



Edwin M. Lee
Mayor

OCTOBER 2013

SAN FRANCISCO ACHIEVEMENT COLLABORATIVE TEAM (SF-ACT) REFERRAL FORM

ELIGIBILITY

- Youth ages 14-18 and their families/caregivers
- Ongoing issues with substance use
- Significant emotional and behavioral risks
- At risk for out-of-home placement
- Capable of participating in program & treatment activities

WHO CAN REFER?

Referrals may come from a number of sources including: judges, defense counsel, the District Attorney's Office, probation officers, a parent, a treatment provider or from other sources who believe that youth meet the program's eligibility criteria and would benefit from participation.

PROGRAM INFORMATION

- 3-12 mos., 5 days per week during & after-school
- Portable, shelter or home-based services
- Highly structured & multiple phases to develop readiness for change & recovery - thinking, feeling and behaving skills
- Individualized treatment plans
- Attending 1:1 cognitive behavioral therapy, skills groups, individual family & multi-family group therapy
- Peer support network & recovery coaching
- Random UA & contingency management
- Health education and services through the Wellness Center

EXPECTATIONS

All minors will be placed in SF-ACT court, which meets the 4th Tuesday of the month from 1:30PM-4PM. All minors will be expected to be available for an additional meeting with the court, held at Civic Center High School, on the 2nd Tuesday of the month from 1:30PM to 4PM.

To learn more:

Contact: Rita Perez, Clinical Director, SF AIIM Higher

Stop by the AIIM Higher, JJC Administration Bldg., Room 225 or

Call 753-7806 or email rita.perez@sfdph.org

SAN FRANCISCO ACHIEVEMENT COLLABORATIVE TEAM (SF-ACT) REFERRAL FORM

Instructions: Please provide background information by completing sections below. Once completed, SF AIIIM Higher will complete an assessment within 72 hours in order to determine if the minor is an appropriate fit for SF-ACT. The referring party will be notified once the assessment is complete. **Completed referral forms with supporting documents (psych evaluations or CANS assessments, for example) may be submitted or emailed to: Rita Perez, LCSW, SF AIIIM HIGHER CYF Clinical Director, Room 225, Fax: 753-4440 Rita.Perez@sfdph.org**

Name of referring party: _____ Phone #: _____ Referral Date: _____

Referral to Shelter Program? ___YES ___NO

STUDENT /FAMILY INFORMATION	COURT INFORMATION
Minor's Name: _____	Case Number: _____ PFN: _____
Phone _____ Birthdate: _____	Court Status: _____ Charges: _____
Parent /Guardian: _____	Presiding Judge: _____ Public Defender? <u>Y/N</u>
Phone(s): _____ Special Ed? <u>Y/N/Unk</u>	Minor's Attorney: _____ Phone #: _____
If yes, circle one – SDC/ED/RSP/Other _____	Probation Officer: _____ Contact #: _____
Current School _____ Credits _____	Next Court Date: _____ Dept. _____
Previous School _____	

Concerns & prior interventions (check all that apply):

REASON(S) FOR REFERRAL	PRIOR INTERVENTIONS
<input type="checkbox"/> Ongoing and/or increased substance use (necessary for referral). <input type="checkbox"/> Delinquency/Behavioral Acting Out <input type="checkbox"/> Excessive absences from school <input type="checkbox"/> Non-compliance with behavioral health mandates (e.g., not attending counseling, substance abuse treatment, etc.) <input type="checkbox"/> At risk for out of home placement. <input type="checkbox"/> Other: _____ Please describe concern: _____ _____ _____ _____ _____	<input type="checkbox"/> Counseled minor in area(s) of concern. <input type="checkbox"/> Spoke to parent(s)/guardian(s) <input type="checkbox"/> Probation violation(s) filed <input type="checkbox"/> Referral(s) made to behavioral health services (e.g., counseling, substance abuse treatment, MST, etc.) If checked, please specify which services and outcome of referral(s): _____ _____ _____ <input type="checkbox"/> Other _____ _____ _____

Legal Involvement: Briefly describe youth's contact with JJC (can attach outside documents, court reports, etc):

Additional Information: Please include information regarding parent/caregiver strengths or needs and capacity to engage with a collaborative court and intensive treatment program. Also, please list any concerns that have not been addressed in answering the questions above, i.e gang/turf issues _____

For SF AIIIM Higher Only: Date Referral Received: / / Received by : _____
 Date Referral Assigned: / / Assigned to : _____

Comments: