

# Central Oregon Guide for Referring Youth to Behavioral Health Services

A step-by-step guide for school partners, community organizations, and families who are referring youth to a higher level of care.



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Guide created in collaboration with the above organizations. All text within the guide that are blue are hyperlinks which when clicked will take you directly to the website.

## Glossary of Terms

- **ABA:** Applied Behavior Analysis
- **Behavioral Health:** The promotion of mental health, resilience & wellbeing; the treatment of mental disorders & substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities
- **BHC:** Behavioral Health Clinician
- **BIP:** Behavior Intervention Plan
- **CCM:** Complex Care Management
- **DCBH:** Deschutes County Behavioral Health
- **EASA:** Early Assessment and Support Alliance
- **ED:** Emergency Department
- **GOBHI:** Greater Oregon Behavioral Health Inc.
- **I/DD:** Intellectual and Developmental Disabilities
- **IIBHT:** Intensive In-Home Behavioral Health Treatment, available throughout Central Oregon; offers intensive supports in home and in the community.
- **Intercept:** YouthVillages intensive in-home parenting skills program used to safely prevent children from entering out-of-home care or to reunify them with family as quickly as possible if out-of-home care is necessary
- **IPH:** Inpatient psychiatric hospital (examples: Unity Hospital and Providence Child and Adolescent Psychiatric Unit)
- **IYS:** Intensive youth services
- **LOC:** Levels of Care
- **MCAT:** Mobile Crisis Assessment Team
- **MRSS:** Mobile Response and Stabilization Services
- **NAMI:** National Alliance on Mental Illness
- **OFSN:** Oregon Family Support Network
- **OPAL-K:** The Oregon Psychiatric Access Line about Kids, telephone consult line for medical practitioners in Oregon who serve children
- **PCP:** Primary Care Physician
- **PMHP:** Psychiatric Mental Health Practitioner
- **PRTS:** Psychiatric Residential Treatment Services
- **ROI:** Release of Information
- **SCIP/SAIP:** Secure Children's Inpatient Program, Secure Adolescent Inpatient Program
- **SOC:** System of Care
- **Trillium Family Service:** Including the Children's Farm Home for preteens and up, The Parry Center for children, Sagebrush Partial Hospitalization (day treatment) program, and outpatient services.
- **Wraparound or WRAP:** Coordination of care for youth at risk with multiple team member involvement for out of home, school, or community placement
- **YAT:** Young Adults in Transition

**Level of Care #1: What to do when youth does not qualify for day treatment or higher level of care (outpatient service level)**

Indicators of Level (Some or all may apply)	Service Element	Recommended Services
<ul style="list-style-type: none"> <li>• Youth does not meet the medical necessity acuity requirements for Sagebrush or PRTS.</li> <li>• No recent history of hospitalization.</li> <li>• Youth might be safely maintained and effectively treated at a less intensive level of care.</li> <li>• Identified positive structure and supports</li> <li>• Parent lack of engagement/student refusal to participate</li> <li>• Primary diagnosis of I/DD or Autism and the youth has low verbal and processing skills</li> <li>• Unable to admit youth to Sagebrush due to the current milieu or staffing concerns</li> </ul>	<p style="text-align: center;"><b>Intensity/Modality</b></p>	<ol style="list-style-type: none"> <li>1. Review and revise individual safety plan with behavioral health providers.</li> <li>2. Have all care providers sign ROI's for collaboration.</li> <li>3. Expand the team coordination, scheduling a meeting with WRAP, PCP Clinic, PacificSource Case Management.</li> <li>4. Weekly or bi-weekly therapy with outpatient counselor.</li> <li>5. Explore IIBHT options: <a href="#">BestCare</a> or <a href="#">YouthVillages</a></li> <li>6. For I/DD diagnosis or Autism explore ABA options: <a href="#">Cascade Behavioral Intervention</a>, <a href="#">Footprints Behavioral Interventions</a>, <a href="#">New Summit</a>, <a href="#">Positive Behavior Supports Corporation</a></li> <li>7. Discuss options for group therapy with <a href="#">DCBH</a> or <a href="#">Brightways</a></li> <li>8. Look into <a href="#">Big Brothers Big Sisters</a> or <a href="#">Bikers Against Child Abuse</a> for community-based mentor support.</li> <li>9. Critical school supports including increased counselor support, suicide screening and <a href="#">DCBH Crisis Services</a>, Student Threat Assessment, Sexual Incident Response Team, review the BIP</li> </ol>
	<p style="text-align: center;"><b>Frequency</b></p>	<ol style="list-style-type: none"> <li>1. Care coordination meetings shall happen (x number of times).</li> <li>2. IIBHT provides a minimum of 4 service hours in home or community per week.</li> <li>3. Big Brothers/Big Sisters mentor could meet once a week.</li> <li>4. Outpatient service frequency determined by care providers and family (counseling, ABA, group therapy).</li> </ol>
	<p style="text-align: center;"><b>Medication/Psychiatric Services</b></p>	<ol style="list-style-type: none"> <li>1. Consult with PCP to see if medical concerns are exacerbating behaviors/behavioral health issues and recommend a behavioral health level of care. PCP can consult with <a href="#">OPAL-K</a> via phone.</li> <li>2. Consider psychiatric services, PMHP.</li> <li>3. Explore psychological testing or additional testing from <a href="#">PEDAL</a>, <a href="#">Mindsights</a>, and <a href="#">Expedited Assessment Services for Youth (EASY)</a></li> </ol>
	<p style="text-align: center;"><b>Crisis Intervention</b></p>	<ol style="list-style-type: none"> <li>1. Oregon Crisis Phone Line: Dial 988 or <a href="#">988 Lifeline Website</a></li> <li>2. Contact DCBH stabilization center by dialing (541) 322-7500 or (800) 875-7364</li> <li>3. For 21 &amp; Younger Dial: (877) 968-8491 Or text "teen2teen" to 839863 or <a href="#">YouthLine website</a></li> </ol>
	<p style="text-align: center;"><b>Family Supports</b></p>	<ol style="list-style-type: none"> <li>1. Seek funding options from community providers (gas cards, sensory items)</li> <li>2. Consult with <a href="#">ODHS</a> for a <a href="#">Maple Star</a> referral when applicable</li> <li>3. Connect parent/guardian with a <a href="#">FAN</a> advocate.</li> <li>4. Utilize <a href="#">Safe + Strong</a> helpline for emotional, mental, and community supports.</li> <li>5. Find local free groceries, meals, or produce with <a href="#">Oregon Food Bank</a></li> <li>6. Assistance with utilities through <a href="#">NeighborImpact</a></li> <li>7. Assistance with housing and financial insecurities through <a href="#">Thrive Central Oregon</a></li> <li>8. Connect family with <a href="#">NAMI Central Oregon</a> and <a href="#">OFSN</a> for support groups and education.</li> </ol>

