



## SUSD Referral Form

**\*\*\* A copy of this signed document must be returned with the official referral form. \*\*\***  
Please fill in your initials on the lines below to indicate that you have read and understand each section. Sign at the bottom of this document when you're done reading it through.

### *What is Step-Up Step-Down?*

Referring Partner \_\_\_\_\_ Prospective Peer \_\_\_\_\_

Step-Up Step-Down is an innovative, non-medical voluntary residential program where someone in a mental health crisis might step-up from outpatient care into a supportive environment, or step-down from a hospitalization before going back to their homes. This enables them to remain connected to friends, family, and community members as they focus on their wellness. All peers of the residence will be able to go to school or work, see their loved ones, and remain members of their community while avoiding the high cost of a hospital stay.

Step-Up Step-Down is different. We use the Intentional Peer Support model where we focus on the power of building peer relationships. Peers of the short-term residential program will have a welcoming and supportive environment to work towards their personal wellness goals. The house will be staffed 24/7 with peer support specialists who all have lived experience with mental health challenges. A stay at Step-Up Step-Down is up to 90 days and there will only ever be up to 3 peers at a time.

### *What to Expect During the Referral Process*

Referring Partner \_\_\_\_\_ Prospective Peer \_\_\_\_\_

The Step-Up Step-Down (SUSD) program is designed for people who want to enter and experience a unique opportunity on their mental health journey. This program is completely voluntary. If you ever feel that this isn't the right opportunity for you, we ask that you withdraw from participating in the referral and meeting process - this is your decision entirely.

We want to make this process as smooth as possible. All referrals will be accepted at any time and will be reviewed within 48 hours, between 8:00 AM and 4:00 PM Monday through Friday. Please know that if you submit your documents during non-business hours or at the end of the day, the 48-hour timeframe will begin on the next business day (8:00 AM Monday through Friday).

We're sorry, but we can't make any promises about how many spots are available for SUSD. In the event that we do not have a room available, we will schedule a meeting with you to discuss other possibilities.

*What to Expect During the Meeting Process:*

Referring Partner \_\_\_\_\_ Prospective Peer \_\_\_\_\_

We know meetings can be stressful. Our meeting isn't based on a scorecard. We'll be asking a standard list of questions during a casual conversation. This will help us all determine if SUSD is a good fit for your mental health journey.

There will always be two peer support specialists conducting the meeting. A meeting should be scheduled at your convenience as well as ours. We'll always do what we can to ensure that meetings are done face-to-face if possible, however if an in-person meeting isn't a good fit, we can also accommodate phone and video meetings.

You are welcome to have any support you wish during the meeting process. If at any time you wish to stop, we will respect your choice. If you don't wish to go into detail about specific questions, you have the right to decline, however this may affect your entrance into the program.

A meeting does not guarantee a spot in SUSD, but rather gives us all an opportunity to get to know each other better.

*What to Expect After the Meeting:*

Referring Partner \_\_\_\_\_ Prospective Peer \_\_\_\_\_

Not everyone is a good fit for SUSD, and that's okay. If it is determined that SUSD isn't a good fit at this time, we'll schedule a second conversation with you to talk about your options. You'll also be invited to join Connections Peer Support Center in Portsmouth.

If this program does seem like a good fit, we'll talk about your next steps. Rooms are available on a first-come-first-serve basis. If a room is available, we can schedule your welcoming into the program.

Sometimes there may be a short wait for a room. We can plan on reserving your room if there is an opening within two weeks of your acceptance, and we can help you access other programs or services while you wait for your welcoming.

If we don't have an opening, but another SUSD facility does, we can discuss the possibility of staying at SUSD in another New Hampshire region if you wish.

*Upon Acceptance:*

Referring Partner \_\_\_\_\_ Prospective Peer \_\_\_\_\_

You and your referring partner will receive a welcoming email that will give you a basic outline of what to expect on your arrival. There will also be a link to a short orientation video, links to our social media sites, and directions on how to get to the SUSD house.

We schedule welcomings on business days (Monday through Friday) during the hours of 8:00 AM to 11:00 AM or 1:00 PM to 3:00 PM, so as not to overlap with staff transitioning in and out of SUSD.

Welcomings will not happen:

- In the middle of the night;
- Quickly and unexpectedly;
- Over the weekend;
- During staff change; or
- Without going through the referral and meeting process.

*What to Expect at the House:*

Referring Partner \_\_\_\_\_ Prospective Peer \_\_\_\_\_

Like any roommate-style living situation, there are guidelines for the SUSD house. Peers coming into the house understand that:

- At this time, staff are unable to provide transportation to peers. Peers will need to use their own vehicles or be able to arrange their own transportation.
- Staff do not handle, store, or monitor medications. Peers are responsible for taking their medications and storing them appropriately, including over the counter medicine.
- Peers will have access to a community pantry made of general staples but are expected to supply their own food and cook for themselves.
- There is a designated smoking area. Smoking anywhere else is prohibited.
- Step-Up Step-Down is a drug and alcohol-free campus.

*With Regards to Legal Guardianship:*

Referring Partner \_\_\_\_\_ Prospective Peer \_\_\_\_\_

If a peer has a legal guardian, that person needs to be involved during the process. Please provide the following information if the legal guardian is not the prospective peer.

Legal Guardian's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to the Peer: \_\_\_\_\_

*We understand that sometimes exceptions need to be made. All special cases can be discussed with the Program Manager and Executive Director. If you have any further questions, please reach out to the Program Manager of SUSD.*

Please return a copy of this document and your referral to:

Kali Moulton

[kali@connectionspeersupport.org](mailto:kali@connectionspeersupport.org) - Subject Line: Referral Documents

***Referring Partner*** - *I have discussed the referral and meeting process with the inquiring peer*

Referring Partner \_\_\_\_\_ Date \_\_\_\_\_

***Prospective Peer*** - *A referral source has gone through the referral and meeting process with me.*

Peer \_\_\_\_\_ Date \_\_\_\_\_



## The New Hampshire Recovery Oriented Step-Up/Step-Down Program (SUSD)

For Adults 18 Years and Older

### Prospective Guest Referral Form

Monadnock Area Peer Support 32 Washington Street Keene, NH 03431 603.352.5093 Office 603.355.8211 Fax <a href="mailto:susd@monadnockpsa.org">susd@monadnockpsa.org</a>	On the Road to Wellness 59 Sheffield Road Manchester, NH 03103 603.232.6250 Office 603.232.6158 Fax <a href="mailto:susd@otrw.org">susd@otrw.org</a>	H.E.A.R.T.S. Peer Support Center 5 Pine St. Ext. 1G Nashua, NH 03060 603.882-8400 Office 603.882-8700 Fax <a href="mailto:cherylt@heartpsa.com">cherylt@heartpsa.com</a>	Connections Peer Support Center 162 1st NH Turnpike Northwood NH, 03261 603.427.6966 Office 603.373.6519 Fax <a href="mailto:kali@connectionspeersupport.org">kali@connectionspeersupport.org</a>
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To the greatest extent possible, please fill out this form with the individual being referred. Please fill out this form completely so we may process your request in a timely manner. We will contact you, the individual or provider listed, to schedule a conversation about the Step-Up Step-Down Program and clarify information on this form.

Referring Provider:	Office #:
Practice/Hospital Name:	Fax #:
Contact Person:	Contact Phone #:
PCP (if different):	PCP Phone #:
Referring Region:	
Referral Type: <input type="checkbox"/> Step-Up (i.e. diversion from inpatient care) <input type="checkbox"/> Step-Down (i.e. out of an institutional setting)	

Individual Name:	DOB:	Age:
Home Address:		
<input type="checkbox"/> Check here if homeless. Please list last known address above.		
Cell #:	Landline #:	Email Address (if any):
Best or preferred method of contact: <input type="checkbox"/> Cell <input type="checkbox"/> Landline <input type="checkbox"/> Email		
Is this individual currently hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?		
Presenting mental health symptoms/diagnosis:		
Known physical or medical conditions:		
Is the individual able to cook, clean, bathe, dress, and move about without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
Is the individual able to administer their own medications without oversight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		

Is this individual under a Conditional Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the individual currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" to the above, will they be actively seeking employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Are they able to provide proof of employment eligibility should they seek employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have a legal right to remain permanently in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" to the above, what is their visa status? _____
Is this individual currently enrolled in any type of school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," will this individual be actively engaged with this schooling while part of this SUSD Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which of the following best describes the individual ... select one: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> A race/ethnicity not listed <input type="checkbox"/> Prefer not to answer
To which gender identity does the individual most identify ... select one: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female/Transitioning from Male to Female <input type="checkbox"/> Transgender Male/Transitioning from Female to Male <input type="checkbox"/> Gender Queer/Non-Conforming <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't Know <input type="checkbox"/> Not Listed _____
How would the individual best describe their sexual orientation ... select one: <input type="checkbox"/> Asexual <input type="checkbox"/> Bi-Sexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Pansexual <input type="checkbox"/> Queer <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Don't Know <input type="checkbox"/> A sexual orientation not listed here
Has this individual ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this person required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has this individual been given information regarding this Step-Up Step-Down Program prior to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any natural supports (eg. family, friends, faith community, etc.):
List any other providers (eg. Community Mental health services, case managers, therapists, psychiatrists, etc.):
Comments:

*The New Hampshire Recovery Oriented Step-Up/Step-Down Program (SUSD) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members of our staff, guests, members, volunteers, vendors, and clients.*