



Referral Form for MHA's Children and Family Services

Date of Referral: _____

Child's Name _____	DOB: _____	Medicaid CIN#: _____
Address: _____		
School attending: _____	Grade: _____	
Parent/Caregiver: _____	Phone: Home# _____	Cell # _____
Parent Email: _____		

Referent: _____ Contact Number: _____

Briefly describe how you feel MHA support programs can benefit child and family:

Please list other services the child is currently participating in and/or has participated in:

List the child's interests and hobbies:

Provide information that might be helpful in working with the child. (Triggers, coping strategies, strengths....)

Current Clinician: _____ Phone: _____ Agency: _____

Current Prescriber: _____ Phone: _____ Agency: _____

Clinical Diagnosis

	Diagnosis
Primary	
Secondary	
Other	

Has the referred child been hospitalized for Psychiatric reasons? YES _____ NO _____

If yes, please provide the following information:

Approximate Date and Facility _____

Has the child resided outside the home? YES _____ NO _____

If yes, please list: _____

Areas of Functioning: (As a result of the symptoms or diagnosis of MH/SUD, the child/youth has functional impairment that interferes with or limits functioning in at least one of the following areas and is likely to benefit from and responds to the service (s) recommended to prevent the onset or worsening of symptoms) Check all that apply:

Check	Domain	Description of Impairment
	Self-Direction/Control	
	Self –Care	
	Family Life	
	Social Relationships	
	Symptom Management	

Please attach the following **REQUIRED** documents with this application:

____ Copy of Plan of Care or Treatment Plan

____ Supporting Documentation. **Must provide one of the following that states and supports the child’s diagnosis:** Psychiatric Evaluation, Psychosocial Updated Physical, IEP, 504 Plan, Safety Plan etc.

Provider Attestation by LPHA (Individual currently licensed as a Registered Professional Nurse, Nurse Practitioner, Physician’s Assistant, Psychiatrist, Licensed Psychologist, Licensed Psychoanalyst, Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, or Licensed Creative Arts Therapist, or Physician.)

*By signing below, I am acknowledging that telehealth services, in accordance with 596 OMH Telehealth Services Guidance for Local Providers, would be an appropriate mode of communication for my child, parent/caregiver and may be utilized during CFTSS services when needed and /or when face to face service is not an option.

*By signing below, I am recommending the above -named individual for Child and Family Treatment and Support Service (s)

Family Peer Support Services: Visual _____ Audio _____ Psychosocial Rehabilitation: Visual _____ Audio _____

*LPHA Signature	Printed Name	NPI#	Date
_____	_____	_____	_____

Please Submit Referral to: Juliann Simpson, Program Manager

Phone: 845-473-2500 ext. 1324 Fax: 845-471-9740 Email: jsimpson@mhadutchess.org

Please Check all Programs that may be Applicable

After review of the application the following services are recommended

- CFTSS – Psychosocial Rehabilitation Services (For Medicaid Eligible client only)
- CFTSS – Family Peer Support Services (For Medicaid Eligible client only)
- Hourly Respite (For Medicaid and /or Non- Medicaid client)
- Teen Challenge (For Medicaid and/or Non- Medicaid client)
- Recreational Respite (For Medicaid and/or Non- Medicaid client)
- Family Advocacy
- Childrens Health Home Care Management
- Sibling Support Program

Client assigned to _____

Service _____

Client assigned to

Service

Client assigned to

Service

Client assigned to

Service

Intake to be scheduled no later than 1 week after assignment

Copy of this referral with program and worker assignment must be faxed back to referrant

Descriptions of all Programs

CFTSS – Psychosocial Rehabilitation Services (For Medicaid Eligible client only)

Psychosocial Rehabilitation is designed to restore, rehabilitate, and support the child's functioning as developmentally appropriate in the areas of social/interpersonal skills, daily living skills and community integration. The child is recommended by an LPHA who determines the medical necessity for the PSR service for the child. The child is assigned a PSR service provider to assist the child in meeting their individual goals to be successful in the home, school, and community.

CFTSS – Family Peer Support Services (For Medicaid Eligible client only)

Family Peer Support (FPSS) are an array formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, substance use, and/or behavioral challenges in their home, school, and community. FPSS provides a structured strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Services are delivered in a trauma informed, culturally competent manner.

Service components:

- Engagement, Bridging, and Transitional Support.
- Self Advocacy, Self Efficacy, and Empowerment
- Parental Skills Development
- Community Connections and Natural supports

Hourly Respite (For Medicaid and /or Non-Medicaid client)

Hourly Respite services are for children/ youth with a mental health diagnosis up to 18 years old. This service provides one on one quality time for a child with a trained respite worker, while a parent/caregiver receives a much-needed break from their caregiving responsibilities. Respite workers provide opportunities for the child/youth to build on their strengths and increase their social skills while experiencing positive activities in the community. Hourly Respite visits are typically once a week for approximately 3 hours.

Teen Challenge (For Medicaid and/or Non-Medicaid client)

The Teen Challenge is a “Clubhouse” style program that serves teens ages 14-18 with a mental health diagnosis. The program offers weekly groups to include life skills lessons, community service outings and recreational fun. The goal of the Teen Challenge program is to increase the teen’s leadership skills, increase their knowledge of personal, career and wellness – self management and increase their civic responsibility.

Sibling Support Groups

MHA’s Sibling Support Groups are for brothers and sisters of children who experience a social, behavioral or emotional challenge. We offer ongoing support, education and recreation. We work toward helping decrease the level of stress in the family as well as increase the understanding of the sibling’s disability. There are two support groups: one for siblings ages 5-12 years and one for siblings ages 13-18 years.

Recreational Respite (For Medicaid and/or Non-Medicaid client)

Recreational Respite provides group activities for a child with a mental health diagnosis beginning at age 7 to help increase the child’s social skills. This service provides a significant break for the caregiver while their child is enjoying a variety of innovative activities with trained staff and peers.

Family Advocacy and Support Services

Are you parent or caregiver to a child with emotional, social, or mental health challenges? Are you going through a particularly rough challenge and need some extra support? Our Family Peer Advocate is here to listen to your story and work with you one-on-one to find a solution. Whether it’s finding you the appropriate resources or going to court, social services, or a hospital on your behalf, we’re here to help you get through this!

- One-on-one phone call or meeting to understand problems
- Customized solutions according to your needs
- Assistance applying for services
- Representation or accompaniment where needed

Childrens Health Home Care Management

Are you a parent, guardian, or service provider for a child in Dutchess County aged 0-20 who has Medicaid, along with a serious emotional or mental health diagnosis, or two chronic conditions? If so, that child may benefit from having someone to help coordinate services, navigate community systems and supports, advocate for the child’s needs, and identify and link to helpful resources.

Our care managers work across multiple systems and service providers, acting as a singular point of contact to help streamline coordination of services and strengthen across-the-board communication and understanding.

Candidates for this program must have currently active Medicaid. Additionally, the child must have one (or more) Serious Mental Health Diagnosis/Serious Emotional Disturbance OR two Chronic Conditions, which may include mental health or medical conditions such as asthma or diabetes. Referrals can be made by anyone, including parent/guardian, clinicians, service providers, and school personnel. If you’d like more information regarding eligibility or referral, contact Cody Gonzalez at (845) 473-2500 x1363.