

Referral Form – Functional Family Therapy and Multisystemic Therapy

Referral Date:	Youth Name:
Date of Birth:	Primary Phone #:
School:	Home Address:
ICC Screening Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language for Services: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:
Formal Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Program: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> BYA <input type="checkbox"/> GIM <input type="checkbox"/> Ranch <input type="checkbox"/> YOTP <input type="checkbox"/> Placement Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Release Date:
Key Participants	
<input type="checkbox"/> Referral Source	Name, Phone, Email
<input type="checkbox"/> Parent/Guardian/Caregiver	
<input type="checkbox"/> Household Member Names	
<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> Mental Health Worker	
<input type="checkbox"/> Social Services/Case Worker	
Acceptance Criteria	
<input type="checkbox"/> Youth is between the age of 11 and 19	
<input type="checkbox"/> Youth is at risk of, or currently experiences, system consequences (e.g., juvenile justice, school or residential placement)	
Behavioral Concerns	School-Related Concerns
<input type="checkbox"/> Violent/physically aggressive behavior	<input type="checkbox"/> Expelled or dropped out of formal education
<input type="checkbox"/> Verbally aggressive or threatening behavior	<input type="checkbox"/> Attending alternative school setting – not mainstream
<input type="checkbox"/> Robbery, theft	<input type="checkbox"/> Multiple suspensions for problem behavior
<input type="checkbox"/> Vandalism, destruction of property	<input type="checkbox"/> High association with antisocial peers
<input type="checkbox"/> Drug-related criminal offending	<input type="checkbox"/> Low association with prosocial peers
<input type="checkbox"/> Drug use	<input type="checkbox"/> Poor relationship with school staff
<input type="checkbox"/> Running away	<input type="checkbox"/> Attendance problems
<input type="checkbox"/> Non-compliance with probation or court order	<input type="checkbox"/> Academic problems/risk of failure
<input type="checkbox"/> Non-compliance with family rules and expectations	Peer-Related Concerns
<input type="checkbox"/> Other:	<input type="checkbox"/> Gang membership or strong affiliation
<input type="checkbox"/> Other:	<input type="checkbox"/> High affiliation with mostly antisocial peers
<input type="checkbox"/> Other:	<input type="checkbox"/> Mixed antisocial and prosocial peers
<input type="checkbox"/> Other:	<input type="checkbox"/> Low affiliation with prosocial peers
Desired Outcomes (choose all that apply and write an “H” in areas you see as having the highest priority)	
<input type="checkbox"/> ___ Prevent out of home placement	<input type="checkbox"/> ___ Improve family problem solving skills
<input type="checkbox"/> ___ Reduce aggressive and/or criminal behaviors	<input type="checkbox"/> ___ Improve family communication and cohesiveness
<input type="checkbox"/> ___ Retain in school/vocational efforts and/or improve school attendance	<input type="checkbox"/> ___ Improve family behavioral management skills
<input type="checkbox"/> ___ Improve academic functioning	<input type="checkbox"/> ___ Improve youth prosocial involvement and peer relationships
<input type="checkbox"/> ___ Reduce substance use	<input type="checkbox"/> ___ Other:
Desired Location/Mode of Service (choose one or more)	
<input type="checkbox"/> In person at: <input type="checkbox"/> Home <input type="checkbox"/> Other location:	<input type="checkbox"/> Telehealth (via Zoom video conferencing)



Service youth/family is being referred for:

- First available service
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)

Please attach the following and indicate all that are available:

- Summary of Prior Offending
- Recent Mental Health Evaluation
- Recent Educational Evaluation

Exclusion Criteria
<input type="checkbox"/> Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends, and other potential surrogate caregivers. <i>(Not appropriate for either FFT or MST)</i>
<input type="checkbox"/> Youth referred primarily due concerns related to suicidal, homicidal, or psychotic behaviors. <i>(FFT only)</i>
<input type="checkbox"/> Youth whose psychiatric problems are the primary reason leading to referral or who have severe psychiatric problems. <i>(FFT only)</i>
<input type="checkbox"/> Youth with pervasive developmental delays. <i>(FFT only)</i>
<input type="checkbox"/> Juvenile sex offenders (sex offending in the absence of other delinquent or antisocial behavior. <i>(Not appropriate for either FFT or MST)</i>

For Juvenile Justice-Involved Youth – Send To:	For All Other Referrals – Send To:
<p style="text-align: center; color: #008080;">Central County</p> <p>Amanda Kuzio, LMFT Central County Mental Health Liaison amanda.kuzio@cchealth.org 925.313.4027</p> <p style="text-align: center; color: #008080;">East County</p> <p>Douglas Quinn, LMFT East County Mental Health Liaison douglas.quinn@cchealth.org 925.381.2314</p> <p style="text-align: center; color: #008080;">West County</p> <p>Diana Catalanotto, LMFT West County Mental Health Liaison diana.catalanotto@cchealth.org 510.231.6539</p>	<p style="text-align: center; color: #008080;">Functional Family Therapy</p> <p>Daphne Pleasant, LMFT Director of Family Therapy Services d.pleasant@embrace-mh.org 925.876.2325 (phone) 925.943.6091 (fax)</p> <p style="text-align: center; color: #008080;">Multisystemic Therapy</p> <p>Brent Ringwood, AMFT Director of Multisystemic Therapy & Behavioral Services b.ringwood@embrace-mh.org 925.360.5003 (phone) 925.943.6091 (fax)</p>