



HOMELESS
CHILDREN'S
NETWORK

KUPONA REFERRAL INFO

Program Description:

- Homeless Children's Network's (HCN) Kupona program provides outpatient Drug Medi-Cal substance use treatment services to youth.
- Kupona provides services that commensurate with ASAM Levels 0.5, 1.0, and 2.1
 - ASAM Level 0.5: Early Intervention for youth who are at risk of developing a Substance Use Disorder (SUD),
 - ASAM Level 1.0: Outpatient for youth who are actively using substances and meet criteria for SUD diagnosis, but who present with NO acute intoxication and/or withdrawal potential.
 - ASAM Level 2.1: Intensive Outpatient for youth who are actively using substances, meet criteria for SUD diagnosis, and who present with acute intoxication and/or withdrawal potential.
- Client will be placed at one of these levels based on their medical necessity

Program Services:

- Early Intervention services – 1 hour/week
- Outpatient Services – 1 to 6 hours/week
- Intensive Outpatient Services – 6 to 19 hours/week
- Guided by the comprehensive ASAM level of care assessment and treatment plan, the outpatient and intensive outpatient clients will receive the following services as long as medically necessary:
 - Individual counseling
 - Group counseling
 - Care Coordination
 - Collateral
 - Family Therapy
 - Medication Services (if applicable)
 - Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) (if applicable)
 - Medication Assisted Treatment (MAT) for Alcohol Use Disorder (AUD) and other non-opioid SUDs (if applicable)
 - Client Education (individual or group)
 - Recovery Services
 - SUD Crisis Intervention Services
- For Early Intervention services, clients will receive 4-6 weeks of the following support
 - Individual counseling
 - Group counseling
 - Care Coordination
 - Collateral and Family Support
 - Client Education (individual or group)
 - SUD Crisis Intervention Services

Program Eligibility:

1. Youth must be Medi-Cal eligible or enrolled with San Francisco
2. Youth must reside in the City and County of San Francisco
3. Youth must be under the age of 21
 - a. If a client is under 12yo, they must have consent for their legal guardian. Foster Youth may need consent from FCS in place of their parent depending on their circumstances.
4. To continue treatment beyond the initial assessment phase, youth must meet medical necessity and eligibility criteria for one of the 3 ASAM Levels of Care listed above.

Referral Process

1. Please submit this referral form to sudclientreferrals@hcnkids.org
2. HCN will follow-up with referrer to better understand referral before contacting client/guardian
3. If referral moves forward, client/guardian will be contacted and offered an intake appointment within 10 business days of the completed referral's submission

For referrals beyond the scope of Kupona, the following can be also contacted:

1. Referrals to Adult Services can be done through ACCESS at 415-503-4730
2. Foster Care Mental Health can be reached at 415-970-3877
3. Referrals for mental health services can be done through the Behavioral Access Center at 888-246-3333



REFERRAL FOR SUD SERVICES

Date Submitted: _____

Client's Name: _____ DOB: _____

Preferred Name: _____

MediCal Number or SSN: _____ (Required for EPSDT programs)

*(medi-cal # usually begins with a "9" and always includes a letter)

Client's Address/Location: _____

Client Contact: _____

(If Minor): Caregiver's Name/ Relationship: _____

Caregiver Contact (email and phone): _____

*(If youth in the foster care system, please provide the PSW/Protective Service Worker's came/contact in place of caregiver)

Client Availability for Services (Days/Times): _____

Child's School/Care Center: _____

School Room Availability (if services are to be at school): _____

REASON FOR REFERRAL: What are client's concerning behaviors related to or due to substance use? What substances are used by client? List all known, even if infrequent: _____

Is client receiving any of the following treatment services:

- ☐ Mental Health therapy
- ☐ Medication Management
- ☐ Substance Use Services

- ☐ Occupational Therapy
- ☐ ERMHS
- ☐ Other: _____

CLIENT RISK/NEEDS ASSESSMENT:

- Recent or at risk of overdose (dates and history):
- Hospitalization related to substance use (dates and history):
- Grave disability due to substance use:
- Hospitalization related to mental health (dates and history):
- Has client/family witnessed act/s of violence that significantly impacted the client/family's life? (dates and history):
- Other specific needs or concerns (i.e. language, disability, IEP)?

Is there anyone in this family who has been a client of HCN (past/present)? ☐ Yes ☐ No Name(s): _____

Referred by: _____ Agency/School (if Applicable): _____

Title/Relationship to Client: _____ Phone: _____ Email: _____

Specific Program Eligibility/Placement Determined by Assessment (to be completed by HCN clinician after referral):

Early Intervention (No SUD Diagnosis) **Outpatient** (1-6 hours of services)

Intensive Outpatient (6-19 hours of services, higher need/risk) **MAT** (only offered in conjunction with OP or IOP)

*Email referrals to sudclientreferrals@hcnkids.org or Fax to (415) 437-3994