Referral Plan for Mental Health Services

Contractor Name: _____

Date of Plan Creation: _____

This Referral Plan outlines the procedure for referring program participants to mental health services when a need is identified. It is designed to ensure that participants receive timely and appropriate support that aligns with staff capacity and program protocols.

Identification of Need: Staff may identify a need for mental health support through observations of participants or concerns expressed by participants themselves. Signs of distress, changes in behavior, or verbal expressions of mental health struggles should prompt staff to consider a referral.

Referral Process: When a request for mental health support is made, staff should:

1. Inform the participant of available mental health resources and services.
2. Offer assistance in making an appointment or connecting with a mental health provider.
3. If the participant is in immediate danger or crisis, staff should follow established protocols for emergency response and ensure the participant receives appropriate care.

Documentation: All referrals and related interactions should be documented appropriately in a manner consistent with your program.

- Programs that maintain individual participant files should include documentation of the referral, actions taken, and any follow-up steps in the participant's file.
- Programs that **do not** maintain individual participant files, documentation can occur at the program level through referral logs or other internal tracking methods that capture the nature of referrals made.
- Contractors must upload their finalized Referral Plan document in **DYCDConnect** under the *"Documents"* tab.

Updates and Dissemination:

1. This Referral Plan will be updated **at least annually** to reflect changes in procedures or resources.
2. The updated plan must be disseminated to all staff members **at minimum on an annual basis. However,** programs are **encouraged** to review and discuss the plan on a **quarterly basis** to reinforce consistency and staff familiarity.
3. The plan should also be re-shared whenever there are staffing or service changes with listed providers.

Resource List: In the template below please add contact **information for at least 3-5 accessible and appropriate referral partners** that staff can confidently connect participants with mental health support. When developing your resource list:

- Prioritize local, relationship-based referrals
  - Include only agencies or providers that your program has communicated with, collaborated with, or verified as appropriate for your participant population.
  - Avoid general hotlines or crisis numbers; these are emergency supports, not referral pathways.
- Ensure diversity and accessibility
  - Include at least **3-5 providers** representing a mix of service types (e.g., youth counseling, family therapy, trauma-informed care, culturally specific services).
  - Consider language access, insurance coverage, proximity to your site, and cultural competence when selecting providers.
- Maintain up-to-date contact and referral information
  - Each listing should include a specific staff contact (name, title, and email/phone) rather than just a general intake line.
  - Verify contacts annually and update as needed.

Review and Approval: This Referral Plan has been reviewed and approved by (Name & Title): _____

Date of Last Update: _____

Referral Plan for Mental Health Services

Mental Health Services Resource List: In the template below please add contact **information for at least 3-5 accessible and appropriate referral partners** that staff can confidently connect participants with mental health support.

Resource 1:

Agency Name: _____ Service Type (e.g. outpatient counseling, family therapy, etc.): _____

Services available:

Application Process:

Contact Information:

Contact Name: _____ Phone Number: _____

Email: _____ Hours: _____

Address (Street Number and Name, City, State, Postal Code): _____

Languages Available: _____

Description of Services:

Resource 2:

Agency Name: _____ Service Type (e.g. outpatient counseling, family therapy, etc.): _____

Services available:

Date of Last Update: _____

Referral Plan for Mental Health Services

Application Process:

Contact Information:

Contact Name: Phone Number:

Email: Hours:

Address (Street Number and Name, City, State, Postal Code):

Languages Available:

Description of Services:

Resource 3:

Agency Name: Service Type (e.g. outpatient counseling, family therapy, etc.):

Services available:

Application Process:

Contact Information:

Contact Name: Phone Number:

Email: Hours:

Address (Street Number and Name, City, State, Postal Code):

Date of Last Update:

Languages Available: _____

Description of Services:

Resource 4:

Agency Name: _____ Service Type (e.g. outpatient counseling, family therapy, etc.): _____

Services available:

Application Process:

Contact Information:

Contact Name: _____ Phone Number: _____

Email: _____ Hours: _____

Address (Street Number and Name, City, State, Postal Code): _____

Languages Available: _____

Description of Services:

Date of Last Update: _____

Referral Plan for Mental Health Services

Resource 5:

Agency Name: _____ Service Type (e.g. outpatient counseling, family therapy, etc.): _____

Services available:

Application Process:

Contact Information:

Contact Name: _____ Phone Number: _____

Email: _____ Hours: _____

Address (Street Number and Name, City, State, Postal Code): _____

Languages Available: _____

Description of Services:

Date of Last Update: _____

Referral Plan for Mental Health Services

Additional Resource(s):

Agency Name: _____ Service Type (e.g. outpatient counseling, family therapy, etc.): _____

Services available:

Application Process:

Contact Information:

