**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**](mailto:systemsofcare.ou.edu)**. If you have questions, please email the E-TEAM YIS Help Desk at** [**yis.eteam@ou.edu**](mailto:yis.eteam@ou.edu)**.**