

DO/LE Providers: Referral Pathways to Programs/Services
As of July 1, 2026

For DO/LE treating providers who would like to make a referral for step-up, step-down, or a specialty or adjunctive service please (1) complete the associated referral form and any other associated documents required by the program (2) create the SRTS referral using the associated program name in the “Program / Service” field, and (3) transfer the referral in SRTS to the “SRTS Location” listed below.

Program / Service	Link to Referral Form for DO/LE Providers to Attach to SRTS	Non-DMH Referring Entities Can Refer in UER as of July 1, 2026	SRTS Location
Assertive Community Treatment (ACT)	<i>Pending</i>	×	<i>Pending</i>
Assisted Outpatient Treatment (AOT) Navigation	AOT Referral Form	✓	CSTM33 AOT Administration
CARE Court	CARE Court Referral Form	✓	CSTM29 CARE Court Administration
Child and Youth Full Service Partnership (FSP)	Child and Youth FSP Referral Form	×	Identify nearby location via Provider Directory.
Child & Youth Well Being	N/A	×	Identify nearby location via Provider Directory
Clubhouse	Clubhouse Services Referral Form	×	CSTM40 Clubhouse Administration
Community Reentry - FACT	<i>Pending</i>	×	<i>Pending</i>
Coordinated Specialty Care for First Episode Psychosis	<i>Pending</i>	×	CSTM43 EPI-LA Administration
Day Treatment Intensive (DTI)	DTI Referral Form	✓	CSTM42 Day Treatment Intensive/Day Rehabilitation Administration
Family Functional Therapy (FFT)	FFT Referral Form	×	CSTM39 Child EBP Administration
Full Service Partnership – ICM (FSP-ICM)	FSP-ICM Referral Form	✓	Identify nearby location via Provider Directory.
FSP w/ HFW for DCFS & Probation Youth	Child and Youth FSP Referral Form	×	Refer through WTS.
Homeless Outreach Mobile Engagement (Home)	HOME Referral Form	✓	19L1A HOME Operations and Navigation
Multisystemic Therapy (MST)	MST Referral Form	×	CSTM39 Child EBP Administration

Outpatient Care Services	N/A	✓	Identify nearby location via Provider Directory.
Parent Child Interaction Therapy (PCIT)	PCIT Referral Form	×	CSTM39 Child EBP Administration
TAY ICM Field Based Team	<i>Pending</i>	<i>Pending</i>	<i>Pending</i>
Therapeutic Behavioral Services (TBS)	TBS Referral Form	×	Identify nearby location via Provider Directory.
Transcranial Magnetic Stimulation (TMS)	TMS Referral Form	×	19A8 Mobile TMS
Youth Bridges	<i>Pending</i>	<i>Pending</i>	<i>Pending</i>

For corrections or additions to this document, please reach out to AccesstoCare@dmh.lacounty.gov.