**Level of Care #2: Accepted to Sagebrush Day Treatment, Waiting for Admission**

Indicators of Level (Some or all may apply)	Service Element	Recommended Services
<ul style="list-style-type: none"> <li>• Day treatment criteria has been met because:                             <ul style="list-style-type: none"> <li>○ Recent behavioral health assessment with an eligible DSM 5 diagnosis</li> <li>○ Progress notes are provided documenting the current situation &amp; why current clinicians feel treatment would be appropriate.</li> <li>○ Youth is able to maintain in a program and can be reasonably expected to respond to therapeutic intervention.</li> <li>○ Youth’s functioning is compromised by a primary psychiatric illness and requires psychiatric care for evaluation and treatment.</li> <li>○ Attempts to effectively treat the youth in a less restrictive level of care have failed or are not accessible.</li> <li>○ Child’s legal guardian gives consent for care.</li> </ul> </li> <li>• Youth <b>does</b> meet the above criteria for Sagebrush and has been accepted, however, there is a wait time of (x) amount of time.                             <ul style="list-style-type: none"> <li>○ Youth unable to maintain during transportation due to longer distance.</li> <li>○ Current milieu: not able to add a student due to current needs/population and/or staffing concerns.</li> </ul> </li> </ul>	<p align="center"><b>Intensity/Modality</b></p>	<ol style="list-style-type: none"> <li>1. Review and revise individual safety plan with behavioral health providers.</li> <li>2. Have all care providers sign ROIs for collaboration.</li> <li>3. Expand the team coordination, scheduling a meeting with WRAP, PCP Clinic, PacificSource Case Management.</li> <li>4. Explore IIBHT options: <a href="#">BestCare</a> or <a href="#">YouthVillages</a></li> <li>5. Look into <a href="#">Big Brothers Big Sisters</a>, <a href="#">Bikers Against Child Abuse</a>, <a href="#">Friends of the Children</a>, &amp; <a href="#">COPY</a> for community-based mentor support</li> <li>6. Explore <a href="#">Cascade Youth and Families</a> programs.</li> <li>7. Consider a full physical exam and dental care to rule out physical causes.</li> <li>8. Critical school supports including increased counselor support, suicide screening and <a href="#">DCBH Crisis Services</a>, Student Threat Assessment, Sexual Incident Response Team, review the BIP.</li> </ol>
	<p align="center"><b>Frequency</b></p>	<ol style="list-style-type: none"> <li>1. Care coordination meetings shall happen (x number of times)</li> <li>2. IIBHT provides a minimum of 4 service hours in home or community.</li> <li>3. Individual therapy and family therapy cadence to be set by provider.</li> <li>4. Peer support/mentor programs shall follow agency guidelines.</li> </ol>
	<p align="center"><b>Medication/Psychiatric Services</b></p>	<ol style="list-style-type: none"> <li>1. Consult with PCP to see if medical concerns are exacerbating behaviors/behavioral health issues and recommend a behavioral health level of care. PCP can consult with <a href="#">OPAL-K</a> via phone.</li> <li>2. Explore psychological testing or additional testing from <a href="#">PEDAL</a>, <a href="#">Mindsights</a>, and <a href="#">Expedited Assessment Services for Youth (EASY)</a></li> </ol>
	<p align="center"><b>Crisis Intervention</b></p>	<ol style="list-style-type: none"> <li>1. Oregon Crisis Phone Line: Dial 988 or <a href="#">988 Lifeline Website</a></li> <li>2. Contact DCBH stabilization center by dialing 541-585-7210 (non-emergency) or crisis line at 541-322-7500 ext. 9. Or drive up or walk to 63311 NE Jamison St., Bend, OR 97701</li> <li>3. For 21 &amp; Younger Dial: (877) 968-8491 Or text “teen2teen” to 839863 or <a href="#">YouthLine website</a></li> </ol> <p>*Note: Sagebrush 23-hour crisis services are provided to youth once in-person attendance has begun*</p>
	<p align="center"><b>Family Supports</b></p>	<ol style="list-style-type: none"> <li>1. Explore respite options: <a href="#">Kindred Connections</a>, <a href="#">GOBHI</a>, and other family</li> <li>2. Seek funding options from community providers (gas cards, sensory items)</li> <li>3. Consult with <a href="#">ODHS</a> for a <a href="#">Maple Star</a> referral when applicable</li> <li>4. Connect parent/guardian with a <a href="#">FAN</a> advocate.</li> <li>5. Utilize <a href="#">Safe + Strong</a> helpline for emotional, mental, and community supports.</li> <li>6. Find local free groceries, meals, or produce with <a href="#">Oregon Food Bank</a></li> <li>7. Assistance with housing and financial insecurities through <a href="#">Thrive Central Oregon</a></li> <li>8. Assistance with utilities through <a href="#">NeighborImpact</a></li> <li>9. Connect family with <a href="#">NAMI Central Oregon</a> and <a href="#">OFSN</a> for support groups and education</li> </ol>

