

Bradley REACH at Apalachee Center

Partial Hospitalization Program (PHP) - Intensive Outpatient Program (IOP)
Provider Referral Form

Dear Referring Provider,

Thank you for your interest in Bradley REACH at Apalachee Center! Please take some time to read below about our two virtual programs. Each contain similar requirements and intake process but differ in the daily duration, frequency, and intensity of treatment. We ask that you share both programs with the families and mark off the one/ones they are willing to fully engage in. Once you complete and submit this referral, our clinical staff will reach out to the family to schedule and complete an intake session. Based on the clinical severity of the client, school concerns and insurance the family may be a better fit for one program more than another. Our clinical team will take all factors into consideration to guide the family towards the program most beneficial to their needs. If you want more information please visit www.bradleyreach.org

- Bradley REACH at Apalachee Team

Partial Hospitalization Program (PHP) Requirements

Our virtual Partial Hospital Program is an extended day program that occurs five days a week for teenagers who might be struggling in school due to serious emotional, behavioral, or relationship issues. Partial programs can be an effective diversion from inpatient care and to support discharge (“step down”) from inpatient treatment. Our programs are designed to build coping skills, reduce, or eliminate self-harming behaviors, manage the symptoms of anxiety and depression and avoid inpatient hospitalization. Telehealth allows patients to participate in the program while living safely at home. It makes it easy for families to play an active role in their teenager’s care.

Referrals to PHP must agree to the following: (Please check boxes stating client/family agrees)

Be willing to engage in a fully remote program – Monday through Friday 8:00 a.m. to 2:00 p.m.

Family must also be willing to support the adolescent’s engagement and participate in twice weekly family therapy sessions

Understand that the program, on average, lasts approximately 18-22 business days

Intensive Outpatient Program (IOP) Requirements

Our virtual Intensive Outpatient Program (IOP) contain two different sessions (morning or afternoon) occurring five days a week for three hours each. IOP is designed for teenagers who may need more intensive support than weekly outpatient services, though do not need the intensity of hospital level of care. Teens appropriate for the IOP level of care are typically still able to attend school, but may be struggling with emotional, behavioral, family, or peer relationship issues. IOPs can be an effective step-up from outpatient care to prevent the need for partial and inpatient hospitalization and allow teens to remain in school for a portion of the day. Our programs are designed to build coping skills, reduce or eliminate self-harming behaviors, manage the symptoms of anxiety and depression, and avoid partial and inpatient hospitalization. Telehealth allows patients to participate in the program while living safely at home and attending at least part of the school day. It makes it easy for families to play an active role in their teenager’s care.

Referrals to IOP must agree to the following: (Please check boxes stating client/family agrees)

Be willing to engage in a fully remote program: *(please select preferred time)*

Monday through Friday 8:00 a.m. to 11:00 a.m.

OR

Monday through Friday 12 p.m. to 3 p.m.

Family must also be willing to support the adolescent’s engagement and participate in once weekly family therapy sessions

Understand that the program, on average, lasts approximately 18-22 business days

Please email referrals to:

bradleyreferrals@apalacheecenter.org

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Client Information

Last Name: _____ First Name: _____ Preferred name: _____
Gender: _____ Gender identity: _____
Date of Birth: _____ Age: _____
Preferred Language: _____
Phone: _____ Email: _____
Home Address: _____
Insurance: _____ Insurance #: _____

Parent/Legal Guardian Information

Guardian's Name: _____ Relationship to youth: _____
Main Phone: _____ Work Phone: _____ Email: _____
Preferred Language of Parent/Guardian: _____
Preferred method of contact: Main Phone Work Phone Text Email

Referral Information

In the box below please describe the reasons for referral, including current behaviors, concerns and medical conditions **- OR -** attach to the referral collateral information that describes the client current mental health and behavioral challenges:

Is the adolescent currently receiving Mental Health Services? Yes No

If yes, what services? (Check all that apply):

- Counseling Applied Behavior Analysis (ABA) Psychiatry Targeted Case Management
 Other:

Current Mental Health Diagnosis:

Current Mental Health Medications:

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Referral Source:

Referral Name: Agency:

Phone Number: Email:

Was youth made aware of this referral? Yes No

Did youth agree to participate? Yes No Unsure

Family Readiness Information

Was guardian made aware of this referral? Yes No

Does guardian foresee any barriers to attending regular family sessions? Yes No

If yes, indicate why:

Would guardian have any concerns with Bradley Team members contacting youth's school? Yes No

If yes, indicate why:

Would guardian be willing to work with Bradley Team to improve the structure and communication in youth's home? Yes No

As a guardian, are they willing to set goals and implement treatment strategies in the home when it is recommended? Yes No

Date of Referral:

To submit referral:

- Save this file with the following Client first initial Last name – Bradley REACH Referral – PHP.IOP
 - Example: JDoe – Bradley REACH Referral – PHP.IOP
- Please make sure the referral is completed in its entirety. Missing or blank referral sections will be returned to be completed.
- Email referral to bradleyreferrals@apalacheecenter.org

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