1.) Has the youth been diagnosed with a mental health disorder within the past 12-months?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

- It is not a requirement that a youth have a current mental health disorder in order to access our program. However, it does help to assess need. If a youth has been diagnosed with a mental health disorder please list it on the Community Service Agency (CSA) referral form. Also, if known, indicate the person who diagnosed them. If the youth has not been diagnosed with a mental health disorder or they lack a current diagnosis (within the past 12-months) then we have staff that can assess them.

***Of note, we use the Child and Adolescent Needs and Strengths (CANS) to identify children/adolescents with Serious Emotional Disturbances (SEDs). There are some reasons where a youth may not meet the CANS SED requirements. Therefore, they would not be eligible for our program. These reasons include, but are not limited to, the following: a youth whose symptomatology is **solely** based on an Autism Spectrum Disorder (ASD), an Intellectual Disability, a specific learning disability, a hearing impairment, a visual impairment, a speech or language impairment, or a traumatic brain. In cases where it is unknown if the symptomatology is solely the result of one of the above, we will use the first 28-days to assess the youth’s functioning. If, at the end of the 28-day assessment period, the youth is found to have another mental health disorder that better explains their symptomatology, we will continue as normal. However, if it is found there is no other disorder we would link the family to a more appropriate resource and would close the case.

2.) Does the youth have social, emotional, behavioral, and/or psychological needs?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

A. Where do these needs impact the youth?

<table>
<thead>
<tr>
<th>Home</th>
<th>School</th>
<th>Community</th>
</tr>
</thead>
</table>

- Our youth have multiple areas of need (e.g., social and behavioral concerns) that impact their life across various settings (home, school, and community). Youth who have minimal needs, only display needs in one setting, and are currently not receiving therapeutic support (e.g., therapy or psychiatry) will typically benefit from a lower-level therapeutic service such as individual therapy, psychiatry or in-home family therapy.

3.) Can the caregiver(s) coordinate services on their own?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

- Typically, the CSA works with caregivers who need help learning about local resources, help navigating those resources, and/or help coordinating them on their own. A caregiver who can successfully coordinate their own resources may not need our service.
4.) Is the caregiver aware of the CSA referral, and are they interested?

Yes  No

- Participation in the CSA is voluntary so a “buy-in” from the youth/family is extremely important for our services to be successful. It is important for the prospective family to know that we are an intensive program. Our staff will be meeting with them every week and most care plan meetings will be conducted monthly so there is a time commitment when working with us. Also, if someone other than the caregiver has legal custody of the youth (i.e., the DCF or another family member) they will need to provide us with the proper documentation to validate custody (i.e., a copy of the Mitimus). The person who is the legal guardian will also be expected to attend all care plan meetings and any other meeting where decision making occurs.

5.) Does the youth being referred have the correct insurance?

Yes  No

- The CSA takes the following Insurances: Mass Health Standard and Common Health with the following (most common) MCEs/ACOs: MBHP, BMC Health Net (South Coast Alliance and Community Alliance), and TUFTS Network Health (Boston Children’s ACO)
- The Mass Health insurances we do not accept include, but are not limited to, Family Assistance.
- The CSA does not take private insurance. We can, however, work with a youth if they have one of the above Mass Health accepted insurances as their secondary insurance.

If you have more referral related questions feel free to reach out to one of our Senior Intensive Care Coordinators (SICC) by using the contact information below:

**SICC:** Todd M. Bianchino, M.A.
**Phone:** 508-742-3861
**Email:** tbianchino@cfservices.org

**SICC:** Nathan Earle, M.A.
**Phone:** 508-742-3940
**Email:** nearle@cfservices.org