



## Home Based Crisis Intervention (HBCI)

### Eligibility Screening Tool

*\*Families referred to the service are anticipated to be the highest needs families, those who may be multi-system involved, and/or have had frequent mobile crisis and/or Emergency Department visits.*

#### **Must meet all criteria below:**

- Between the age of 5 & 20 years, 11 months
- Resides in Herkimer County
- Imminent risk for psychiatric hospitalization or residential treatment
- Child is experiencing a psychiatric crisis so severe that unless immediate effective intervention is provided, the child/youth will likely be admitted to a psychiatric hospital or placed in a treatment residence.

#### **More specifically, acute psychiatric crisis is defined by the presence of at least two of the following criteria**

- Current, persistent, and severe major symptoms and/or behaviors (affective, psychotic, suicidal or significant impulse control issues) that are contributing to a current state of crisis for the child;
  - Child and/or family has not adequately engaged or responded to treatment in more traditional settings;
  - Home environment and/or community unable to provide necessary support for developmentally appropriate growth required to adequately address mental health needs in current crisis;
  - High use of acute psychiatric hospitals;
  - High use of psychiatric emergency or crisis services;
  - Clinically assessed to be at immediate risk of requiring a more restrictive living situation (community residence, Residential Treatment Facility (RTF); acute inpatient psychiatric treatment/state operated psychiatric hospital-including rapid readmission to a hospital-without intensive community services.
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- The youth resides full time with at least one caregiver who is either a legal guardian OR who fulfills a primary caretaking role, is financially dependent on a caregiver (without the finances of the caregiver the young adult would not be able to provide for their own basic needs);
  - The caregiver is willing to provide the bulk of emotional support to the young adult during HBCI treatment and immediately after, agrees to participate in HBCI treatment with the youth, and agrees to facilitate attendance in ongoing treatment after discharge;
  - The young adult is willing to have the caregiver fulfill the duties above and will sign a Release of Information between the caregiver and HBCI;

Client Name: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Screened By: \_\_\_\_\_

Date of Screening: \_\_\_\_\_

Determination of Screening: \_\_\_\_\_

Signature of Screener: \_\_\_\_\_