

Intercept

Serving Deschutes, Jefferson, and Crook counties; Youth ages 0-17

Insurance: OHP or Pacific Source Commercial

Services Provided: In Home Family and Individual Therapy, 24/7 Crisis Support, Psychiatry Services; Meeting in home for services 3x weekly for 4-6 months

Focus on stabilizing behaviors in the home, supporting with safety planning in the home, developing or enhancing parenting skills, developing and practicing coping skills, trauma therapy

Ways to Refer: Option 1: Refer a Child - Youth Villages; Option 2: Email referral form to YVOregonPlacement@youthvillages.org or fax referral form to 503-675-2258 or call (503) 675-2246

IIBHT (Intensive In Home Behavioral Health Treatment)

Serving Deschutes, Jefferson, and Crook counties; Youth ages 0-17

Insurance: OHP, Pacific Source Commercial, or Open Card

Services Provided: Individual and Family Therapy, Psychiatry Services, Youth Peer Support, Family Peer Support, 24/7 Crisis Support, Safety Planning Support. Families receive a minimum of 4 hours of services per week for 4-6 months

Focus on stabilizing behaviors in the home, safety planning in the home, developing or enhancing parenting skills, developing and practicing coping skills, trauma therapy

Ways to Refer: Option 1: Refer a Child - Youth Villages; Option 2: Email referral form to YVOregonPlacement@youthvillages.org or fax referral form to 503-675-2258 or call (503) 675-2246

Crisis and Transition Services (CATS)

Serving Deschutes County residents; Youth ages 0-18

CATS is an insurance blind program serving youth experiencing a mental or behavioral health crisis

Services Provided: Safety Planning, Individual and Family Therapy, Case Management, Referral Support, 24/7 Crisis Support, Family Peer Support, Psychiatry; meeting as frequently as needed for 14-45 days.

Ways to Refer: At this time, referrals are only accepted by Bend and Redmond St. Charles Hospitals, Deschutes County Stabilization Center, and MCAT. If you have a youth in crisis who would benefit from CATS, please refer to the Stabilization Center for assessment and referral. Assessments and intake can occur same day as the referral and are held in person at the Hospital or Stabilization Center.

For any questions involving current or previous CATS clients or potential referrals, please contact our 8am-5pm CATS phone line at 541-516-6334



Date of referral

The force for families

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IIBHT

In-home Services Referral Form

Intercept

Child's Name	Ethnicity	DOB	SSN (if known)
Languages spoken	Preferred Language	Child's Ge	nder
Parent/Guardian:	Phone Number	Alternate Contact	
Address			
Referral Source Name	Agency		
Email	Phone Number(s)		

Date family was informed about Intercept Services:

Choose Program:

Referral Behaviors (check all that apply):

Suicidal/Homicidal/Psychotic behaviors Family conflict

Physical Aggression Active Sexual Abuse

Problem Sexual Behaviors Risk of Out-of-Home Placement

Active Partner Violence Youth Substance Use

Runaway behaviors Juvenile Justice Involvement

Caregiver/Family Substance Abuse Physical Abuse/Neglect (within past 6 months)

Risk of Out-of-Home Placment/Reunificaion Goal Autism or Pervasive Developmental Delay

Additional information not listed above concerning important events, risk and/or protective factors:

Please fax form with most recent clinical documentation to the Placement Department at (503) 675-2258 or email to YVOregonPlacement@youthvillages.org
Feel free to call with any questions at 503-675-2246 or 1-888-98ACCESS (1-888-982-2237)