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|  | **Behavioral Rehabilitation (BRS) Referral** |

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| INSTRUCTIONSWhen making a BRS referral, policy 4533, along with regional protocol should be followed. Approval for BRS is based on the information you provide. A Wraparound with Intensive Services (WISe) screen completed by county mental health is required 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 DCYF 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. If a copy of the WISe screen is not available to include in the packet, identify the entity that completed the screen and provide a brief summary of the screening results in the section provided in this form. **[ ]**  Most recent Court Report**[ ]**  Any relevant evaluations, assessments, reports; such as substance abuse, psychiatric, psycho-sexual, treatment discharge summaries, Juvenile Rehabilitation (JR) documents, court reports, medical reports **[ ]**  Child Health and Education Tracking (CHET) Report (most recent)[ ]  Ongoing Mental Health (OMH) Report if completed**[ ]**  Educational records (Individualized Education Plan (IEP), 504, Ed/school plan)**[ ]**  Family Assessment **[ ]**  Document which gives legal authority for placement **[ ]**  Placement and Legal History **[ ]**  Health Records (If CHET Report not recent) **[ ]**  Current Immunization Records**[ ]**  Medical Card (provide at time of placement) to Provider**[ ]**  Team decision making/shared decision meeting (Action Plan) **Date of meeting:****[ ]**  Consent for current psychotropic medications (signed consent form or court order)**[ ]**  Other important supporting documents |
| **Youth Information** |
| NAME | DATE OF BIRTH | AGE | RACE |
| SEX ASSIGNED AT BIRTH CHILD’S IDENTIFIED GENDER | HEIGHT | WEIGHT | PERSON ID | LEGAL STATUS |
| CASE 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 / Kin |  |  | Children's Long-term Inpatient Program (CLIP) |  |  |
| Foster Home |  |  | Detention |  |  |
| CRC |  |  | JR |  |  |
| 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 |
| Developmental Disabilities Administration (DDA) services |  |  | Drug and Alcohol |  |  |
| WISe or In-home Wraparound |  |  | Mental Health Hospitalizations |  |  |
| Family Reconciliation Services (FRS)/Family Voluntary Services (FVS)/ Family Assessment Response (FAR) |  |  | Child and Family Team |  |  |
| Intensive Family Preservation Services (IFPS) |  |  | Regular Foster Care |  |  |
| Outpatient behavioral health |  |  | Exceptional cost foster care |  |  |
| Evidence Based Practices (EBP)  |  |  | 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 Does family agree with plan? **[ ]**  Yes **[ ]**  No |
| If not, what does the youth and family want? |
| **WISe Screen Results** |
| Date of WISe screen: WISe screen results: Screening outcome: If WISe screen was requested but not completed, date of request: Reason why screen not completed:Plan to complete WISe screen: If youth is eligible for WISe and WISe is not being utilized, provide detailed reason why:  |
| **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** |
| **[ ]**  Happy **[ ]**  Withdrawn**[ ]**  Irritated | **[ ]**  Depressed**[ ]**  Hopeless**[ ]**  Sad | **[ ]**  Sleep Problems**[ ]**  Lacks Energy**[ ]**  Lacks Interest | **[ ]**  Anti-depression Meds**[ ]**  Sleeps a lot**[ ]**  Change in eating habits | **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Hyperactivity** |
| **[ ]**  Relaxed**[ ]**  Inattentive**[ ]**  Over Reactive/Hyper**[ ]**  Agitated | `**[ ]**  Impulsivity**[ ]**  Sleep Deficit**[ ]**  Pressured Speech**[ ]**  Manic | **[ ]**  ADHD Meds**[ ]**  Mood Swings**[ ]**  Anti-Manic Meds**[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Cognitive Performance** |
| **[ ]**  Insightful**[ ]**  Impaired Judgment**[ ]**  Low Self-Awareness | `**[ ]**  Poor Memory**[ ]**  Poor Attention**[ ]**  Poor Concentration | **[ ]**  Enrolled with Developmental Disability Division**[ ]**  Concrete Thinking**[ ]**  Slow Processing**[ ]**  IQ |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |

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| Brief justification, explanation, description: |
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| **Traumatic Stress** |
| **[ ]**  Acute**[ ]**  Chronic**[ ]**  Avoidance | **[ ]**  Upsetting Memories**[ ]**  Nightmares | **[ ]**  Repression**[ ]**  Hyper Vigilance | **[ ]**  Amnesia**[ ]**  Detached |
|  | **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Interpersonal Relationships** |
| **[ ]**  Adequate Social Skills**[ ]**  Supportive Relations**[ ]**  Overly Shy**[ ]**  No Supportive Relations | `**[ ]**  Problems with Friend**[ ]**  Difficulty Establishing Maintaining Friends**[ ]**  Poor Boundaries | **[ ]**  Age-Appropriate Group Activities**[ ]**  Poor Social Skills**[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Medical / Physical** |
| **[ ]**  Good Health**[ ]**  Central Nervous System Disorder**[ ]**  Stress – Related Illness**[ ]**  Need Medical/Dental Care**[ ]**  FAE/FAS | **[ ]**  Eating Disorder**[ ]**  Hypochondria**[ ]**  Chronic Illness**[ ]**  Enuretic/Encopretic | **[ ]**  Poor Nutrition**[ ]**  Pregnant**[ ]**  Seizures**[ ]**  Acute Illness |
|  | **[ ]**  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**[ ]**  Med Controlled**[ ]**  Abstinent**[ ]**  Recovery | **[ ]**  Cravings/Urges**[ ]**  Interferes Functioning**[ ]**  Abuse**[ ]**  Dependency | **[ ]**  Alcohol**[ ]**  Drugs**[ ]**  Over Counter**[ ]**  IV Drugs |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Behavior in Home Settings** |
| **[ ]**  Responsible**[ ]**  Respectful**[ ]**  Disregards Rules | **[ ]**  Conflict with Caregiver**[ ]**  Conflict with Peer**[ ]**  Defies Authority | **[ ]**  Conflict with Siblings**[ ]**  Conflict with Relative**[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Socio - Legal** |
| **[ ]**  Disregards Rules**[ ]**  Fire Setting**[ ]**  Dishonest**[ ]**  Detention/Commitment**[ ]**  Community Risk Level | **[ ]**  Offense/Property**[ ]**  Parole/Probation**[ ]**  Uses/Cons Others**[ ]**  Legally Incompetent | **[ ]**  Offense/Person**[ ]**  Pending Charges**[ ]**  Gang Member**[ ]**  Sex Offender |
|  | **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: (If community risk level checked, please provide that level) |
|  |
| **Danger to Self** |
| **[ ]**  Suicidal Ideation**[ ]**  Past Attempts**[ ]**  Risk Taking | **[ ]**  Current Suicide Plan**[ ]**  Self-Injury**[ ]**  Serious Self-Neglect | **[ ]**  Recent Attempt**[ ]**  Self-Mutilation**[ ]**  Inability to Care for Self |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Activities of Daily Living / Functioning** |
| **[ ]**  No Limitations**[ ]**  Mobility**[ ]**  Poor Communication | `**[ ]**  Disability**[ ]**  Poor Hygiene**[ ]**  Handicapped | **[ ]**  Poor Self-Care**[ ]**  Poor Coordination**[ ]**  Toileting Care Needs |
| **[ ]**  CSEC  | **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |

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| Brief justification, explanation, description: |
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| **Work / School** |
| SELECT ONE:**[ ]**  Regular Attendance**[ ]**  Employed**[ ]**  Seeking Employment**[ ]**  Defies Authority**[ ]**  Poor Performance**[ ]**  Learning Disabilities | **[ ]**  Skips Class**[ ]**  Absenteeism**[ ]**  Disruptive**[ ]**  Tardiness**[ ]**  Illiterate | **[ ]**  Not Employed**[ ]**  Suspended**[ ]**  Expelled**[ ]**  Dropped Out**[ ]**  IEP/504 |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: (Grade Level) |
|  |
| **Danger to Others** |
| **[ ]**  Not Dangerous**[ ]**  Causes Serious Injury**[ ]**  Uses Weapons**[ ]**  Assaultive | **[ ]**  Physically Aggressive**[ ]**  Cruelty to Animals**[ ]**  Violent Temper**[ ]**  Sexually Aggressive | **[ ]**  Homicidal Threats**[ ]**  Homicide Ideation**[ ]**  Homicidal Attempt**[ ]**  Accused/Sexual Assault |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Anxiety** |
| **[ ]**  Calm**[ ]**  Tense**[ ]**  Phobic | **[ ]**  Obsessive/Compulsive**[ ]**  Anxious**[ ]**  Worried/Fearful | **[ ]**  Panic Attacks**[ ]**  Guilt**[ ]**  Anti-Anxiety Meds |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Thought Process** |
| **[ ]**  Intact**[ ]**  Oriented**[ ]**  Illogical | `**[ ]**  Delusional**[ ]**  Ruminative/Obsessing**[ ]**  Paranoid | **[ ]**  Disoriented**[ ]**  Hallucinations**[ ]**  Anti-Psychotic Meds | **[ ]**  Command Hallucinations**[ ]**  Derailed Thinking**[ ]**  Loose Associations |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Security / Management Needs** |
| **[ ]**  No Special Needs**[ ]**  Behavior Contract**[ ]**  Special Supervision**[ ]**  Protection from Others | **[ ]**  Door/Window Alarms**[ ]**  Suicide Watch**[ ]**  Involuntary Commitment Needs**[ ]**  Physical Intervention Needs | **[ ]**  Run Risk**[ ]**  Timeout Rooms**[ ]**  PRN Medications**[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **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: |
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| **Service / Placement Preference** |
| CHECK ONE:**[ ]**  In-Home **[ ]**  BRS wraparound **[ ]**  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.** |
| CASE WORKER SIGNATURE | DATE |
| SUPERVISOR SIGNATURE | **[ ]**  Approved **[ ]**  Denied | DATE |
| AREA MANAGER/DESIGNEE SIGNATURE | **[ ]**  Approved **[ ]**  Denied | DATE |
| REGIONAL BRS MANAGER SIGNATURE | **[ ]**  Approved **[ ]**  Denied | DATE |
| BRIEF RECOMMENDATIONS IF ANY: |