

# Documentation Training: Mental Health Progress Notes

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CARDENAS CONSULTING GROUP

# Introductory Activity

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Imagine your average week of work

- WHO do you interact with?
- WHAT kind of services do you provide?
- HOW do you do this work?





# Why Write Mental Health Notes?

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Tracking what's working clinically (and what's not)

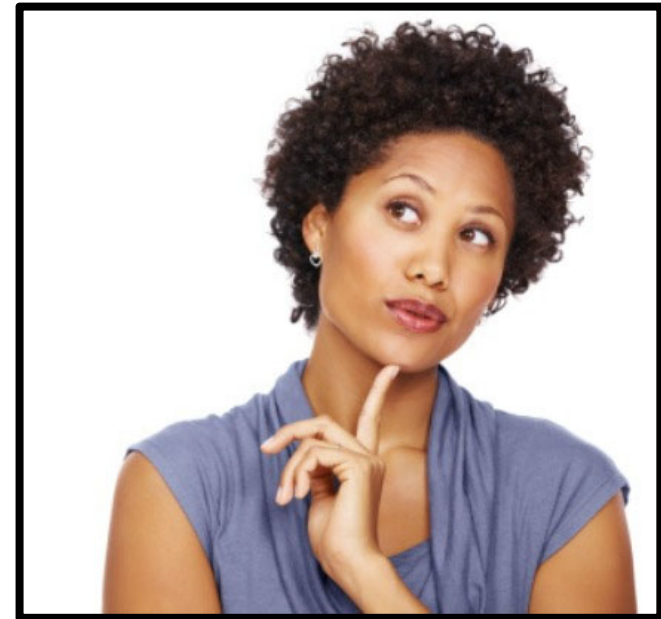
Record of services we're providing to clients/families

Reflecting on the work we do

Documentation of clinical decisions

Notation of referrals and follow-up

Receipt for our funders



# Connection to the Treatment Plan

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All services must be related to achieving the goals/objectives of the client treatment plan

The entire treatment goal might not apply

- Example: Client will develop prosocial communication skills and advocate for her needs appropriately.
- Service can focus on prosocial communication and/or needs advocacy.

## HOMEWORK:

Read all the treatment plans for your clients

Learn the goals/objectives

Talk with the client's therapist about how your work connects to the goals/objectives.

# Mental Health Notes

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Due within one business day after service provided

Record of services provided; receipt for funders

Observable behaviors

Reflect daily clinical work provided to/for our clients

Part of client's clinical chart

No parts of a note can ever be cut and pasted into another note

Signed!

**If you didn't document it,  
you didn't do it!**



# Quality of Writing Matters!

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## Concise!

- Simple language
- Avoid flowery phrases

## Clear

- Specific examples
- Avoid interpretations

## Professional

- Language but not lingo

# BIRP Format

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Most (but not all) notes are written in BIRP Format

## **B**ehavior

- Why did this service happen? Connection to the treatment plan - PURPOSE

## **I**ntervention

- What did I/we do?

## **R**esponse

- How did the client respond to the interventions overall?

## **P**lan

- What are we going to do next?



# Helpful Imagery!

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Behavior Behavior Behavior

Interventions

Interventions

Interventions

Response Response Response

Plan Plan Plan

# Purpose Writing Can Be Tricky

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## Treatment Goal:

- Client will utilize *coping skills* to manage overwhelming feelings and symptoms of *anxiety*.

## Purpose Statement:

- The purpose of this service was to increase Emily's use of journaling as a *coping skill* that will decrease *anxiety*.

Do not just repeat or copy/paste the goal!



# Activity #1

Session Planning is Key

Review the Susie example in packet

- Diagnosis?
- Treatment goals?
- Skills to be addressed through Rehabilitative services?
- Interventions?

## Activity #2

Jot down what you think Joe is thinking, feeling, or about to do in each picture

Go with your instinct; don't give it too much thought!



# Service Types

How do you select a service type?



See list of service types with definitions in your packet

# Assessment

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Analysis of history and current status of symptoms, behaviors, and impairments

Includes diagnostic assessment, mental status exam, cultural factors, etc. Client may or may not be present for service activity.

Interviewing, observing, and gathering information

Documenting the clinical assessment and CANS (initial or reassessment)

- Only LPHA staff can complete the clinical assessment, though other staff can gather information and contribute to the assessment

The youth may or may not be present for service activity

**Must have a separate note for each assessment activity**

- If you write your assessment document over the course of 3 different days, must have notes for the time spent on EACH day writing the assessment, tied back to the activities.

