

2014-CP-21-1976

EXHIBIT

C

Client's Name TARUS HENRY

Record ID# 9727013

Needs beyond the scope of the program  
NONE

Referrals needed for additional services

|| VR || DDSN || DSS || A&D Comm || DHEC || LMD || Other List NONE

Criteria for discharge to another program or from center (Discharge Planning)

WILL REMAIN STABLE W/O MEDS FOR A YEAR

Additional comments and notes

NONE

Initial Clinician's Signature Title and Date

*Miriam Brown LSSW* 1-20-04

Initial Physician's Signature Title and Date

*[Signature]* 1-20-04

Team Planning/Linking Conference

Date 1-20-04

Persons Present MIRIAM BROWN

Results THIS WORKER IS UPDATING THIS RECORD FOR THE NEXT 6 MONTHS I AM COPING WHAT WAS ON THE LAST ITP BECAUSE I DO NOT KNOW THIS CONSUMER

THIS RECORD IS THE PROPERTY OF THE STATE OF MISSISSIPPI AND IS TO BE DESTROYED AFTER STATED NEED. Other parties to whom this information is disclosed are to be notified of this destruction.

Signature/Title

*Miriam Brown LSSW*

Date

1-20-04

KEY  
PC  
\*

<b>CLIENT'S NAME</b> Tarus Henry		<b>Record ID#</b> 9727013	
<b>Primary diagnosis for which treatment is planned (DSM IV code and description)</b> 295 90 Schizophrenia, Undifferentiated Type, Chronic			
<b>Other diagnoses addressed in treatment (DSM IV code and description)</b> V71 09 No Diagnosis on Axis II			
<b>Strengths, Abilities, Preferences and Expectations (including family or significant other's expectations, if relevant)</b> S-Family and friends support, lives in the community A-Literate P-Outpatient Treatment E- not to get depressed			
<b>Client's Stated Needs</b> "My medicine and see the doctor"	<b>Services</b>	<b>Frequency</b>	<b>Services</b>
	PMA	PRN	
	ASSESS	PRN	
<b>Clinician's Perception of Needs</b> Ongoing case management, medication, and treatment compliance	TCM	PRN	
<b>Goals</b> (in their own words or written in a manner that is understandable)	<b>Measurable objectives</b>		<b>Time Frame</b>
1 "Take care of my family"	1 a Will be able to identify 3 things that triggers depression		8/10/05
	1 b Will identify 2 people to communicate with when in need of support		8/10/05
	1 c Develop 1 self interest to occupy free time		8/10/05
	1 d Will keep all appointments with TCCMHC staff		8/10/05
	1 e will take medication 7 out of 7 days as prescribed		8/10/05

THIS IS A CONFIDENTIAL AND PROPRIETARY MEDICATION  
 RECORD. IT IS NOT TO BE REPRODUCED OR  
 DISCLOSED TO ANY OTHER PARTY WITHOUT THE  
 WRITTEN PERMISSION OF THE TCCMHC.  
 1. Use of this information is prohibited except as  
 specifically authorized.  
 2. Disclosure to other parties is prohibited.  
 3. This material shall be destroyed after stated need  
 has been fulfilled.

INDIVIDUAL TREATMENT PLAN

<b>Client's Name</b> Tarus Henry		<b>Record ID#</b> 9727013
<b>Needs beyond the scope of the program</b> None		
<b>Referrals needed for additional services</b>    VR    DDSN    DSS    A&D Comm    DHEC    LMD    Other List None		
<b>Criteria for discharge to another program or from center (Discharge Planning)</b>  Will remain stable w/o meds for a year		
<b>Additional comments and notes</b>  none		
Initial Clinician's Signature, Title and Date <i>Charles H. Nicholson, M.D.</i> 6/25/03	Initial Physician's Signature, Title and Date <i>J. M. D.</i> 6/25/03	
Review Clinician's Signature, Title and Date _____	Review Physician's Signature, Title and Date _____	
Review Clinician's Signature, Title and Date _____	Review Physician's Signature, Title and Date _____	
<b>Team Planning/Linking Conference</b>		
Date <i>6/25/03</i>		
Persons Present Treatment team and Charles H Nicholson, M Div		
Results <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;">                     THIS IS NOT TO BE USED FOR THE PAPERWORK TEAM FROM THE TREATMENT CENTER.                      1. Use of this information is prohibited except as specifically authorized.                      2. Disclosure to other parties is prohibited.                      This document shall be destroyed after stated need.                 </div>		
Signature/Title <i>Charles H. Nicholson, M.D.</i>	Date <i>6/25/03</i>	

**INDIVIDUAL TREATMENT PLAN**

<b>CLIENT'S NAME</b> Tarus Henry	<b>Record ID#</b> 9727013
----------------------------------	---------------------------

**Primary diagnosis for which treatment is planned (DSM IV code and description)**  
~~298.9 Psychotic Disorder NOS~~ *295.90 Schizophrenia, Paranoid, Undiff* *rch 7/22/03*

**Other diagnoses addressed in treatment (DSM IV code and description)**  
 V71.09 No Dx

**Strengths, Abilities, Preferences and Expectations (including family or significant other's expectations, if relevant)**  
 S Family support, A Literate, no illicit drugs, P Outpx tx, E To see improvement

Client's Stated Needs	Services	Frequency	Services	Frequency
Continue to remain stable	PMA	PRN		
	ASSMT	PRN		
	Indtx	6 x 6 Mos		
<b>Clinician's Perception of Needs</b> Depression, remain stable w/no psychoses				

Goals (in their own words or written in a manner that is understandable)	Measurable objectives	Time Frame
Client 1 To Alleviate Stress and anxiety	1 Will follow goals set by clinician and do his share of the responsibility for recovery	7/2/03
Clinician 1 To reduce depression, anxiety	1 Will be able to identify 3 stressors and work on methods to cope 2 Continue at Voc Rehab 3 Continue on exercises and watch diet	7/2/03  7/2/03

THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION  
 TAKEN FROM THE PATIENT'S MEDICAL RECORD.  
 1. Use of this information is prohibited except as specifically authorized.  
 2. Disclosure to other parties is prohibited.  
 3. This material shall be destroyed after stated need has been fulfilled.

