

Behavioral Rehabilitation Services Referral

INSTRUCTIONS

When making a BRS referral, policy 4533, along with regional protocol should be followed. Approval for BRS is based on the information you provide. A WISE screen completed by county mental health is required (when implemented in county of origin) for approval into BRS. Incomplete packets may not be accepted, so please be thorough and only provide information which can be supported in your attached documentation or brief narratives. Once you have completed the referral packet and obtained the required signatures, send the packet to your Regional BRS Manager for review, approval and service level determination. **Remember, BRS may not be considered a permanency plan. Once the CA Family / Youth Assessment is implemented, requirements regarding the completion of this form may change.**

Support Documents Checklist

The list of items below are the supporting documents which are required to complete the BRS referral packet.

To be able to assess the Youth's current service needs, supporting documents should only be the most recent version or completed in the last 1-2 years. Documents should be ordered as listed below:

- FamLink Service Referral form (If applicable)
- WISE Screen (Required for Approval when implemented in the social worker's county of origin) If a copy of the WISE screen is not available to include in the packet, provide a brief summary of the screening results in the section provided in this form.
- WISE screen requested, but not completed by county mental health. Date Requested:
- Most recent Court Report
- Any relevant evaluations, assessments, reports; such as D/A, Psychiatric, Psycho-sexual, treatment discharge summaries, JRA documents, court reports, medical reports,
- CHET (most recent)
- Educational records(IEP, 504, Ed/school Plan)
- Family Assessment
- Document which gives legal authority for placement
- Placement and Legal History
- Health Records (If CHET screen not recent)
- Current Immunization Records
- Medical Card (provide at time of placement) to Provider
- Team decision making/shared decision meeting (Action Plan)
- Consent for current psychotropic medications (signed consent form or court order)
- Other important supporting documents

Youth Information

NAME		DATE OF BIRTH		AGE	RACE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		HEIGHT	WEIGHT	PERSON ID	LEGAL STATUS
SOCIAL WORKER NAME		OFFICE		TELEPHONE NUMBER	E-MAIL ADDRESS
SUPERVISOR'S NAME				TELEPHONE NUMBER	E-MAIL ADDRESS

Placement Summary

Complete all that apply and only the most recent dates

NAME	DATES	NUMBER	NAME	DATES	NUMBER
Relatives			CLIP		
Foster Home			Detention		
CRC			JRA		
BRS			MH Hospital		

Family / Community Support Team

Name all that apply

Mother		Father	
Grandmother		Grandfather	
Aunts		Uncles	
Therapist		Siblings	
Probation/Parole Officer		Other Family	
GAL		Mental Health Provider	
Other Connections		Other Professionals	

Prior Services to Family or Youth

Complete all that apply and only provide the most recent dates

NAME	DATES	NUMBER	NAME	DATES	NUMBER
Relative/non custodial parent			Drug and Alcohol		
In Home or Wraparound			Mental Health Hospital		
FRS			Child and Family Team		
IFPS			Regular Foster Care		
FFT			Specialized Foster Home		
PCIT			Prior BRS		

YOUTH'S CURRENT LOCATION

DATE PLACEMENT NEEDED

Permanency Plan

- Return Home
 Relative
 Guardianship
 Adoption
 Independent Living Services
 Other:

Brief justification, explanation, description, barriers, needed resources:

Does youth agree with plan? Yes No
If not, what does the youth and family want?

Does family agree with plan? Yes No

Behavioral Domains

Instructions: There are sixteen behavioral domains. Below each domain there are adjectives or phrases which describe the youth's behavior for that domain. Put a check in all the boxes that capture the youth's behavior for the last **six months**. Then give an overall rating (just your best estimate) by checking the box for one of the following: No Problem, Slight, Moderate, Serious, Severe, or Extreme.

Depression

- | | | | | |
|------------------------------------|------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Anti-depression Meds | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Lacks Energy | <input type="checkbox"/> Sleeps a lot | |
| <input type="checkbox"/> Irritated | <input type="checkbox"/> Sad | <input type="checkbox"/> Lacks Interest | <input type="checkbox"/> Change in eating habits | |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Hyperactivity

- | | | |
|--|---|--|
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Impulsivity | <input type="checkbox"/> ADHD Meds |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Sleep Deficit | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Over Reactive/Hyper | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Anti-Manic Meds |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Manic | <input type="checkbox"/> Other: |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Cognitive Performance

- | | | |
|---|---|--|
| <input type="checkbox"/> Insightful | <input type="checkbox"/> Poor Memory | <input type="checkbox"/> Enrolled with Developmental Disability Division |
| <input type="checkbox"/> Impaired Judgment | <input type="checkbox"/> Poor Attention | <input type="checkbox"/> Concrete Thinking |
| <input type="checkbox"/> Low Self-Awareness | <input type="checkbox"/> Poor Concentration | <input type="checkbox"/> Slow Processing |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> IQ |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Traumatic Stress

- Acute Upsetting Memories Repression Amnesia
- Chronic Nightmares Hyper Vigilance Detached
- Avoidance Other:

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Interpersonal Relationships

- Adequate Social Skills Problems with Friend Age-Appropriate Group Activities
- Supportive Relations Difficulty Establishing Poor Social Skills
- Overly Shy Maintaining Friends Other:
- No Supportive Relations Poor Boundaries

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Medical / Physical

- Good Health Eating Disorder Poor Nutrition
- Central Nervous System Disorder Hypochondria Pregnant
- Stress – Related Illness Chronic Illness Seizures
- Need Medical/Dental Care Enuretic/Encopretic Acute Illness
- FAE/FAS Other:

ALLERGIES

CURRENT MEDICATIONS

CURRENT PSYCH DIAGNOSIS

CURRENT PSYCH MEDICATIONS

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Substance Use

- No problem Cravings/Urges Alcohol
- Med Controlled Interferes Functioning Drugs
- Abstinent Abuse Over Counter
- Recovery Dependency IV Drugs
- Other:

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Behavior in Home Settings

- | | | |
|---|--|---|
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Conflict with Caregiver | <input type="checkbox"/> Conflict with Siblings |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Conflict with Peer | <input type="checkbox"/> Conflict with Relative |
| <input type="checkbox"/> Disregards Rules | <input type="checkbox"/> Defies Authority | <input type="checkbox"/> Other: |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Socio - Legal

- | | | |
|---|--|--|
| <input type="checkbox"/> Disregards Rules | <input type="checkbox"/> Offense/Property | <input type="checkbox"/> Offense/Person |
| <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Parole/Probation | <input type="checkbox"/> Pending Charges |
| <input type="checkbox"/> Dishonest | <input type="checkbox"/> Uses/Cons Others | <input type="checkbox"/> Gang Member |
| <input type="checkbox"/> Detention/Commitment | <input type="checkbox"/> Legally Incompetent | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Community Risk Level | <input type="checkbox"/> Other: | |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description: (If community risk level checked, please provide that level)

Danger to Self

- | | | |
|--|---|---|
| <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Current Suicide Plan | <input type="checkbox"/> Recent Attempt |
| <input type="checkbox"/> Past Attempts | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Self Mutilation |
| <input type="checkbox"/> Risk Taking | <input type="checkbox"/> Serious Self-Neglect | <input type="checkbox"/> Inability to Care for Self |
| <input type="checkbox"/> Other: | | |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Activities of Daily Living / Functioning

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> No Limitations | <input type="checkbox"/> Disability | <input type="checkbox"/> Poor Self-Care |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Poor Hygiene | <input type="checkbox"/> Poor Coordination |
| <input type="checkbox"/> Poor Communication | <input type="checkbox"/> Handicapped | <input type="checkbox"/> Toileting Care Needs |
| <input type="checkbox"/> Other: | | |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Work / School

SELECT ONE:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Regular Attendance | <input type="checkbox"/> Skips Class | <input type="checkbox"/> Not Employed |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Seeking Employment | <input type="checkbox"/> Disruptive | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Defies Authority | <input type="checkbox"/> Tardiness | <input type="checkbox"/> Dropped Out |
| <input type="checkbox"/> Poor Performance | <input type="checkbox"/> Illiterate | <input type="checkbox"/> IEP/504 |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Other: | |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description: (Grade Level)

Danger to Others

- | | | |
|--|--|---|
| <input type="checkbox"/> Not Dangerous | <input type="checkbox"/> Physically Aggressive | <input type="checkbox"/> Homicidal Threats |
| <input type="checkbox"/> Causes Serious Injury | <input type="checkbox"/> Cruelty to Animals | <input type="checkbox"/> Homicide Ideation |
| <input type="checkbox"/> Uses Weapons | <input type="checkbox"/> Violent Temper | <input type="checkbox"/> Homicidal Attempt |
| <input type="checkbox"/> Assaultive | <input type="checkbox"/> Sexually Aggressive | <input type="checkbox"/> Accused/Sexual Assault |
| <input type="checkbox"/> Other: | | |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Anxiety

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Obsessive/Compulsive | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Tense | <input type="checkbox"/> Anxious | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Phobic | <input type="checkbox"/> Worried/Fearful | <input type="checkbox"/> Anti-Anxiety Meds |
| <input type="checkbox"/> Other: | | |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Thought Process

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Intact | <input type="checkbox"/> Delusional | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Command Hallucinations |
| <input type="checkbox"/> Oriented | <input type="checkbox"/> Ruminative/Obsessing | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Derailed Thinking |
| <input type="checkbox"/> Illogical | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Anti-Psychotic Meds | <input type="checkbox"/> Loose Associations |
| <input type="checkbox"/> Other: | | | |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Security / Management Needs

- | | | |
|---|---|--|
| <input type="checkbox"/> No Special Needs | <input type="checkbox"/> Door/Window Alarms | <input type="checkbox"/> Run Risk |
| <input type="checkbox"/> Behavior Contract | <input type="checkbox"/> Suicide Watch | <input type="checkbox"/> Timeout Rooms |
| <input type="checkbox"/> Special Supervision | <input type="checkbox"/> Involuntary Commitment Needs | <input type="checkbox"/> PRN Medications |
| <input type="checkbox"/> Protection From Others | <input type="checkbox"/> Physical Intervention Needs | <input type="checkbox"/> Other: |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

WISe Screen Results

Brief explanation, description of the youth's WISe screen results if a copy of the WISe screen could not be included in referral packet:

Youth Strengths

Description of any hobbies, personal interests, recreational activities and successful interventions:

Family Strengths

Brief explanation, description:

Cultural / Spiritual Interests

Briefly describe the child's connections to their identity and their affiliations to their culture, tribe, religious/spiritual beliefs:

Service / Placement Preference

CHECK ONE:

In-Home Treatment Foster Care Interim Facility Assessment

What behavioral / circumstances need to change for the youth to discharge to a less restrictive setting?

Discharge Plan from BRS:

Signatures

WISe screen is required for approval when implemented in the county of the referring worker.

SOCIAL WORKER SIGNATURE		DATE
SUPERVISOR SIGNATURE	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
AREA MANAGER/DESIGNEE SIGNATURE	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
REGIONAL BRS MANAGER SIGNATURE	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE

BRIEF RECOMMENDATIONS IF ANY: