MACOMB COUNTY COMMUNITY MENTAL HEALTH

FOCUS - TRIAGE

Name: **Case #:** **Case:**

Date of Birth **Home Phone**

Current Admission

Address

Primary Affiliate:
Primary Program:
Case Holder:
Disability Designation:

Triage Call - Collect Consumer Information and Call Routing

Call Date

☐ Check this box if there exists a previous consumer/guardian initiated screening within 30 days for routine care.

Caller Information (complete if caller is NOT the consumer)

Last Name **First Name** **Phone and Extension**

Caller's Relationship to Consumer

Specify (if "Other"):

Is Caller a Legal Guardian?
○ Yes ○ No

Consumer Information

Last Name **First Name** **Middle Name** **Gender** **SSN** **Birth Date**

● M ○ F

Enter AKA or other information that can be used to search for a consumer

characters left: 256

Address

City **State** **Zip** lookup

Home Phone
( ) - x

Alternate Phone
( ) - x

Cell Phone
( ) - x

Primary Phone
○ Home
○ Cell
○ Alternate
○ None

COFR

County of Residence

MI Child ID # lookup

Medicaid ID # lookup

Medicaid Eligibility Inquiry

Legal Involvement?
○ Yes ○ No If yes, specify: ☐ Circuit ☐ District ☐ Juvenile ☐ Drug Court

Legal Status
○ Probation ○ Parole ○ N/A

Access Staff - Verify the following information: ☐ **SSN Verified** ☐ **Birth Date Verified** ☐ **Address Verified**

Insurance Information

☐ Healthy MI
☐ Commercial Insurance/HMO
Name / #
☐ Blue Cross / Blue Shield

☐ QHP
☐ Medicaid
☐ Medicaid Children's Waiver
☐ Medicare
☐ MI Child Program

☐ SDA, SSI, SSDI
☐ VA
☐ None
☐ Other
Other Ins Name / #:

Referral Source

Consumer Population

○ Adult

Specify (if "Other")

Child

Parental Status (Has Children under 18)

Yes
No

Veteran Status

Yes
No

Legal Guardian

No Guardianship in Place   Parent(s) of Minor Child   Court Appointed Guardian

Parent(s) of Minor Child Authorized to Consent to Treatment

Clear Information

Mother

Clear Information

Biological Mother   Adoptive Mother

First Name

Last Name

Check if address is same as consumer - provide address if not the same

Address

City   State   Zip   lookup

Not a US Address

Email

Home Phone

Cell Phone

Alternate Phone

Primary Phone

Home
Cell
Alternate
None

Father

Clear Information

Biological Father   Adoptive Father

First Name

Last Name

Check if address is same as consumer - provide address if not the same

Address

City   State   Zip   lookup

Not a US Address

Email

Home Phone

Cell Phone

Alternate Phone

Primary Phone

Home
Cell
Alternate
None

Divorce Information

Clear Information

If Parents are Divorced, Indicate Child Custody Status

Legal Custody   Sole-Mother   Sole-Father   Joint   Unknown

Physical Custody   Sole-Mother   Sole-Father   Joint   Unknown

Copy of Divorce Papers Scanned into FOCUS?

Yes   No   See Hybrid (Paper) Record

Additional Information Related to Parent Consent

characters left: 1024

Court Appointed Guardian

Clear Information

First Name

Last Name

☐ Check if address is Same as Consumer

Address

City State Zip lookup

☐ Not a US Address

Email

Home Phone

Cell Phone

Alternate Phone

Primary Phone
- ○ Home
- ○ Cell
- ○ Alternate
- ○ None

Type of Guardianship

○ Plenary of Person ○ Plenary of Estate ○ Plenary of Person and Estate
○ Guardian Ad Litem ○ DHS Ward - Permanent ○ DHS Ward - Temporary
○ Partial Describe Powers

Guardian's Relationship to Consumer

○ Mother ○ Father ○ Child
○ Spouse ○ Sibling ○ Public Guardian
○ Unrelated ○ Other

Date of Court Order

Expiration Date

Copy of Guardianship Papers Scanned into FOCUS?