<b>Client's Name</b> Tarus Henry		<b>Record ID#</b> 9727013-
<b>Needs beyond the scope of the program</b> None		
<b>Referrals needed for additional services</b>    VR    DDSN    DSS    A&D Comm    DHEC    LMD    Other List None		
<b>Criteria for discharge to another program or from center (Discharge Planning)</b> The consumer must be free of psychotic behaviors for 6 months and free of psychotic symptoms for 12 months He must be able to meet daily living needs with no assistance Establish 3 positive relationships in his community		
<b>Additional comments and notes</b> None		
<b>Initial Clinician's Signature Title, and Date</b> Timothy D. McNeil, CC, 8/10/04	<b>Initial Physician's Signature Title and Date</b> [Signature] 8/10/04	
<b>Team Planning/Linking Conference</b>		
<b>Date</b> 8/2/04	<div style="border: 1px dashed black; padding: 5px;"> <p>THIS IS A CONFIDENTIAL SOURCE OF INFORMATION          WHICH IS SUBJECT TO THE PROVISIONS OF THE FEDERAL RECORDS          ACT. Use of this information is prohibited except as          specifically authorized in writing. Reproduction of this          information without the express written permission of the          originating office is prohibited.</p> <p>3. This material shall be destroyed after stated need          has been fulfilled.</p> </div>	
<b>Persons Present</b> Tarus Henry and Timothy D McNeil, CC		
<b>Results</b> The consumer did participate in the development of this treatment plan he agreed to work towards accomplishing developed goals and objectives Adjustments and changes will be made accordingly throughout the year		
<p>I have received a copy of this treatment plan.</p> <p><u>Tarus Henry</u> 8-30-04</p>		
<b>Signature/Title</b> Timothy D. McNeil, CC	<b>Date</b> 8/10/04	

**INDIVIDUAL TREATMENT PLAN**

<b>CLIENT'S NAME</b> TARUS HRNRY		<b>Record ID#</b> 9727013	
<b>Primary diagnosis for which treatment is planned (DSM IV code and description)</b> 295 90 SCHIZOPHRENIA CHRONIC UNDIFF			
<b>Other diagnoses addressed in treatment (DSM IV code and description)</b> V71 09 NO DX			
<b>Strengths, Abilities, Preferences and Expectations (including family or significant other's expectations, if relevant)</b> S SUPPORTIVE FAMILY A LITERATE, NO ILLICIT DRUG USE, P OUTPX TX, E TO SEE IMPROVEMENT,			
<b>Client's Stated Needs</b> CONTINUE TO REMAIN STABLE	<b>Services</b>	<b>Frequency</b>	
	PMA	PRN	
	ASSMT	PRN	
	Ind Ther	6X6 MOS	
<b>Clinician's Perception of Needs</b> DEPRESSION, REMAIN STABLE W/NO PSYCHOSES			
<b>Goals</b> (in their own words or written in a manner that is understandable)		<b>Measurable objectives</b>	
CLIENT 1 TO ALLEVIATE STRESS AND ANXIETY		1 WILL FOLLOW ITP AND DO HIS SHARE OF RESPONSIBILITY FOR RECOVERY BY KEEPING APPOINTMENTS	
CLINICIAN 2 TO ALLEVIATE DEPRESSION		2a WILL CONTINUE TO IDENTIFY STRESSORS AND WORK ON RECOVERY PROCESS TO DECREASE DEPRESSION	
		2b WILL FIND AND DO TWO POSITIVE ACTIVITIES TO DO THREE TIMES A WEEK	
		6-23-04 6-23-04 6-23-04	
		THIS IS DESTROYED TAKEN FROM THE FILE 1. Use of this information is specifically authorized. 2. Disclosure to other parties is prohibited. 3. This material shall be destroyed after stated need has been fulfilled.	

<b>Client's Name</b> Tarus Henry		<b>Record ID#</b> 9727013
<b>Needs beyond the scope of the program</b> None at present		
<b>Referrals needed for additional services</b> <input type="checkbox"/> VR <input type="checkbox"/> DDSN <input type="checkbox"/> DSS <input type="checkbox"/> A&D Comm <input type="checkbox"/> DHEC <input type="checkbox"/> LMD <input type="checkbox"/> Other Last None		
<b>Criteria for discharge to another program or from center (Discharge Planning)</b> Stable in depression, anxiety		
<b>Additional comments and notes</b> Tarus has gained quite a bit of weight, very overweight He blames is meds and said next PMA med will be changed		
<b>Initial Clinician's Signature, Title, and Date</b> <i>Charles H. Nicholson, M.D. 1/16/03</i>	<b>Initial Physician's Signature Title and Date</b> <i>[Signature] MD 1/16/03</i>	
<b>Review Clinician's Signature Title and Date</b>	<b>Review Physician's Signature Title and Date</b>	
<b>Review Clinician's Signature Title and Date</b>	<b>Review Physician's Signature, Title and Date</b>	
<b>Team Planning/Linking Conference</b>		
<b>Date</b>		
<b>Persons Present</b> Charles Nicholson and Tarus Henry		
<b>Results</b> We discussed previous ITP and goals met Will continue to work on recovery process because of hx of suicide attempt and commitment to GWBPH twice in 2001  <i>Client came in today, not seen since 1/18/02, hence the date ITP done CHN 1/16/03</i>		
<b>Signature/Title</b> <i>Charles H. Nicholson, M.D.</i>		<b>Date</b> <i>1/16/03</i>

THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION  
 TAKEN FROM THE PATIENT'S MEDICAL RECORD.  
 1. Use of this information is prohibited except as specifically authorized.  
 2. Disclosure to other parties is prohibited.  
 3. This material shall be destroyed after stated need has been fulfilled.

