



Referral Form: MST-PSB

Please include Written Order with this form, per IBHS requirement

*1. Referring Professional 2. Agency 3. Contact Info				*Date of Referral	
*Youth First Name				*Youth Last Name	
Youth Phone Number				*Youth DOB	
Sex at birth		Gender Identity Pronoun Pref.		Race	
MA #				Soc Sec #	
*Guardian/Parent/Caregiver of Youth					
*Relationship to Youth					
*Address				*Primary Phone	
*Reason(s) for MST Referral: Check any of the following that are problematic * Indicates the most necessary information					
Problem Sexual Behavior *Please attach detailed reports, evaluations, disclosures, etc. if available.					
<input type="checkbox"/> Problem sexual behavior with siblings or youthful family					
<input type="checkbox"/> Other: Please Describe:					
Youth-School Characteristics					
<input type="checkbox"/> Expelled or dropped out of formal education					
<input type="checkbox"/> Attending alternative school setting – not mainstream					
<input type="checkbox"/> Multiple suspensions for problem behavior					
<input type="checkbox"/> High association with antisocial school peers					
<input type="checkbox"/> Poor relationships with school staff					
<input type="checkbox"/> Attendance problems					
<input type="checkbox"/> Academic problems – risk of failure					
<input type="checkbox"/> Other- describe:					
Youth Behavioral Characteristics					
<input type="checkbox"/> Verbally aggressive or threatening behavior					
<input type="checkbox"/> Robbery, theft					
<input type="checkbox"/> Vandalism, destruction of property					
<input type="checkbox"/> Drug-related criminal offending					
<input type="checkbox"/> Substance use					
<input type="checkbox"/> Running away					
<input type="checkbox"/> Non-compliance with probation or court order					
<input type="checkbox"/> Non-compliance with family rules & expectations					
<input type="checkbox"/> Youth physical health or medical concerns					
<input type="checkbox"/> Self-harming behavior					
<input type="checkbox"/> Violent/physically aggressive behavior					
Youth-Peer Characteristics					
<input type="checkbox"/> Gang membership or affiliation					
<input type="checkbox"/> Mixed antisocial and prosocial peers					
<input type="checkbox"/> Low affiliation with prosocial peers					
<input type="checkbox"/> Low affiliation with prosocial peers					

INCLUSIONARY: Youth, 10 to 17.5 years old, at risk of out-of-home placement due to sexually related antisocial or delinquent behaviors and/or youth involved with the juvenile justice system due to problem sexual behaviors. Additional referral behaviors can include nonsexual delinquency, antisocial, or behavioral problems but the main reason for referral is problem sexual behavior(s)

EXCLUSIONARY:

- Youth living independently, or youth for whom a primary caregiver cannot be identified.
- Youth in need of immediate psychiatric hospitalization due to threat of harm to self-others, psychosis, suicidal or homicidal thoughts/behaviors (MST-PSB can be appropriate once youth are stabilized).
- Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism (ASD Level I considered on case-by-case basis).
- Caregivers who deny that problem sexual behavior(s) occurred.

Please Direct Referral To:

Agency Name	MHY Family Services: MST PSB
Primary Address	521 Route 228 Mars, PA 16046 (Main Campus)
Contact for More Information:	Director: Lukas Carothers lcarothers@mhyfamilyservices.org
Phone/Fax	P:724-625-3141 F:724-625-2226