**North Sound BH-ASO Case Consultation Request**

**Definition**

Case Consultation is a process that occurs ***prior*** to a Children’s Long-Term Inpatient Program (CLIP) application being considered. It allows a youth/family/community team the opportunity to present the current challenges to the consultation committee for review, discussion and possible solutions to help improve treatment and/or recommend other interventions.

**Goal**

The case consultation committee will review submitted information, listen, discuss the current challenges and apply their expertise in the system they represent. The goal is to work in conjunction with youth/family/community team to formulate next steps in treatment and/or other interventions in order to foster recovery and resiliency.

**Members**

The current membership of the case consultation committee are representatives from:

* Mental Health - Behavioral Health Administrative Services Organization (BH-ASO)
* SUD – Behavioral Health Administrative Services Organization (BH-ASO)
* Department of Children, Youth and Family (DCYF)
* Developmental Disabilities Administration (DDA)
* Northwest Educational Service District (NWESD)
* Managed Care Organizations (MCO)

**Recommendations**

1. Feel free to contact the ASO representative listed on this form for discussion prior to submitting
2. Obtain the proper consent from youth 13 years or older ***prior*** to submission of this request or any other documentation
3. Please feel free to include the youth’s specific team members (e.g. PO, mental health, psychiatrist, DDA, natural supports, etc.) as dictated by family & community team decision
4. While the case consultation committee supports youth involvement, the committee does not recommend youth under age 16 participate in this type of meeting. The ASO office is not a behavioral health agency and lacks the environmental structure and staff to provide care or interventions a youth may require. For youth 16 and over, the discretion of their ability to participate is left to the family/community team to determine.

**Directions**

Please complete all areas of the form. For areas that do not pertain, indicate that it is not applicable by typing “N/A”. Once the form is completed, fax or mail the form and all requested collateral documentation to:

**North Sound Behavioral Health Administrative Services Organization (BH-ASO)**

**Attn: Angela Fraser-Powell MA, LMHC, CMHS.**

Fax (360) 416-7013

**Or**

Mail to:

301 Valley Mall Way Ste 110

Mount Vernon, WA 98273

Once the information is received, the ASO will work with you to set up a meeting using the contact information you provided.

Case Consultation Request Information

Form Completed by

*Name* Click or tap here to enter text.

*Agency (if applicable)* Click or tap here to enter text.

*Date Completed* Click or tap here to enter text.

Demographic Information

*Youth’s Name* Click or tap here to enter text.

*Youth’s preferred or nickname* Click or tap here to enter text.

*Youth’s Address (incl. city, zip code)* Click or tap here to enter text.

*Youth’s DOB* Click or tap here to enter text.

*Youth’s Age* Click or tap here to enter text.

*Youth’s Gender* *Male*  *Female*  *Transgender*

*Is youth adopted?* *Yes*  *No*  *If yes, was it a WA State adoption?* *Yes*  *No*

*Does family receive adoption support? Yes*  *No*

*Parent/Legal Guardian Name* Click or tap here to enter text.

*Contact number* Click or tap here to enter text.

*Address* Click or tap here to enter text.

*Parent/Legal Guardian Name* Click or tap here to enter text.

*Contact number* Click or tap here to enter text.

*Address* Click or tap here to enter text.

*Youth’s Medical Insurance Carrier* Click or tap here to enter text.

*Does youth have SSI? Yes*  *No*

*If no, has SSI been applied for?* *Yes*  *No*

*If SSI for the youth was applied for and denied, did you file an appeal? Yes*  *No*

Case Information

*Please describe the family constellation (include ages of youth living in the home, non-blood relations, etc.)*

Click or tap here to enter text.

*What is the youth, family and community team’s expectations / hopes of the North Sound Case Consultation Committee meeting? (be specific)*

Click or tap here to enter text.

*Please describe the challenges the youth, family and community team are currently experiencing that have led to the referral? (be specific)*

Click or tap here to enter text.

*Please describe the strengths and resources of the youth and family? (be specific)*

Click or tap here to enter text.

*What are the specific questions the youth, family and the community team would like to ask the North Sound Case Consultation Committee?*

Click or tap here to enter text.

*What other pertinent information does the North Sound Consultation Committee need to know about this referral?*

Click or tap here to enter text.

Natural Supports

*Please list all persons (family, friends, church, etc.) who provide natural support to the youth and family.*

*Name and Role* Click or tap here to enter text.

*Name and Role* Click or tap here to enter text.

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Mental Health Information

*Outpatient Mental Health Provider Agency (current)* Click or tap here to enter text.

*Outpatient Therapist name* Click or tap here to enter text.

*Phone Number* Click or tap here to enter text.

*Outpatient prescriber name* Click or tap here to enter text.

*Phone Number* Click or tap here to enter text.

*Current Full-Scale IQ (if applicable)* Click or tap here to enter text.

*Date IQ was obtained (if applicable)* Click or tap here to enter text.

*Where and by whom was the most recent IQ test administered?*

Click or tap here to enter text.

*Current Medications*

*Medication* Click or tap here to enter text.

*Medication* Click or tap here to enter text.

*Medication* Click or tap here to enter text.

*Medication* Click or tap here to enter text.

*Medication* Click or tap here to enter text.