\* \* \* \* \*  
 \* \* \* \* \*  
 \* \* \* \* \*  
 \* \* \* \* \*

Program Discharge  **DISCHARGE SUMMARY SHEET** Center Discharge

1 a Patient's Name and LD # **Taras Henry 9727013** b DATE SERVICE BEGAN **10/18/01** c DATE SERVICE ENDED **1.5.06**

2 **SUMMARY OF SERVICE RENDERED** (Also to include strengths, needs, abilities and preferences, and expectations established List all provided services and discharge medications  
*S-family support N-comply with service A-Literate, lives independently with spouse I-Out patient services, E-remains in the community.*  
*The consumer received the services of PMA, TCM, ASSMT*  
*Discharge medication Geodon 20mg*

3 **REASON FOR TERMINATION OF SERVICE** (Circle Number)  
 1 No further care indicated by this facility 2 By order of the Court 3 Appropriate care unavailable  
 4 Patient dropped out or rejected services 5 Patient withdrew other reasons (moves, dies)  
 6 Appropriate care unavailable-incomplete Referral  Other  
*Consumer failed to remain in contact with the center*

4 **RESULTS OF SERVICE AND CONDITION ON DISCHARGE** Include progress/achievement of desired preferences and expectations and/or reason for the need for another level of service  
*The consumer did remain stable and living in the community. He did enroll and complete Adult Ed courses. He also enrolled in local community college. He would not keep appointments or contact center*

5 **DISCHARGE DIAGNOSIS** **DISCHARGE GAF**  
*295.90 Schizophrenia, Undifferentiated Type* *61*

6 **RECOMMENDATIONS AND FOLLOW-UP PLANS (REFERRALS, ETC)** Also include how these recommendations and/or referrals will assist in maintaining and/or improving functioning and increase independence (Insure continuity of care in discharge plan and input from all involved-self, staff, family, referral source, etc) List participants in discharge planning  
*NONE*

THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION TAKEN FROM THE PATIENT'S MEDICAL RECORD.

1. Use of this information is prohibited except as specifically authorized.
2. Disclosure to other parties is prohibited.
3. This material shall be destroyed after stated need has been fulfilled.

7 **SIGNATURE, TITLE, ID #, DATE OF PROVIDER CLOSING RECORD**  
*Timothy J. Miller, CC 1.5.06 445*



**TRI-COUNTY COMMUNITY MENTAL HEALTH CENTER  
INITIAL CLINICAL ASSESSMENT**

Information for this assessment is gathered from the consumer caregivers and significant others

Name TARUS HENRY CID# 9727013 Date 7/22/03

Identifying Data (age marital status appearance identifying characteristics)  
22 yo married obese black male -

Presenting Problems and precipitating factors (why is consumer coming to the mental health center in consumer's own words)  
Coping w/ stress, needs to continue on meds to remain stable -

Caregiver/Significant Other /Referral Source perception  
Uniqually referred by GWB PH

Psychiatric/Emotional/Behavioral Symptoms/Mental Health History (include current psychiatric symptoms and history of psychiatric illness and psychiatric hospitalizations)  
Has been to Bryan PH, X2 10/01 + 12/01, slashed wrists  
Still experiences depression at times.

Strengths (e.g. family support, community/spiritual involvement)  
Supportive church & family -

Needs (e.g. hearing impaired transportation a job access to medical care)  
Get a job, go to adult ed.

Abilities (measurable and observable skills such as ability to read/write abstain from drugs)  
reads + writes, no drug use -

Preferences (e.g. hospitalization vs outpatient treatment, counseling 1x per week vs 1x per month)  
Outpatient

Medical Information and History

Medical Condition(s) current and past Diabetes due to insulin, HTN on past of hypertension

History of surgery (specify reason and date) Had brain surgery for tumor 1999.

Significant past illnesses or injuries (specify) as above.

Family history of medical or psychiatric illnesses

THIS INCIDENT AND ALL INFORMATION TAKEN FROM THE PATIENT'S MEDICAL RECORD.

1. Use of this information is prohibited except as specifically authorized.
2. Disclosure to other parties is prohibited.
3. Doctor referral list given? Yes No N/A  
Date of last visit \_\_\_\_\_  
has been fulfilled.

Primary Care Physician Care South

Telephone # of PCP 378-4501

Hospital Preference MARLBORO PARK

Allergies (including adverse medicine reactions)

Medications (current and past 6 mos)	Dosages	For what condition	Started/Stopped	Doctor who prescribed
<u>Zyprexa</u>	<u>DC &amp;</u>			<u>Dr. Khan</u>
<u>Suboxone</u>	<u>200mg</u>	<u>Bid-1</u>		<u>Dr. Khan</u>
<u>HYDROCORTE</u>	<u>500mg</u>	<u>qbid Diabetes</u>	<u>6/12/03 current</u>	<u>Dr. E. Howard</u>

1604306 Clinician Signature: Charles H. Nicholson, M.D. Date 7/22/03

**TREATMENT REVIEW / PROGRESS SUMMARY**

Client Name Tarus Henry Client ID# 9727013

Crisis Management (30 days)  Brief Treatment (180 days)  Rehabilitative Services (365 days)  Long Term Treatment (365) days

Baseline GAF 35 Outcome Measures 1- no progress, 2- limited, 3 - some, 4 - significant, 5 - goal accomplished

**PROGRESS SUMMARY**

G A F	GOAL #	OCM rating	Services received CRMGT ___ ASSMT ___ IND TX <u>X</u> FMTX ___ GP TX ___ RPT ___ RLS ___ MCG ___ MEDADM ___ MED MON ___
			PMA <u>X</u> ILS NE ___ TPFS ___ IHS ___ MMS ___ PN ___ MFGT ___ SBS ___ TCM/ANC/IS ___ Other ___

(DATE ALL ENTRIES) Narrative Summary to include clinician's and consumer's assessment of progress towards goals and objectives **Clinical justification for continuing treatment (remember eligibility criteria) in current program must be included** If transfer to other programs or discharge from center is indicated see below

43	1	3	Attends fairly regularly with some no shows without calling to cancel
	2	3	Still some depression although he takes meds as Rx Needs to continue in tx to avoid Psychotic events

\*FCB\*

THIS IS ONE OF THE SEVERAL INFORMATION TRANSFER FORMS THAT MAY BE USED TO FACILITATE THE TRANSFER OF INFORMATION. THE USE OF THIS INFORMATION IS PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.

1. Use of this information is prohibited unless specifically authorized.
2. Disclosure to other parties is prohibited.
3. This material shall be destroyed after stated need has been fulfilled.

