

Who are the most significant people in your life? Describe your relationship with them.: MCT WAS UNABLE TO OBTAIN INFORMATION REGARDING SIGNIFICANT PEOPLE OR SOCIAL SUPPORTS IN CONS LIFE DUE TO CONS ACTIVE PSYCHOSIS.

Are there currently any stressors in your household?: Yes

What are the stressors and with whom?: CONS REPORTED HE HAS A FRIEND THAT IS SPREADING LIES ABOUT HIM BEING PARANOID AND DELUSIONAL. CONS REPORTED HE HAS BEEN 'LIVING IN HELL' FOR THE PAST FEW MONTHS SINCE SHE STARTED SPREADING LIES ABOUT THIS. CONS REPORTED IT CAUSES HIM A GREAT DEAL OF STRESS.

Do you have a valid driver's license?: Unknown/Not Reported

EMPLOYMENT & EDUCATION

Is consumer employed?: Yes - Part-Time

Has consumer ever experienced difficulties with employment?: Unknown/Not Reported

What was the HIGHEST grade completed in school?: Unknown/Not Reported

Is the consumer currently enrolled in school?: No

Does consumer have any difficulty reading and writing?: Unknown/Not Reported

Does consumer need special accommodations or assistive technology (i.e. vision accessories, hearing accessories, ambulatory equipment, assistance in reading or writing)?: No

Does the consumer have a history of or any current learning disabilities?: Unknown/Not Reported

ABUSE, NEGLECT, DOMESTIC VIOLENCE

Did consumer experience any type of abuse or neglect as a child?: Unknown/Not Reported

Is the consumer considered a vulnerable adult (i.e. elderly or disabled)?: No

Has consumer ever been a victim of Domestic Violence?: Unknown/Not Reported

MILITARY EXPERIENCE

Has consumer ever served in the military?: No

LEGAL HISTORY

Has the consumer ever been arrested or had any legal problems?: Unknown/Not Reported

ETHNIC & CULTURAL

Do the consumer feel they belong to a particular ethnic or cultural group?: No

RELIGION & SPIRITUALITY

Does the consumer have any spiritual beliefs they feel would assist in their treatment experience?: Unknown/Not Reported

Psychosocial Interpretive Summary:

MCT WAS UNABLE TO OBTAIN SOME PSYCHOSOCIAL INFORMATION DUE TO CONS TANGENTIAL THOUGHT PROCESSES, PARANOIA, AND ACTIVE PSYCHOSIS.

CONS REPORTED HIS FRIEND THAT FIRST CALLED MCT TODAY IS SPREADING LIES ABOUT HIM BEING PARANOID AND DELUSIONAL. CONS REPORTED HE HAS BEEN "LIVING IN HELL" FOR THE PAST FEW MONTHS SINCE SHE STARTED SPREADING LIES ABOUT THIS. CONS REPORTED IT CAUSES HIM A GREAT DEAL OF STRESS. CONS DID NOT REPORT ANY OTHER SIGNIFICANT RELATIONSHIPS OR NATURAL SUPPORTS.

CONS REPORTED HE CURRENTLY IS SELF-EMPLOYED DOING WEB DESIGNS FOR PEOPLE, BUT HE IS UNSURE HOW LONG THAT WILL LAST. CONS REPORTED HIS WEB DESIGNS ALSO CAUSE HIM STRESS BECAUSE ONE SMALL MISTAKE CAN DERAIL THE WHOLE PROJECT.

CONS CURRENTLY LIVES ALONE IN AN APARTMENT. MCT OBSERVED THE APARTMENT TO BE MALODOROUS, FILLED WITH EMPTY FOOD CONTAINERS, AND DIRTY WITH STAINED FLOORS. MCT OBSERVED CONS COMMENT ABOUT THE MESS, BUT DID NOT OBSERVE CONS TO BE CONCERNED WITH THE PILES OF TRASH, AND GENERAL LACK OF TIDYNESS. MCT OBSERVED THE ONLY CLEAN AND TIDY AREA IN THE APARTMENT TO BE CONS BOOKSHELVES, WHICH WERE FULLY STOCKED WITH NUMEROUS BOOKS.

Psychosocial Recommendations: MCT SUGGESTED CONS TAKE TIME TO DO THINGS THAT HELP HIM REMAIN CALM OR ALLOW HIM TO DE-STRESS. MCT SUGGESTED CONS CONNECT WITH THE REAL TALK CRISIS LINE OR CRISIS TEXT LINE WHEN HE IS FEELING OVERWHELMED OR EXCESSIVELY STRESSED. MCT SUGGESTED CONS CONNECT WITH MCT PROVIDED RESOURCES FOR OUTPATIENT THERAPY.

