MONTGOMERY COUNTY MULTI-AGENCY SERVICE PLAN

Name	Lead Case Manager/Agency	DATE
Medicaid # D.O.B.	Effective Date FROM: TO:	Review Date

Note strengths of the family, inclusive of the families' culture, race and ethnicity.
Discuss any traditions or cultural influences relevant to treatment goals.

SPECIFIC TREATMENT GOALS	Projected Time Frame	Person Responsible	COST
(1) Home/Residential *001 – Non-clinical in-home visits* *009 – Structured activities to improve family functioning*			
(2) Family/Surrogate Family *002 – Non-clinical parent support groups* *003 – Parent education and mentoring* *008 – Safety and adaptive equipment*			
(3) Psychiatric/Psychological/Behavioral/Emotional			
(4) Educational/Vocational			

SPECIFIC TREATMENT GOALS	Projected Time Frame	Person Responsible	COST
(5) Legal/Judicial			
(6) Social/Recreational *007 – Social/recreational activities*			
(7) Physical/Medical/Dental/Substance Abuse			
(8) Safety/Crisis *008 – Safety and adaptive equipment*			
(9) Other *005 – Respite care (including summer camp)* *006 – Transportation* *010 – Parent Advocacy* *011– Service Coordination*			
(10) Safety Plan – *For child who has mental, physical, or behavioral health issues where injuries could occur, provide a plan for dealing with short-term safety concerns:*			