

A. FOR CONTINUING COMPREHENSIVE (TRADITIONAL) CASE MANAGEMENT SERVICES

Treatment history meets ONE of the following criteria

_____ 10 days or 2 admissions for psychiatric inpatient treatment in the past twelve months

_____ 28 days or 4 admissions to a crisis house in the past twelve months.

_____ Discharge from an IMD in the past twelve months

_____ LPS Conservatorship is in effect - Client is gravely disabled as a result of a mental disorder.

OR: TWO of the following are true regarding client’s functioning

_____ Client is a young adult (18 – 21) transitioning from the Children’s System of Care.

_____ Client is 55 or older and mental illness is exacerbated due to issues of aging or loss of support.

_____ Client has at least (3) missed mental health appointments, or documentation that medication has not been taken on at least five occasions during the past twelve months, or has had two or more face-to-face encounters with crisis intervention/emergency services personnel; within the past twelve months

_____ Besides mental health needs, client requires assistance with two or more human service agencies or public systems such as Drug and Alcohol, Vocational Rehabilitation, Criminal Justice, Physical Health Care, and Public Benefits. List the agencies:

_____ Due to high risk behaviors, client has had one period of homelessness or one or more disruptions to placement or place of treatment in the past two years. List the disruptions

B. FOR CONTINUING CASE MANAGEMENT AT A PREVENTIVE (MAINTENANCE) LEVEL

BOTH of the following are true

1. _____ Client requires ongoing support and assistance from case management to attend psychiatric treatment appointments or obtain and take medications.

2. _____ Despite ongoing attempts by case manager to allow client to manage own funds and complete necessary paperwork to keep benefits in place, over the past twelve months, client has not been able to do so without assistance and there are no other persons available to provide the assistance.

Additional comments:

County of San Diego
Health and Human Services Agency
Mental Health Services
Case Management Services

SIX MONTH REVIEW PROGRESS NOTE

HHSA:MHS-

Client:

Medical Record #:

Annual Review Date:

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