CHILD/ADOLESCENT ASSESS

Is the consumer under 18 years of age?: No

Complete the following Developmental Assessment**SNAP & MENTAL STATUS****S.N.A.P.****STRENGTHS:** MEDICATION MANAGEMENT, INTELLIGENCE**NEEDS:** ONGOING MH SERVICES, PSYCHIATRIC EVAL**ABILITIES:** ACADEMIC SKILLS, COMMUNICATION SKILLS**PREFERENCES:** FOR HIS FRIEND TO LEAVE HIM ALONE AND STOP SPREADING LIES ABOUT PARANOIA**MENTAL STATUS EXAM****GENERAL APPEARANCE:** OVERWEIGHT, DISHEVELED, POOR HYGIENE**ATTITUDE / BEHAVIOR:** GUARDED, IRRITABLE, DEFENSIVE, AGITATED**AFFECT:** APPROPRIATE**MOOD:** ELEVATED, ANXIOUS**SPEECH:** RAPID**THOUGHT PROCESSES:** PARANOID, UNORGANIZED, PREOCCUPIED**ASSOCIATIONS:** TANGENTIAL**PERCEPTION:** DELUSIONS**ORIENTATION:** TO PERSON, TO PLACE, TO TIME**MEMORY:** RECENT INTACT, REMOTE INTACT (CAN PROVIDE ACCURATE HISTORY)**RISK FOR VIOLENCE:** LOW**DECISION-MAKING:** NORMAL**INSIGHT INTO ILLNESS/LIFE SITUATION:** DENIES / MINIMIZES**JUDGMENT:** FAIR**DIAGNOSIS & FOCAL ISSUES****Problem 1:** (298.9/F29) Unspecified Schizophrenia Spectrum and Other Psychotic Disorder**GAF Score:** 34**FOCAL ISSUES (CHOOSE UP TO 3):** Community Resources, Psychotic**DIAGNOSTIC CATEGORY (CHOOSE ONLY ONE):** Behavioral Health

Employee Signature

4/17/19 7:53 PM
Alli Roe
BSW

Approved by KM1 on 4/29/19

SANTÉ

Corporate Office
12200 Tech Rd. Suite 330
Silver Spring, MD 20904

CriSyS

810 Tyvola Rd Suite 126
Charlotte, NC 28217

Consumer Name:	LEONARD WILLIAMS	Date/Time:	4/19/2019 11:20 AM to 11:31 AM
DOB:	11/1/1980	Employee Name:	Sherri Horton MS
Address:	[REDACTED]	Program:	MCT803
Visit Type/CPT Code: Transition/Discharge / 1234			

SECTION 1

Legal Guardian, if applicable):
SELF

Veteran:
Unknown

Marital Status:
Single

Financial:
SELF-EMPLOYED

Home Phone:

Cell Phone:

Race:
Caucasian

Insurance:
Uninsured

Admission Date: 04/17/2019

Discharge Date: 04/19/2019

Age Bracket: Adult (22-60)

Diverted: Yes

Target Population:
AMI

Reason for the Call: Explain

MCT RECEIVED A CALL FROM JENNIFER COX REQUESTING MCT ASSISTANCE WITH CONNECTING HER FRIEND, A 38 YEAR OLD SCM TO SERVICES. MS COX CONFERENCED HER FRIEND (CONS) INTO THE CALL AND DISCLOSED SHE WAS CONCERNED ABOUT CONS PARANOID THOUGHTS AND DELUSIONS. CONS DENIED THOUGHTS AND DELUSIONS BUT CONSENTED TO HAVE MCT DISPATCH TO HIS RESIDENCE.

Problem 1: (298.9/F29) Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Co-Occurring Issues Identified: None Reported

Referral Source:
SELF VIA JENNIFER COX/FRIEND

Type of Transition: Current Setting

Reason for Discharge

UNABLE TO REACH CONS FOR F/U

MCT Action: MCT, Referred to Community Providers, Crisis Plan

Referrals (include name, address, phone #, days/hours of service available): List

MOBILE CRISIS TEAM / 704-566-3410 24/7/365 - Face to face or telephonic assistance with crisis situations

Referral Information: Cardinal Innovations / 800-939-5911 - 24 hr call-center, assistance with referrals for mental health, substance abuse, and intellectual and/or developmental disabilities

Has the consumer ever been in treatment or counseling for MH issues?: Yes - If yes, please include the following if known: Provider, Level of care, Duration, Dates of service, and outcome.

