

Carbon Monore Pike Mental Health and Developmental Services  
Interagency Action Plan

Consumers Name:

Meeting Date:

Age:

DOB:

Location:

BSU#

Referral Source:

Purpose of Meeting:

I acknowledge that by my attendance at this CASSP/Interagency meeting, I will obtain confidential information. It is our policy to respect and honor each person's right to confidentiality. I agree that I will not disclose this information without the appropriate written consent of the individual, parent or guardian as permitted by state and federal laws and regulations.

**List All Treatment Team members:**

Name (Please print name on first line, include title or credentials if applicable and sign name on second line.)	Address/Phone Number (Please Print address on first line, phone number on second line)	Agency/Role	Agree	Disagree

\* P=In Person S=Speakerphone RO=Report Only(not present, but submitted information) NP=Invited but not present, note reason



Consumer's Name:

Meeting Date:

List of services attempted (Professional and Community Based):

List of current services (Professional and Community Based):

Consumer's Name:

Meeting Date:

**EMOTIONAL/BEHAVIORAL (needs and concerns)**

Symptoms: include detailed **description** of symptom, domains **where** symptoms occur and **frequency** of symptom  
"Joe" sleeps all day, kicks his sister when she is next to him, pounds the walls when he is told no...

Service/Action Step: include community and professional support and services recommended by team members

Responsible Person/Agency: list **responsible person** for action and **timeline** for action

**EDUCATIONAL/VOCATIONAL**

List needs and concerns:  
"Joe" has trouble comprehending what he reads, he does not stay in his seat during class...

Service/Action Step: include community and professional support and services recommended by team members

Responsible Person/Agency: list **responsible person** for action and **timeline** for action

Consumer's Name:

Meeting Date:

## MEDICAL

List needs and concerns:

"Joe" has a broken ankle, he sneezes when near flowers, and says he gets headaches often...

Service/Action Step: include community and professional support and services recommended by team members

Responsible Person/Agency: list **responsible person** for action and **timeline** for action

## COMMUNITY/SOCIAL

List needs and concerns:

"Joe" does not play nicely with other kids at the park, he is not involved in any activities outside of school.

Service/Action Step: include community and professional support and services recommended by team members

Responsible Person/Agency: list **responsible person** for action and **timeline** for action

Consumer's Name

Meeting Date:

UNIQUE/OTHER

List needs and concerns:

"Joe" has been in foster care since May because his parents did not have permanent housing...

Service/Action Step: include community and professional support and services recommended by team members

Responsible Person/Agency: list **responsible person** for action and **timeline** for action

Summary of family, community, educational and professional services recommended:

include all action steps/responsible person/timelines, identify all levels of case management (C&Y, TCM, Family Based, Etc)

Lead Case Manager:

Lead Clinician: