**ENVIROMENTAL 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:**

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

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: ___________________________