○ Yes ○ No ○ See Hybrid (Paper) Record

Co-Guardian Information

Clear Information

First Name

Last Name

☐ Check if address is Same as Consumer

Address

City State Zip lookup

☐ Not a US Address

Email

Home Phone

Cell Phone

Alternate Phone

Primary Phone
- ○ Home
- ○ Cell
- ○ Alternate
- ○ None

Type of Guardianship

○ Plenary of Person ○ Plenary of Estate ○ Plenary of Person and Estate
○ Guardian Ad Litem ○ DHS Ward - Permanent ○ DHS Ward - Temporary
○ Partial Describe Powers

Guardian's Relationship to Consumer

○ Mother ○ Father ○ Child
○ Spouse ○ Sibling ○ Public Guardian
○ Unrelated ○ Other

Date of Court Order

Expiration Date

Copy of Guardianship Papers Scanned into FOCUS?

○ Yes ○ No ○ See Hybrid (Paper) Record

Standby Guardian Information

Clear Information

First Name

Last Name

Check if address is Same as Consumer

☐

Address

City **State** **Zip** lookup

☐ Not a US Address

Email

Home Phone

Cell Phone

Alternate Phone

Primary Phone

○ Home
○ Cell
○ Alternate
○ None

Type of Guardianship

○ Plenary of Person ○ Plenary of Estate ○ Plenary of Person and Estate
○ Guardian Ad Litem ○ DHS Ward - Permanent ○ DHS Ward - Temporary
○ Partial Describe Powers

Guardian's Relationship to Consumer

○ Mother ○ Father ○ Child
○ Spouse ○ Sibling ○ Public Guardian
○ Unrelated ○ Other

Date of Court Order

Expiration Date

Copy of Guardianship Papers Scanned into FOCUS?

○ Yes ○ No ○ See Hybrid (Paper) Record

Additional Guardianship Information

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Special Considerations

Suicidal	○ Yes ○ No
Homicidal	○ Yes ○ No
Pregnancy	○ Yes ○ No ○ N/A
Using drugs by injection	○ Yes ○ No
Requesting SUD Only	○ Yes ○ No
Other	○ Yes ○ No

Specify (if "Other")

Reason for Call

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Dx Category

☐ MI
☐ DD - Developmentally Disabled
☐ SUD - Substance Use Disorder
☐ Other

Specify (if "Other")

Type/Level of Care Requested

MH Services

☐ Inpatient Psychiatric Hospitalization (IP)
☐ Partial Hospitalization Program (PHP)
☐ State Hospitalization
☐ Crisis Residential (CR)
☐ Crisis Stabilization (ICSP)
☐ Outpatient - MH
☐ Infant Mental Health Services (IMH)

- [ ] Children's In Home Services
- [ ] Case Management - MH
- [ ] ACT
- [ ] Specialized Residential Services (Child or Adult: includes CLF or SIP placement)
- [ ] Supports Coordination
- [ ] Respite
- [ ] Autism Service/ABA - MH
- [ ] Peer Support Specialist - MH
- [ ] Wraparound
- [ ] Co-Occuring
- [ ] Other

Specify (if "Other") ____________________

Type/Level of Care Requested
SUD Services

- [ ] Detoxification - SUD
- [ ] Long Term Residential - SUD
- [ ] Short Term Residential - SUD
- [ ] Intensive Outpatient Substance Abuse Treatment (IOP) - SUD
- [ ] Outpatient - SUD
- [ ] Medication Assisted Treatment - SUD
- [ ] Recovery Home - SUD
- [ ] Peer Recovery Coach - SUD
- [ ] Case Management - SUD
- [ ] Other

Specify (if "Other") ____________________

Disposition

- [ ] Immediate Action Taken / Information Provided as Requested:

characters left: 128

- [ ] Screening MH/DD
- [ ] Screening SUD
- [ ] Certificate Of Need
- [ ] Psychiatric Emergency Care
- [ ] Crisis Center
- [ ] ER
- [ ] Urgent Clinical Need

MCCMH Staff name provided to caller ____________________

- [ ] Referred to outside agency

Agency name ____________________

Contact person provided ____________________

Phone number ____________________

- [ ] Other (Specify): ____________________

Staff taking this call lookup clear

Time Call Started: ________

Time Call Ended: ________

✓Spell Check