Basis 32 Scores	Admission/Intake <u>023</u> Date <u>1/02/02</u>	Mid Treatment _____ Date _____	Discharge _____ Date _____
-----------------	--	-----------------------------------	-------------------------------

Program Transfer Date SEE DISCHARGE FORM FOR DETAILED TRANSFER INFORMATION (if applicable)

Center Discharge Date SEE DISCHARGE FORM FOR DETAILED DISCHARGE INFORMATION

Signature/Title Charles H. Nicholson, M.D. Date 7/11/02

Note: PCR

# PLAN OF CARE (POC) INDIVIDUAL TREATMENT PLAN

<b>CLIENT NAME</b> Tarus Henry	<b>CLIENT ID #</b> 9727013
<b>Strengths</b> (programs institutions people in clients life that offer support / motivation) Family support (spouse and mother)	<b>Needs</b> (needs or treatment or global needs include legal involvements / requirements e.g court ordered to tx) Access to services
<b>Abilities</b> (Assets /skills of the client that can be used in treatment) Literate perform simple tasks SC Drivers License handles own finances	<b>Preferences</b> (Appt times therapist types of treatment language of preference) Outpatient services with PM appointments
<b>Other Service Providers/Referrals Includes C0 Occurring Disabilities</b> (needs beyond the scope of the MHC) <input type="checkbox"/> VR <input type="checkbox"/> DDSN <input type="checkbox"/> DSS <input type="checkbox"/> A&D <input type="checkbox"/> DHEC <input type="checkbox"/> MD <input type="checkbox"/> OTHER (list) None	<b>Referral Source Information</b> <b>Contact Name</b> _____ <b>Telephone</b> _____ <b>Other</b> _____
<b>Program</b> Adult Outpatient	
<b>IIP Discharge / Transition Criteria</b> (Initiated with the client on intake) The consumer must be free of psychotic symptoms for 12 months and free of psychotic behaviors to included attempts to harm self or others for 12 months without the need for medication	
<b>Center Use</b>	
<b>Other</b> The consumer is enrolled in adult education classes working toward completing diploma requirements	

THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION  
TAKEN FROM THE PATIENT'S MEDICAL RECORD.

1. Use of this information is prohibited unless specifically authorized.
2. Disclosing this information to other parties is prohibited.
3. This material shall be destroyed after stated need has been fulfilled.

INITIAL CLINICAL ASSESSMENT

Name TARUS HENRY CID# 9727013 Date 10/31/02

MENTAL STATUS EXAM

Sensorium [x] alert [ ] lethargic [ ] clouded [ ] obtunded
Appearance and Hygiene [ ] meticulous [x] neat and clean [ ] disheveled/untidy [ ] poor hygiene
Motor Activity [x] normal [ ] increased psychomotor activity [ ] slowing of psychomotor activity [ ] tics [ ] tremor
Attitude During Interview [x] cooperative [ ] oppositional [ ] irritable [ ] aggressive [ ] dramatic/over-engaging
Mood [x] normal/euthymic [ ] dysphoric [ ] labile [ ] euphoric [ ] anxious [ ] hopeless
Affect [x] normal range [ ] constricted [ ] flat [ ] blunted [ ] Other/describe
Speech [x] normal [ ] spontaneous [ ] slow [ ] mute [ ] talkative [ ] pressured [ ] stuttering [ ] slurred

THOUGHT CONTENT Are the emotional responses congruent to the ideas expressed? Circle Yes No
Describe any incongruence NA
Delusions [x] none detected [ ] ideas of reference [ ] ideas of influence [ ] suspiciousness [ ] persecutory [ ] grandiose
Hallucinations [x] none detected [ ] auditory [ ] command type/describe NA
Trends of Thought [x] none detected [ ] anger/at what or whom?
SUICIDAL IDEATIONS YES NO [x] history of attempts [ ] history in family
ASSAULTIVE IDEATIONS YES NO [x] history of violence [ ] history in family
HOMICIDAL IDEATIONS YES NO [x] history of homicide [ ] history in family

Thought process [x] organized [ ] logical [ ] circumstantial [ ] tangential [ ] racing thoughts [ ] flight of ideas
[ ] incoherence

Orientation [x] oriented [ ] disoriented to (check all that apply) [ ] person [ ] place [ ] time [ ] circumstance

Memory [x] intact [ ] recent/describe good
[ ] remote/describe good
[ ] immediate/describe good

Concentration and attention [ ] serial subtractions/result could do simple subtraction
[ ] spell WORLD backward/result good
[ ] counting change/result good

Abstract thinking [ ] interpretation of proverb/result could interpret 2 of 2 proverbs
(e.g. Don't judge a book by its cover, strike while the iron is hot)

Information and intelligence General fund of knowledge/describe Average for 12 yr - 12pc ad.
Results of testing, if any, and who did the testing NA

Insight [x] understands and realizes the significance of symptoms [ ] denial [ ] blames others
No apparent denial - no blame of others

Judgment [x] able to understand the outcome of his/her behavior [ ] does not understand the significance of his/her behavior
What would consumer do if he/she smelled smoke in a crowded movie theater?

"Report it and get out."

CONFIDENTIAL AND PRIVILEGED INFORMATION
1. Use of this information is prohibited except as specifically authorized.
2. Disclosure to other parties is prohibited.
3. This material shall be destroyed after stated need has been fulfilled.

CSN# 18958050 Clinician Signature [Signature] Date 10/31/02

## TREATMENT REVIEW / PROGRESS SUMMARY

Client Name **Tarus Henry** Client ID# **9727013**

Brief Treatment (180 days)  Rehabilitative Services (365 days)  Long Term Treatment (365 days)

Baseline GAF 65 Outcome Measures 1- no progress, 2- limited, 3 - some, 4 - significant, 5 - goal accomplished

### PROGRESS SUMMARY

G A F GOAL # OCM rating Services received CI \_\_\_ Assmt  Ind Tx \_\_\_ Fm Tx \_\_\_ GpTx \_\_\_ PRS \_\_\_ MH Club \_\_\_ Med TAS \_\_\_ Med Adm \_\_\_ Med Mon \_\_\_  
 PMA  CCS \_\_\_ SPD \_\_\_ MHS NOS \_\_\_ STAD \_\_\_ NS \_\_\_ MFG \_\_\_ BHP ES \_\_\_ TCM  TCM Y \_\_\_ BHCT \_\_\_  
 WRAPS BI \_\_\_ WRAPS CG \_\_\_ CM \_\_\_ PSS \_\_\_ CM IS \_\_\_ Other \_\_\_

