

MENTAL HEALTH/WELLNESS GOAL

Identify Risk Factors

If young person has long-term therapeutic treatment plans (AXIS I, Psychotic Diagnoses)

STEPS:	COMPLETED?	DATE	PROGRESS NOTES
If young person has Psychiatric History:	<input type="radio"/> N/A		
<input type="radio"/> Secure self-report and psychiatric evaluation to determine psychiatric history.	<input type="radio"/> YES <input type="radio"/> NO		
If young person is currently undergoing treatment:	<input type="radio"/> N/A		
<input type="radio"/> Identify service providers in treatment plan to continue assessment of needs.	<input type="radio"/> YES <input type="radio"/> NO		
If young person takes Psychotropic medication*:	<input type="radio"/> N/A		
<input type="radio"/> Obtain/maintain proper health insurance coverage to secure medication.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Identify medication and side effects to ensure stability/safety during treatment.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Provide continued psychoeducation on safe use of all prescribed medication.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Implement medication management (ie. Pill Count, or Supervision of Use, or Distribution)	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Escort young person to treatment facility for monitored psychotropic treatment (ie. Injectables)	<input type="radio"/> YES <input type="radio"/> NO		
If young person is diagnosed as Schizophrenia/Bipolar:	<input type="radio"/> N/A		
<input type="radio"/> See Long-term therapeutic treatment plans	<input type="radio"/> YES <input type="radio"/> NO		
If young person has been Hospitalized*:	<input type="radio"/> N/A		
<input type="radio"/> Identify hospitalizations within last 12 months to assess need.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Secure all treatment documents from service provider.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Review outpatient service plan and adherence.	<input type="radio"/> YES <input type="radio"/> NO		
If young person has High Risk Behaviors:	<input type="radio"/> N/A		
<input type="radio"/> Identify those behaviors that can place the young person in immediate danger (ie. Violent/explosive behaviors, Gang Involvement, Involvement in the criminal courts, Exposure to Sex Work, Exposure to STI's via unsafe sex practices, Eating disorder, etc.)	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Implement coaching model to engage young person in program.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Discuss the Pros and Cons of current situations.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Implement safety plan with young person.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Implement appropriate intervention to promote change (ie. MI, Stages of Change, CBT)	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Make appropriate referrals to service providers.	<input type="radio"/> YES <input type="radio"/> NO		
If there are concerns about Substance Use:	<input type="radio"/> N/A		
<input type="radio"/> Determine if there is substance use or abuse (ie. Usage amount, impact on life/relationships, impact on health etc.)	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Provide psychoeducation to inform young person of overall physiological/psychological impact and signs of abuse (Complete step if situation is substance abuse or substance use)	<input type="radio"/> YES <input type="radio"/> NO		
If it is determined there is substance abuse:	<input type="radio"/> N/A		
<input type="radio"/> Implement intervention to promote participation in recovery services (ie. MI, Harm Reduction, Stages of Change)	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Make appropriate referrals to service providers.	<input type="radio"/> YES <input type="radio"/> NO		
If young person experienced Trauma / Abuse:	<input type="radio"/> N/A		
<input type="radio"/> Identify history of traumatic events.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Determine young person's coping skills (ie. frustration tolerance level, conflict approach, use of support, use of self-care)	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Develop Safety Plan, if necessary.	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Continue Coaching	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Make appropriate referrals, if necessary.	<input type="radio"/> YES <input type="radio"/> NO		

*Situation applies to young person currently or within the last 12 months.

For additional space, please see reverse side.

ADDITIONAL NOTES