



Home Based Crisis Intervention (HBCI)

Referral Form

**Families referred to the service are anticipated to be the highest needs families, those who may be multi-system involved, and/or have had frequent mobile crisis and/or Emergency Department visits.*

Demographic Information:		
Referral Date:	Client Name:	DOB:
Physical Address:	Medicaid ID:	Parent/ Guardian Name:
Phone Number:	Identified Gender:	Aware of Referral Made:
	Primary Language:	SSN:
Referent Information:		
Name of Person Making Referral:	Agency Name:	Phone Number:
Other Involved Persons:	Role/Agency:	Address/Phone No.:
Other Involved Persons:	Role/Agency:	Address/Phone No.:

Must meet all criteria below:

- Between the age of 5 & 20 years, 11 months
- Resides in Herkimer or Otsego County
- Child is experiencing a psychiatric crisis so severe that unless immediate effective intervention is provided, the child/youth will likely be admitted to a psychiatric hospital or placed in a treatment residence.

More specifically, acute psychiatric crisis is defined by the presence of at least two of the following criteria

- Current, persistent, and severe major symptoms and/or behaviors (affective, psychotic, suicidal or significant impulse control issues) that are contributing to a current state of crisis for the child;
- Child and/or family has not adequately engaged or responded to treatment in more traditional settings;
- Home environment and/or community unable to provide necessary support for developmentally appropriate growth required to adequately address mental health needs in current crisis;
- High use of acute psychiatric hospitals;
- High use of psychiatric emergency or crisis services;
- Clinically assessed to be at immediate risk of requiring a more restrictive living situation (community residence, Residential Treatment Facility (RTF); acute inpatient psychiatric treatment/state operated psychiatric hospital-including rapid readmission to a hospital-without intensive community services.

Please submit referrals to Kylene Stevener, LMSW: Director of Community Psychiatric Rehabilitation Services

Fax: 315-624-9539 or via email: kylenes@neighborhoodctr.org Phone: 315-679-1192