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| |  |  | | --- | --- | |  | **Behavioral Rehabilitation (BRS) 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 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: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **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: | | | | | | | | |
|  | | | | | | | | |
| **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: | | |