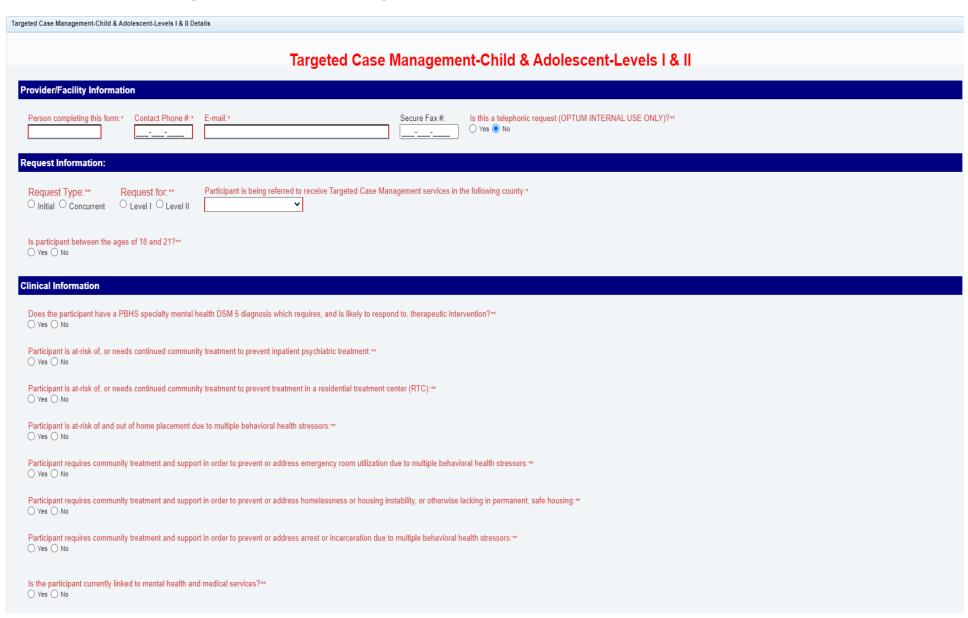
Targeted Case Management-Child & Adolescent-Levels I & II



Does the participant lack basic supports for shelter, food and income?** O Yes O No
Is the participant transitioning from one level of care to another level of care?** O Yes O No
Does the participant need to maintain community-based treatment and services?** () Yes () No
Has the participant experienced multiple behavioral health stressors within past 12 months, such as history of psychiatric hospitalizations, repeated visits or admissions to emergency room psychiatric units, crisis beds, or inpatient psychiatric units?** O Yes O No
Has the participant had any ER visits without being admitted? → Yes ○ No
Does the participant have a history of abuse or trauma?** O Yes O No
Has the participant experienced any family disruptions/re-locations/school changes?** (Yes () No
Is the participant currently in RTC and is expected to discharge within the next 30 days?** O Yes O No
Please list and describe any multi-agency involvement, such as DSS, PCP, Homeless Services, Supports, etc:*
Does participant have a co-occurring alcohol or drug disorder? O Yes O No
Does the participant have any medical diagnoses? Yes No
Which social elements impact diagnosis? (check all that apply)
None □
Problems with access to healthcare services
Housing problems (not homeless)
Educational problems

Problems related to social environment
Legal System/Crime
Occupational problems
Homelessness
Financial problems
Problems w/primary support group
Unknown
Other psychosocial and environmental problems
Risk Assessment
Suicide attempts/ideation* ○ Yes ○ No
History of clinical deterioration: ** ○ Yes ○ No
Aggressive behavior/violence:** O Yes O No
Please list any current or previous mental health and/or addiction treatment such as Outpatient Services, PRP, Case Management, ACT, Inpatient, Methadone etc:
What service and/or benefits does the participant need the Targeted Case Management Program to assist with?*
Any additional clinical information not captured above:
Data Contras Branchada
Data Capture Required: © Yes