



MST-PSB REFERRAL CHECK LIST

ELIGIBILITY CRITERIA

The youth must be (have):

- Between 11 and 17 years of age.
- Experiencing problem sexual behaviors that involve a victim or victims
- Living with a permanent guardian or preparing for transition to live with a permanent guardian.
- A caregiver who is willing to participate in family therapy, to enforce the safety plan and who acknowledges that the youth has engaged in problem sexual behavior.
- Be MA Eligible
- Have an evaluation signed by a licensed psychologist or psychiatrist specifically recommending MST-PSB services. If the referral does not have an evaluation recommending MST-PSB services we can schedule an appointment with our Dr. to determine medical necessity.

EXCLUSIONARY CRITERIA:

The youth must not:

- Be actively suicidal, homicidal or psychotic
- Be on the Autism Spectrum
- Have an IQ less than 70 (some exceptions may apply).
- Be in an out-of-home placement with no plan to be reunified with his or her caregiver.

REFERRAL STEPS:

1. Determine if youth meets eligibility criteria above.
2. Ensure that the youth does present with any of the exclusionary criteria above.
3. Complete the Wordsworth MST-PSB referral form.
4. Obtain a current (within 60 days) evaluation signed by a licensed psychologist or psychiatrist that recommends MST-PSB (intensive community-based treatment for problem sexual behavior). Wordsworth can assist in this process, if necessary.
5. Fax the completed referral form with the evaluation recommending MST-PSB services to Peter Hickok M.A. Program Director.

**FOR MORE INFORMATION OR TO MAKE A REFERRAL CALL:
PETER HICKOK MST-PSB PROGRAM DIRECTOR**

**Telephone #215-643-5400 ext 4027
Fax # 215-701-2266**