65	1 2 a 2 b	3 3 2	<p><b>(DATE ALL ENTRIES)</b> Narrative Summary to include clinician's and consumer's assessment of progress towards goals and objectives Basis 32 and CAFAS scores are to be included in the summary with noted progress or lack of progress <u>Clinical justification for continuing treatment (remember eligibility criteria) in current program must be included</u> If transfer to other programs or discharge from center is indicated see below  <b>90 Day Progress Summaries should address all objectives related to service and justify continuing the specified service</b></p> <p>The consumer needed appointment rescheduled throughout the year          He was able to identify some stressors affecting him          The consumer has been limited in his ability to find and develop positive activities</p> <p>The consumer did have noncompliance with keep scheduled appointments He was not successful at identifying all stressors and work towards solutions He continued to be limited in his ability to develop his self interest into positive activities He has reported being able to deal with his family and function with his illness His Basis 32 scores consistency reflects difficulties in the area of adjusting to major life stressors He would benefit form a <u>continuation of services at this time</u></p>
----	-----------------	-------------	---

THIS IS CONFIDENTIAL INFORMATION  
 TAKEN FROM THE RECORDS OF THE TARRANT COUNTY MENTAL HEALTH CENTER  
 1. Use of this information is specifically authorized.  
 2. Disclosure to other parties is prohibited.  
 3. This material shall be destroyed when no longer needed.  
 Date: 8-10-04

Program Transfer Date SEE DISCHARGE FORM FOR DETAILED TRANSFER INFORMATION (If applicable)

Center Discharge Date SEE DISCHARGE FORM FOR DETAILED DISCHARGE INFORMATION

Signature/Title Timothy B. McPherson, CC Date 8-10-04

**INDIVIDUAL TREATMENT PLAN**

<b>CLIENT'S NAME</b> TARUS HENRY		<b>Record ID#</b> 9727013	
<b>Primary diagnosis for which treatment is planned (DSM IV code and description)</b> 298 9 PSYCHOTIC DISORDER, NOS			
<b>Other diagnoses addressed in treatment (DSM IV code and description)</b> None			
<b>Strengths, Abilities, Preferences and Expectations (including family or significant other's expectations, if relevant)</b> Good support from his family    Able to read and write    Wants outpatient treatment Expectation is to see improvements.			
<b>Client's Stated Needs</b>	<b>Services</b>	<b>Frequency</b>	<b>Services</b> <b>Frequency</b>
Wants a job	PMA	PAN	
Wants to get his own place again	ASSMT	PAN	
<b>Clinician's Perception of Needs</b>	INDTX	1 X MO	
Take medication as prescribed			
<b>Goals (in their own words or written in a manner that is understandable)</b>	<b>Measurable objectives*</b>		<b>Time Frame</b>
1 Remain out of the Hospital	1 a Attend Therapy sessions as scheduled <span style="float:right">FK</span>		7/9/02
2 Not feel Depressed	b Call Therapist if condition changes <span style="float:right">FK</span>		5/9/02
	2 a Take medication as prescribed to be monitored by mother <span style="float:right">FK</span>		7/02/02
<i>errors con</i> 1- Will alleviate future depressive episodes	1- To understand & recognize triggers to depression & gain coping mechanisms to deal w/ them.		1/02/03
2- Will prevent further psychosis	2- Will review triggers to past psychosis & gain knowledge of methods of coping w/ them.		1/02/03
	<small>THIS IS CONFIDENTIAL AND DENIES NO INFORMATION TO ANY OTHER PARTY WITHOUT THE PATIENT'S WRITTEN CONSENT.</small> 1. Use of this information is prohibited except as specifically authorized. 2. Disclosure to other parties is prohibited. This material shall be destroyed after stated need has been fulfilled.		
	KTP has been rewritten		

**PHYSICIAN'S MEDICATION ORDERS AND SERVICE NOTES**

PATIENT'S NAME AND ID #

Tarus Henry

9127013

a MEDICATIONS PRESCRIBED THIS VISIT BY CENTER PHYSICIAN  
NAME OF MEDICATION

b LIST ALL OTHER CURRENT MEDICATIONS AND SUBSTANCES  
(CENTER & NON CENTER)

Pt seen in crisis Allegedly threw a knife at his mother, cut brother's foot Pt admits that, explains it with religious reasons He believes Jesus is telling him things Pt has not slept for several nights MSE AAM dressed in jersey shirt Eye contact decreased Speech of increased rate and rhythm.

c PHYSICIAN'S SERVICE NOTES

~~Thought process tangential, with some clang associations Thought content with delusions of grandeur Behavior of poor behavior control~~

PMHX Operation for seizures in 3/99 No seizures since 3/99 All to Dilantin - rash.

A/P Psychotic d/o NOS

Hospitalize for safety and stabilization.

12/10/01

d SIGNATURE AND DATE

*alley, Dilantin*

a MEDICATIONS PRESCRIBED THIS VISIT BY CENTER PHYSICIAN  
NAME OF MEDICATION

31495

*Espress No (100 mg) T BID # to - 1st*

b LIST ALL OTHER CURRENT MEDICATIONS AND SUBSTANCES  
(CENTER & NON CENTER)

*Espress No (100 mg) T BID*  
THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION  
TAKEN FROM THE PATIENT'S MEDICAL RECORD.

c PHYSICIAN'S SERVICE NOTES

*Seen for F/U car appetite & sleep OK STOCH & Start dis of SIES - p*

*MSE - Casually dived, adequate re content. Speech non cooperative Mood "fine", affect full. No abnormal involuntary movements, No suicidal, homicidal or self-harm ideation. For ECT - delusional OAH, VH w/TH @ Paranoid Alox3 Insult & Judgment for. A nos I: Psychotic disorder NOS II: delirium III H052, SIP Sevy for SE (R temporal lobectomy) IV - none reported - GOF 51. A/P Continue Espress. ATMS done. Neuroleptic consent signed. Mother present*

