

Children's Behavioral Health Initiative (CBHI): Standard Referral Form (2 of 3)

Date of Referral: _____

A Select one or more services for referral (see descriptions below)

Therapeutic Mentoring
Family Support and Training
In-Home Therapy

In-Home Behavioral Services
Intensive Care Coordination
Family-based Intensive Treatment

Other/Not Sure

B Enter youth/client information

Full Legal Name: _____ Nickname/Chosen Name: _____
Current Address: _____
Date of Birth: _____ Age: _____ Grade in School: _____
Gender Identity (own words): _____ Pronouns: _____
Race/Ethnicity: _____ Other: _____
Primary Language: _____ Other Languages Spoken: _____
School: _____ Is Youth on IEP/504 Plan? Yes No

C Enter parent/caregiver information

Parent/Caregiver Name(s): _____ Relationship to Youth: _____
Primary Language: _____ Other Languages Spoken: _____
Who has the right to make medical and legal decisions for the Youth? _____
Current Address: _____ Email Address: _____
Primary Phone: _____ Okay to leave a message? Yes No
Secondary Phone: _____ Okay to leave a message? Yes No

D Enter referral information (if referral source is not parent/caregiver)

Referral Source Name: _____ Agency: _____
Phone Number: _____ Email Address: _____
Relationship to Youth/Client: _____ Is family aware of referral? Yes No

E Enter insurance and medical information

Primary Insurance: _____ MassHealth/MMIS #: _____
Subscriber Name: _____ Subscriber ID: _____
Primary Care Physician (PCP): _____ PCP Phone: _____
Secondary Insurance: _____
Subscriber Name: _____ Subscriber ID: _____
Medical Conditions/Allergies: _____

F Specify reason for referral

Provide a brief description of your goals, safety concerns, diagnosis, and/or other needs in making referral:

Risk factors (e.g., DV, S/I, H/I, substance use, trauma, etc.): _____

Strengths: _____

Any of the following services in the last 30 days: Hospital Community-Based Acute Treatment

Partial Hospitalization Program Youth Community Crisis Stabilization Youth Mobile Crisis Intervention

Other (please explain): _____

Involvement with other providers: DCF DMH DYS School Other: _____

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G Service request

Therapeutic Mentoring (TM) pairs a youth with an adult mentor to help the youth build and improve their social, communication, and life needs.

- **Typical frequency:** Weekly sessions at home or in the community
- **Who can benefit:** Youth who have moderate to severe behavioral health symptoms and who need support in the areas of problem-solving, social skills, communication, or conflict resolution. To receive TM, the youth also need to be receiving another behavioral health service (outpatient, IHT, IHBS, ICC or FIT).

Family Support and Training (FS&T) is caregiver support and coaching provided by a Family Partner (a professional who also has lived experience caring for youth with special needs).

- **Typical frequency:** 1–2 sessions per week that occur at home or in the community
- **Who can benefit:** Caregivers who want to become more effective advocates for their child through understanding how to navigate systems and access community support. For caregivers to receive FS&T, the youth needs to be receiving another behavioral health service (outpatient, IHT, IHBS, or ICC).

In-Home Therapy (IHT) is intensive family therapy provided by a team of two behavioral health staff to help youth with social, emotional, or behavioral challenges.

- **Typical frequency:** 1–3 sessions per week that occur at home or in the community
- **Who can benefit:** Families of youth with moderate to severe behavioral health symptoms who want help to resolve conflicts, learn new ways to talk to and understand each other, create new helpful routines, and find community resources

In-Home Behavioral Services (IHBS) is behaviorally based therapy provided by a two-person behavioral health team that works directly with both the youth and the caregiver. Together, they develop a targeted behavior plan that the caregiver and youth can implement at home.

- **Typical frequency:** 1–3 sessions per week that occur at home or in the community
- **Who can benefit:** Youth whose behaviors are significant enough to interfere with their functioning at home or in the community

Intensive Care Coordination (ICC) is a care planning service for youth who have serious emotional and behavioral needs. ICC is delivered by a care coordinator, and is often provided with a Family Partner (FS&T described above).

- **Typical frequency:** Minimally 1 contact per week at home, in the community, or by phone
- **Who can benefit:** Youth with serious behavioral health symptoms, including youth with co-occurring mental health and autism spectrum disorder, who need coordination across multiple services (mental health, state agency, special education, etc.). The care coordinator facilitates a team-based process including professionals and natural supports to create one plan.

Family-based Intensive Treatment (FIT) combines intensive family therapy, care coordination, and caregiver support for youth with serious behavioral and emotional needs. This service is delivered by a team of two behavioral health staff and a Family Partner (see FS&T above).

- **Typical frequency:** 3–5 sessions per week that occur at home or in the community
- **Who can benefit:** Youth experiencing significant behavioral health symptoms, including co-occurring health and autism spectrum disorder, whose needs have required acute/urgent behavioral health services in the last 30 days such as a crisis evaluation or an out-of-home placement. The focus of this service is to stabilize the youth's behavioral health needs, strengthen the family and community supports, and transition to outpatient therapy or IHT in 4–6 months.

H Other

For Family Support and Training, and Therapeutic Mentoring:

A Comprehensive Assessment and CANS completed for the youth – **PLEASE ATTACH**

A Treatment Plan/Individualized Action Plan/Care Plan completed for the youth that includes a specific goal with objective outcome measures pertaining to the development of the parent/caregiver capacity to parent the youth in the home or community – **PLEASE ATTACH**