

CLINICAL PATHWAYS

Section III: MENTAL HEALTH DETERMINATION- Assessment, Service Referral and Trauma Assessment *To be completed by DHHS Liaison/MH Court Access Clinician on all youth demonstrating Moderate or High Need.*

Youth Name: _____ Date Clinician received referral: _____

Clinical Pathways found this youth to have: Moderate Need High Need

Youth was screened using the following tool: _____ Assessment Score: _____

1. Youth was screened for mental health needs?

- No, Reason youth was not screened?
- Parent did not want the youth screened
 - Youth had been screened in the past 30 days
 - Youth is currently engaged and responding to service. Which service?
 - Youth is not residing in Kent County
- Yes, Date of Screen: _____

2. Youth Referral to Services?

Youth did not meet criteria for services through network180:

Youth was referred to an out of network provider:

Provider: _____ Service: _____

Youth met criteria for services through network180:

Youth was referred and authorized for the following network180 services:

Care Coordination:

Treatment:

Youth met criteria but was not authorized for a network180 service

Youth is engaged and responding to a current network180 Mental Health Service and no change in level of care is needed.

Current Care Coordination: _____ Current Treatment: _____

Family is not interested in services.

Other

3. The following Trauma Assessment was recommended for referral submission:

- Comprehensive Transdisciplinary Assessment, or
- Comprehensive Team Trauma Assessment
- An assessment was not determined necessary because:

Additional Information: _____

Clinician completing this document: _____ **Date:** _____

E-mail completed document along with Section I and II of Clinical Pathway document to Michelle.Goraj@network180.org