**Edwin Fair CMHC**

**Oklahoma Systems of Care**

**Service Event Form**

Host Agency/Site: Event Date: / /

Client’s Legal Name: \_\_\_\_\_\_ \_ Client’s Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOC ID:

**SOC Staff Present at Event *(if more than 2, enter as Event Participant under ‘Formal / Other’):***

Staff #1: Staff #2:

|  |  |
| --- | --- |
| **€** This was a Child & Family Team meeting | **€** This was a Navigate Team meeting |

**Wraparound / Service Coordination** *(Please check all services that apply.)*

|  |  |  |
| --- | --- | --- |
| * Wraparound Engagement
* Immediate Crisis Stabilization
* Crisis Plan
* Safety Plan
* Strengths-Based Assessment
* Functional Assessment
* Wrap Plan
* DRS Integrated Employment Svc
 | * Independent Living Skills
* Respite Planning
* Transition Plan
* IEP/504 Meeting
* School Advocacy
* Working w/School on Behavior Plan
* Case Management
* DRS Training Employment Svc
 | * Wellness Activity
* Enrollment Processing
* YIS Assessments
* Health Risk Appraisal
* Teaching Caregiver Advocacy Skills
* Integrated Care Plan
* DRS Discovery
* DRS Positive Employment Svc
 |
| * Health Care Provider Contact
 | * Teaching Parenting Skills
 |  |

**Transition to Independence—TIP** *(Please check all services that apply.)*

|  |  |  |  |
| --- | --- | --- | --- |
| * Strengths Discovery
* Future Planning
 | * In Vivo Teaching Session
* SODAS
 | * What’s Up
* SCORA
 | * Rationales
 |

**School Behavioral Intervention Services and Supports—BISS** *(Please check all services that apply.)*

|  |  |
| --- | --- |
| * Supporting Teacher and School Staff to Learn New Behavioral Management Techniques
* Participating in Classroom with Youth
* Developing Behavioral Plan for Youth Rewards
* Redirecting Inappropriate Behavior
* Teaching Social Skills
* Teaching Coping Skills/Strategies
 | * Supporting Family at Home to Learn New Behavioral Management Techniques
* Teaching Alternatives to Problem Behaviors
* Coaching Youth on New Ways to Interact with Adults
* Facilitating Peer Social Support Groups
* Teaching Communication Skills
* Teaching Problem-Solving Skills
 |

**Navigate** *(Please check all services that apply.)*

|  |  |  |
| --- | --- | --- |
| * Navigate Engagement
* IRT Session
* Navigate Case Management Session
 | * Family Program
* PRSS Session
* NAVIGATE Preliminary Plan
 | * Medication Management
* SEE Session
* NAVIGATE Treatment Plan
 |
| **Event Participants** *(Please enter number of participants of each type.)* |
| **Informal Supports** | **Formal Supports** |
| * Client (Youth/ Young Adult)
* Caregiver
* Household Members
* Other Family Members
* Friends/Community Supports
* Other (Please specify.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Behavioral Health Aide
* Case Manager
* Child Welfare Worker
* Develop. Disability Worker
* Education Worker
* Family Program Clinician
* IRT Specialist
 | * Juvenile Justice Worker
* Mental Health Worker
* Physical Healthcare Worker
* Psychiatrist/Prescriber
* SEE Specialist
* Other (Please specify.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Enter data at:** **systemsofcare.ou.edu****. If you have questions, please email the E-TEAM YIS Help Desk at** **yis.eteam@ou.edu****.**