d SIGNATURE AND DATE

NTC 644

**INDIVIDUAL TREATMENT PLAN**

<b>Client's Name</b> TARUS HENRY	<b>Record ID#</b> 9727013
<b>Needs beyond the scope of the program:</b> None identified	
<b>Referrals needed for additional services:</b> <input type="checkbox"/> VR <input type="checkbox"/> DDSN <input type="checkbox"/> DSS <input type="checkbox"/> A&D Comm. <input type="checkbox"/> DHEC <input type="checkbox"/> LMD <input type="checkbox"/> Other List <span style="float:right">None</span>	
<b>Criteria for discharge to another program or from center (Discharge Planning)</b> As needed when determined by Treatment team After meeting goal and no longer depressed or having psychotic episodes.	
<b>Additional comments and notes</b> None	<p align="center">THIS IS CONFIDENTIAL INFORMATION                  TAKEN FROM THE CLIENT'S MEDICAL RECORD.</p> <ol style="list-style-type: none"> <li>1. Use of this information is prohibited except as specifically authorized.</li> <li>2. Disclosure to other parties is prohibited.</li> <li>3. This material shall be destroyed after stated need has been met.</li> </ol>
<b>Initial Clinician's Signature, Title, and Date</b> <i>Simon Huggins, LPC</i> 1/2/02	<b>Initial Physician's Signature, Title and Date</b> <i>[Signature]</i> MD 1/9/02
<b>Review Clinician's Signature, Title, and Date</b> <i>Charles H. Nicholson, M.D.</i> 7/8/02	<b>Review Physician's Signature, Title and Date</b>
<b>Review Clinician's Signature, Title, and Date</b>	<b>Review Physician's Signature, Title and Date</b>
<b>Team Planning/Linking Conference</b>	
<b>Date.</b> 1/2/02	
<b>Persons Present</b> Patient, his mother and Therapist (Simon Huggins)	
<b>Results</b> Got input from family on identified problem and how they wanted to participate in treatment Included this in the ITP	
<b>Signature/Title</b> <i>Simon Huggins, LPC</i>	<b>Date</b> 1/2/02

**INITIAL CLINICAL ASSESSMENT**

Name TARUS HENRY CID# 9727013 Date 10/31/02

**DSM IV DIAGNOSES**

Axis I (description, code and supporting symptoms)

SCHIZOPHRENIA, CHRONIC, UNDIFF 295.90

Axis II V71.0P No

Axis III Begin recovery in past

Axis IV Attending adult Ed.

Axis V GAF= 65 (Current)

**INTERPRETIVE SUMMARY/CLINICIAN'S EXPECTATIONS**

(This is the clinician's summary and interpretation of the issues present and priorities for treatment. Summary should include the following: Clinician's basis for diagnosis and justification for treatment, recommendations for treatment and referrals, clinician's interpretation of interrelationships if any between information gathered in the assessment and factors likely to affect the outcome of treatment.)

*Client is doing well, losing weight no S/H/A ideations  
no A+D use, remain stable. Needs to continue in outpatient  
tx to get therapy & meds to remain stable.*

THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION  
TAKEN FROM THE PATIENT'S MEDICAL RECORD.

1. Use of this information is prohibited except as specifically authorized.
2. Disclosure to other parties is prohibited.
3. This material shall be destroyed after stated need has been fulfilled.

**PROPOSED TREATMENT PLAN**

<u>Treatment Priorities</u>	<u>Outcomes (goals/desires)</u>	<u>Services Planned</u>	<u>Frequency</u>
<i>See ITP</i>	<i>See ITP</i>	<i>See ITP</i>	<i>See ITP</i>

CSN# 18958050 Clinician Signature Alana H. Meddison, M.D. Date 10/31/02



# PLAN OF CARE (POC) INDIVIDUAL TREATMENT PLAN

CLIENT NAME Tarus Henry		CLIENT ID # 9727013	MEDICAID # (if applicable) 8699303201		
PRIMARY DIAGNOSIS ADDRESSED IN TX (Code and description changes need to be dated and initialed)		OTHER DIAGNOSIS ADDRESSED IN TREATMENT (Code and description-changes need to be dated and initialed)			
295 90 Schizophrenia Undifferentiated Type Chronic		V71 09 No Diagnosis on Axis II			
<b>PROMPTS</b> <u>Goals</u> should be in the words of the client family and / or stakeholder list things they would like to achieve change or need help with <u>Objectives</u> should be reflective of the client's expectations development culture / ethnicity tx Team's expectations understandable to the client & their family as appropriate appropriate to the DX <u>Interventions</u> are to be included and are how and what is done to help achieve the objectives					
<b>GOAL # 1</b> Take care of my family		(MD MUST INITIAL AND DATE ANY ADDED SERVICES OR CHANGES IN FREQUENCY AFTER MD SIGNATURE / AUTHORIZATION BELOW)			
		TARGET DATE	SERVICES	FREQUENCY	
Objectives / Interventions	1A. Keep appointments schedule with other healthcare providers (I) Refer to appropriate provider when needed (I) Follow up on progress of referrals	8/11/06	TCMCM	PRN	CC
	1B. Maintain eligibility for benefits currently receiving (I) Keep all appointments for recertification for benefits (I) Made needed referral when eligibility is lost	5/11/06	TCMCM	PRN	CC
	1C. Identify 2 triggers of feelings of being depressed (I) Encourage him to identify leading events	8/11/06			
<b>GOAL # 2.</b>					
Objectives / Interventions	2A				
	2B				
	2C				
<b>GOAL # 3</b>					
Objectives / Interventions	3A				
	3B				
	3C				
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	DATE CLIENT'S SIGNATURE/INITIALS AND (Indicates input and copy offered)	CLINICIAN SIGNATURE	TITLE DATE	PHYSICIAN SIGNATURE TITLE DATE (Confirms medical necessity and appropriateness)	
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined		<i>[Signature]</i>	<i>[Signature]</i> 8/11/06	<i>[Signature]</i> 8/11/06	
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined		<i>[Signature]</i>	<i>[Signature]</i> 8/11/06	<i>[Signature]</i> 8/11/06	

TAKEN FROM MY PATIENT'S MEDICAL RECORD.  
 Information is protected except as  
 specified otherwise.  
 This material shall be destroyed after stated need

**INITIAL CLINICAL ASSESSMENT**

Name TADU T. HENRY CID# 9927013 Date 10/31/01

**DSM IV DIAGNOSES** ADJUSTMENT DISORDER

Axis I (description, code and supporting symptoms) 309.28 combination of depression and anxiety. was scheduled to get married this past week and became withdrawn and anxious and ended up cutting his wrist and going to Bryan.