Contact Name: _____ Phone Number: _____

Email: _____ Hours: _____

Address (Street Number and Name, City, State, Postal Code): _____

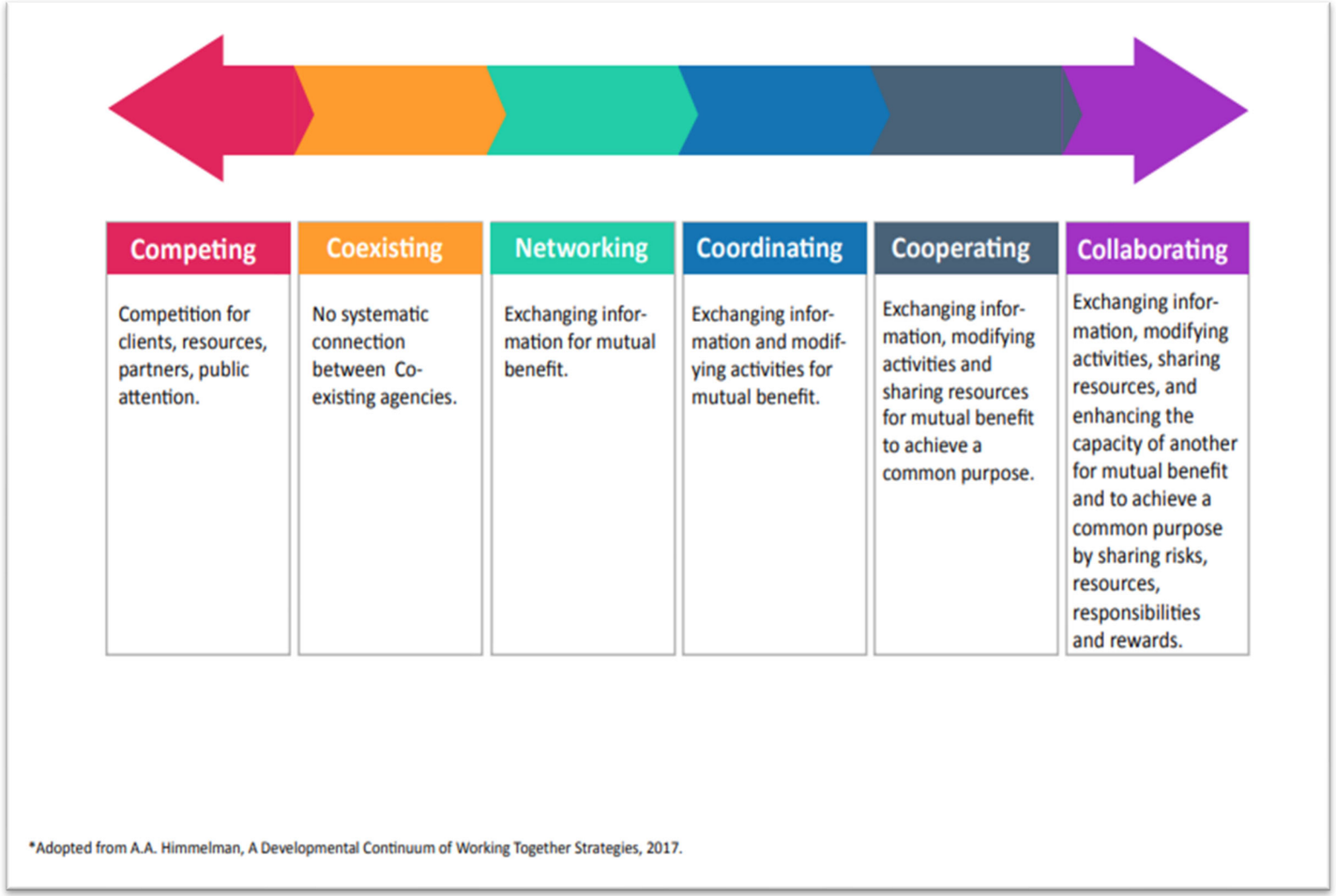
Languages Available: _____

Description of Services:

Date of Last Update: _____

Referral Plan for Mental Health Services

Within the spectrum of partnerships defined in DYCD's Strategic Partnerships Continuum below, we encourage partnerships with Mental Health providers to fall within the *Coordinating, Cooperating or Collaboration* levels. Networking would not count as a community partnership.



Competing	Coexisting	Networking	Coordinating	Cooperating	Collaborating
Competition for clients, resources, partners, public attention.	No systematic connection between Co-existing agencies.	Exchanging information for mutual benefit.	Exchanging information and modifying activities for mutual benefit.	Exchanging information, modifying activities and sharing resources for mutual benefit to achieve a common purpose.	Exchanging information, modifying activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose by sharing risks, resources, responsibilities and rewards.

*Adopted from A.A. Himmelman, A Developmental Continuum of Working Together Strategies, 2017.

Date of Last Update: