

Building Bridges Integrating Behavioral Health in Schools



Referrals from School to Behavioral Health Care*

Schools, community behavioral health care partners, and families will benefit from coordinating efforts on behalf of children's mental health and substance use needs. Improving access to services will allow more students and their families to receive interventions that lead to improved behavioral health, which has been found to contribute to improved academic achievement and social-emotional competence.

All 44 schools in Mesa County Valley School District #51 and the Colorado West Regional Mental Health Center in Grand Junction are using the following [Referral Protocol for Schools to refer students to community behavioral health services.](#)

The Federation of Families for Children's Mental Health, Colorado Chapter and Grand Junction office along with multiple school personnel, behavioral health staff and families participated in the development of the referral process. It is HIPAA compliant and integrated within Response to Intervention (RtI), a best practice approach adopted by Colorado Department of Education in all of Colorado's public schools.

You are encouraged to adapt this protocol for your school and community mental health center and/or other behavioral health providers to ensure a streamlined and transparent referral process.

This referral from schools is for the assessment and treatment of behavioral health issues. It includes family consent for the school to refer the student and / or family for counseling and/or psychiatric services through the identified community mental health center.

The school and community mental health center need to agree upon a process that may include:

- Identifying dedicated persons to handle requests from schools
- Selecting a dedicated fax machine
- Choosing a goal for response time between referral and family contact
- Estimating response time from the mental health center back to school referral source
- Planning for an evaluation to determine effectiveness and revise as needed

Please remember to include a Release of Information form (to be signed by the student's parent or legal guardian) in your Referral Protocol Packet.

* Behavioral Health refers to both mental health and substance use issues

Please Fax this form to:

- If this is an emergency, please do not use this form. Please call our crisis line at 970-241-6022.
- If you do not hear back from NAME OF CENTER either we did not see this individual, or we did not receive a Release of Information that allows us to contact you.

Individual Information

Name: _____
If minor, name of parent or guardian: _____
Address: _____
Phone: _____ Age/DOB: _____

Referral Source Information

Referring Agency: _____
Your Name: _____
Phone: _____ Fax: _____ Release Signed? Yes No
Why is this client being referred? _____

Observed Behaviors: _____

What are you hoping this individual will get at NAME OF METAL HEALTH CENTER?

Mental Health Center and Individual Plan

Assessment only, or
Services Offered: _____
Clinician Providing Services: _____
Frequency/Duration _____ Agreed upon with Individual