SERVICE REFERRAL MATRIX

SAVRY RISK/NEED AREA:

Report All HIGH and MODERATE in Disruptive Behaviors, Mental Health, Substance Abuse, and/or Family Need Areas

<table>
<thead>
<tr>
<th>Disruptive Behavioral Problems &amp; Mental Health/Emotional Stability</th>
<th>Substance Abuse: Alcohol or Other Drugs</th>
<th>Family</th>
<th>Education / Employment</th>
<th>Peer / Pro-Social Activities</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant Items</td>
<td>P4, 17, 18, 20, 21</td>
<td>P3, 6, 8, 14</td>
<td>P5, 10, 24</td>
<td>P1, P2, P3, 11, 12, 15</td>
<td>P2, 16</td>
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</tbody>
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LOW

Report All HIGH and MODERATE in Disruptive Behaviors, Mental Health, Substance Abuse, and/or Family Need Areas

<table>
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<tr>
<th>SAVRY RISK/NEED AREA:</th>
<th>Relevant Items</th>
<th>treatment</th>
<th>Service referral</th>
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<td>Disruptive Behavioral Problems &amp; Mental Health/Emotional Stability</td>
<td>P4, 17, 18, 20, 21</td>
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Promote parent supervision and support adult role models/mentors working with child

Recommend/Require pro-social activity (sports teams, church groups, community programs)

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Parent is to maintain contact with teachers & school. P.O. to check with school/school administrators/work.

Parent contact with teachers/school. P.O. to contact administrators/school counselors.

Referral to Substance Abuse Services for further substance abuse screening & assessment, and if needed referral to an appropriate level of treatment Drug Court or other individual/family, motivational engagement based treatment is recommended. AA/NA and peer group therapies are not particularly effective with adolescents.

Obtain current MAYS1-2 report or refer for MAYS1-2 if more than 30 days since last screen.

Consider using FFT or MST.

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If MAYS1 report shows “Warning” for any two (2) scales, refer for psychological, and, if indicated, psychiatric evaluation.

Family education and develop parent advocacy for treatment services

Service referral to cognitive-behavioral based tx with strong family component.

Refer to behavioral assessment (e.g. Court Mental Health Advocate). Possible Cognitive-Behavioral treatment to target specific behaviors and include the youth’s parent/family or school-based interventions for behavior management, skills development. Parent skills training and supervised practice.

Consider using FFT or MST.

Refer to Strengthening Families Program or other similar evidence-based family/parent skills development program.

Obtain educational evaluations, if available. Recommend tutoring through community or school-based program.

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Recommend pro-social activity (sports teams, church groups, community programs)

Have youth inform guardian of SA/use, with who, when, and how achieved to increase ability to supervise.

Promote parent supervision and support adult role models/mentors working with child

Refer for parenting skills training/support if needed.

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(JVRAF)

Refer to ATR program, service, or as a measure of last resort, inmate tx with strong aftercare/re-entry services.

Assess to Recovery (ATR) service, or as a measure of last resort, inmate tx with strong aftercare/re-entry services.

Conduct random/routine drug tests (if in treatment, Urine Drug Screen (UDS) results should be handled in consult with tx provider. Even with a positive UDS, youth may be progressing in tx).

Recommended for parents/families who have a substance abuse issue or a history of substance abuse.

If out of school, refer to employment training and placement services, GED or Vocational Technical education.

P.O. to monitor school behavior and attendance with disciplinary, teacher, or school counselor. Consider using a daily behavior checklist.

Recommend referral to After-school tutoring program, obtain IEP, & speak/coordinate with Behavior Strategists.

If out of school, refer to employment training and placement services, GED or Vocational Technical education.

Possible services include Life Skills and Mentoring.

Increase leisure activities and pro-social activities. Strongly encourage or consider assigning parent/guardian to engage juvenile in community recreational opportunities, faith-based organizations, an after-school program, volunteerism, or other suitable pro-social activity.

Increase positive social interactions by referring to faith-based organizations, youth groups, or youth community centers.

If social skills issues and not peer associations, consider also referring to cognitive-behavioral treatment that can target interpersonal skills.

Reduce barriers to participation by finding groups willing to supplement activities, etc. Assign a mentor if positive parent figure is unavailable or involve in mentored activities through the Boys/Girls Club or other such entities.

With high disruptive behavior scale and 16 years old or older, refer for individual therapy.

If 15 years old or under, refer to family therapy or refer for mentoring.

Increase exposure to opportunities outside immediate neighborhood, including Community Service Worker (CSW), jobs, sports and/or youth group activities.

Community Service Manna House

Goodwill Boys/Girls Club

Rapides Parish Dept. of Juvenile Services (Rev. 05/29/09) / KRH’s revisions 09/22/09

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*Has Disruptive Behavioral probs & mental/emotional stability columns combined and the peer/social skills & pro-social activity/recreation columns combined.*
**SERVICE REFERRAL MATRIX**

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<th><strong>HIGH</strong></th>
<th>Indicates need for behavioral specific psychosocial evaluation if mental health scale is moderate. Use individual/family cognitive-behavioral therapy with strong continency management, FFT, or MST. If community-based services fail, evaluate and consider out-of-home placement with a strong family and reintegration/aftercare component. (e.g. Crossroads)</th>
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