ASSERTIVE COMMUNITY TREATMENT TEAM (ACTT) PROGRESS NOTE

PIE CLINICAL FORMAT • TRAINING & PRESENTATION TEMPLATE

Name:	John "Jack" Doe (Sample)	**DOB:**	05/14/1994
Age:	32	**Medicaid ID #:**	987654321A
MCO:	**TRILLIUM**	**MCO Record #:**	TRL-8842109
Procedure Code:	H0040 (Assert comm tx pgm per diem, 1.00 Unit)	**Date of Service:**	09/18/2026
Primary Diagnosis:	F25.0 — Schizoaffective disorder, bipolar type	**Service Type:**	ACTT Community Service

Face-to-Face Time Slot:	Start: _10:00 am End: 11:00 am	**Total F2F Time / Units:**	_60_Minutes / 1.00 Unit
Travel Time Slot:	Start: _9:45 am End: 10:00 am	**Total Travel Time:**	_15_ Minutes

PERSON-CENTERED PLAN (PCP) REFERENCE & ACTIVE GOALS

PCP Plan Date: 03/18/2026 | Last Review Date: 04/01/2026 | Next Review Date: 03/17/2027 | Status: 04/01/2026 (Active)

Short Term Goal (Vocational / Meaningful Community Engagement): John will explore areas of meaningful community engagement and college programs online or in person as evidenced by at least one community outing per week, reviewing college courses twice per month, and maintaining sobriety through at least 2 ACTT Vocational and Co-Occurring related interventions per month over the next 12 months. [Date Started: 04/01/2026]

- **Planned Intervention:** Teach and practice with John positive and effective coping skills to offset triggers and identified barriers to engaging in positive community activities including school or employment in the community.

Short Term Goal (Mental Health Management & Symptom Stabilization): John will identify early warning signs of psychiatric distress and utilize healthy coping strategies as evidenced by tracking mood weekly, attending scheduled medication management appointments, and avoiding crisis-level hospitalizations through at least 2 ACTT Nursing and Clinical related interventions per month over the next 12 months. [Date Started: 04/01/2026]

- **Planned Intervention:** Psychoeducation and skills training to assist John in recognizing symptom escalation, developing a personal crisis prevention plan, and practicing grounding techniques to reduce anxiety and distress.

P — PROBLEM / PRESENTING SITUATION

Document John's current mood, behavioral presentation, reported symptoms related to F25.0, current triggers/barriers, and the specific goal (Goal 1 or 2) targeted today.

CPSS met with member at the local community library for a one hour scheduled face-to-face contact to address recovery maintenance and coping strategies surrounding his severe and persistent MI. Member reported feeling like he is falling back into old habits and expressed distress that he cannot stay on track with his daily recovery routine. Member presented with noticeably low physical energy, psychomotor sluggishness, and visible anxiety characterized by restlessness and tense body language. Member endorsed distress regarding maintaining structure, managing internal urges, and staying connected to his

recovery network. Member denied any current SI/HI or AVH during the contact.

I — INTERVENTION

Document ACTT clinician/specialist actions: specific coping strategies modeled, psychoeducation delivered, community navigation/housing search performed, or self-advocacy skills practiced.

CPSS engaged member by utilizing open-ended questions to explore member's current feelings regarding his daily routine and recent setbacks. CPSS used purposeful self-disclosure by sharing lived experience regarding managing personal anxiety around major schedule changes and navigating self-doubt during early recovery to normalize member's feelings. CPSS provided reflective listening to help member explore ambivalence and develop discrepancy between his stated desire for long-term stability and his current patterns. CPSS delivered genuine affirmations regarding member's willingness to reach out, his self-awareness, and his past successes in maintaining sobriety and mental wellness. CPSS focused the discussion by evoking change talk around member's intrinsic motivators and personal strengths. CPSS reviewed member's natural supports and guided member in identifying which positive relationships foster accountability. CPSS facilitated an exploration of member's urge management tools to identify actionable coping skills. CPSS collaborated with member during the planning phase to establish healthy interpersonal boundaries and build realistic, recovery-oriented daily goals. CPSS assisted member in formulating an action step to complete a daily 15-minute walk for physical regulation and emotional relief. CPSS guided member in planning scheduled phone check-ins with supportive peers at least twice per week to strengthen his social safety net. CPSS summarized the key commitments made during the session and collaborated with member to schedule the next ACT face-to-face appointment for next Tuesday at 10:00 a.m.

E — EVALUATION / CLIENT RESPONSE & FUTURE PLAN

Document John's engagement, receptivity, ability to demonstrate skills taught, response to intervention, safety assessment, action steps before next session, and next contact date/time.

Member actively participated throughout the meeting, initially presenting with flat affect, guarded body posture, and low verbal output before showing noticeable ease and openness. Member responded favorably to CPSS sharing lived experience, acknowledging that hearing similar recovery challenges helped reduce his sense of isolation. Member engaged with the reflective statements and recognized the contrast between his long-term wellness goals and his current isolation tendencies. Member received affirmations with increased eye contact and verbalized appreciation for having his past progress validated. Member demonstrated change talk by identifying his desire to regain control over his daily schedule rather than succumbing to old habits. Member identified several positive personal relationships that offer genuine encouragement and accountability. Member evaluated his urge coping strategies, recognizing which tools have proven effective in previous crisis situations. Member agreed to set firm personal boundaries with individuals who trigger his urge to revert to unhealthy behaviors. Member committed to integrating a 15-minute daily walk into his routine to reduce stress and improve energy levels. Member agreed to initiate outbound contact with trusted support friends at least two times

weekly, identifying this step as a realistic approach to counteracting isolation. Member exhibited visible relaxation, marked by relaxed shoulder tension, improved conversational flow, and an uplifted demeanor by the conclusion of the session. Member confirmed his agreement with the recovery plan and agreed to the next scheduled visit on Tuesday at 10:00 a.m.

Staff Signature, Title & Credentials:	Date / Time Signed:
Buffy L. Cooper, CPSS, CADC-R	9/18/2026 12:54 pm