Axis II 171.09 no diagnosis on axis II

Axis III Brain surgery for seizure

Axis IV up coming marriage

Axis V GAF= 65 (Current)

**INTERPRETIVE SUMMARY/CLINICIAN'S EXPECTATIONS**

(This is the clinician's summary and interpretation of the issues present and priorities for treatment. Summary should include the following: Clinician's basis for diagnosis and justification for treatment, recommendations for treatment and referrals, clinician's interpretation of interrelationships if any between information gathered in the assessment, and factors likely to affect the outcome of treatment.)

I met with patient who was just released from G. Mark Bryan. State he acted while under a lot of stress but was ok now. He has delayed the wedding. He spent over a week at Bryan and report that it helped him a lot. His mother was with him and seems very supportive. He refused service and said counseling will be provided at work by EAP

**PROPOSED TREATMENT PLAN**

Treatment Priorities	Outcomes (goals/desires)	Services Planned	Frequency
GET Rid of DEPRESSION AND ANXIETY	STABILIZATION NOT CUT WRIST NOT DRINK POISONOUS SUBSTANCES RETURN TO WORK	CAMPT ASSMT	PRN PRN

THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION TAKEN FROM THE PATIENT'S MEDICAL RECORD.

1. Use of this information is prohibited except as specifically authorized.
2. Disclosure to other parties is prohibited.

CSN# 15140143 Clinician Signature [Signature] Date 10/31/01

INITIAL CLINIC ASSESSMENT

Name TARUS T HENRY CID# 9927013 Date 10/3/01

MENTAL STATUS EXAM

Sensorium  alert  lethargic  clouded  obtunded  
Appearance and Hygiene  meticulous  neat and clean  disheveled/untidy  poor hygiene  
 bizarre/inappropriate  
Motor Activity  normal  increased psychomotor activity  slowing of psychomotor activity  tics  tremor  
 abnormal movements  
Attitude During Interview  cooperative  oppositional  irritable  aggressive  dramatic/over-engaging  
 hypersensitive  guarded  
Mood  normal/euthymic  dysphoric  labile  euphoric  anxious  hopeless  
Affect  normal range  constricted  flat  blunted  Other/describe  
Speech  normal  spontaneous  slow  mute  talkative  pressured  stuttering  slurred

THOUGHT CONTENT Are the emotional responses congruent to the ideas expressed? Circle Yes No  
Describe any incongruence \_\_\_\_\_  
Delusions  none detected  ideas of reference  ideas of influence  suspiciousness  persecutory  grandiose  
Describe \_\_\_\_\_  
Hallucinations  none detected  auditory  command type/describe \_\_\_\_\_  
 visual/describe \_\_\_\_\_  
 other/describe \_\_\_\_\_  
Trends of Thought  none detected  anger/at what or whom? \_\_\_\_\_  
 fearful of what or whom? \_\_\_\_\_  
 ruminating thoughts/about what? \_\_\_\_\_

SUICIDAL IDEATIONS YES NO  history of attempts  history in family  
ASSAULTIVE IDEATIONS YES NO  history of violence  history in family  
HOMICIDAL IDEATIONS YES NO  history of homicide  history in family  
Describe suicidal cuts on wrist on 10/18/01 committed to prison

Thought process  organized  logical  circumstantial  tangential  racing thoughts  flight of ideas  
 incoherence

Orientation  oriented  disoriented to (check all that apply)  person  place  time  circumstance

Memory  intact  recent/describe excellent  
 remote/describe excellent  
 immediate/describe excellent

Concentration and attention  serial subtractions/result fairly  
 spell WORLD backward/result excellent  
 counting change/result good

Abstract thinking  interpretation of proverb/result able to interpret  
(e.g. Don't judge a book by its cover, strike while the iron is hot)

Information and intelligence General fund of knowledge/describe seems above average  
Results of testing, if any, and who did the testing N/A

Insight  understands and realizes the significance of symptoms  denial  blames others

Judgment  able to understand the outcome of his/her behavior  does not understand the significance of his/her behavior  
What would consumer do if he/she smelled smoke in a crowded movie theater?

Report it.

THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION  
1. Use of this information is prohibited except as specifically authorized.  
2. Disclosure to other parties is prohibited.  
3. This material shall be destroyed after stated need.

CSN# 15140149 Clinician Signature Sumon Duggan, MD Date 10/3/01

<b>Client's Name</b> Tarus Henry	<b>Record ID#</b> 9727013
<b>Needs beyond the scope of the program</b> None at present	
<b>Referrals needed for additional services</b>    VR    DDSN    DSS    A&D Comm    DHEC    LMD    Other List none at present	
<b>Criteria for discharge to another program or from center (Discharge Planning)</b>  Stable in depression and enhanced self- image, gain interest in life	
<b>Additional comments and notes</b>  None at present	
<b>Initial Clinician's Signature, Title and Date</b> <i>Charles H. Nicholson, M.D. 7/11/02</i>	<b>Initial Physician's Signature, Title and Date</b> <i>[Signature] M.D. 7/11/02</i>
<b>Review Clinician's Signature, Title and Date</b>	<b>Review Physician's Signature, Title and Date</b>
<b>Review Clinician's Signature, Title, and Date</b>	<b>Review Physician's Signature, Title and Date</b>
<b>Team Planning/Linking Conference</b>	
<b>Date</b> 7/11/02	
<b>Persons Present</b> Tarus Henry and Charles Nicholson	
<b>Results</b> ITP discussed and agreed on	
<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: auto;"> <p>THIS IS CONFIDENTIAL AND PRIVATE INFORMATION TAKEN FROM THE PATIENT'S RECORDS.</p> <ol style="list-style-type: none"> <li>1. Use of this information is prohibited unless specifically authorized.</li> <li>2. Disclosure to other parties is prohibited.</li> <li>3. This material shall be destroyed after stated need has been fulfilled.</li> </ol> </div>	
<b>Signature/Title</b> <i>Charles H. Nicholson, M.D.</i>	<b>Date</b> 7/11/02

**TREATMENT REVIEW / PROGRESS SUMMARY**

Client Name <b>Tarus Henry</b>	Client ID# <b>9727013</b>
--------------------------------	---------------------------

