if needed):

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Staff ID No.</th>
<th>Loc. Code</th>
<th>Prcdr. Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Mod 3</th>
<th>Mod 4</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Total Time</th>
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Rev 03/2010  ACMHC COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRESS NOTE  Page   1 of 1
APPLESEED COMMUNITY MENTAL HEALTH CENTER, INC.
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRESS NOTE

Client Name (First, MI, Last)  
Piglet

☐ Client Present  (if others present, please list name(s) and relationship(s) to client)

Significant Changes/Events (if applicable)  ☒ Not applicable

Recommendation for Modifications to ISP (if applicable)  ☒ Not applicable

CPST Rehabilitative and Environmental Support Activities (check all that apply)


☐ 2. Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian.

☐ 3. Facilitation of further development of daily living skills.

☒ 4. Coordination of the ISP.

☐ 5. Symptom monitoring.

☐ 6. Coordination and/or assistance in crisis management and stabilization as needed.

☐ 7. Advocacy and outreach.

☒ 8. Education and training specific to the individuals assessed needs, abilities, and readiness to learn.

☐ 9. Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist an individual in eliminating barriers to seeking education and employment.

☐ 10. Activities that increased the individual's capacity to positively impact his/her own environment.

Goal(s)/Objective(s): Goal 1, Objective 1, Intervention 3

Brief Description of Service/s and Progress Toward Goals and Objectives: Piglet called reporting issues with unemployment and his fears that he was going to lose his housing due to no more money coming in and his inability to pay the rent. Discussed with Piglet what steps need to be taken as it is currently believed that he has received an extension on his unemployment. Advised that I would and did consult with employment specialist who agreed to meet with Piglet to assist in navigating the unemployment website, and to look towards an application for Social Security benefits. Piglet reports being less anxious and concerned following conversation and stated his intent to follow through with the employment specialist in the very near future.

Provider Signature/Credentials  
Christopher Robbins, QMHLS

Date  
3/12/16

Provider No. (optional)

Client Signature (optional, if clinically appropriate)  

Date  

Supervisor Signature/Credentials (if needed)  

Date  

Supervisor Consultation (if needed):

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Staff ID No.</th>
<th>Loc. Code</th>
<th>Predr. Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Mod 3</th>
<th>Mod 4</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Total Time</th>
<th>Diagnostic Code</th>
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<tbody>
<tr>
<td>3-11-10</td>
<td>2b</td>
<td>12</td>
<td>41</td>
<td>GT</td>
<td></td>
<td></td>
<td></td>
<td>12 Noon</td>
<td></td>
<td>40</td>
<td>300.01</td>
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</table>
**BELLEFAIRE JCB: CPST PROGRESS NOTE**

### Client Information
- **Client ID:**
- **Date:**
- **Program RU:**

### Staff Information
- **Staff ID/Name:**
- **Client Name:** (Last, First)
- **Client Start Time:**
  - AM
  - PM
- **Client End Time:**
  - AM
  - PM
- **Billable Time:**
- **UNITS:**

### Staff Information (cont.)
- **Staff Start Time:**
  - AM
  - PM
- **Staff End Time:**
  - AM
  - PM
- **Total Staff Time:**
- **UNITS:**

### Location
- **03 School**
- **04 Shelter**
- **09 Correctional Fac.**
- **11 Office**
- **12 Home**
- **21 Inpatient Med Hosp**
- **23 Emer Room**
- **51 Inpatient Psych Hosp**
- **56 Psych Residential Tx.**
- **99 Other**

### Modifier
- **F0 Face/Face with client**
- **F1 Face/Face with client/family/signif other**
- **F2 Face/Face with Family/Sig Other: no client**
- **F3 Face/Face with other professional**
- **F4 Face/Face with client, penal system**
- **F5 F/F with Fam/Sig Other: no client— penal sys**
- **T0 Telephone with client**
- **T1 Tele w/client & family/Significant other**
- **T2 Tele with family/sign other—no client**
- **T3 Telephone with other professional**
- **T4 Tele with client, penal system**
- **T5 Tele with Fam/Sig Other: no client- penal sys**
- **0000 Non-Billable**
- **0010 No Show**
- **0020 Cancellation**

### ISP Goal(s) Addressed
- #1
- #2
- #3
- #4

### Service Activity Rendered
- **Briefly Describe:**

### Progress
- **N/A**
- **No Change**
- **Deterioration**
- **Improvement:** If Deterioration or Improvement Noted, Briefly Describe

### Significant Life Changes/Events
- **N/A**
- **Yes, Explain:**

### Recommend Modification to ISP
- **No**
- **Yes, refer to MHA Update**

### Change in Risk to Self or Others
- **No**
- **Yes, refer to MHA update; Suicide Assessment:**
- **Duty to Protect**

My signature verifies that service occurred as documented on this progress note. I authorize Bellefaire JCB to bill for the time documented as "billable" above.