CONS REPORTED HE HAS BEEN IN OUTPATIENT/INPATIENT MH COUNSELING SINCE THE AGE OF 12. CONS DID NOT DISCLOSE THE NAMES OF HIS PROVIDERS, DURATIONS, OR OUTCOMES OF SERVICES.

Is the consumer CURRENTLY on any medication for MH purposes?: Yes

Medication 1 (include dose, frequency, prescriber): ZYPREXA, 5MG, CONS DID NOT REPORT PRESCRIBER

Usually Adherent?: Yes

Effective?: Yes

Any Other MH Medications Prescribed?: Yes

Medication 2 (include dose, frequency, prescriber): CELEXA, 20MG, CONS DID NOT REPORT PRESCRIBER

Effective?: Yes

Usually Adherent?: Yes

Any Other MH Medications Prescribed?: Yes

Medication 3 (include dose, frequency, prescriber): ADDERAL, 40MG, CONS DID NOT REPORT PRESCRIBER

Any Other MH Medications Prescribed?: No

Has consumer ever been prescribed psych medications in the PAST (not currently taking)?: Yes - Provide Details Below:

CONS REPORTED BEING PRESCRIBED A NUMBER OF OTHER MEDICATION, INCLUDING DEPAKOTE. MCT WAS UNABLE TO GATHER INFORMATION REGARDING THE MEDICATIONS OR DOSAGES DUE TO CONS TANGENTIAL THOUGHT PROCESSES.

Does Consumer have a first responder?: No

Do the consumer have a healthcare advanced directive?: Unknown

Is any family history of MH issues or suicide attempts known?: Unknown/Unable to Obtain

SAFETY ASSESSMENT

Are you currently having suicidal thoughts?: No

Have you had thoughts of suicide in the past?: Unknown

Have you ever attempted suicide in the past?: Unknown

Are you currently having thoughts of hurting someone else?: No

Have you had thoughts of hurting someone else in the past?: Unknown

Have you ever attempted to hurt anyone in the past?: Unknown

Interpretive Summary / Diagnostic Impression: EXPLAIN

THROUGHOUT THE DISPATCH, MCT OBSERVED THE CONS TO HAVE TANGENTIAL THOUGHT PROCESSES AND PARANOID THOUGHTS REGARDING HIS FRIEND SPREADING LIES ABOUT HIM. CONS REPORTED HE RECORDS TELEPHONE CONVERSATIONS WITH PEOPLE IN CASE THEY TRY TO USE THEM AGAINST HIM. CONS ALSO REPORTED HE OBSESSES OVER PSYCHOLOGICAL JOURNALS AND DIAGNOSING HIMSELF WITH DIFFERENT DISORDERS.

MCT OBSERVED CONS TO HAVE DISORGANIZED SPEECH WHEN ASKED A QUESTION. MCT ALSO OBSERVED CONS TO FIXATE ON ONE TOPIC REGARDING HIS PAST HX WHEN ASKED A QUESTION ABOUT PRESENT CRISIS. CONS REPORTED HE IS CURRENTLY SELF-EMPLOYED AND FINDS IT DIFFICULT TO CONCENTRATE ON HIS WORK DUE TO HIS OWN PERCEIVED COGNITIVE DISPLAYS HE IS EXPERIENCING. CONS REPORTED HE BELIEVES THIS IS A SIDE EFFECT OF THE COMBINATION OF MEDICATIONS HE HAS BEEN GIVEN OVER HIS LIFETIME. CONS REPORTED HE HAS TOLD HIS DOCTOR THESE THINGS, BUT HIS DOCTOR DOES NOT SEEM CONCERNED.

-CONS REPORTED PAST DX OF ADHD, BIPOLAR D/O, AUTISM SPECTRUM D/O WITHOUT COGNITIVE IMPAIRMENT, SCHIZOEFFECTIVE D/O, AND SCHIZOPHRENIA D/O.

-CONS REPORTED NUMEROUS PAST HOSPITALIZATIONS, BUT DID NOT REPORT WHERE, WHY, OR THE OUTCOMES OF THE HOSPITALIZATIONS.

-CONS REPORTED HE CURRENTLY RECEIVED MED MGMT SERVICES THROUGH A PSYCHIATRIST AND HAS PREVIOUSLY RECEIVED OUTPATIENT COUNSELING SERVICES BUT DID NOT REPORT A PROVIDER OR FURTHER TX HX.

Mental Health Recommendations: MCT RECOMMENDS CONS CONNECT WITH AMARA WELLNESS OR MONARCH FOR A PSYCH EVAL. MCT RECOMMENDS CONS CONNECT WITH ONGOING MH SERVICES INCLUDING OUTPATIENT THERAPY. MCT RECOMMENDS CONS CONTACT REAL TALK CRISIS LINE OR CRISIS TEXT LINE IF NEEDED. MCT RECOMMENDS CONS CONNECT WITH THE PSYCHIATRIST HE SEES FOR MED MGMT AND TALK ABOUT HIS COGNITIVE SX. MCT RECOMMENDS CONS CONTACT MCT 24/7 IF NEEDED IN FUTURE.

SUBSTANCE USE HX AND TX

Has consumer ever abused alcohol or drugs?: Unknown

Interpretive Summary / Diagnostic Impression: EXPLAIN

MCT WAS UNABLE TO OBTAIN INFORMATION REGARDING CONS SUBSTANCE USE HX, OR LACK THEREOF DUE TO CONS TANGENTIAL THOUGHT PROCESSES, PARANOIA, AND ACTIVE PSYCHOSIS.

Substance Use Recommendations: MCT MADE NOT SUBSTANCE USE RECOMMENDATIONS AS NONE WERE NEEDED/WANTED/KNOWN OF AT THIS TIME.

MEDICAL HISTORY

If MOST information is not obtained regarding this section, please explain why: EXPLAIN

MCT WAS UNABLE TO OBTAIN SOME INFORMATION REGARDING CONS MEDICAL HX, SEXUAL HX, AND PHYSICIANS DUE TO CONS TANGENTIAL THOUGHT PATTERNS AND PARANOIA.

Does the consumer have any medical issues?: Yes - Be specific
CONS REPORTED HE HAS BEEN DX WITH DIABETES.

Does the consumer have any allergies (food, medication)?: No

Is the consumer pregnant?: N/A

Is the consumer currently on any medication? (medical): Yes - If yes, please include the following information: medication name, strength, dose, prescribing doctor, and effectiveness

CONS REPORTED CURRENTLY TAKING THE FOLLOWING MEDICATION:

-ZYPREXA (5MG)

-CELEXA (20MG)

-ADDERAL (40MG)

-METFORMIN (NO DOSAGE PROVIDED)

MCT WAS UNABLE TO OBTAIN INFORMATION REGARDING PRESCRIBING DOCTOR OR MEDICATION EFFECTIVENESS DUE TO CONS TANGENTIAL THOUGHT PATTERNS AND PARANOID STATE.

Do you have any problems with participating in daily activities?: Household Management

Have you ever had a serious injury or medical condition?: Unknown

Have you ever had a serious head injury?: Unknown

Do you have a primary care physician?: Unknown

When was your last physical/check up?: UNKNOWN

Do you see other physicians on-going?: Unknown

Sexual Health

Do you have any concerns regarding your sexual orientation, gender identity, and gender expression?: Unknown

Do you have any concerns regarding your sexual health?: Unknown/Not Reported

Interpretive Summary:

CONS REPORTED PAST DX OF DIABETES THAT IS CURRENTLY MANAGED THROUGH THE USE OF METFORMIN. CONS ALSO REPORTED THE FOLLOWING MEDICATIONS:

-ZYPREXA (5MG)

-CELEXA (20MG)

-ADDERAL (40MG)

CONS DID NOT REPORT THE PRESCRIBING DOCTOR OR MEDICATION EFFECTIVENESS, EXCEPT THAT HE CURRENTLY SEES A PSYCHIATRIST THAT AGREES WITH HIM THAT THE DOSAGES ARE GOOD. MCT WAS UNABLE TO OBTAIN ANY OTHER INFORMATION REGARDING CONS MEDICAL OR SEXUAL HEALTH DUE TO CONS PARANOIA/PSYCHOSIS.

Medical Suggestions: MCT MADE NO MEDICAL RECOMMENDATIONS AS NONE WERE NEEDED/WANTED AT THE TIME.

PSYCHOSOCIAL

If MOST information is not obtained regarding this section, please explain why: EXPLAIN

MCT WAS UNABLE TO OBTAIN PSYCHOSOCIAL INFORMATION DUE TO CONS TANGENTIAL THOUGHT PROCESSES, PARANOIA, AND ACTIVE PSYCHOSIS.

