

**Referral Form**  
**UBHC Community-Based Programs (UBHC-CBP)**  
**Email: [ubhc-community-services@ubhc.rutgers.edu](mailto:ubhc-community-services@ubhc.rutgers.edu)**

**Instructions:** This fillable PDF referral form is to be completed in its entirety for all UBHC Community-Based Programs (CBP).

**PLEASE NOTE:** For all Rutgers UBHC MH and SUD appointments, Do NOT use this form - contact Access Center at 800-969-5300.

- **The following services are available to MIDDLESEX County residents ONLY: ICMS, PATH, SCMOS, MORE, PATH/R-Home, JIS, #RutgersWeCare, LEAD.**
- **Individuals living in Group Home settings, are registered to, or who are being referred to UBHC Middlesex County Outpatient Certified Community Behavioral Health Clinics (CCBHC), EISS, and IOTSS programs, are NOT eligible for UBHC Community-Based Services, as they are already receiving case management services from those programs.**
- **UBHC does not have HOUSING stock. Individuals looking for housing should call 211 or go to a Coordinated Entry Access Site in the community to determine eligibility. For information about site locations please call: (732) 296-7975**

A description of all UBHC CBPs is provided. If you know which program best fits the individual's needs, please identify:

PATH/R-HOME  ICMS  JIS  SCMOS  STAR  MORE  M-WRAP  CSS  #RutgersWeCare  LEAD

*The individual referred is aware of, and in agreement with, this referral for UBHC services.*

**Date of Referral:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Referral Source** (Provide Name of Agency/Organization): \_\_\_\_\_  Self-Referral

**Referral Contact:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Title Position

**Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_@\_\_\_\_\_

**Name of Individual Referred:** \_\_\_\_\_, \_\_\_\_\_  
Last First

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender:**  Male  Female  Other \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

**Ethnic/Racial Category:**  White  Black  Hispanic  Asian  American Indian/Alaskan  Other: \_\_\_\_\_

**Address:** \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

**Homeless?**  No  Yes *If Homeless, has 211 been contacted?*  No  Yes *All persons experiencing homelessness in Middlesex County enter the system of helpful providers by calling 211 to determine eligibility. If 'no,' please have individual connect with 211.*

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-mail address:** \_\_\_\_\_@\_\_\_\_\_

**Mental Health Diagnoses?**  No  Yes If yes, provide diagnosis: \_\_\_\_\_

**Medical Diagnoses?**  No  Yes If yes, provide diagnosis: \_\_\_\_\_

**Substance Use Disorder?**  No  Yes If yes, provide diagnosis: \_\_\_\_\_

**Any police interaction resulting in jail or ticket in the last 6 months?**  No  Yes

**History of Violence Toward Self or Others?**  No  Yes (If yes, describe and include dates): \_\_\_\_\_

**Most recent psychiatric hospitalization(s) (Facility and dates):** \_\_\_\_\_

**Is there a current Treatment/Service Provider, or has a referral been made to a Treatment/Service Provider?**

No  Yes (If Yes, provide name and contact info of provider and date of the next appointment):

*Provider Name:* \_\_\_\_\_ **Appointment Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Description of Needs:** Linkage to  Mental Health Treatment  Substance Abuse Treatment  Medical Treatment  Pre-Natal/Post-Natal Care  Employment  Housing  Legal Services  Other (describe): \_\_\_\_\_

## **UBHC Community-Based Program Descriptions**

**PATH/R-HOME** - provides case management to adults who are homeless, have a serious mental illness or substance use disorder, and are in Middlesex County.

**Integrated Case Management Services (ICMS)** – provides case management services to Middlesex County adults with serious mental illness. Individuals referred must meet one of the following RISK Categories: 1. High Risk – individuals who are in crisis and at immediate risk of decompensation, or who are experiencing a situational crisis which, without active intervention, would rapidly lead to decompensation and hospitalization. 2. At Risk – individuals who exhibit signs of regression, who stop their medication, who are undergoing major transitions from an inpatient or residential treatment setting, or who are withdrawing or refusing needed aftercare services. 3. Low Risk – individuals who are stable but who have a pattern of psychiatric hospitalization, acute care recidivism, dropping out of mental health and non-mental health services, medication non-compliance, and disruption of living, working, and social environments.

**Justice Involved Services/Justice Assistance Grant (JIS/JAG)** - provides case management services to adults who have been in county jail or prison on 3<sup>rd</sup> or 4<sup>th</sup> degree non-violent charges, have a serious mental illness, and reside in Middlesex County.

**Specialized Case Management and Outreach Services (SCMOS)** - provides case management to adults who reside in Middlesex County and have some history of mental illness.

**STAR (Mercer and Hunterdon)** - provides case management and peer recovery services to adults living in either county diagnosed with Opioid Use Disorder.

**MORE-** provides case management and peer recovery supports to adults residing in Middlesex County that have an Opioid Use Disorder who are not currently engaged in treatment.

**Maternal Wraparound Program (MWRAP)** - provides case management and recovery supports for pregnant and postpartum women with Opioid Use Disorder and/or other substance use disorders living in Essex, Hudson, Union, Middlesex, Hunterdon, Somerset, or Mercer counties.

**Community Support Services (CSS)** - Provides skill development, case management, illness management, and crisis intervention services to adults with serious mental illness in Essex, Middlesex, or Camden counties, who are stably housed, or who have a tenant-based subsidy and are seeking housing.

**#RutgersWeCare** - provides case management and recovery support services to individuals in the Black and Latino communities of Middlesex County who have serious emotional disturbance (SED), serious mental illness (SMI), or SMI/SED and co-occurring substance use disorders.

**Law Enforcement Assisted Diversion (LEAD)**- Diversion of individuals in New Brunswick who commit low-level offenses that are driven by substance abuse, mental illness, and/or poverty directly to services. Referrals from law enforcement and community-based individuals, businesses, and providers.