City and County of San Francisco
Department of Public Health

SF AIIM Higher -- Special Programs for Youth
375 Woodside Avenue
San Francisco, CA 94127

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

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***Instructions**: Please provide background information by completing sections below. Once completed, SF AIIM 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 AIIM 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_____ DOB: _____	Court Status: _____Charges:_____
Parent /Guardian:_____	Presiding Judge: _____ Public Defender? Y/N
Phone(s):_____Special Ed? Y/N/Unk	Minor's Attorney:_____Phone #: _____
If yes, circle one – SDC/ED/RSP/Other_____	Probation Officer:_____Contact #: _____
Current School_____Credits_____	Next Court Date: _____ Dept._____

Concerns & prior interventions (check all that apply):

REASON(S) FOR REFERRAL	PRIOR INTERVENTIONS
❑ **Ongoing and/or increased substance use (necessary for referral)**. ❑ Delinquency/Behavioral Acting Out ❑ Excessive absences from school ❑ Non-compliance with behavioral health mandates (e.g., not attending counseling, substance abuse treatment, etc.) ❑ At risk for out of home placement. ❑ Other:_____ **Please describe concern:**_____ _____ _____ _____ _____	❑ Counseled minor in area(s) of concern. ❑ Spoke to parent(s)/guardian(s) ❑ Probation violation(s)filed ❑ 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):** _____ _____ _____ _____ ❑ 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.

_____

_____

For SF AIIM Higher Only: Date Referral Received: __/__/__ Received by **:**_____

Date Referral Assigned: __/__/__ Assigned to **:**_____

Comments: