# Multisystemic Therapy (MST)

# Referral Form

REFERRAL DATE: REQUESTED START: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **YOUTH:** \_\_\_\_ \_\_ **AGE:** \_\_\_\_\_\_ **DOB:** \_\_\_ \_\_\_

GENDER: \_\_\_\_\_\_ RACE/ ETHNICITY: Select Language Spoken in the Home: \_\_\_\_\_\_

RESIDES WITH: RELATIONSHIP TO YOUTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian? \_\_\_\_\_\_\_

CELL # \_\_\_\_\_\_\_\_\_\_\_\_ HOME # \_\_\_\_\_\_\_\_\_\_\_ WORK # \_\_\_\_\_\_\_\_\_\_\_\_ OK TO CALL WORK? \_\_\_\_\_\_

CURRENT PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHERS IN THE HOME AND RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS THE REFERRAL BEEN DISCUSSED WITH THE FAMILY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THEIR RESPONSE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MST Criteria** Please check all that apply:

|  |  |
| --- | --- |
|  | The Youth is currently between the ages of 11 and 17 years. |
|  | The Youth is living at home a permanent caregiver. |
|  | **If yes**, will the youth return home in the next 30 days? Choose an item. |
|  | The Youth is **not** actively suicidal, homicidal, or psychotic. |
|  | The Youth has Autism Spectrum Disorder or other pervasive developmental delays.  Note: Youth with severe are not appropriate MST services. |
|  | The Youth’s referral behaviors are not **primarily** related to sexual offending. |
|  | The Youth is **not** receiving intensive in-home or intensive outpatient services from another provider that are expected to continue for the duration of MST treatment. |

**Youth Specific Behaviors:** Check ALL criteria that are relevant to the Youth being referred.

|  |  |  |  |
| --- | --- | --- | --- |
| Past 3 Months | Past Year | Behavior Type | Describe: Frequency/Intensity/location |
|  |  | **At risk of out-of-home placement** | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Involvement with the legal system | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Physical Aggression | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Substance Abuse/Use | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Theft | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Verbal Aggression | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Property Destruction/Vandalism | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Runaway | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | School Failure/ Truancy | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | School Suspensions/ Expulsions | \_\_\_\_\_\_\_\_\_\_\_ |

### Provide additional information regarding youth’s **CURRENT** EXTERNALIZING behaviors:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

# **Youth Background**

OTHER PRIOR SERVICES:

CURRENT SERVICES: \_\_\_\_\_

**Agency involvement:**  *Select and describe all historical or current agency involvement, including contact information of current staff assigned.*

Select CPS \_\_\_\_\_\_\_\_\_\_\_\_

Select DSS \_\_\_\_\_\_\_\_\_\_\_\_

Select CSB \_\_\_\_\_\_\_\_\_\_\_\_

Select CSU \_\_\_\_\_\_\_\_\_\_\_\_

Select SPED \_\_\_\_\_\_\_\_\_\_\_\_ IEP: \_\_\_\_\_\_

### **CSA Details**

YOUTH OPEN TO CSA: \_\_\_\_\_\_\_\_\_\_\_ YOUTH MANDATE: Select

CSA CASEMANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_

DATE FAPT REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE CPMT APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_

NEXT FAPT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: LOCATION: \_\_\_\_\_\_\_\_\_\_\_

### **Attach all requested information:**

For more information about MST treatment or referral process, refer to the Goals and Guidelines, located at [www.ebanetwork.com](http://www.ebanetwork.com)

For case specific questions, please contact the local MST Supervisor.

Release of information/ Consent

FACE SHEET

FAPT approved IFSP and meeting notes

Most Recent CANS

CHINS Approval/ Court order (as applicable)

Recent assessments/ treatment reports (as applicable)

**E-mail referral form and packet the EBA Regional Service Coordinator:**

Shenandoah Valley: [RSCnorth@ebanetwork.com](mailto:RSCnorth@ebanetwork.com)

Staunton/ Charlottesville: [RSCcentral@ebanetwork.com](mailto:RSCcentral@ebanetwork.com)

Roanoke and Martinsville: [RSCwest@ebanetwork.com](mailto:RSCwest@ebanetwork.com)