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Winnebago County Human Services
Treatment Plan Report
 Plan Overview

Consumer: STUART, PHILIP
 Address: 812 MALLARD AVE #6 OSHKOSH, WI 54901
 Program: BH Targeted Case Management (TCM)
 Case Manager: ONEILL, MICHELLE
 Last Case Review: 08/13/2020
 Emergency Contact: (None on file)

DOB: 12/13/1976
 Phone: (920) 636-6271
 Enrolled: 07/06/2017
 Next Case Review: 02/09/2021
 Emergency Phone: (None on file)

Medical Information

Physician: ZERRIEN M.D., DAVID

Medication	Dosage	Schedule
OLANzapine 10 mg oral tablet		1 every at bedtime
OLANzapine 2.5 mg oral tablet		one each evening

Allergies:
 REFER TO MDTOOLBOX

Diagnoses

Assessor: GRUNDY, MARY E.

Assessed: 07/06/2017

F69 : Unspecified disorder of adult personality and behavior

Team Members

Name	Relationship	Phone	Address
HAQUE, ANDREA	Recovery Team		
HARTMAN, AMYSUE	Recovery Team		
MILLER, KIM	Recovery Team	(920) 968-6984	APPLETON ROAD MENASHA, WI 54952
ONEILL, MICHELLE	Recovery Team		
PETERSON, ALYSSIA	Recovery Team		
VAN DYKE, RACHAEL	Recovery Team		
ZERRIEN, DAVID	Recovery Team	(920) 236-4700	211 N COMMERCIAL ST NEENAH, WI 54956

Family Members

Name	Relationship	Phone	Address
MATHEWS, DOTTIE	Mother	(920) 378-4013	

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Effective On 08/13/2020

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Details By Domain

Domain: Medical / Dental

Identified Need:

Person needs help accessing health/dental care. Philip reports that he currently does not have an optometrist and has not had his eyes checked in over 10 years.

Start Date: 02/17/2020 **Drop Date:** (Open)

Base Line: 0 **Goal Level:** 0 **Current Level:** (None)

Outcome:

Goal-"to get my eyes checked"

Outcome-Philip will access an area optometrist and other health/dental care providers as evidenced by self report.

Start Date: 02/17/2020 **Target Date:** (None) **Drop Date:** (Open)

Person Responsible:

Base Line: **Goal Level:** **Current Level:** (None)

Intervention:

1. Michelle O'Neill, BS Lead worker will assist Philip with coordination/facilitation with optometrists, medical treatment providers, dentists, and other agencies to assist Philip with meeting his goal in this domain.

Start Date: 02/17/2020 **Drop Date:** (Open)

Domain: Mental Health

Identified Need:

Philip has been hospitalized for mental health issues on several occasions. The last hospitalization was in March 2019. Philip is under a Chap. 51.20 commitment. When not doing well Philip can exhibit hyper-verbal, pressured speech, mania, paranoia, poor sleep, and irritability. Philip also has a history of substances use. He is a patient of Dr. Zerrien and has a diagnosis of Bipolar Disorder, Type I, Hypomanic and Polysubstance Abuse, specifically, Amphetamine Abuse, and Cannabis Use Disorder, mild. Philip lives independently and MHT's provide daily medication monitoring services.

Start Date: 08/13/2020 **Drop Date:** (Open)

Base Line: 0 **Goal Level:** 0 **Current Level:** (None)

Outcome:

Goal-"to be on the least amount of medication" Philip explained that he would like to be independently taking the least amount of medication that will maintain his mental health stability.

Objective-Philip will maintain psychiatric stability as evidenced by no acute crisis bed or hospitalizations.

Start Date: 08/13/2020 **Target Date:** (None) **Drop Date:** (Open)

Person Responsible:

Base Line: 0 **Goal Level:** 0 **Current Level:** (None)

Intervention:

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1. Dr. Zerrien will meet with Philip every 3 months for symptom management and medication monitoring.
2. Philip will continue to collaborate with Dr. Zerrien regarding his medication regime to make progress towards his goal in this domain.
3. Philip will meet with Case Manager, Michelle O'Neill monthly or more often as needed for symptom monitoring, supportive psychotherapy, medication management.
4. Case Manager, Michelle O'Neill will provide informal contact via phone/email approximately every two weeks as needed for supportive psychotherapy and symptom monitoring.
5. Philip will comply with treatment and program recommendations per Chap. 51.20 commitment.
6. Case Manager, Michelle O'Neill will coordinate/facilitate with crisis worker, lawyers, Public Defenders, psychiatrist, colleagues, labs, and pharmacies and any other person/agencies to assist Philip in meeting his goal in this domain.
7. Transportation will be provided as requested.
8. MHT's will provide daily medication monitoring.

Start Date: 08/13/2020 **Drop Date:** (Open)

Plan Strengths

(None)

Plan Service Codes

(None)

Discharge Criteria

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Signature Page**

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I have been given the opportunity to participate in the development of this Plan of Care, have been informed about the services being recommended in it, and do hereby agree to its implementation.

_____ Consumer Name (Printed)	_____ Consumer Signature	_____ Date
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_____ Parent/Guardian Name (Printed)	_____ Parent/Guardian Signature	_____ Date
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The following team members do hereby also agree to their participation in the plan as outlined:

<u>Melissa Hurdie, MS, LGE</u> Name (Printed)	<u>Melissa Hurdie, MS, LGE</u> Signature	<u>8-13-2020</u> Date
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<u>Michelle O'Neill BS</u> Name (Printed)	<u>Michelle O'Neill BS</u> Signature	<u>8-13-20</u> Date
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_____ Name (Printed)	_____ Signature	_____ Date
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_____ Name (Printed)	_____ Signature	_____ Date
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Where applicable: This Plan of Care is being recommended and prescribed by the following licensed professional:

_____ Name (Printed)	_____ Signature	_____ Date
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