

**CHILDREN'S SYSTEM OF CARE
SRTU CONSULTATION REFERRAL REQUIREMENT CHECKLIST**

PLEASE REVIEW THE FOLLOWING INFORMATION THOROUGHLY BEFORE MAILING A REFERRAL PACKET TO SRTU:

Upon receiving a SPEC IOS, PCH IOS, or if the youth is pregnant, requires a mommy-and-me program, or is deaf/hard of hearing, the Care Manager should complete the following checklist in order to assure that all necessary documents are included **prior** to mailing the referral packet to SRTU for consultation. Please include a copy of this completed checklist in the referral packet. Any information/evaluative material that is referenced in the OOH Referral Request or TJCR **must** be included in this referral packet. Please ensure that evaluations meet the identified time frame requirements. Also, please ensure that all diagnoses/recommendations are completely and accurately documented within the OOH Referral Request/TJCR. Hard copies of the OOH Referral Request/TJCR are **not** required in this referral packet as they are accessible in CYBER. CMO Supervisor **must** approve and sign the referral packet prior to sending to SRTU. **SRTU will not provide treatment recommendations without complete referral information.**

MINIMAL DOCUMENT REQUIREMENTS FOR ALL REFERRALS (both boxes must be checked):

- 1) **Cover letter with identifying information, which must include all of the following:**
 - Youth's name/CYBER ID#
 - Youth's current location (if in detention/ hospital, specify length of time at location)
 - Date of OOH Referral Request/Transitional Joint Care Review (TJCR), and BPS (if in CYBER)
 - Intensity of Service Determination (SPEC, PCH, Mommy-and-Me)
 - Brief description why out-of-home treatment is necessary
 - Status of IDD Eligibility (if youth is intellectually/developmentally disabled)
 - Name, e-mail address, phone # of CMO care manager and supervisor
 - Name, e-mail address, phone # of DCP&P worker and supervisor
 - Referent's supervisor's signature confirming review and approval of referral packet

- 2) **Bio Psychosocial Evaluation (BPS)* or Psychological Evaluation (completed within the last 12 months)**
 - *Is BPS located in youth's CYBER record? No Yes
 - (If BPS is in CYBER, a hard copy in referral packet is not required)

OTHER REQUIRED DOCUMENTS (see italicized information for requirement criteria):

- Psychiatric Evaluation (within the last six months*):**
 - *Required if youth is prescribed psychotropic medication and/or had recent psychiatric hospitalization;*
 - **If the evaluation is more than six months old, CM must provide an updated report from the treating psychiatrist.*

- Specialty Evaluations (must be within the last twelve months):**
 - *Not required if youth is currently being treated at a specialty program pending transition to another CSOC OOH treatment program. In this circumstance, the treating provider should enter their treatment recommendations/risk level directly within the TJCR.*
 - Fire Setting Evaluation (with documented risk level)
 - Psychosexual Evaluation (with documented risk level)
 - Other specialized evaluations that may impact decision making: _____

- Other Reports/Evaluations (as applicable):**
 - Substance Use Assessment w/recommendations (*within last 30 days*)
 - Most recent IEP (*if educationally classified*)
 - Medical reports (*required if youth has medical needs*)
 - 26-80 form (*if DCP&P involved*)
 - Discharge summaries from prior or current out-of-home treatment settings

- Court Involvement (as applicable):**
 - Status and copy of legal charges
 - Date of next court hearing
 - Probation reports
 - Pre-sentencing report
 - Court order for out-of-home treatment
 - Court order of custody (if DCP&P involved)

- Any other documents that were utilized for purposes of IOS determination:** _____

PLEASE MAIL REFERRAL PACKET TO THE FOLLOWING ADDRESS:

**CSOC/SRTU CONSULTATION
ATTN: JENNIFER HARDING
50 EAST STATE STREET
3RD FLOOR
PO BOX 717
TRENTON, NJ 08625**