



City and County of San Francisco
Department of Public Health
 Community Behavioral Health Services

Name:

BIS# (if any):

RU#:

TAY/Adult/Older Adult Intensive Levels of Case Management Services (SPR/FSP/ICM)
INITIAL ADMISSION CRITERIA CHECKLIST

Client must have complex needs that include at least ONE of the following criteria:

- 3 Crisis/PES (incl. Mobile Crisis) visits within past 60 days.
- 2 acute hospitalizations in past 12 months.
- Discharged from an IMD or Laguna Honda Hospital during past 3 months.
- Client has SMI diagnosis, has never been known to Community Behavioral Health Services (CBHS); has an inactive status in the CBHS system; or is currently enrolled but underserved.

Please check all boxes that apply to client:

- High risk during past 3 months (demonstrated by client being assaultive or threatening, 5150'd for involuntary treatment due to danger to self/others, or grave disability).
- Loss of key components within past 3 months, such as entitlements or housing, as documented in progress notes.
- Client lacks motivation for treatment or refuses mental health treatment or is non-adherent with treatment plan within past 6 months or is too disorganized to use clinic-based case management services (as documented in progress notes).
- Client has no linkage to ongoing care within the past month (not including CRT services).
- Client has had mental health episodes but has not received the appropriate services or been successful in treatment in the past, as evidenced by a history of frequent hospitalizations, ER encounters or ADU episodes.
- Client is involved with multiple public agencies, and/or with treatment providers.
- Client has co-occurring substance abuse or medical disorder.
- Client is uninsured or indigent.
- Client is in legal or criminal justice system.
- Client is homeless, has a history of being chronically homeless, or at risk of being homeless, and is a runaway, homeless veteran, or homeless woman with child/children.
- Client is in Child Protective Services (CPS), aging out of CPS, or Adult Protective Services (APS).
- Client is in foster care or aging out of, or leaving, foster care.
- Client is involuntarily hospitalized or institutionalized or hospitalized with a higher level care than is warranted/needed or with aging-associated problems.
- Client is an immigrant and/or refugee/undocumented person who either is monolingual or has limited English language capability.
- Client is isolated, living alone or without social support(s).
- Client belongs to a minority or disadvantaged group (African American, Asian American, Asian Pacific Islander, Latino, LGBTQ, Native American, Russian immigrant).
- Client is approved by CBHS Central PURQC due to special circumstances. (Clients in day treatment at time of authorization request generally will not be approved but are able to be approved on a case-by-case basis.)

Additional information: _____

