



## 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 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. 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
- CHET Report (most recent)
- Ongoing Mental Health (OMH) Report if completed
- Educational records (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 <b>Select.</b>	CHILD'S IDENTIFIED GENDER <b>Select.</b>	HEIGHT	WEIGHT	PERSON ID
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 / Kin			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
DDA services			Drug and Alcohol		
WISe or In-home Wraparound			Mental Health Hospitalizations		
FRS / FVS / FAR			Child and Family Team		
IFPS			Regular Foster Care		
Outpatient behavioral health			Exceptional cost foster care		
EBP:			Prior BRS		

YOUTH'S CURRENT LOCATION	DATE PLACEMENT NEEDED
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**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"/> 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
- 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**

- |   |  |   |
|---|--|---|
| <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"/> CSEC If checked, select. | <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:

**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.**

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: