**Vermont Crisis Intervention Network (VCIN) Referral form**

[ ]  **Level I:** **Training** to agency staff to increase general clinical expertise and competency to reduce and potentially prevent crises.

[ ]  **Level II** **Consult**: on-site consultation to help agency teams work more effectively with persons who have emotional and behavioral challenges.

**For Level 1 or Level II Referral**, please contact Patrick Frawley, Ph.D. 802-373-9125,

pfrawley@uvs-vt.org or Brandon Pedigo, M.A. 802-802-380-1004, bpedigo@uvs-vt.org

.**directly.**

**Level III MUST be completed by DA, SSA, or SISO**

**Level III Referral**: Please complete the information below and email to Erica Raiche Erica.Raiche@vermont.gov. For questions call 802 917-1746.

[ ]  **Level III** **Referral**:

For individuals experiencing a current psychiatric, emotional, or behavioral crisis

Individual receives time-limited (generally not to exceed 14 days) 24-hour support and

supervision in a safe and calm environment.

Agency Information:

Referring Agency Click or tap here to enter text. Date Click or tap to enter a date.

If SSA or SISO, who is the DA? Click or tap here to enter text.

Contact Person(s), role, email address, and phone #

Click or tap here to enter text.

Individual Information:

Name Click or tap here to enter text. DOB/age Click or tap here to enter text.

In school? N [ ]  Y [ ]  In DCF custody? N [ ]  Y [ ]

1. Do the individual and guardian (if there is one) agree to VCIN support? N [ ]  Y [ ]
2. Guardian contact information Click or tap here to enter text.

Needs and Planning:

1. Describe the current crisis, and precipitating factors that may have led to the crisis. Click or tap here to enter text.
2. What are the current crisis options available at your agency? Click or tap here to enter text.
3. What other support options have been explored? Click or tap here to enter text.
4. Describe the support and outcomes you are seeking from VCIN: Click or tap here to enter text.
5. What action planning for ongoing support will occur during the VCIN stay? Click or tap here to enter text.
6. What is the length of stay the team is requesting (cannot exceed 14 days)?
7. Is a discharge plan identified? Please explain. Click or tap here to enter text.
8. Does the individual have accessibility needs? Please explain. Click or tap here to enter text.
9. Is the person funded by Public Safety and/or on ACT 248? Yes/No \*If yes, describe the offenses. Click or tap here to enter text.
10. Describe medical support needs and Special Care Procedures, if applicable: Click or tap here to enter text.
11. Is the team in agreement for DDSD to send this referral to local crisis resources (i.e. Upper Valley Services-Collaborative Crisis)? Click or tap here to enter text.

**Process**:

* The agency contact person will receive a response email confirming receipt.
* The referral will be forwarded to Dr. Patrick Frawley, Ph.D. and Brandon Pedigo, M.A.
* Individual will be added to the VCIN waiting list.
* Follow up steps with the referring agency will be coordinated by Erica, Pat and Brandon.
* The agency will email a status update regarding the individual’s circumstances to Erica.Raiche@Vermont.gov each Monday.