[ ] Crisis Management (30 days) [X] Brief Treatment (180 days) [ ] Rehabilitative Services (365 days) [ ] Long Term Treatment (365 days)

Baseline GAF 65 Outcome Measures 1- no progress, 2- limited, 3 - some, 4 - significant, 5 - goal accomplished

**PROGRESS SUMMARY**

G A F	GOAL #	OCM rating	Services received CRMGT ___ ASSMT <u>X</u> IND TX <u>X</u> FMTX ___ GP TX ___ RPT ___ RILS ___ MCG ___ MEDADM ___ MED MON ___ PMA <u>X</u> ILS NE ___ TPFS ___ IHS ___ MIMS ___ PN ___ MFGT ___ SBS ___ TCM/ANC/IS ___ Other _____
-------------	--------	------------	---

(DATE ALL ENTRIES) Narrative Summary to include clinician's and consumer's assessment of progress towards goals and objectives **Clinical justification for continuing treatment (remember eligibility criteria) in current program must be included** If transfer to other programs or discharge from center is indicated see below

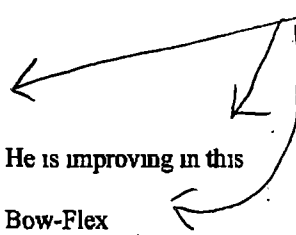
Client

67	1	4	1 Tarus has come to understand most of his triggers to depressions and for the most part utilizes coping skills and meds to remain stable
----	---	---	---

Clinician

67	1	4	1 His sense of self-worth has improved feels he is of importance
	2	4	2 (1) He and I have gone over his past psychotic events and coping methods He is improving in this
	3	4	2 (2) He only does one positive activity and does it daily, working out on his Bow-Flex
	3	1	2 (3) Does not keep a log He is improving without one

*Handwritten:* KP \* CN



THIS IS CONFIDENTIAL AND PRIVATE INFORMATION  
 TAKEN FROM THE FILES OF THE STATE OF CALIFORNIA  
 1. Use of this information is restricted to that specifically authorized.  
 2. Disclosure to other parties is prohibited.  
 3. This material shall be destroyed if the stated need has been fulfilled.

Basis 32 Scores	Admission/Intake <u>023</u> Date <u>1/2/02</u>	Mid Treatment <u>025</u> Date <u>9/24/02</u>	Discharge _____ Date _____
Program Transfer Date	SEE DISCHARGE FORM FOR DETAILED TRANSFER INFORMATION (If applicable)		
Center Discharge Date	SEE DISCHARGE FORM FOR DETAILED DISCHARGE INFORMATION		
Signature/Title	<i>Charles H. Nicholson, M.D.</i>		Date <u>1/16/03</u>

**INDIVIDUAL TREATMENT PLAN**

<b>CLIENT'S NAME</b> Tarus Henry	<b>Record ID#</b> 2130145
----------------------------------	---------------------------

**Primary diagnosis for which treatment is planned (DSM IV code and description)**  
 295 90 Schizophrenia, Chronic, Undifferentiated

**Other diagnoses addressed in treatment (DSM IV code and description)**  
 V71 09 No Dx

**Strengths, Abilities, Preferences and Expectations (including family or significant other's expectations, if relevant)**  
 S Supportive family A literate, no illicit drug use, P Outpx tx, E To see improvement

Client's Stated Needs	Services	Frequency	Services	Frequency
<b>Clinician's Perception of Needs.</b>	PMA	PRN		
	ASSMT	PRN		
	INDTX	6 X 6 Mos		

Goals: (in their own words or written in a manner that is understandable)	Measurable objectives	Time Frame
Client 1 To Alleviate stress and anxiety  Clinician 1 To alleviate depression	1 Will follow ITP and do his share of responsibility for recovery by keeping appointments  1a Will continue to identify stressors and work on recovery process to decrease depression  1b Will find and do two positive activities to do three times a week.	1/2/04  1/2/04  1/2/04

THIS IS CONFIDENTIAL AND PRIVILEGED INFORMATION  
 TAKEN FROM THE PATIENT'S MEDICAL RECORD.  
 1. Use of this information is prohibited except as specifically authorized.  
 2. Disclosure to other parties is prohibited.  
 3. This material shall be destroyed after stated need has been fulfilled.

P  
C  
K  
\*

**INDIVIDUAL TREATMENT PLAN**

<b>CLIENT'S NAME</b> Tarus Henry	<b>Record ID#</b> 9727013
----------------------------------	---------------------------

**Primary diagnosis for which treatment is planned (DSM IV code and description)**  
 298 9 Psychotic Disorder, NOS

**Other diagnoses addressed in treatment (DSM IV code and description)**  
 V71 09 No Dx

**Strengths, Abilities, Preferences and Expectations (including family or significant other's expectations, if relevant)**  
 S Family support,, A No drug use, literate P Outpx tx, E to see improvement

Client's Stated Needs	Services	Frequency	Services	Frequency
Employment	PMA	PRN		
	ASSMT	PRN		
<b>Clinician's Perception of Needs</b> Depression, has poor self-image, anxious, anhedonia	INDTX	6 x 6 Mos		

Goals (in their own words or written in a manner that is understandable)	Measurable objectives	Time Frame
--	-----------------------	------------

<p><b>Client</b></p> <p>1 To alleviate depression</p>	<p>1 Will continue to identify triggers to depressions, utilizing coping skills and meds to combat them</p>	<p>1/2/03</p>
<p><b>Clinician</b></p> <p>1 To understand why poor self-image and work on alleviating it</p> <p>2 To cope with depression and panic attacks</p>	<p>1 Will gain an understanding of the importance of human life and realize he is a person of worth</p> <p>2 (1) Will review triggers to past psychoses and gain knowledge of methods to cope with them pro-actively</p> <p>2 (2) To do at least two positive activities 3 days a week just for self-enjoyment</p> <p>2(3) Will keep a log of depressive episodes on a daily basis to understand triggers</p>	<p>1/2//03</p> <p>1/2/03</p>

THIS IS CONFIDENTIAL AND IS NOT TO BE DISSEMINATED  
 TAKEN FROM THE RECORDS OF THE TCCMHC  
 1. Use of this information is specifically authorized.  
 2. Disclosure to other parties is prohibited.  
 3. This material shall be destroyed after stated need.