IIBHT (In-home Intensive Behavioral Health Therapy) Referral Form

What are IIBHT Services?

Intensive In-Home Behavioral Health Treatment (IIBHT) is funded by Oregon Health Plan (OHP). It is a level of care for children and youth who have behavioral/mental health concerns that are beyond those which can be addressed with standard weekly outpatient appointments and who are at risk of needing residential treatment. The goal is to help strengthen the youth and family's skills and coping strategies so the youth can safely remain at home.

IIBHT Services generally last between 4-6 months. At the end of IIBHT services, the IIBHT team will work with the family to develop a transition plan. The aim is to equip clients so they can transition down to regular outpatient therapy (and perhaps ongoing outpatient skills training). During IIBHT services a team will work with the client and family in their home, and sometimes at the child or youth's school.

The client receives individual therapy, skills training, and other supports. It is expected that the family participates in family counseling and skills training each week. In addition to regular weekly services, a team member will also be available for 24/7 crisis response as outlined in the youth and family's Crisis and Safety Plan. And, psychiatric services will be offered, including assessment and medication management. The expectation is that there will be at least 4 hours of direct services per week.

One goal of IIBHT is in-home proactive support. This means that youth and their families should reach out for support proactively whenever possible, rather than waiting until there is an emergency. IIBHT providers will have a plan in place for how to support youth and their families which includes proactively responding in person to the home.

Who can access these services?

Medicaid-eligible children and youth through age 20 (under age 21) who display Intensive behavioral health needs, which include:

- Multiple behavioral health diagnoses; and
- Impact on multiple life domains (school, home, community) effected as identified on the mental health assessment; and
- Significant safety risks or concerns; or
- Are at risk of out-of-home treatment or placement; or
- Are transitioning home from an out-of-home treatment or placement.

Please fill out this form to the best of your ability or contact the Counseling Referral Coordinator at 541-436-0338 for help. Email this form to counseling@nextdoorinc.org or fax to 541-386-3071.

Date of Referral:

Referring Person or Agency:	**Referral Contact Phone & Email**

Client Name	Preferred Name	**Date of Birth**	Gender	Pronouns

School	Grade	Client Phone	Client Email

Client Address

Best contact method? ☐ phone ☐ text ☐ email

OK to leave a message? ☐ yes ☑ no

Parent/Guardian Information

Parent or Guardian	Relationship to Client	Phone	Email

Same Address as Client? ☐ Yes ☐ No, lives at: _____

Preferred Language:	Best contact method?	OK to leave a message?
☐ English ☐ Spanish	☐ phone ☐ text ☐ email	☐ yes ☐ no

Other Custodial Parent	Relationship to Client	Phone	Email

Same Address as Client? ☐ Yes ☐ No, lives at: _____

Preferred Language:	Best contact method?	OK to leave a message?
☐ English ☐ Spanish	☐ phone ☐ text ☐ email	☐ yes ☐ no

Reason for referral:

Please indicate diagnoses and reason(s) why IIBHT would be the appropriate choice for services at this time. For referral sources outside of The Next Door, please include a Release of Information signed by parent/guardian or client (if over 14) authorizing information sharing.

Diagnoses/Indicators for IIBHT Services

If used, please list CASII score or other scores for guiding level of care recommendation

Other Comments:

Other Services Providers:

For care coordination, please list client's other providers, including name and phone number.

Mental/Behavioral Health Provider

Psychiatric Provider

Primary Care Physician

Other (indicate type)

Other Information: