

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: **Select one.** Screening outcome: **Select.**

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

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 Withdrawn | 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

- 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"/> Low Self-Awareness | <input type="checkbox"/> Poor Concentration | <input type="checkbox"/> Concrete Thinking |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Slow Processing |
| | | <input type="checkbox"/> IQ |

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Traumatic Stress

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

- 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
- Other:
- Poor Nutrition
- Pregnant
- Seizures
- Acute Illness

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
- Other:
- Cravings/Urges
- Interferes Functioning
- Abuse
- Dependency
- Alcohol
- Drugs
- Over Counter
- IV Drugs

No Problem
 Slight
 Moderate
 Serious
 Severe
 Extreme

Brief justification, explanation, description:

Behavior in Home Settings

Responsible
 Conflict with Caregiver
 Conflict with Siblings
 Respectful
 Conflict with Peer
 Conflict with Relative
 Disregards Rules
 Defies Authority
 Other:

No Problem
 Slight
 Moderate
 Serious
 Severe
 Extreme

Brief justification, explanation, description:

Socio - Legal

Disregards Rules
 Offense/Property
 Offense/Person
 Fire Setting
 Parole/Probation
 Pending Charges
 Dishonest
 Uses/Cons Others
 Gang Member
 Detention/Commitment
 Legally Incompetent
 Sex Offender
 Community Risk Level
 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
 Current Suicide Plan
 Recent Attempt
 Past Attempts
 Self-Injury
 Self-Mutilation
 Risk Taking
 Serious Self-Neglect
 Inability to Care for Self
 Other:

No Problem
 Slight
 Moderate
 Serious
 Severe
 Extreme

Brief justification, explanation, description:

Activities of Daily Living / Functioning

No Limitations
 Disability
 Poor Self-Care
 Mobility
 Poor Hygiene
 Poor Coordination
 Poor Communication
 Handicapped
 Toileting Care Needs
 CSEC If checked, select.
 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

- Intact Delusional Disoriented Command
- Oriented Ruminative/Obsessing Hallucinations Hallucinations
- Illogical Paranoid Anti-Psychotic Meds Derailed Thinking
- Other: Loose Associations

- No Problem Slight Moderate Serious Severe Extreme

Brief justification, explanation, description:

Security / Management Needs

- No Special Needs Door/Window Alarms Run Risk
- Behavior Contract Suicide Watch Timeout Rooms
- Special Supervision Involuntary Commitment Needs PRN Medications
- Protection from Others Physical Intervention Needs 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:

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	<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: