

ENVIRONMENTAL MATRIX CHILD/ADOLESCENT SCORING SHEET

File under Plans

Child/Adolescent Name: _____

BSU Number: _____

Scores:

1. Accessing Mental Health Services _____

2. Informal Support Network Building _____

3. Education _____

4. Children and Youth System Involvement _____

5. Juvenile Justice System Involvement _____

6. Parent/Guardian and/or Other Family Members
With Significant Needs _____

7. Drug and Alcohol System Involvement _____

8. Mental Retardation System Involvement _____

9. Physical Health System Involvement _____

10a. At Risk of Out-of-Home Placement _____

10b. Currently in RTF, Other Out-of-Home Placements
or Inpatient _____

SUBTOTAL _____

**ENVIRONMENTAL MATRIX SCORE = SUBTOTAL DIVIDED BY ALL APPLICABLE
ASSESSMENT AREAS (AREAS SCORED N/A ARE NOT USED IN DETERMINING OVERALL
SCORE)** _____

OTHER FACTORS/ISSUES AFFECTING SCORE:

**ENVIRONMENTAL MATRIX-CHILD/ADOLESCENT
TCM SERVICE SCORING GRID**

MATRIX LEVEL	NEED LEVEL	INTENSITY OF CARE
4.0 –5.0	ICM	At least 1 contact every 14 days (Face to face contact strongly recommended).
1.5 –3.9	RC	At least contact every 30 days (Face to face)
0.0 –1.4	NO TCM NEEDED	Alternative services may be needed and if necessary, referrals should be made.

Professional judgement: opinion based on a thorough and ethical analysis of facts, data, history, and issues in accordance with one's training and experience.

MY TCM HAS DISCUSSED THE RECOMMENDED LEVEL OF SERVICE WITH ME

Consumer's Signature: _____ Date: _____
 (required if consumer is 14 or older)
 Parent/Guardian Signature: _____ Date: _____
 (required if under 14 years of age)
 Targeted Case
 Manager: _____ Date: _____
 Phone _____

(FOR BSU ONLY)

APPROVED LEVEL OF TARGETED CASE MANAGEMENT SERVICE _____

_____ The individual is eligible for TCM services as indicated through the Environmental Matrix and in conjunction with the clinical information and the professional judgement of the reviewer

Reviewer: _____ Date: _____