

**Referral Process**

1. If a **family member** is making a referral for IHT, FIT, IHBS, or ICC, the provider will complete the referral over the phone or accept the referral form and then follow up with the family. If a family calls about TM or FS&T, the provider will explain the process of identifying a hub provider.\*
2. If a **provider** is making the referral, the CBHI provider will either:
  - a. Accept their completed referral form and follow up with the family, or
  - b. Complete the referral with the provider over the phone and follow up with the family.
3. In both cases, the accepting referral agency will contact the family to review the referral and discuss the appropriate level of care, and will obtain consent if applicable. Once consent is received, the individual will be scheduled for an intake appointment or added to a waiting list for the appropriate CBHI or other behavioral health service.
4. More detailed clinical and family information maybe be gathered during the intake process.

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**\*Abbreviations**

TM: Therapeutic Mentoring

FS&T: Family Support and Training

IHT: In-Home Therapy

IHBS: In-Home Behavioral Services

ICC: Intensive Care Coordination

FIT: Family-based Intensive Treatment



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

### 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**

### I Submission instructions

To make a referral, please search providers on the [MABHA website](https://www.mabhaccess.com/Search.aspx) at: <https://www.mabhaccess.com/Search.aspx>