

ICPSR 31621

**Criminal Justice Drug Abuse
Treatment Studies (CJ-DATS):
Transitional Care Management
(TCM), Increasing Aftercare
Participation for Parolees,
2004-2008 [United States]**

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Data Collection Instrument for TCM Case
Management Checklist D

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Form 473D—TCM Case Manager Checklist - Session #4 -Scheduled Community Meeting #2

Serial Number:

Study Number:

Site:

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ID #:	Name Code:	Session:	Date of Session	(MM/DD/YYYY)	Case Manager
		004			

Treatment Phase: Baseline Case Management 3-Month FU 9-Month FU

- Review objectives plans and activities (target and review dates), note activities completed, not completed, or dropped. Discuss any barriers client may have encountered in their attempts (activities) to reach his/her objectives.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Revise objectives plans if necessary. Develop activities; determine responsible person for each activity and set target and review dates.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Identify new goals and incorporate into client's goals plan and objectives plans. Develop activities; determine responsible person for each activity and set target and review dates.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Discuss any barriers client may associate with new activities.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Complete Barriers to Services form for each goal/objective.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Engage in any informing, connecting, negotiating, advocating, or direct service activities as needed for the client. Note services on Individual Service Record.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Schedule next community case management appointment with client.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Complete Individual Service Record for this client and fax to DMC.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Fax Barriers to Services form to DMC.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed
- Fax this form to DMC.
 - Activity did not take place at all
 - Activity was started but not completed
 - Activity took place, totally completed

Comments: Please specify whether comment is related to issues of general goals (e.g., treatment, employment), objectives to move toward goal (e.g., get sponsor, apply for a job), or activity (e.g., attend 12-step meeting, pick up job application).

Date faxed to DMC: (MM/DD/YYYY)

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