# Plan Development

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Developing or monitoring progress on client plans

- Treatment plans, Safety Plans

Sharing the CANS/clinical formulation with clients and families

Documenting/Updating the treatment plan

Approving treatment plans

Monitoring client progress towards treatment goals

*One time only* – new clinician reviewing chart content due to case transfer

The youth may or may not be present for service activity



# Rehabilitation – Individual or Group

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Focus is on **skill development**

- Activities are designed to enable the youth to overcome the limitations due to his/her mental disorder
- Services teach the youth to function in an age-appropriate manner without the need for redirection or intervention in performing functional skills.
- Ex: Communication skills, Coping/Savoring skills, Anger management, Self care, Financial management, Independent Living skills, Life skills, Social skills

Utilizes a **BIRP** format

## Activity #3 - Practice!

Back to Suzie - Write rehab note for a session with her:

Behavior

Interventions

Response

Plan

# Case Management

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Linkage

Coordination

Monitoring service delivery to ensure client has access

Engaging in placement services

Exchanging information with people involved in client's life/care

Client typically not be present for service

AUTHOR OF NOTE PROVIDES **LINKAGE**

AND/OR

AUTHOR OF NOTE **EXCHANGES INFO**

# Case Management

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The purpose of this service was to exchange updates about the client's ability to manage symptoms of anxiety in the school setting.

I (therapist) spoke with the Emily's teacher (Mr. H) about her symptoms of anxiety in school this week. Mr. H reported that Emily's symptoms of anxiety had increased (walking out of class frequently, irritability with peers, refusing to complete an exam yesterday). I shared updates about my recent interactions with the Emily (refusing to meet for the past week). Discussed Emily's attendance challenges and made plans for Mr. H to attend Emily's upcoming Child and Family Team meeting.

# Collateral

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Service activity to a significant support person in a client's life with intent of improving or maintaining mental health

- Psychoeducation, Training on interventions, Coaching regarding symptom management

The youth may or may not be present for service activity

AUTHOR OF NOTE GIVES **ADVICE, ENCOURAGEMENT, FEEDBACK, GUIDANCE, SUGGESTIONS, COLLABORATION, ETC.**, TO A SIGNIFICANT SUPPORT PERSON

**Significant support person** is defined as an unpaid natural support, parent, caregiver, etc. Could include paid supports if assisting during unpaid personal time

ex: Emily's teacher helps with transportation to soccer class on the weekends.

# Collateral

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The purpose of this service was to identify interventions that will help the client manage symptoms of anxiety in the school setting.

I (therapist) spoke with the Emily's father (Mr. Q) about her symptoms of anxiety in school this week. Based on the information that Mr. Q shared, I recommended letting Emily use tactile objects (stress ball and clay) at home in order to reduce anxiety. We brainstormed additional interventions (providing strength-based feedback, prompting her to journal when she's feeling overwhelmed). I encouraged Mr. Q establish a hand signal which will allow the Emily to briefly take space in the dining room in order to manage her anxiety.

# Collateral

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Some collateral services help parents address their own needs, if those needs can assist the client in achieving their mental health goals.

I (therapist) met with Emily's father (Mr. Q) to discuss Emily's recent increase in anxiety. Mr. Q expressed frustration that Emily doesn't want to leave her room when anxious. Discussed ways in which Mr. Q's angry reaction to the anxiety can contribute to the situation. Mr. Q expressed openness to learning alternative approaches. Reviewed some deep breather exercises that Mr. Q can use when frustrated by Emily's anxiety. Practiced the frustration tolerance exercise with Mr. Q. Discussed plans for Mr. Q to use this skill when needed throughout the week. I will contact Mr. Q on Friday to discuss effectiveness of the deep breathing.

# Case Management vs. Collateral

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# Activity #4

Case management or collateral?

Case management or collateral?

Read the note examples in your training packet.

Determine if the examples are case management or collateral.

Take notes, underline passages to clarify your rationale.

Be prepared to share!

# Therapy – Individual, Family, or Group

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Focused on symptoms reduction, processing, and exploration

Notes must detail problem area, clinical focus, staff interventions, and client response

Utilizes a **BIRP** format

# Crisis Intervention

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An immediate emergency response to help a client in crisis.

- Potential danger to self or others or gravely disabled
- Potential life-altering event
- Severe reaction that is above the client's baseline

Services include assessment, rehab, therapy, collateral, and case management

Documentation must include:

- Acuity of client or situation that jeopardizes client's ability to maintain functioning
- Clinical interventions
- Client's response

# Crisis Intervention

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Maximum amount claimable per day is 8 hrs. (480 min.) per client in a 24 hour period

Can be in-person or over the phone

With the client or with a significant support person

Utilizes the **BIRP** format

Must share the risk and consult with your supervisor in all “crisis situations”

Must determine a true crisis and not just a perceived “emergency”

# Therapeutic Behavioral Services (TBS)

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Only billed by TBS program

- Intensive one-to-one therapeutic work provided to children and youth up to age 21
- Severely emotionally disturbed children
- Full-scope Medi-Cal
- Focuses on behavioral changes

Direct service is a combination of assessment, plan development, rehab, collateral, and case management interventions

Utilizes a **BIRP** format

# Service Types: Separate Them!

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Each intervention must match the selected service type

Combining service types is disallowable in an audit

For example, if you choose “case management,” the note should not contain any “collateral” language

Case management:

- Reported, updated, informed, coordinated, etc.

Collateral:

- Collaborated, empowered, advised, coached, etc.

# Documentation and Travel Time

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## Documentation time

- Typically 1/4-1/3 of service time allowable

## Travel time

- Time you leave your desk to return to your desk
  - Don't include lunch stops, etc.
  - Traffic – can include in time

See Travel Time FAQs in the training packet

# Billing for Multiple Staff

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## Internal Conversations

- Billable if not supervision and if medically necessary

Safety Issues require multiple staff

Group services with multiple facilitators

## Meetings

- Child and Family Team Meetings
- IEP Meetings
- Team Decision Meetings

All staff who provided services must e-sign note!



# Frequently Asked Note Questions

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Do I have to include a response for every intervention?

- NO! You just need a couple of sentences that describe the overall response to the interventions.

Can I write notes for clients even if someone wrote a note earlier the same day?

- Yes! You should write notes for all services provided to clients.

Do I have to be exact in my minutes?

- Yes! Do not round (5s or 10s). Use exact times for start and end of service.

Can I write one note for the services provided on the same day?

- If you provide the same service to the same client on the same day, you can bundle the service time into one note.

How do I have to identify myself in the notes?

- You can refer to yourself as “this writer,” “staff JC,” “this staff,” “this clinician/counselor,” or “I”.

# Activity #5

Quality over Quantity

Review the mental health note in your packet

- “Trim the fat”
- What information must be in the note?

# Non- Reimbursable Services

What makes a service reimbursable?

What makes a service non-reimbursable?

Sometimes we just can't be reimbursed...

Write notes for non-reimbursable services too!

- Client's record must be complete
- Agency reports to counties on certain non-reimbursable services

See list of non-reimbursable services in your packet



# Lockouts

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Jail/Prison, Juvenile Hall/Ranch,

- Exceptions:
- Day of admit BEFORE the time of admission
- Day of discharge AFTER the time of discharge

Psychiatric Inpatient (BAP, Fremont Hospital)

Exceptions:

- Day of admit BEFORE the time of admission
- Day of discharge AFTER the time of discharge
- Case-management related to placement 30 days prior to discharge

# Activity #6

Approving notes

Review the note in your packet

What kind of feedback would you give?

- Would you approve this note?
- Is there audit-worthy feedback?
- Is there best-practice feedback?

Take notes and be prepared to share with the group!

# Time Management

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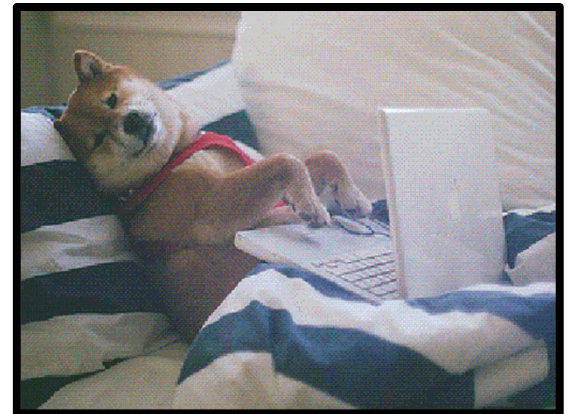


# Time Management

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Expectation: Mental health notes must be written within 1 business day of the service

- Why?
- How?
- What might get in the way?
- What should you do if you can't meet this expectation?
- What are some strategies for meeting this deadline?
- If you know your note will be late, what should you do?



# Time Management

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Most common issue – Tasks have no home in your schedule

- See Case Blocking document in your training packet
- Put in calendar appointments for things you have trouble getting done

Know when you're most productive

Know your due dates and plan ahead

Limit interruptions

- Turn off email/phone
- Create a signal with co-workers that you need privacy/space



# Questions

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