Carbon-Monroe-Pike Mental Health and Developmental Services
Targeted Case Management Department
Individual Service Plan

Consumer's Name: _____ Case Manager's Name: _____

DOB: _____ BSU Number: _____ MA Number: _____

Plan Date: _____ Plan covers date from _____ to _____

CURRENT SERVICES AND RESOURCES

*Natural Supports/Family (include family, relatives, friends or any other support that consumer has consented to release information):

Name	Relationship	Phone Number

*BH Providers/Community Agencies (Include BH providers, school, and other community resources):

Name	Type	Phone Number

*Physical Health Providers (Include PCP, medical specialists, pharmacy, dental and other physical health practitioners)

Name	Type	Phone Number

*Hospitalizations (Include hospital, admission and discharge dates, and reason for admission for behavioral and physical hospitalizations):

Hospital	Admission Date	Discharge Date	Reason for admission

*Current Medications (list all medications, dosage, and reason for prescription):

Reported By	Medication/Dosage/Time	Reason for Rx	Prescribing Physician

*Safety/Crisis Plan (Include (1) signs/symptoms of crisis situation, (2) methods to prevent crisis situation, (3) procedure for crisis resolution, (4) supports and programs to call in time of crisis. Also, mark below any signs/symptoms/triggers for crisis:

- ☐ Depression
- ☐ Drug & Alcohol Use
- ☐ Physical/Medical Issues
- ☐ Developmental Delays
- ☐ Suicidal Ideation/Threats/Attempts
- ☐ Anxiety
- ☐ Abuse/Neglect
- ☐ Self Injury
- ☐ Delusions
- ☐ Aggressive/Violent Behavior
- ☐ Eating Disturbance
- ☐ Helplessness
- ☐ Hallucinations
- ☐ Homicidal Ideation/Threats/Attempts
- ☐ Relationship/Family Issues
- ☐ Sleeping Disturbance
- ☐ Social Isolation
- ☐ Sexual Problems

Describe Signs, Symptoms, and Triggers for Crisis	Methods to Prevent Crisis Situation	Steps for Crisis Resolution	Contact Information for Support
			CMP MH/DS: 1-800-338-6467 Local Office _____, TCM ext. _____ Crisis #: 1-800-849-1868

*=If additional space is needed for these sections, please use the Additional Information Section on Page 9

TCM SERVICE GOALS

Life Domain: Housing (Describe consumer's current housing/living situation)

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

Life Domain: Mental Health Treatment (Describe consumer's current mental health treatment)

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

Life Domain: Activities of Daily Living (Describe consumer's ability to perform ADLs)

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

Life Domain: Education/Vocation (Describe consumer's current educational/vocational situation)

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

Life Domain: Drug and Alcohol Treatment (Describe consumer's current drug and alcohol treatment)

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

Life Domain: Income and Benefits (Describe consumer's current income situation)

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

Life Domain: Socialization and Natural Supports (Describe consumer's current socialization/natural supports)

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

Life Domain: Physical Health (Describe consumer's current physical health treatment and/or concerns)

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

- Consumer is 17 years old or younger, Wellness Assessment is non-applicable ☐
- If consumer is 18 years old or older, please complete Wellness Assessment

Wellness & Smart Goal

Physical Wellness	How important is this Domain to you?				
	Not at All	A little	Some	Quite a bit	A lot
Diet and Nutrition	☐	☐	☐	☐	☐
Physical Activity	☐	☐	☐	☐	☐
Sleep/Rest	☐	☐	☐	☐	☐
Relaxation/Stress Management	☐	☐	☐	☐	☐
Medical Care/Screening	☐	☐	☐	☐	☐
Smoking Cessation	☐	☐	☐	☐	☐
Taking Medications Effectively	☐	☐	☐	☐	☐
Habits and Routines	☐	☐	☐	☐	☐

Prioritized Physical Wellness Domain: _____

1st SMART Wellness Goal*

2nd SMART Wellness Goal*

3rd SMART Wellness Goal*

**Remember: SMART Goals should be attainable in a time frame of 4 to 8 weeks. Timely date for an accomplishment should be included as part of the SMART Goal.*

If Wellness Goals are not included, please provide a brief summary of Wellness discussion as part of ISP Development:

_____

Life Domain: Other (Please specify) _____

Strengths:

Needs and Interests:

Level of assistance (check the box that best describes the level of assistance that is needed and/or requested by consumer/family):

NO ASSISTANCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	SIGNIFICANT ASSISTANCE
☐	☐	☐	☐

Recovery Goal: _____

Targeted Date of Achievement: _____

Consumer Steps and Activities (What steps are needed to achieve the recovery goal?):

- _____
- _____
- _____
- _____

TCM/Team Involvement: (How is the TCM assisting to achieve the recovery goal?):

- _____
- _____
- _____
- _____

_____

Additional Information (Please indicate the section of the ISP that requires additional information)

My signature indicates that I fully participated in the planning process and agree with objectives and safety plan.

_____ CONSUMER'S SIGNATURE/DATE

_____ PARENT/GUARDIAN'S SIGNATURE/DATE
(If consumer is under 14)

_____ CASE MANAGER'S SIGNATURE/DATE

_____ SUPERVISOR'S SIGNATURE/DATE