

Vermont Department of Education and
Agency of Human Services
Interagency Agreement

Section 3:
Case Review Committee (CRC)
Referral Forms

Version: April 9, 2009

For a CSP	➔	Complete Section 1
For referrals to LIT or SIT	➔	Complete Sections 1 & 2
For referrals to CRC	➔	Complete Sections 1, 2, & 3

We are trying to improve CSPs for Vermont youth and families. We now have a website with news, information, tools, and ways to give your feedback:

<http://vtcsp.blogspot.com>

Child/Youth's Name: _____

1. Coordinated Services Plan Reintegration Team

Education

Name	School District	
Address		Phone

Community Service (AHS Division / Community Mental Health)

Name	Agency / Program	
Address		Phone

Community Service (AHS Division / Community Mental Health)

Name	Agency / Program	
Address		Phone

Community Service (AHS Division / Community Mental Health)

Name	Agency / Program	
Address		Phone

2. Team Questions for Residential Referral

Please review factors to consider in *Developing a CSP* (section 1) when completing the following questions.

The *Team Cover Letter* should summarize responses on pages 2 and 3 in order to address what the team has attempted including the services history, where you are now, where you want to go, and where you see the child/youth after placement.

On the following pages, please summarize critical events of the child/youth's life situation that impact the decision to pursue residential assessment or treatment.

A. What are the barriers that prevent the needs of the child or youth from being met in a community based setting?

B. In referring for an assessment, what are the clinical and/or educational questions you wish to have answered?

C. If referring for residential treatment what are the goals of this level of intensive intervention? What are the goals of the child/youth and family?

2. Team Questions for Residential Referral (cont.)

D. What will parent/family involvement look like during out of home treatment? Are there barriers to active parent involvement? Are there recommendations for services in the home while the child or youth is receiving out of home treatment?

E. How will the team know when there is progress? What are the outcomes that you are looking for?

F. What is the discharge/community re-integration plan?

3. Interagency Referral Checklist

Referral going to:

- Case Review Committee/Residential Review Team
- Local Interagency Team (*please specify*):
- State Interagency Team
- Placement provider or agency (*please specify*):

Have you included in your mailing the following items?

- Release of Information For Interagency Team Review* (Section 2, page1)
- Indication that parents accept/decline right to speak with a Local Interagency Team parent representative (Section 2, page 1)
- Coordinated Services Plan* including local planning documentation (Section 1) and LIT/SIT/CRC Referral (Section 2)
- Interagency Referral Checklist* (this page)
- Cover letter with summary of specific issue(s) to be addressed (Section 3, pages 2 & 3)
- Residential referral signature page (Section 3, page 5)
- Psychological evaluation report and/or other pertinent information with current social/emotional/behavioral and intellectual ability
- If the referral is through the Department of Mental Health please attach a recent (within the past three months) Child Behavior Checklist (CBCL).
- Educational evaluation report on eligibility determination, academic achievement, basic skills and functional life skills and vocational skills, as relevant
- Current Individual Education Plan (IEP), and most recent comprehensive evaluation
- Relevant medical records, including medication history
- Discharge summaries of previous placements
- If in DCF custody: most recent Disposition Report, case plan and the DCF 201R (4E Eligibility Form copy)

Copies of this packet will be sent to:

Name	Title

4. Residential Referral Agency Signature Page

PLEASE NOTE:

- If the plan calls for a residential placement and the child is on an IEP, the Special Education Director is required to sign.
- If the child is not on an IEP (i.e., child is on a 504 plan, EST plan, or in regular education) either the Principal or Special Education Director signature is required (as determined by local procedures).
- If the child/youth is in custody of the commissioner of the Department for Children and Families, the signature of the Family Services District Director is required.
- The Community Mental Health Center's Children's Director or designee signature is required.

Signature of Educational Administrator (please indicate role):

Name & Role	Signature	Phone	Residential Referral	
			Agree	Disagree
			<input type="checkbox"/>	<input type="checkbox"/>

Signature of the Division of Family Services District Director:

Name	Signature	Phone	Residential Referral	
			Agree	Disagree
			<input type="checkbox"/>	<input type="checkbox"/>

Signature of Community Mental Health Children's Director or Designated Manager:

Name	Signature	Phone	Residential Referral	
			Agree	Disagree
			<input type="checkbox"/>	<input type="checkbox"/>

Signatures of Other Team Members:

Name	Signature	Phone	Residential Referral	
			Agree	Disagree
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>