### Signature Information
- **STAFF SIGNATURE**
- **CREDENTIAL**
- **DATE**

- **SUPERVISOR SIGNATURE (If Applicable)**
- **CREDENTIAL**
- **DATE**

### Billable Time (UNITS)
- **Min:**
  - 6
  - 9
  - 10
  - 12
  - 15
  - 18
  - 20
  - 21
  - 24
  - 25
  - 27
  - 30
  - 33
  - 35
  - 40
  - 42
  - 45
  - 50
  - 55
  - 58
  - 60
  - 65
  - 67
  - 70
  - 75
  - 80
  - 83
  - 85
  - 90
  - 92
  - 95
  - 100

### Unit Time (UNITS)
- **Min:**
  - 0.10
  - 0.15
  - 0.17
  - 0.20
  - 0.25
  - 0.30
  - 0.33
  - 0.35
  - 0.40
  - 0.42
  - 0.45
  - 0.50
  - 0.55
  - 0.58
  - 0.60
  - 0.65
  - 0.67
  - 0.70
  - 0.75
  - 0.80
  - 0.83
  - 0.85
  - 0.90
  - 0.92
  - 0.95
  - 1.00
Bellefaire Jewish Children's Bureau: CPST Progress Note

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Client #:</th>
<th>Date of Service: 3/12/10</th>
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</thead>
<tbody>
<tr>
<td>Staff ID/Name:</td>
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</table>

<table>
<thead>
<tr>
<th>Client Start Time</th>
<th>Client End Time</th>
<th>Billable Time</th>
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</thead>
<tbody>
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<td>10:00 AM</td>
<td>11:07 AM</td>
<td>0.40 UNITS</td>
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<table>
<thead>
<tr>
<th>Program RU</th>
<th>Location</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>212 PACT CPST</td>
<td>11 Office</td>
<td>T3 Telephone whether professional, no client</td>
</tr>
</tbody>
</table>

**ISP GOAL(S) ADDRESSED:**
- ☑ #1 IP will display a marked reduction in the intensity, frequency, and duration of negative behaviors and increased compliance with adult directives and requests as evidenced by caregiver report.
- ☑ #2 IP will reach level of reduced tension, increased satisfaction, and improved communication with sister and mother as evidenced by client and parent report.
- ☑ #3
- ☑ #4
- ☑ #5

**SERVICE ACTIVITY RENDERED**
- ☑ Ongoing Assessment of needs
- ☑ Assist in achieving personal independence in managing basic needs
- ☑ Facilitate further development of daily living skills
- ☑ Coordination of the ISP
- ☑ Assistance with accessing natural support systems in the community
- ☑ Linkage to formal community services/systems

**Briefly Describe:**
Explore teacher's concerns re: IP's negative behaviors in classroom, including specific behaviors observed, time of day IP demonstrates behaviors, triggers, and approaches teacher has taken to manage behaviors. Provided information re: behavior modification approach of using rewards for positive behaviors and consequences for negative behaviors.

<table>
<thead>
<tr>
<th>Client Start Time</th>
<th>Client End Time</th>
<th>Billable Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>01:10 PM</td>
<td>02:04 PM</td>
<td>0.90 UNITS</td>
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<table>
<thead>
<tr>
<th>Program RU</th>
<th>Location</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>212 PACT CPST</td>
<td>12 Client's Home</td>
<td>F3 P/F w/family/significant other no client</td>
</tr>
</tbody>
</table>

**ISP GOAL(S) ADDRESSED:**
- ☑ #1
- ☑ #2
- ☑ #3
- ☑ #4
- ☑ #5

**SERVICE ACTIVITY RENDERED**
- ☑ Ongoing Assessment of needs
- ☑ Assist in achieving personal independence in managing basic needs
- ☑ Facilitate further development of daily living skills
- ☑ Coordination of the ISP
- ☑ Assistance with accessing natural support systems in the community
- ☑ Linkage to formal community services/systems

**Briefly Describe:**
Explore mother's concerns re: IP's behaviors at home and negative school behaviors and discussed possibility that IP may be tired or hungry which may increase irritability that may lead to increase in negative behaviors. Provided information re: framing problems as small and big to give IP better framework and understanding of magnitude of problems and actions that would be appropriate for each type of problem.

<table>
<thead>
<tr>
<th>Client Start Time</th>
<th>Client End Time</th>
<th>Billable Time</th>
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</thead>
<tbody>
<tr>
<td>02:05 PM</td>
<td>03:22 PM</td>
<td>1.29 UNITS</td>
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</table>

<table>
<thead>
<tr>
<th>Program RU</th>
<th>Location</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>212 PACT CPST</td>
<td>99 Other</td>
<td>F1 P/F w/Client Family Significant other</td>
</tr>
</tbody>
</table>

**ISP GOAL(S) ADDRESSED:**
- ☑ #1
- ☑ #2
- ☑ #3
- ☑ #4
- ☑ #5

**SERVICE ACTIVITY RENDERED**
- ☑ Ongoing Assessment of needs
- ☑ Assist in achieving personal independence in managing basic needs
- ☑ Facilitate further development of daily living skills
- ☑ Coordination of the ISP
- ☑ Assistance with accessing natural support systems in the community
- ☑ Linkage to formal community services/systems

**Briefly Describe:**
Used therapeutic activity to improve IP's ability to positively interact with others, take turns, and share appropriately and reduce negative interactions between IP and IP's sister. Provided information re: self-esteem, self-talk, and impact these have on one's feelings and actions. Assisted IP in identifying and practicing use of coping skills to use when sad or angry.

