

Division of Youth Services

COMPREHENSIVE SERVICE PLAN (XIII.5.A)

Date: Plan: Initial Service Plan
Student Name: DOB:
Cottage/POD: Girls Commitment Date:
Risk Level Score: Commitment Number:
Community Counselor: County:
Committing Offense:

Background Information

Summary of Programming Needs Assessment:

Social History: Initial.

Recreational Needs: Initial.

Educational Needs: Initial.

Vocational Needs: Initial.

Medical Needs: Initial.

Mental Health Needs: Initial.

Substance Abuse Needs: Initial.

Sex Offender/Victim Needs: Initial.

Additional Information

Medication Management: Initial.

Suicide Prevention: Initial.

Parent Involvement: Initial.

Transition Plan: Pending.

Level of Treatment: Initial.

Summary of Counseling:

Risk Factor 1: Alcohol/Other Drugs Risk Level: High Focus: Immediate

Protective Factors/Strengths:

Summary of Risk/Need Assessment:

Long Term Goal:

Short Term Goal:

Measurable Objective:

Intervention a: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention b: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention c: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention d: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Risk Factor 2: Alcohol/Other Drugs Risk Level: High Focus: Immediate

Protective Factors/Strengths:

Summary of Risk/Need Assessment:

Long Term Goal:

Short Term Goal:

Measurable Objective:

Intervention a: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention b: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention c: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention d: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Risk Factor 3: Alcohol/Other Drugs Risk Level: High Focus: Secondary

Protective Factors/Strengths:

Summary of Risk/Need Assessment:

Long Term Goal:

Short Term Goal:

Measurable Objective:

Intervention a: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention b: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention c: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention d: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Risk Factor 4: Alcohol/Other Drugs Risk Level: High Focus: Immediate

Protective Factors/Strengths:

Summary of Risk/Need Assessment:

Long Term Goal:

Short Term Goal:

Measurable Objective:

Intervention a: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention b: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention c: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention d: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Individual Treatment/Management Plans: None. None

QMHP Treatment/Management Plans

Sources of Information

- Admissions Packet:
- Intake Screening Protocol:
- Suicide Assessment Unit Log Book
- Current Master Treatment File Previous Master Treatment File
- Medical Chart Programming Needs Assessment
- Psychiatric Evaluation Psychological Evaluation
- Prior Hospitalization Documents Prior Mental Health Documents
- Community Counselor Unit Counselor
- Other Staff Member Family Member
- Suicide Risk Reassessment Forms:
- Incident Report:
- Other: Describe

Comments:

Placement and Supervision Considerations

Privileges: Initial.

Level of Treatment: Initial.

Supervision Provided: Initial.

Restrictions and Precautions: Initial.

Parent Involvement: Initial.

Step Down Plan: Initial.

Release Plan: Initial.

Diagnostic Impressions

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: Highest . Current .

Comments:

Treatment Plan

Recommendations: No Suicide Prevention Indicated.

Problem I: as evidenced by .

Intervention I: None Meeting 0 X Weekly.

Contingency: If then .

Long Term Goal: None.

Short Term Goal:

Measurable Objective:

Plan for Monitoring Progress:

Risk Factors for Recurrence:

Person Responsible	Start Date	Target End End Date	Actual End End Date
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Problem II: as evidenced by .

Intervention II: None Meeting 0 X Weekly.

Contingency: If then .

Long Term Goal: None.

Short Term Goal:

Measurable Objective:

Plan for Monitoring Progress:

Risk Factors for Recurrence:

Person Responsible	Start Date	Target End Date	Actual End Date

Problem III: as evidenced by .

Intervention III: None Meeting 0 X Weekly.

Contingency: If then

Long Term Goal: None.

Short Term Goal:

Measurable Objective:

Plan for Monitoring Progress:

Risk Factors for Recurrence:

Person Responsible	Start Date	Target End Date	Actual End Date

Problem IV: as evidenced by .

Intervention IV: None Meeting 0 X Weekly.

Contingency: If then

Long Term Goal: None.

Short Term Goal:

Measurable Objective:

Plan for Monitoring Progress:

Risk Factors for Recurrence:

Person Responsible	Start Date	Target End Date	Actual End Date

Signatures of Team Members:

_____	_____
_____	_____
_____	_____
_____	_____

Youth's Signature:

QMHP's Signature:

08/12/09

Counseling, Programs, & Progress Note-Attachment B

Policy XIII.11