



Prior to any unplanned discharge, a consultation with RTX should occur. Exceptions to this include AWOL or immediate risk to staff, other clients, or physical environment.

Client Name: _____ **Admit Date:** _____

Description of Concerns / Behavior: *Please include dates where appropriate*

Interventions: *What attempts have you made to support client's needs?*
 Adjusted Treatment Plan Sobering / Withdrawal Mgmt respite
 Case Consult w/ other providers involved Consulted Program Clinical/Medical Director
 Increased 1:1 support Utilized peer mentorship
 Other: _____

Made Referrals to:
 ACCESS: Mental Health Primary Care IMAT / NRT
 Other: _____

What is client's perspective on the issue?

Client's Counselor: _____

Contact Person (if different from counselor): _____

Phone: _____ **Email:** _____

Attach Copy of Client's Current Treatment Plan
Email form & Treatment Plan: GRP_HS_BHRS_RTXTEAM@smcgov.onmicrosoft.com
Call: 650.802.6400 ask for RTX Member Fax: 650.802.6440