**Progress:**
- ☑ N/A
- ☑ No Change
- ☑ Deterioration
- ☑ Improvement: If Deterioration or Improvement Noted, Briefly Describe

**Significant Life Changes/Events:**
- ☑ N/A
- ☑ Yes, Explain:
- ☑ Yes, refer to ISP
- ☑ Yes, refer to MHA update
- ☑ Yes, refer to MHA update; ☑ Suicide Assessment
- ☑ Duty to Protect

**Change in Risk to Self or Others:**
- ☑ No

My signature verifies that service occurred as documented on this progress note. I authorize Bellefaire to bill for the time documented as "billable" above.

PC

[Signature]

[Date: 2/15/10]
### Treatment Outcome(s) from the ISP addressed by this intervention(s)

- Psychiatric Improvement
- Improved Management of SAMI Issues
- Medical and Health Wellness and Personal Safety
- Housing Stability
- Barriers to Employment, Education, Meaningful Activities
- Independent Living Skills
- Personal and Social Skills/Empowerment

### CPST Activity

**Directions:** Check the box(es) that best describe the CPST activity(s).

- Ongoing assessment of needs
- Coordination of the ISP
- Assistance in achieving personal independence in managing basic needs
- Facilitation of further development of daily living skills
- Coordination and/or assistance in crisis management and stabilization
- Education and training specific to the individual's assessed needs, abilities and readiness to learn
- Address symptoms, behaviors, thought processes, that assist in eliminating barriers to seeking or maintaining education or employment
- Activities that increase the individual's capacity to positively impact his/her own environment
- Symptom monitoring
- Advocacy and outreach

### Describe Staff Intervention(s):

(taught, trained, practiced, reviewed, role-modeled, coached, prompted etc.)

### Significant changes or events in the life of the client:

- None reported/observed

### Observations of living environment, appearance, behaviors and barriers to progress:

### Recommended Revision to ISP:

- None
- Revise ISP

### Assessment of progress toward treatment outcomes:

- No Progress
- If Progress, specify:

### Staff Signature:

QMHS PC PCC SW ISW

### Client Signature:

DRAFT 2010 Progress Note 2010-03-02
Observations of living environment, appearance, behaviors and barriers to progress:

Met clt. @ his apt. He reported that he doesn't think his new meds are working, his "mind is messing with him," and he is "seeing things." Stopped all meds "a few days ago." Unable to report list of meds.

Reported that he had not contacted Dr. but didn't want to bother him.

Thinks he may have missed some work shifts b/c he has "bad feelings." Clt was unshaved/unclean; dirty clothes; pills spread on counter & coffee table.

Significant changes or events in the life of the client: None reported/observed

Clt may be experiencing problems related to new medications.

Clt may be missing work; has had significant decrease for several mos.

Treatment Outcome(s) from the ISP addressed by this intervention(s)

- Psychiatric Improvement
- Improved Management of SAMI issues
- Medical and Health Wellness and Personal Safety
- Housing Stability

Barriers to Employment, Education, Meaningful Activities
- Independent Living Skills
- Personal and Social Skills/Empowerment

CPST Activity  Directions: Check the box(es) that best describe the CPST activity(s).

- Ongoing assessment of needs
- Coordination of the ISP
- Assistance in achieving personal independence in managing basic needs
- Facilitation of further development further development of daily living skills
- Coordination and/or assistance in crisis management and stabilization
- Education and training specific to the individual's assessed needs, abilities and readiness to learn
- Address symptoms, behaviors, thought processes, that assist in eliminating barriers to seeking or maintaining education or employment
- Activities that increase the individual's capacity to positively impact his/her own environment
- Symptom monitoring
- Advocacy and outreach

Describe Staff Intervention(s): (taught, trained, practiced, reviewed, role-modeled, coached, prompted etc.)

Prompted clt to call Dr. to work. Practiced how to appropriately communicate concerns to Dr. Reviewed stress recognition plans, coping strategies to manage "bad feelings." Reviewed "Stressors and Developmental Milestones" checklist re: hygiene issues. Called Dr. and job coach to coordinate.

Recommended Revision to ISP: None

Assessment of progress toward treatment outcomes: No Progress

If Progress, specify:

Clt is experiencing some setbacks, but is scheduled to see Dr. in am. Job coach will contact employer.

Staff Signature: Casey Manager

Client Signature:

QMHSS  PC  PCC  SW  ISW  Signature/Documentation Date 3-1-10