**Level of Care #3: Acuity Level Exceeds Day Treatment/Outpatient Program Standards**

Indicators of Level (Some or all may apply)	Service Element	Recommended Services
<ul style="list-style-type: none"> <li>• Youth exceeds medical necessity acuity requirements for Sagebrush, and a referral is recommended for a higher level of care.</li> <li>• History of hospitalization within the last 4 months</li> <li>• Serious potential to harm self/others.</li> <li>• Recent suicidal/ homicidal ideation.</li> <li>• Limited supports available</li> <li>• In danger of losing placement (school, home, or foster care placement).</li> <li>• Co-occurring substance use disorders or I/DD diagnosis.</li> </ul>	<p align="center"><b>Intensity/Modality</b></p>	<ol style="list-style-type: none"> <li>1. Gather documentation and make a formal referral to higher levels of care including <a href="#">PRTS</a>, <a href="#">Sub Acute</a>, <a href="#">DCBH Crisis Services</a>, <a href="#">Emergency Department</a>, <a href="#">Secure Inpatient</a></li> <li>2. Review and revise the individual safety plan with mental health providers.</li> <li>3. Have all care providers sign ROIs for collaboration.</li> <li>4. Expand the team coordination, scheduling a meeting with WRAP, PCP Clinic, PacificSource Case Management.</li> <li>5. Explore IIBHT options: <a href="#">BestCare</a> or <a href="#">YouthVillages</a></li> <li>6. Increase I/DD services if eligible (addition of personal support worker &amp; revise family behavior plan).</li> <li>7. Look into individual and family therapy twice or more a week.</li> <li>8. Consider a full physical exam and dental care to rule out physical causes.</li> <li>9. Critical school supports including increased counselor support, suicide screening and <a href="#">DCBH Crisis Services</a>, Student Threat Assessment, Sexual Incident Response Team, review the BIP</li> </ol>
	<p align="center"><b>Frequency</b></p>	<ol style="list-style-type: none"> <li>1. Care coordination meetings shall happen (x number of times).</li> <li>2. IIBHT provides a minimum of 4 service hours in home or community.</li> <li>3. Individual therapy and family therapy cadence to be set by provider.</li> <li>4. Peer support/mentor programs shall follow agency guidelines</li> </ol>
	<p align="center"><b>Medication/Psychiatric Services</b></p>	<ol style="list-style-type: none"> <li>1. Consult with PCP to see if medical concerns are exacerbating behaviors/behavioral health issues and recommend a behavioral health level of care. PCP can consult with <a href="#">OPAL-K</a> via phone.</li> <li>2. Explore psychological testing or additional testing from <a href="#">PEDAL</a>, <a href="#">Mindsights</a>, and <a href="#">Expedited Assessment Services for Youth (EASY)</a></li> </ol>
	<p align="center"><b>Crisis Intervention</b></p>	<ol style="list-style-type: none"> <li>1. Revise and review safety plan with care management team every three days.</li> <li>2. Oregon Crisis Phone Line: Dial 988 or <a href="#">988 Lifeline Website</a></li> <li>3. Contact DCBH stabilization center by dialing (541) 322-7500 or (800) 875-7364</li> <li>4. For 21 &amp; Younger Dial: (877) 968-8491 or text “teen2teen” to 839863 or <a href="#">YouthLine website</a></li> </ol>
	<p align="center"><b>Family Supports</b></p>	<ol style="list-style-type: none"> <li>1. Explore respite &amp; shelter options: <a href="#">Kindred Connections</a>, <a href="#">GOBHI</a>, <a href="#">Cascade Youth &amp; Family Center</a></li> <li>2. Connect parent/guardian with <a href="#">Family Resource Center</a> to participate in support groups.</li> <li>3. Connect parent/guardian with <a href="#">Riverview Wellness</a> to access Wellness &amp; Community Health Programs.</li> <li>4. Connect parent/guardian with a <a href="#">FAN</a> advocate.</li> <li>5. Utilize <a href="#">Safe + Strong</a> helpline for emotional, mental, and community supports.</li> <li>6. Find local free groceries, meals, or produce with <a href="#">Oregon Food Bank</a></li> <li>7. Assistance with housing and financial insecurities through <a href="#">Thrive Central Oregon</a></li> <li>8. Assistance with utilities through <a href="#">NeighborImpact</a></li> <li>9. Connect parent/guardian with <a href="#">NAMI Central Oregon</a> and <a href="#">OFSN</a> for support groups and education.</li> </ol>

## Referral Form Links

- 1) **BestCare Treatment Services, Crook County: Child and Family Behavioral Health Screening Request**  
[BCTS child and family screening request .docx](#)
  
- 2) **BestCare Treatment Services, Jefferson County: Wraparound Referral Form & Mental Health Assessment Update**  
[Wraparound Referral Form BestCare Jefferson Co.doc](#)
  
- 3) **Deschutes County Health Services: Intensive Youth Services Behavioral Health Screening Request (English & Spanish Versions)**  
[DCBH Referral Form for CO Youth Guide 7.27.23.docx](#)  
[DCBH Referral Form Spanish for CO Youth Guide 7.27.27.docx](#)
  
- 4) **Trillium Family Services Referral Phone number 888-333-6177 & fax 503-205-0190**  
**General Admission Process for Psychiatric Day Treatment/Partial Hospitalization:**  
[Day treatment.partial hospitalization process.docx](#)
  
- 5) **Youth Villages: Intensive In-Home Services Referral Form**  
[Oregon Intercept-IIBHT Referral Form 2023.docx](#)