



Person's Name (First / MI / Last): Jean B. Stone		Record#:	D.O.B.: 10/1/84
Organization/Program Name: Creative Life Choices Inc/Oak Street Residence			
Date of Admission: 7/1/10	<input checked="" type="checkbox"/> Annual IAP-Date: 7/1/10 <input type="checkbox"/> Revised IAP-Date:		
Goal #: 1			
Linked to Assessed Need(s): 1,3 from form dated: 7/1/12 <input checked="" type="checkbox"/> CA <input type="checkbox"/> CA Update <input type="checkbox"/> Psych Eval. <input type="checkbox"/> Other:		Start Date: 7/1/12	Target Completion Date: 7/1/13
Desired Outcomes for this Assessed Need in Person's Words: "I want to be normal. I want to be like everyone else and have my own apartment."			
Goal: (State Goal Below in Collaboration with the Person Served/Reframe Desired Outcomes): Jean will move into an apartment.			
Person's Strengths, Preferences, and Skills and How They Will be Used to Meet This Goal: Jean is motivated and has a strong sense of perseverance, which she will be able to channel toward the tasks necessary to achieve living independently. Jean is interested and excited about the goal of independent living and will be able to use her interest to overcome obstacles and anxiety that may stand in the way of living independently. Jean has achieved her goal of becoming her own rep payee, which demonstrates that she has been able to pay her bills in a timely fashion and budget her money effectively. These skills will be useful for paying her rent, utilities and other bills she may acquire. Jean is an experiential learner and learns skills quickly after someone has demonstrated the skill and then gives her the opportunity to attempt it herself. This will be an asset to Jean when she begins to search for apartments, develop budgets, practice coping skills with staff and completes applications and searches for jobs. Jean goes to all of her appointments independently and is effective at communicating her needs to her family and providers. Jean's timeliness, commitment to her goals and effective communication should assist her in working with staff, communicating with potential landlords and employers. In addition Jean has the support of her brother and mother. Jean's family is actively involved in her life and is willing to participate in helping her reach her goal of moving into her own apartment. Jean's brother has indicated that he would like to help her find and apartment and her mother would like to attend yoga classes with her regularly. The involvement of her family will not only help her with the short term goal of achieving an apartment but it also provides Jean with a sense of belonging. Jean has stated "Although sometimes the relationships with my family can be a little difficult, when I am with them I know that I am with people who know me well and care about me"			
Supports and Resources Needed to Meet This Goal: Jean's brother is willing to assist Jean in signing up for section 8 housing. She will need the support of staff in preparing for independent living. She will need a copy of the program's medication independence plan in order to learn the steps toward medication independence. Jean will also need the assistance of the Employment Specialist to search for a job. Jean's mother is willing to assist her by taking her to yoga class, and the program will connect her with IMR group to help her toward her goal of managing her anxiety.			
Potential Barriers to Meeting This Goal: Jean reports that she doesn't have a lot of experience in obtaining an apartment. Jean is unaware of the steps involved in finding, obtaining and maintaining an apartment and Section 8 housing. She will need assistance in finding an apartment that meets her needs, satisfies her wants and that she can afford. Jean is concerned about managing her money when she is on her own and in an apartment and has additional income from employment. Initially Jean has asked for assistance in determining how much she can spend on an apartment and still be able to manage bills such as electric and her cell phone. Jean reports having limited experience with living independently and does not know the average costs of rent, electric and heating bills. Jean will benefit from the support of staff in this area. Jean is also not aware of any entitlements or subsidies that she might be eligible for. Jean views being medication independent as a very important step to her being successful in her own apartment. Jean has indicated that if she has a job and is not living at the Oak St. residence that it may be complicated for her to meet up with staff to receive her medications twice a day and would prefer to be as independent in this area as she can be before moving into an apartment. Jean does not currently administer her own medication and is uncertain of the protocols she must follow in order to self-administer. Jean would like assistance in identifying her medications and implementing ways to help her remember to take her medications. Jean identifies that when she is overwhelmed she experiences anxiety which can lead to substance use, suicidal thoughts and auditory hallucinations. Jean is worried that taking on such a drastic life change could lead to anxiety. Jean is interested in learning new skills and implementing a daily regime to help her to manage stress. Jean will benefit from the support of staff in this area through additional skills training. Jean would like to get a part time job. Jean has not had a job in the past and is unsure of what type of job she would like, how to find a job and that she will be shy to complete interviews. Jean will benefit from staff working with her as well as the Supported Employment Specialist to increase her knowledge and confidence in this area.			
OBJECTIVE # 1: Jean will choose an apartment.			

Individualized Action Plan-Version 1

Person Served Will: Jean will complete and submit her application for Section 8 housing and apply for any other entitlements that she is eligible for.			Start Date: 7/1/12	
Parent/Guardian/Community/Other Will: (<input type="checkbox"/> Not Clinically Indicated) Jean's brother will help her apply for Section 8 housing.			Target Completion Date: 10/1/12	
Intervention(s) / Method(s)	Service Description/ Modality	Frequency	Responsible: (Type of Provider)	
1. Teach Jean apartment search skills, for the purpose of finding available apartments, by reviewing with her the different housing resources in the area such as newspapers, internet searches and other tools. Teach Jean how to narrow down her apartment choices by helping her to create a written list of questions to ask potential landlords when looking at an apartment.	Apartment Search Training	Twice monthly or more often as needed	Oak Street Staff	
2. Teach Jean budgeting skills for the purpose of determining how much money she can spend on an apartment and how much additional income she will need, by comparing her current budget to the average rent and utility bills in the area and problem solving any issues that can be predicted by examining both her current budget and projected budget	Budgeting Skills Training	Twice monthly or more often as needed	Oak Street Staff	
3. Teach Jean how to determine which apartment best suites her needs for the purpose of choosing an apartment by filling out a pros and cons list of the apartments she visited, examining the pros and cons list and identifying the most suitable apartment.	Apartment Selection Skills Training	Twice monthly or more often as needed	Oak Street Staff	
4.				
OBJECTIVE # 2: Jean will package her medications for one week at a time.				
Person Served Will: Jean will review the program's medication independence plan and review the steps			Start Date: 7/1/12	
Parent/Guardian/Community/Other Will: (<input checked="" type="checkbox"/> Not Clinically Indicated)			Target Completion Date: 3/1/13	
Intervention(s) / Method(s)	Service Description/ Modality	Frequency	Responsible: (Type of Provider)	
1. Teach Jean medication management skills for the purpose of becoming medication independent by teaching her the names, purposes and targeted affects of her medications by reviewing a list of her medications with her at each medication administration time.	Medication Management Skills Training	1 X daily	Medication Certified Staff	
2. Teach Jean Behavioral Tailoring skills for the purpose of helping her remember what times she needs to take her medications by helping her to examine her daily schedule and determine things that she can incorporate into her schedule to help her to take her daily medications. Review the effectiveness of her schedule.	IMR/Medication Independence Training	Once weekly and more often if needed	IMR Group Leader/Oak Street Staff/	
3. Teach Jean problem-solving skills regarding self-administering medications by reviewing situations she may encounter and outlining what to do and who to call if she has questions or concerns while self-administering medications.	Problem Solving Skills Training	Once weekly and more often if needed	Oak Street Staff	
4.				