LIVING SITUATION

What is consumer's current living arrangements?: Independent Housing, Living Alone

Is the consumer experiencing difficulty with housing?: No

Does consumer have children under the age of 18?: No

Has DSS ever been involved with you or your children?: Unknown/Not Reported

Do you have children over the age of 18?: No

Who are the most significant people in your life? Describe your relationship with them.: MCT WAS UNABLE TO OBTAIN INFORMATION REGARDING SIGNIFICANT PEOPLE OR SOCIAL SUPPORTS IN CONS LIFE DUE TO CONS ACTIVE PSYCHOSIS.

Are there currently any stressors in your household?: Yes

What are the stressors and with whom?: CONS REPORTED HE HAS A FRIEND THAT IS SPREADING LIES ABOUT HIM BEING PARANOID AND DELUSIONAL. CONS REPORTED HE HAS BEEN 'LIVING IN HELL' FOR THE PAST FEW MONTHS SINCE SHE STARTED SPREADING LIES ABOUT THIS. CONS REPORTED IT CAUSES HIM A GREAT DEAL OF STRESS.

Do you have a valid driver's license?: Unknown/Not Reported

EMPLOYMENT & EDUCATION

Is consumer employed?: Yes - Part-Time

Has consumer ever experienced difficulties with employment?: Unknown/Not Reported

What was the HIGHEST grade completed in school?: Unknown/Not Reported

Is the consumer currently enrolled in school?: No

Does consumer have any difficulty reading and writing?: Unknown/Not Reported

Does consumer need special accommodations or assistive technology (i.e. vision accessories, hearing accessories, ambulatory equipment, assistance in reading or writing)?: No

Does the consumer have a history of or any current learning disabilities?: Unknown/Not Reported

ABUSE, NEGLECT, DOMESTIC VIOLENCE

Did consumer experience any type of abuse or neglect as a child?: Unknown/Not Reported

Is the consumer considered a vulnerable adult (i.e. elderly or disabled)?: No

Has consumer ever been a victim of Domestic Violence?: Unknown/Not Reported

MILITARY EXPERIENCE

Has consumer ever served in the military?: No

LEGAL HISTORY

Has the consumer ever been arrested or had any legal problems?: Unknown/Not Reported

ETHNIC & CULTURAL

Do the consumer feel they belong to a particular ethnic or cultural group?: No

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Does the consumer have any spiritual beliefs they feel would assist in their treatment experience?: Unknown/Not Reported

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CHILD/ADOLESCENT ASSESS

Is the consumer under 18 years of age?: No

Complete the following Developmental Assessment**SNAP & MENTAL STATUS****S.N.A.P.****STRENGTHS:** MEDICATION MANAGEMENT, INTELLIGENCE**NEEDS:** ONGOING MH SERVICES, PSYCHIATRIC EVAL**ABILITIES:** ACADEMIC SKILLS, COMMUNICATION SKILLS**PREFERENCES:** FOR HIS FRIEND TO LEAVE HIM ALONE AND STOP SPREADING LIES ABOUT PARANOIA**MENTAL STATUS EXAM****GENERAL APPEARANCE:** OVERWEIGHT, DISHEVELED, POOR HYGIENE**ATTITUDE / BEHAVIOR:** GUARDED, IRRITABLE, DEFENSIVE, AGITATED**AFFECT:** APPROPRIATE**MOOD:** ELEVATED, ANXIOUS**SPEECH:** RAPID**THOUGHT PROCESSES:** PARANOID, UNORGANIZED, PREOCCUPIED**ASSOCIATIONS:** TANGENTIAL**PERCEPTION:** DELUSIONS**ORIENTATION:** TO PERSON, TO PLACE, TO TIME**MEMORY:** RECENT INTACT, REMOTE INTACT (CAN PROVIDE ACCURATE HISTORY)**RISK FOR VIOLENCE:** LOW**DECISION-MAKING:** NORMAL**INSIGHT INTO ILLNESS/LIFE SITUATION:** DENIES / MINIMIZES**JUDGMENT:** FAIR**DIAGNOSIS & FOCAL ISSUES****Problem 1:** (298.9/F29) Unspecified Schizophrenia Spectrum and Other Psychotic Disorder**GAF Score:** 34**FOCAL ISSUES (CHOOSE UP TO 3):** Community Resources, Psychotic**DIAGNOSTIC CATEGORY (CHOOSE ONLY ONE):** Behavioral Health

