**DRUG ABUSE TREATMENT ASSOCIATION, INC.**

Multisystemic Therapy (MST) Program Referral Form

Send Completed form to: [MSTreferrals@drugabusetreatment.org](mailto:MSTreferrals@drugabusetreatment.org)

**Youth Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_ **Referral Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**Phone Number:** \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_ **Address:** Street Address, City, State, Zipcode

**Caregiver Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Legal Status:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Key Participants** | **Name, Email, Telephone #** |
| Referral Source |  |
| Parent/Guardian |  |
| Household Members |  |
| Probation Officer |  |
| MH Worker |  |
| DCF/Care Worker |  |
| Other |  |

|  |  |
| --- | --- |
| **Youth Characteristics** *(Check all that apply)* | |
| **Youth Behavioral Characteristics** | **Youth-School Characteristics** |
| Violent/physically aggressive behavior | Expelled or dropped out of formal education |
| Verbally aggressive or threatening behavior | Attending alternative school setting – not mainstream |
| Robbery, theft | Multiple suspensions for problem behavior |
| Vandalism, destruction of property | High association with antisocial school peers |
| Drug-related criminal offending | Low affiliation with prosocial school peers |
| Substance use | Poor relationships with school staff |
| Running away | Attendance problems |
| Non-compliance with probation or court order | Academic problems – risk of failure |
| Non-compliance with family rules & expectations |  |
| Other: | **Youth-Peer Characteristics** |
| Other: | Gang membership or strong affiliation |
| Other: | High affiliation with mostly antisocial peers |
| Other: | Mixed antisocial and prosocial peers |
| Other: | Low affiliation with prosocial peers |

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| --- | --- |
| **Desired Outcomes for referral to MST services**  *(Select the red box in areas you see as having highest priority. Please place checkmark in other target areas.)* | |
| Prevent out of home placement. | Improve family problem solving skills. |
| Reduce aggressive and/or criminal behaviors. | Improve family communication and cohesiveness. |
| Retain school/vocational efforts and/or improve school attendance. | Improve family behavioral management skills. |
| Improve academic functioning | Improve youth pro-social involvement and peer relationships. |
| Reduce substance use. | Other: |
| Other: | Other: |

**Please attach the following in your referral packet (if available):**

Summary of Prior Offending  Recent Mental Health Evaluation  Recent Educational Evaluation

**Please attach the following in your referral packet:**

Release of Information to MST

**Exclusions:**

* 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.
* Youth referred primarily due concerns related to suicidal, homicidal, or psychotic behaviors.
* Youths whose psychiatric problems are the primary reason leading to referral, or who have severe/serious psychiatric problems.
* Juvenile sex offenders *(sex offending in the absence of other delinquent or antisocial behavior)*.
* Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism.

**Disposition Decision** *(To be Completed by MST Program Staff):*

Accepted for MST Program  Family Signed Agreement to Participate ⬩ Date Services Initiated: Select Date

Not Accepted:  Inappropriate for MST Program  Service Not Available

Other Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: Approved by:

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

Type Staff Name Date Type MST Supervisor Name Date

