



HeartLand Family Wellness Center Referral and Screening Tool

Client Name: _____

Client DOB: _____ SmartCare ID/SSN: _____

Caregiver (if applicable) _____

Contact Phone and E-mail: _____

Referring Party/Agency (Name/Role): _____

Contact Phone: _____

Location: ☐ South (Stockton Boulevard) ☐ North (Grand Avenue)

If currently open to a MHP provider, criteria also includes:

- ☐ The treatment team is in agreement that all options have been tried, including an increase in services.
- ☐ Consulted and obtained approval from current contract monitor for higher level of care.
- ☐ Inquiry has been submitted via SmartCare and assigned to *Family FSP, Clinician. Upload completed checklist to client's chart.

Required Qualifying Criteria

Must identify the following four criteria

**Any exceptions to the below items will need FSP Contract Monitor approval*

- ☐ At least one person in the family must meet criteria for medical necessity and access to **specialty mental health services** as defined by Behavioral Health Services.
- ☐ At least 1 youth under 21 years of age must be living in the home or will imminently be living in the home.
- ☐ Caregivers and/or youth identify and agree that there is a need for Family FSP services and consent to the frequency/intensity of services which may include two or more services per week.
- ☐ Complex family dynamics: Emotional Distress: Recurrent as a manifestation of symptoms of mental health, which are worsened by life stressors. Relationships /Supports: No resources & support or relies on behavioral health system for resources & support.

Risk Factors:

(Must identify at least 4 risk factors from the list below)

- ☐ **Requires level of support with case management needs:**
 - Client has high case management needs which place them at risk of without support from a higher level of care
 - Clear compromise of ability to care adequately for oneself, despite prompting
 - Housing
 - Employment / Vocational
 - Education (School)
 - Caregiver responsibilities
 - Accessing resources
- ☐ **Psychiatric Hospitalizations:**
 - 1+ within past year
 - 1+ within past 6 months or sub-acute admission
- ☐ **Suicidal / Homicidal Ideation:**
 - Recent or current
 - Inactive or active ideation
 - Intent, or plan within the past 12 months
- ☐ **Frequent incarcerations:**
 - History of Criminal Justice involvement or recently released within 1 year
 - Involvement with the criminal justice system within the past 60 days
 - Currently in custody
 - Probation / Parole
- ☐ **Housing / Homelessness:**
 - Caregiver and / or youth in imminent threat of homelessness and/or experiencing vulnerabilities and risks associated with poverty that have a

Risk Factors:

(continued)

Housing / Homelessness continued:

destabilizing effect and / or experiencing difficulty following through with obtaining financial assistance

- The individual is sleeping in an emergency shelter
- Car, van or camper not hooked up to facilities
- Outdoors / encampment
- Hotel/motel paid for by non-profit / county funding
- Other place not meant for human habitation (e.g. storage shed)
- None of the above (Individual is housed and not chronic or literal homelessness)

☐ Fleeing violence (domestic violence, war or genocide):

- A family or client grappling with the aftermath of domestic violence
- A family or client grappling with the aftermath of domestic violence faces destabilizing effects, heightened vulnerabilities, and risks stemming from trauma
- A family or client grappling with the aftermath of domestic violence faces destabilizing effects, heightened vulnerabilities, and risks stemming from trauma, strained child and parental relationships, and the looming specters of homelessness or housing instability

☐ Physical health:

- Medical conditions exist or have potential to develop

- Medical conditions / health requires ongoing monitoring such as diabetes, uncontrolled hypertension, mild pneumonia
- Client needs support / linkage to Primary Care Physician

☐ Co-occurring substance use disorder:

- Recent or ongoing substance use occurring despite negative consequences with significant or potentially significant impact on the course of any co-existing psychiatric disorder

☐ Child welfare involvement

☐ History of high-risk behavior / impulsivity within last 6 months

☐ Family has experienced racism: structural and/or institutional

☐ The family experiences intergenerational trauma that may include high ACES scores, factors found in the school to prison pipeline, eating disorders and / or court-ordered mental health treatment

☐ The youth is at risk for loss of educational placement

☐ The adult or caregiver is at risk for loss of vocational placement due to emotional and behavioral conditions with either the youth or caregiver

Comments: _____



Walk-In Clinic: Tuesdays and Thursdays 11am - 5pm
916-942-9060

North Location: 811 Grand Avenue, Suite D, Sacramento, CA, 95838
South Location: 6833 Stockton Boulevard, Suite 485, Sacramento, CA, 95823

For enrollment consideration,
email a completed Referral Checklist to:

HeartLandFSP@doingwhateverittakes.org (*encrypted emails only*)

Visit DoingWhateverItTakes.org/fsp-referral for more information



Funded by the Sacramento County Division of Behavioral Health Services through the voter-approved Proposition 63, Mental Health Services Act (MHSA)