XXX SCHOOL DISTRICT
REFERRAL PROCESS FOR ACCESSING MENTAL HEALTH SERVICES

SCHOOL AND/OR PARENT HAVE A CONCERN ABOUT A CHILD

I. If determined by SSW, Counselor, Administrator, etc. (Contact Person - CP) to be a potential mental health emergency:

- Complete student checklist form with student
- Contact Parent and ask them to come to the school. If parent comes in:
  - Administer CAFAS
  - Parent signs a release.
  - Call Community Social Service Agency
  - Child is transported to CSSA by parent.
  - Email teachers to notify CP when student returns to school.
  - Student returns to school and meets with Transition Team.

- If parent can’t be reached, call numbers on emergency card. If no response:
  - Call Children’s Protective Services at 1.866.975.5010 and file a 3200 report.
  - Administer CAFAS
  - Call CSSA for assistance in determining urgency status.
  - Student will be transported to CSSA by ambulance if necessary or police liaison/other if not an emergency.
  - Email teachers to notify CP when student returns to school.
  - Student returns to school and meets with Transition Team.

II. If general academic or behavioral issue:

- CA60 search procedures by SAT Team. If mental health concerns are suspected:
  - Administer CAFAS
  - Contact parent and have release signed.
  - Contact CSSA.
  - Make appropriate referral if necessary.
• If CA60 search does not reveal a mental health concern:
  
  o SAT Meeting. If there were past school accommodations:
    o Staffing with parent, teacher, SSW, psych, others.
    o Follow-up by SAT team CP
  
  o If there were no past school accommodations:
    o Interventions to consider:
      ✓ Mentoring
      ✓ Referral to Prevention Specialist
      ✓ Referral to Youth Assistance
      ✓ Referral to other agencies – give parent all phone numbers
      ✓ Schedule Change
      ✓ Special Ed referral
      ✓ Tutoring

• If academic/behavioral concerns were initiated by parent:
  
  ➢ Parent completes the parent interview form via mail or phone.
  ➢ Parent signs release if mental health concerns are suspected.
  ➢ SAT CA60 review
  ➢ Proceed to SAT meeting and subsequent procedures

Administrative approval:

__________________________________________________________________________  _________________

Date