

# TRANSITION JOINT CARE REVIEW (JCR)

New Jersey Testing & Training

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**Edit Service Plan Date/Type**

Consumer **892**

Review Date

Review Type

**Select Plan Type-Review Type**

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Review Type

Double Click To Select	
Code	Description
JCRAD	Adm Closing-CSA Only
JCRTP	JCR Treatment Plan
JCRTR	Transition JCR

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**TESTING JCR (Summary)**

Consumer **892** Date **10/26/07**

Review Type **Transition JCR**

Credit Program **CL Partnership For Children**

Active Programs **CL.....**

Summary Services Notepad

Facility/Youth Team Meeting Exam/DX/Meds TargetBeh/Disch Visitation/Auth Needs CSA Only Transition

**Transition JCR**

**1. Describe in detail ALL the reasons why this child needs transition to an alternate OOH treatment setting at this time.**

**2. Why can't this child be returned home (to the community) for continued treatment?**

**3. Are the Case Manager and the family (the child and family team) in agreement with the recommended transition?**

Yes  No

**If "no," why not?**

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<p>3a. Please document the case manager's contact information (name, e-mail address, telephone number and agency name) and the dates you spoke to the case manager regarding the transition.</p>	<input type="button" value="Edit"/>
<p>4. Describe all the goals that have been achieved, those that have improved and those that have not been achieved during treatment.</p>	<input type="button" value="Edit"/>
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Transition JCR	
<p>5. If you are recommending transition to a more intensive type of care, describe the following:</p>	
<p>a. Why can't the child continue to be treated at your facility or at the existing level of care?</p>	<input type="button" value="Edit"/> ✓
<p>b. What specific needs and behaviors does this child have that warrant a more intensive treatment setting?</p>	<input type="button" value="Edit"/> ✓
<p>c. Describe in detail your recommendations and strategies for meeting each need and managing each behavior described in #5b.</p>	<input type="button" value="Edit"/> ✓
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## TRANSITION JOINT CARE REVIEW (JCR)

Transition JCR	
<b>6. Describe all other clinical and non-clinical needs that should be addressed. For each need, detail your recommended goals and strategies for meeting these needs.</b>	<input type="button" value="Edit"/>
<b>a. For each need listed in #6, describe the challenges any treating provider will face in addressing each need.</b>	<input type="button" value="Edit"/>
<b>b. Describe the child's and family's goals for the next six (6) months</b>	<input type="button" value="Edit"/>
<b>c. Document the challenges and successes you have experienced in engaging the child and the family in treatment.</b>	<input type="button" value="Edit"/>
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Transition JCR	
<b>d. Also, document both the child's and the family's perceptions about the child's</b>	
<b>i. Progress (or lack thereof) in treatment</b>	<input type="button" value="Edit"/>
<b>ii. Successes in treatment</b>	<input type="button" value="Edit"/>
<b>iii. Continued needs</b>	<input type="button" value="Edit"/>
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## TRANSITION JOINT CARE REVIEW (JCR)

Transition JCR	
<b>7. What specific challenges have you faced and addressed in treating this child? (For example, transportation issues, changes in milieu, period of regression, etc.)</b>	<input type="button" value="Edit"/>
<b>a. Detail specific strategies and interventions you have utilized for addressing these challenges and achieving success.</b>	<input type="button" value="Edit"/>
<b>i. What worked and what didn't work with this child?</b>	<input type="button" value="Edit"/>
<b>ii. What successful coping strategies does this child utilize?</b>	<input type="button" value="Edit"/>
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Transition JCR	
<b>iii. To whom does this child respond well?</b>	<input type="button" value="Edit"/>
<b>iv. Are there certain "triggers" that should be avoided when interacting with this child?</b>	<input type="button" value="Edit"/>
<b>v. What specifically creates feelings of pride and well-being for this child?</b>	<input type="button" value="Edit"/>
<b>vi. What strategies and interventions can be utilized to further motivate this child to change?</b>	<input type="button" value="Edit"/>
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## TRANSITION JOINT CARE REVIEW (JCR)

Transition JCR	
8. Please document the family's preferences regarding this recommended transition.	<input type="button" value="Edit"/>
9a. If you are recommending that the child transition to a specific facility/agency, please include the name and contact information for the facility/agency to which you are recommending transition	<input type="button" value="Edit"/>
9b. Why do you believe this facility/agency is a clinically-appropriate OOH treatment setting for the child at this time ?	<input type="button" value="Edit"/> ✓
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