

Tides Family Services Intensive Outpatient Program (IOP) Referral Form

Youth Name: _____ **Date of Referral:** _____

Address: _____

Date of Birth: _____ **Gender:** _____ **Pronouns** _____

Parent/Guardian: _____ **Relationship to youth:** _____

Parent/Guardian phone: _____ **Email:** _____

Medical Insurance/ Coverage: _____ **Policy #:** _____

Presentation & Needs checklist: check all that apply:

<input type="checkbox"/> Anger Control <input type="checkbox"/> Anxiety <input type="checkbox"/> Bullying (i.e. Victim / Aggressor) <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> Daily Functioning/Self-Care Skills <input type="checkbox"/> Danger to Others (i.e. firesetting, homicidality) <input type="checkbox"/> Depression <input type="checkbox"/> Developmental/Cognitive Delays <input type="checkbox"/> Eating Disturbance <input type="checkbox"/> High Risk Sexual Behavior(s) <input type="checkbox"/> Impulsivity/Hyperactivity <input type="checkbox"/> Oppositional <input type="checkbox"/> Physical/Medical Needs	<input type="checkbox"/> Psychosis <input type="checkbox"/> Runaway /AWOL <input type="checkbox"/> School – (i.e. truancy, behavior) <input type="checkbox"/> Sexual Offending Behaviors <input type="checkbox"/> Sexually Reactive Behaviors <input type="checkbox"/> Social/Peer Relationship Functioning <input type="checkbox"/> Substance Use <input type="checkbox"/> Suicidal/Self-Injurious <input type="checkbox"/> Trauma: <input type="checkbox"/> Diagnosis(es):	<input type="checkbox"/> Developmental/Cognitive Delays <input type="checkbox"/> Family Relationship(s) <input type="checkbox"/> Involvement/Engagement w/Youth’s Care <input type="checkbox"/> Mental Health Needs <input type="checkbox"/> Organization/Household Maintenance <input type="checkbox"/> Physical/Medical Needs <input type="checkbox"/> Residential Stability/Basic Needs <input type="checkbox"/> Safety & Abuse Concerns <input type="checkbox"/> Social Resources/Network <input type="checkbox"/> Substance Use <input type="checkbox"/> Supervision/Discipline Skills <input type="checkbox"/> Transportation
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Other presenting problems: _____

Family Risk Value: (Complete this section only for youth in non-residential placement)

Based on the Reason for Referral, please evaluate the risk of the family disrupting and resulting in out-of-home placement:

- Minor risk of placement (unlikely to occur within 3 months)
- Moderate risk of placement (likely to occur within 3 months)
- Imminent risk of placement (likely to occur within 1-2 months)

School: _____ **Grade:** _____

Previous/current counseling: _____

Referral Source: _____

Phone: _____ **Email:** _____

Additional information: _____

*Please email this completed referral form to Kristina Jandron at kjandron@tidesfs.org

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Intensive Outpatient Program: Program Description

Tides Family Services' Intensive Outpatient Program was developed to address the treatment needs of youth who had historically been unsuccessful in being maintained in their homes. The IOP is a structured treatment program designed to provide intensive support and therapy for youth struggling with substance abuse, addiction, or certain behavioral health issues. The description provided here is based on the American Society of Addiction Medicine (ASAM) criteria, specifically version 2.1.

IOP services are located in Pawtucket RI and are available to youth and families throughout the state. The IOP program serves youth from a variety of cultural and socioeconomic backgrounds experiencing a wide range of behavioral, social, health/mental health, educational/vocational, and family problems. These youth often are impulsive, aggressive, and in conflict, and they have an intense need for structure, supervision, safety, and predictability. This program is suitable for youth who require more support than standard outpatient treatment but do not require 24-hour care in a residential or inpatient setting. It offers a flexible and comprehensive approach to treatment, allowing participants to receive the necessary care while still maintaining consistent attendance in a school setting. **The IOP does not offer transportation to all clients. If you experience barriers to transportation, please reach out to an IOP staff member for additional resources.**

The eligibility criteria for receiving IOP services include that the youth is between the ages of 13-17, and that at least one of the following is true:

- Youth is at imminent risk of out of home/hospital placement or disruption from foster care due to aggressive behavior, disregard for personal safety, self harm, isolation, truancy, parent child relational difficulties.
- Youth experiencing a substance use disorder that is impacting their daily functioning.
- Youth transitioning home from an out of home placement.
- DSM5 Diagnosis.
- Parents/caregivers agree to participation
- Commitment to attend full program days at least 4 days weekly - 3-6:30pm.

The following are considered exclusionary criteria for the IOP program:

- Youth who are expressing suicidal ideation with intent who would be better served in a hospital setting.
- Youth who are not residing (or have imminent plans of residing) with a stable caregiver.

The Tides IOP program does not dispense medication. Any client referred to the program in need of medication management will be referred to the consulting psychiatrist through Community Care Alliance.

The Tides IOP program is insurance-funded. We take NHP, UHC, Commercial United Health and BCBS.

The IOP program includes:

1. **Group Therapy:** Group sessions are a central aspect of the IOP. Participants engage in therapeutic discussions, share experiences, and provide support to one another under the guidance of trained therapists. These groups promote peer connections and offer a sense of community.
2. **Individual Counseling:** Participants have access to individual counseling sessions with a therapist. These sessions allow for personalized attention, goal-setting, and addressing specific concerns or challenges.
3. **Psychoeducation:** Educational sessions provide information about addiction, recovery, coping skills, relapse prevention, and other relevant topics. Psychoeducation helps individuals understand the nature of their condition and acquire skills to manage their recovery effectively.
4. **Family Involvement:** Family therapy or education is incorporated into the program to address the impact of behavioral health on family dynamics and relationships. Involving family members can foster support, improve communication, and enhance the overall recovery process.
5. **Case Management:** Case management is available to assist clients in accessing additional resources, such as housing, employment assistance, or other support services that can contribute to their overall wellbeing and recovery.
6. **Aftercare Planning:** The IOP includes comprehensive aftercare planning to support clients in maintaining their recovery gains after completing the program. This may involve connecting participants with ongoing support groups, outpatient services, or community resources. Youth enrolled in the IOP shall receive a minimum of 9 hours per week of skilled treatment services and at least 1 hour of individual counseling per week.