Employee Signature

4/17/19 7:53 PM
Alli Roe
BSW

Approved by KM1 on 4/29/19

SANTÉ

Corporate Office
12200 Tech Rd. Suite 330
Silver Spring, MD 20904

CriSyS

810 Tyvola Rd Suite 126
Charlotte, NC 28217

Consumer Name:	LEONARD WILLIAMS	Date/Time:	4/19/2019 11:20 AM to 11:31 AM
DOB:	11/1/1980	Employee Name:	Sherri Horton MS
Address:	[REDACTED]	Program:	MCT803
Visit Type/CPT Code: Transition/Discharge / 1234			

SECTION 1

Legal Guardian, if applicable):

SELF

Veteran:

Unknown

Marital Status:

Single

Financial:

SELF-EMPLOYED

Home Phone:

Cell Phone:

Race:

Caucasian

Insurance:

Uninsured

Admission Date: 04/17/2019

Discharge Date: 04/19/2019

Age Bracket: Adult (22-60)

Diverted: Yes

Target Population:

AMI

Reason for the Call: Explain

MCT RECEIVED A CALL FROM JENNIFER COX REQUESTING MCT ASSISTANCE WITH CONNECTING HER FRIEND, A 38 YEAR OLD SCM TO SERVICES. MS COX CONFERENCED HER FRIEND (CONS) INTO THE CALL AND DISCLOSED SHE WAS CONCERNED ABOUT CONS PARANOID THOUGHTS AND DELUSIONS. CONS DENIED THOUGHTS AND DELUSIONS BUT CONSENTED TO HAVE MCT DISPATCH TO HIS RESIDENCE.

Problem 1: (298.9/F29) Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Co-Occurring Issues Identified: None Reported

Referral Source:

SELF VIA JENNIFER COX/FRIEND

Type of Transition: Current Setting

Reason for Discharge

UNABLE TO REACH CONS FOR F/U

MCT Action: MCT, Referred to Community Providers, Crisis Plan

Referrals (include name, address, phone #, days/hours of service available): List

MOBILE CRISIS TEAM / 704-566-3410 24/7/365 - Face to face or telephonic assistance with crisis situations

Referral Information: Cardinal Innovations / 800-939-5911 - 24 hr call-center, assistance with referrals for mental health, substance abuse, and intellectual and/or developmental disabilities

Referral Information: CMC-R/BHC 501 Billingsley Rd. Charlotte, NC 28211 / 704-444-2400 - 24/7/365 Psychiatric ER

Referral Information: Presbyterian Hospital 200 Hawthorne Lane, Charlotte NC 28204 / 704-384-4000 - Adult, adolescent, and child mental health outpt and inpt services

Referral Information: TransMED Clinic 5700 Executive Center Dr Ste 110 Charlotte, NC 28212 / 704-525-3255 - Adult, adolescent, and child psychiatric services

SECTION 2

Current Recovery

Progress / Status: Contemplating changes needed to support recovery/treatment

Status of Person at Discharge: Unknown

Goals Achieved / Progress Towards Goals Made During Program Participation: MH - Stabilize and maintain the highest level of functioning

Explain progress toward this goal: UNKNOWN- MCT HAS BEEN UNABLE TO REACH CONS FOR F/U.

List the Consumer's current position in each of the following areas:

Strengths: MEDICATION MANAGEMENT, INTELLIGENCE

Needs: ONGOING MH SERVICES, PSYCHIATRIC EVAL

Abilities: ACADEMIC SKILLS, COMMUNICATION SKILLS

Preferences: FOR HIS FRIEND TO LEAVE HIM ALONE AND STOP SPREADING LIES ABOUT PARANOIA

Focal Issues (Pick up to 3): CR- Community Resources, P- Psychotic

Start GAF: 34

End GAF: 0

Current Medications (prescribed and non-prescribed) - please include medication name, strength, dose, and prescribing physician: Medications

ZYPREXA, 5MG, CELEXA, 20MG, ADDERAL, 40MG,

Persons providing input used in the development of this plan (in person, on the phone, in staffing): Consumer

Did consumer receive a copy of referrals?: Yes

Date Referrals Sent: 04/19/2019

Employee Signature

S. Sherri Horton, MS

4/19/19 11:31 AM
Sherri Horton
MS

Approved by KM1 on 4/29/19