



**DESCHUTES COUNTY HEALTH SERVICES**  
**INTENSIVE YOUTH SERVICES BEHAVIORAL HEALTH SCREENING REQUEST**  
 Email to: [intensivemyouthservices@deschutes.org](mailto:intensivemyouthservices@deschutes.org) Fax: 541-617-4793 Phone: 541-213-6851

**Name of referred:** Click or tap here to enter text.    **Date of Birth:** Click or tap to enter a date.    **Gender:** Choose an item.  
**Pronouns:** Choose an item.    **Primary Language:** Choose an item.    **Parent/Guardian Name:** Click or tap here to enter text.  
**Address:** Click or tap here to enter text.    **City:** Choose an item.    **Phone:** Click or tap here to enter text.

**Reason for Request:** Click or tap here to enter text.

**Requesting Screening for:**

- Early Assessment and Support Alliance (Ages: 12-27)
- Young Adults in Transition – YAT (Ages: 14-24)
- Wraparound – WRAP (Ages: 0-18)
- Parent Child Interaction Therapy – PCIT (Ages: 2-6)
- Generation Parent Management Training – GenPMTO (Ages 7-17)
- KIDS Center Referral to DCBH (Ages 0-17 - Please include collateral)

**Multiple System Involvement (please mark all that apply):**

- DHS
- Juvenile Community Justice / OYA / Probation/Parole
- Intellectual Developmental Disabilities
- Substance Use Treatment (Rimrock/Best Care/Pfeiffer)

**Other services (mark all that apply):**

- Individual Education Plan / 504
- Primary Care Provider: Click or tap here to enter text.
- Medication (Provided by): Click or tap here to enter text.
- Individual Therapy (Provided by): Click or tap here to enter text.
- Youth Villages / Intercept: Click or tap here to enter text.

**Insurance Type:**

- Oregon Health Plan – Pacific Source
- Oregon Health Plan – Fee for Service
- Private Insurance
- No Insurance

**PERSON AND/OR AGENCY REQUESTING SCREENING (please print):**  
 Name: Click or tap here to enter text.    Phone Number: Click or tap here to enter text.    Date: Click or tap to enter a date.  
*(Person and/or agency requesting the screening is not responsible for the approval or denial of the referral, the outcome of the referral or any financial obligation.)*

**CONSENT FOR SCREENING**

Screening, evaluation, or assessment requires parent / client consent. Screening does not guarantee admission into services.

Parent/ Guardian complete for children 0 to 13 years of age / Client completes if 14 years or older

- I give my consent to conduct the above checked mental health screening.
- I do not give my consent to conduct the above checked screening.

**Parent/Guardian SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Client SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Authorization to exchange information (attached)**

**EASA Criteria. Must meet all of the following requirements:**



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- Resides in Deschutes, Jefferson or Crook County
- Age 12-27 with an IQ over 70 or not already receiving developmental disability services
- No more than 12 months since diagnosed with a major psychotic disorder, if applicable
- Psychotic symptoms are not known to be caused by the temporary or chronic effects of substance abuse or a known medical condition.
- The person has experienced a significant decline in either academic, vocational, social or personal (sleep, hygiene) functioning.

**And must meet one of the below:**

- The individual has experienced significant worsening or new symptoms in one or more of the following areas *in the last year*:
  - a. Thought disorganization as evidenced by disorganized speech and or/ writing. (Examples: confused conversations, not making sense, never getting to a point, unintelligible).
  - b. Behaviors, speech or beliefs are uncharacteristic and/or bizarre.
  - c. Complains of hearing voices or sounds that others do not hear.
  - d. The individual feels that other people are putting thoughts in their head, stealing their thoughts, believes others can read their mind (or vice versa), and/or hear their own thoughts out loud.
  - f. Episodes of depersonalization (Example: They believe that they do not exist or that their surroundings are not real).
  - g. Heightened sensitivities (lights, sounds etc.) and/or is experiencing visual distortions
  - h. Increased fear, anxiety or paranoia for no apparent reason or for an unfounded reason.

**OR**

- Family history of a 1<sup>st</sup> degree relative (sibling or parent) with a major psychotic disorder

**Young Adults in Transition Criteria**

- Resides in Deschutes County
- Individual has Oregon Health Plan insurance, some private insurance or does not have any form of insurance
- Individual is seeking mental health support as the primary reason for seeking services.
- Age - Eligible youth will be from 14 through 24 years of age. Youth in need of mental health treatment- Eligible youth will be determined to have need of mental health treatment.
- Under supported youth: Youth that are involved with Juvenile Community Justice, Oregon Youth Authority, Department of Human Services, homeless youth and youth with minimal natural supports.
- Transition: Youth transitioning out of Wraparound or EASA programs. Individuals who do not meet criteria for EASA.

**Wraparound / Intensive Care Coordination Criteria**

- Resides in Deschutes County
- Individual is a capitated member of Pacific Source Oregon Health Plan or Oregon Health Plan Open Card
- Family is engaged and wants this level of care.
- Children and youth up to age 18 with two or more primary mental health diagnosis.
- Risk for out of home placement due to mental health (psychiatric residential, behavioral rehabilitation, commercially sexually exploited children's residential program)
- Two or more system involvement with one of the following; special education, juvenile justice, developmental disabilities services, child welfare, mental health
- A mental health disorder not likely to resolve in 6 months or less or previous mental health treatment has been unsuccessful
- Recent serious mental health episode (suicide attempt or ideation, rapid deterioration of functioning, recent hospitalization, homicidal ideation or actions)

**Parent Child Interaction Therapy (PCIT) & Generation Parent Management Training (GEN-PMTO)**

- Resides in Deschutes County
- Family is engaged and wants this level of care.
- Children ages 2-6 PCIT
- Children ages 7-17 Gen-PMTO