*Medication* Click or tap here to enter text.

*Dosage* Click or tap here to enter text.

*Dosage* Click or tap here to enter text.

*Dosage* Click or tap here to enter text.

*Dosage* Click or tap here to enter text.

*Dosage* Click or tap here to enter text.

*Dosage* Click or tap here to enter text.

*Current Working Psychiatric Diagnosis*

*Diagnosis* Click or tap here to enter text.

*Diagnosis* Click or tap here to enter text.

*Diagnosis* Click or tap here to enter text.

*Diagnosis* Click or tap here to enter text.

*Diagnosis* Click or tap here to enter text.

*Diagnosis* Click or tap here to enter text.

*Outpatient Treatment History*

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text. *Start/End Dates* Click or tap here to enter text.

*Inpatient Treatment History*

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Start/End Dates* Click or tap here to enter text.

*Psychological Assessments Administered*

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Provider* Click or tap here to enter text.

*Date* Click or tap here to enter text.

*Date* Click or tap here to enter text.

*Date* Click or tap here to enter text.

*Date* Click or tap here to enter text.

*Date* Click or tap here to enter text.

*What were the reasons for the referral to outpatient therapy and when did it begin?*

Click or tap here to enter text.

*Please describe past and present treatment interventions that* ***have been*** *effective*

Click or tap here to enter text.

*Please describe past and present treatment interventions that have* ***not been*** *effective*

Click or tap here to enter text.

Substance Abuse Information

*Is the youth currently receiving treatment for Substance Abuse?*  *Yes*  *No*

*If yes, please describe the current treatment progress*

Click or tap here to enter text.

*Does the youth have a history of Substance Abuse treatment? Yes*  *No*

*If yes, please describe the treatment history and outcomes of treatment*

Click or tap here to enter text.

*If there is no current or historical treatment, is there suspected use at this time? Yes*  *No*

*If yes, please describe the concerns*

Click or tap here to enter text.

Medical

*Current Medical Provider:* Click or tap here to enter text.

*Date of last physical:* Click or tap here to enter text.

*Date of last medical appointment:* Click or tap here to enter text.

*Date of last well child check:* Click or tap here to enter text.

*Current medical concerns (if any)*

Click or tap here to enter text.

Developmental Disabilities Administration (DDA)

*Does the youth have or are concerns the youth may have a developmental disability? Yes*  *No*

*If yes, does the youth have services with DDA? Yes*  *No*

*Social Worker Name:* Click or tap here to enter text.

*Social Worker Phone Number:* Click or tap here to enter text.

*If no, have services through DDA been applied for? Yes*  *No*

*If services have been applied for but youth was denied, have you filed an appeal? Yes*  *No*

*Current DDA Services*

*Service* Click or tap here to enter text. *Date* Click or tap here to enter text.

*Service* Click or tap here to enter text. *Date* Click or tap here to enter text.

*Service* Click or tap here to enter text. *Date* Click or tap here to enter text.

*Service* Click or tap here to enter text. *Date* Click or tap here to enter text.

*Service* Click or tap here to enter text. *Date* Click or tap here to enter text.

Department of Children, Youth & Families (DCYF)

*Current DCYF involvement (includes tribal if applicable)? Yes*  *No*

*Case Manger Name:* Click or tap here to enter text.

*Case Manager Phone Number:* Click or tap here to enter text.

*Youth’s DCYF Legal Status:* Click or tap here to enter text.

*CASA / GAL Name (if applicable):* Click or tap here to enter text.

*CASA / GAL Phone Number:* Click or tap here to enter text.

*Is there historical involvement with DCYF?* *Yes*  *No*

*If yes, please briefly describe*

Click or tap here to enter text.

School

*Currently enrolled in school? Yes*  *No*

*Current School:* Click or tap here to enter text.

*Current School District:* Click or tap here to enter text.

*Does the youth have a 504 Plan? Yes*  *No*

*If yes, please state the reasons for the 504 Plan*

Click or tap here to enter text.

*Does the youth have an IEP? Yes*  *No*

*If yes, please state the reasons for the IEP*

Click or tap here to enter text.

*Current School Supports (if applicable)*

*Support* Click or tap here to enter text. *Support* Click or tap here to enter text.

*Support* Click or tap here to enter text. *Support* Click or tap here to enter text.

*Support* Click or tap here to enter text. *Support* Click or tap here to enter text.

*Please describe areas of need as well as strengths the youth has with school*

Click or tap here to enter text.

Legal

*Is the youth currently involved with JJRA? Yes*  *No*

*Parole Officer Name:* Click or tap here to enter text.

*If yes, is the youth currently involved with Juvenile Probation? Yes*  *No*

*Probation Counselor/Officer Name:* Click or tap here to enter text.

*If there is no current involvement, has the youth had a history of legal involvement? (briefly describe)*

Click or tap here to enter text.

*Is there a current CHINS in place? Yes*  *No*

*Is there a current At-Risk Youth (ARY) in place? Yes*  *No*

*ARY Case Manager Name:* Click or tap here to enter text.

*Is the youth currently involved in a Truancy Board? Yes*  *No*

*If yes, please describe the involvement with the Truancy Board*

Click or tap here to enter text.