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Additional Objectives

Person's Name (First / MI / Last): Jean B. Stone		Record#:	D.O.B.: 10/1/84
GOAL #: 1			
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.			
Person Served Will: Attend IMR group, attend yoga class with mom as a means of coping with anxiety as detailed in IMR's stress vulnerability model, continue to attend regular therapy appointments.			Start Date: 7/1/12
Parent/Guardian/Community/Other Will: (<input type="checkbox"/> Not Clinically Indicated) Jean's mother will transport her to and from yoga class.			Target Completion Date: 3/1/13
Intervention(s) / Method(s)	Service Description/ Modality	Frequency	Responsible: (Type of Provider)
1. Teach Jean coping skills for the purpose of helping to prepare herself for stressful situations by helping her create a way to identify her stress triggers and choose skills that may help her to deal with situations effectively.	Coping Skills Training	2 times per month	Oak Street Staff
2. Teach Jean IMR's Stress Vulnerability Model for the purpose of managing stress by reviewing the listed skills and discussing how and when these skills may be used effectively.	IMR Group	2 times per month	IMR Group Leader/Oak Street Staff
3. Teach Jean how to develop a daily relaxation regimine for the purpose of managing her anxiety in an apartment, using the tell-show-do method.	Relaxation Skills Training	2 times per month	Oak Street Staff
4.			
OBJECTIVE # 4: Jean will get a part time job.			
Person Served Will: Jean will meet with the Employment Specialist two times per month to work on filling out applications and building a resume.			Start Date: 7/1/12
Parent/Guardian/Community/Other Will: (<input checked="" type="checkbox"/> Not Clinically Indicated)			Target Completion Date: 7/1/13
Intervention(s) / Method(s)	Service Description/ Modality	Frequency	Responsible: (Type of Provider)
1. Teach Jean job search skills for the purpose of helping her find a job by showing her how to fill out applications, both in paper form and online, and teaching her how to create a resume.	Supported Employment	2 times per month	Employment Specialist
2. Teach Jean job identification skills by helping her to assess her interests and skills by completing various work sheets out of the "The Pathfinder: How to Choose or Change Your Career for a Lifetime of	Supported Employment	2 times per month	Employment Specialist
3. Teach Jean interview skills for the purpose of building her confidence when she interviews by using role play.	Supported Employment	2 times per month	Employment Specialist/Oak St Staff
4.			
OBJECTIVE # :			
Person Served Will:			Start Date:
Parent/Guardian/Community/Other Will: (<input type="checkbox"/> Not Clinically Indicated)			Target Completion Date:
Intervention(s) / Method(s)	Service Description/ Modality	Frequency	Responsible: (Type of Provider)
1.			
2.			
3.			

4.			
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Individualized Action Plan-Version 1

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This Section Mandatory for Outpatient Substance Abuse Counseling Only (Check Here if Not Applicable: <input checked="" type="checkbox"/>)			
Medication Name	Dose	Plans for Change-Including Rate of Detox	Prescribed By
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Other Agencies/Community Supports and Resources Supporting Individualized Action Plan: <input type="checkbox"/> None Reported (<input type="checkbox"/> No Change)			
Agency Name:	Contact and Title	Services Currently Provided	Release Signed
NONE	Maria Stone, Mother	Yoga Classes, support network	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NONE	Edward Stone, Brother	Section 8 sign up, support Network	<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: July 1, 2013
Criteria- <i>How will the provider/individual/parent guardian know that level of care change is warranted?</i> (Check All that Apply)		
<input type="checkbox"/> Reduction in symptoms as evidenced by:		
<input checked="" type="checkbox"/> Attainment of higher level of functioning as evidenced by: Jean and her treatment providers will know that she is ready for a more independent level of care when she has identified an apartment to live in and demonstrates the use of positive coping skills when she experiences anxiety. Jean has identified that she wants to have a job prior to moving into an apartment in order to gain the confidence to live independently. Therefore Jean will also obtain and maintain employment before the level of care changes		
<input type="checkbox"/> Treatment is not longer medically necessary as evidenced by:		
<input type="checkbox"/> Other:		

Plan Completed by (Name, Title, Program): Anna Renner, LMHC,Oak Street Program			
Was the person served provided copy of the IAP/ <input checked="" type="checkbox"/> s Yes <input type="checkbox"/> No, Reason:			
Person's Signature:			Date:
Parent/Guardian Signature (if applicable): <input type="checkbox"/> N/A	Date:	Supervisor Signature/Credentials (if applicable): <input type="checkbox"/> N/A	Date:
Provider Signature/Credentials:	Date:	Psychiatrist/MD/DO Signature/Credentials (if applicable): <input type="checkbox"/> N/A	Date: