

Referral for Higher Level of Care – Youth 6-17

Please continue working with your client until you have confirmed that you client has been accepted and connected to appropriate services. In some cases, the client may remain open to you for therapy. **This referral is not for emergency services.** If there are safety concerns, call 911 or refer to nearest emergency room. **Should be used by HPSM mild to moderate network providers.**

Date:	Referring Provider/Agency:		Phone:
Name of Client: <i>Name of Guardian/s:</i>	DOB:	HPSM ID or CIN: Diagnosis:	
Legal Guardian's Phone # Ok to leave detailed message: Y N	Guardian notified of referral: Y N		Language of Client: Legal Guardian/s:
I agree to continue to provide services until member is transitioned: Y N	Other BH provider Name and Phone		Foster care placement Y N
Current Psychiatric Medications:			
Reason for referral (<i>include case management or medication needs, please attach additional documentation</i>)			
Safety issues (<i>Recent SI/HI, psychiatric hospitalizations, Open CFS case etc.</i>) :			
Name of School:		IEP info:	
Client must meet four (4) or more criteria from List A, or one (1) from List B to be eligible for higher level of care. Check all that apply.			
List A (Mild-Moderate) Up to 3 from this list		List B (SED) 1 from this list or 4+ from list A	
Up to two PES visits within last 6 months		Two or more psychiatric hospitalizations within past 12 months	
Mild to Moderate symptoms of depression and anxiety (excessive sadness, crying, SI w/o plan, irritability, self-isolation, excessive worries)		Functionally significant, non-substance induced paranoia, delusions, hallucinations, mania, or dissociative symptoms that significantly interfere with current functioning	
Physically aggressive, assaultive, self-destructive, oppositional behavior, bullying, or victim of bullying		Self-injurious behaviors with intent to cause harm within past 6 months	
Co-morbid mental health and substance use conditions		Suicidal/homicidal pre-occupation with plan and intent within past 12 months	
Impulsivity, hyperactivity, sensory issues negatively impacting functioning		At risk of losing home or school placement due to mental health condition	
Trauma, sexual abuse, sexualized behaviors, victim of human trafficking not requiring Specialty team services		Trauma, victim of Human Trafficking, sexual exploitation sexualized behaviors requiring Specialty team services	
Recent loss, significant family stressors, domestic violence		Primary caregiver's functioning significantly impaired-may require case management	
Eating disorder without medical complications		Eating disorder with medical complications	
CFS case within past 6 months		Currently in foster care placement, active CFS/Probation case with potential to require collaboration/support from	
Excessive truancy, failing or missing school due to a mental health condition		Transition Aged Youth with psychotic symptoms and sign indicated in the Prodromal Questionnaire (PQ-B)	

Access: 1-800-686-0101. **Please Fax to Access Call Center: 650-596-8065 and attach relevant supporting documents.**