



PEARL HAVEN

A Program of



HO'ŌLA NĀ PUA

Placing Agency Referral Packet

Please email completed packet to:

Elizabeth Porter, Program Director

Phone: (808) 900-8740

admissions@pearlhavenhawaii.org

Attach the following documents, if available:

- ☐ The attached questionnaire (completed)
- ☐ Court Reports
- ☐ Recent Psychological and/or Psychiatric Evaluations
- ☐ Psychiatric Hospital Records (past 12 months)

Completion of the referral packet and/or youth interview does not guarantee admission. If a youth is not admitted to Pearl Haven, staff will make reasonable efforts to refer the youth to an appropriate service. The person contacted and outcome of the referral will be documented. Pearl Haven protects the confidentiality of referrals and cannot release information without guardian approval.

The process of screening and assessing potential youth for Pearl Haven is designed to determine a youth's eligibility for services and Pearl Haven's ability to provide those services. The screening and assessment is conducted to identify historical and current information of the potential youth, as well as strengths, needs and abilities, share Pearl Haven's philosophy, as well as describe and explain the array of services and activities provided by Pearl Haven.

All youth must meet the criteria for complex trauma or severe emotional disturbance as determined by a QMHP. Additionally, placement eligibility must include one or more of the following:

1. The youth has been assessed using the CSE-IT evidence-based screening tool and presents with high levels of concern that would require specialty mental health services and a residential treatment center level of care;
2. The youth presents with a Severe Emotional Disturbance (SED) inclusive of Complex Post-Traumatic Stress Disorder (C-PTSD); and/or
3. The youth has been assessed as requiring the level of services provided by Pearl Haven in order to meet her therapeutic and behavioral needs.

Each youth referred for placement shall be interviewed by the Pearl Haven within 48 hours of receiving the referral packet. After reviewing the referral packet and conducting the interview, the Clinical Director will determine if Pearl Haven's level of care is appropriate for the youth. Acceptance into Pearl Haven will be communicated by the Clinical Director within 24 hours of the interview. Referring agency will then be provided with the admission packet which must be submitted with required documents. Financial and Medical responsibility must be determined before admission.

Youth Profile

Name (first, middle, last): _____ DOB: _____ Place of Birth: _____

Nickname, AKA, Alias: _____ SSN: _____

Gender Identity: Male ☐ Female ☐ Genderqueer ☐ Transgender ☐ Non-conforming ☐
Other ☐ : _____

Youth Current Address: _____
Address City State Zip

Youth Home Address: _____
Address City State Zip

Health Insurance Information: _____
(Please also attach a copy of current insurance cards/documents.)

Discharge Plan

What is the anticipated discharge plan? (Where will the youth go? Who will the youth live with? Etc.)

Legal Status: _____

Who has custody (agency, state, or county): _____

Legal Guardian (name and relationship): _____
(If not a parent, MUST have copy of court order designating guardianship)

County of Financial Responsibility: _____
County State

Placing Agency: Juvenile Probation ☐ CAMHD ☐ Other _____

Placement Worker

Name: _____ Address: _____
Address City State Zip

Phone: _____ Fax: _____

Email: _____

Supervisor of Placement Worker

Name: _____ Phone: _____

Email: _____

Please list the youth's support persons for treatment plan collaboration, in addition to the placement worker:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Medical Data

Alcohol/Drug History: No ☐ Use ☐ Abuse ☐ Diagnosed Dependency ☐

Psychiatric Diagnosis: _____

Current Medications: _____ Dose: _____ Physician: _____

Dental Needs:

Adaptive needs (hearing, vision):

Allergies:

Medical concerns:

Pregnancies:

Developmental Issues:

Schools

Last school attended: _____ District: _____ Grade: _____

Location of last school (city, state): _____

Last attended date: _____ Current IEP? Yes ☐ No ☐ Date of last evaluation: _____

Special Education Needs:

Behavioral Issues at School:

Grade Level: _____

Learning Ability:

Concerns at School:

Extracurricular Activities:

Student Care Coordinator: Name _____

Phone _____ Email _____

Youth Needs Profile

Abilities, gifts, and strengths:

Relationships

Describe youth's relationships with peers:

Describe youth's relationships with adults:

Reason for placement:

Prior Services

Current Placement:	Dates of Placement:	Reason for Change:
Previous Placement(s):	Dates of Placement:	Reason for Change:

Willingness of parent(s)/guardian(s) to participate in treatment:

Family strengths:

Behavioral and/or Mental Health, Victim Issues

1) Please describe ways the youth handles intense emotion (anger, grief, frustration):

2) Is youth currently seeing a counselor? No ☐ Yes ☐
If yes, what issues are they working on?

3) Has youth seen a counselor in the past? No ☐ Yes ☐
If yes, what kinds of issues were addressed?

4) Has youth been in an inpatient or outpatient behavioral health or mental health program? No ☐ Yes ☐
If yes, please provide the following:

When: _____

Where: _____

Reason: _____

Records attached? No ☐ Yes ☐

When: _____

Where: _____

Reason: _____

Records attached? No ☐ Yes ☐

When: _____

Where: _____

Reason: _____

Records attached? No ☐ Yes ☐

5) Does the youth hear voices or see things that other people do not? No ☐ Yes ☐

If yes, do the voices tell the youth to harm self or others? No ☐ Yes ☐

Describe:

- 6) Has the youth ever struggled with an eating disorder? No ☐ Yes ☐
If yes, please provide additional information:
- 7) Has the youth even been a victim of abuse? No ☐ Yes ☐
If yes, was it reported? No ☐ Yes ☐
If yes, describe:
- 8) Does the youth have a history of running away? No ☐ Yes ☐
Describe frequency: _____
Describe triggers prior to running:

Date last ran:
- 9) Is the youth sexually active? No ☐ Yes ☐
- 10) Does the youth have a history of sexually acting out? No ☐ Yes ☐
Explain:
- 11) Has the youth experienced a recent loss (i.e. death of family/friend)? No ☐ Yes ☐
If so, who?
- 12) Has the youth ever been assaultive towards peers? No ☐ Yes ☐
If yes, describe any known precursors that trigger the youth:
- 13) Has the youth ever been assaultive towards adults? No ☐ Yes ☐
If yes, describe any known precursors that trigger the youth:

- 14) Does the youth engage in cutting or non-suicidal self-injury? No ☐ Yes ☐
If yes, describe:
- 15) Has the youth ever had thoughts of ending their life or attempted suicide? No ☐ Yes ☐
If yes, describe frequency:

What plans do they have?
- 16) Does the youth have thoughts of taking someone else's life? No ☐ Yes ☐
If yes, explain (who, what, when?):
- 17) Does the youth have a current involvement with a gang? No ☐ Yes ☐
If yes, explain:
- 18) Does the youth have a history of fire starting? No ☐ Yes ☐
If yes, explain:
- 19) Are there current family conflicts? No ☐ Yes ☐
If yes, explain:
- 20) What are the youth's feelings and/or attitudes about placement at Pearl Haven?