

School & Behavioral Health Partnerships:

A Resource Guide

Developed by:



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Purpose of this Guidance

Schools and behavioral health providers often serve the same youth and families. However, unique systems require a diverse set of skills to ensure effective, accessible, and equitable practices when supporting youth. Each system approaches mental health care and intervention from a lens that is unique to the educational or mental health field. The language, leadership hierarchy, decision making structure, and gatekeepers are different enough to cause confusion, but similar enough *that the potential for positive impact is high.*

Terminology can be confusing between the education and mental health systems and this will be addressed within the context of this document. To begin, AHCCCS and other insurance carriers define behavioral health services as services that include access to both mental health and substance use treatment to address underlying needs. However, in the educational settings, “behavior” typically refers to how youth act and the types of behaviors being displayed in the classroom and other areas of the campus. While these definitions may seem different, both underscore the need for support staff members to look at youth behavior as a sign of communication. Understanding that behavior is communicating an underlying need is foundational to both the behavioral health and school systems. Addressing the underlying needs/concerns in schools may or may not require access to behavioral health services/supports.

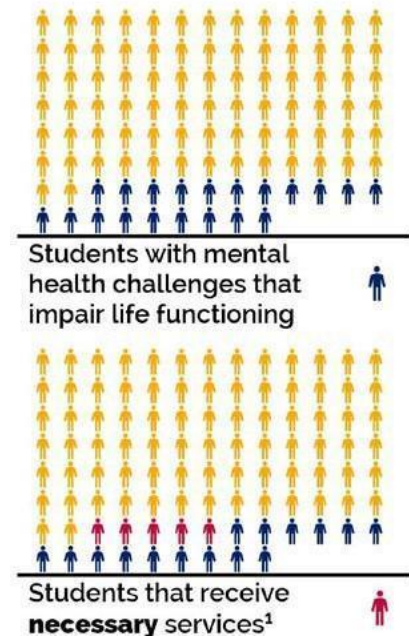
To keep matters simple for this resource guide, the term “mental health” will be used throughout to refer to services that address youth mental health and substance use. Addressing youth mental health not only increases youth success and well-being but also positively affects the school climate, school safety and outcomes for the whole school community.

Comprehensive school mental health provides an array of supports and services that promote positive school climate and increase school safety through the use of a tiered approach that addresses prevention, early identification, intervention and treatment of mental health concerns in school-age youth.

Schools that partner with community mental health providers make these services more accessible to youth and families and increase the school’s ability to provide an equitable, safe, and supportive learning environment that promotes academic success.¹ Public health research overwhelmingly supports the efficacy and positive impact of school-based health. The table to the right shows some outcomes schools can expect and where services overlap/intersect with current school priorities. In essence, schools that partner with community providers improve youth outcomes, resiliency, and career readiness.

This resource is intended to assist school districts and behavioral health providers in creating seamless partnerships that support Arizona’s youth and families.

Partnerships between schools and community providers enhance the resilience of Arizona communities. Partnerships make it possible to meet the unique needs of youth and provide ongoing support to families. These partnerships are founded on the idea that coordinated systems are essential to meet the multiple needs of youth and families. The comprehensive school mental health approach allows for continuous collaboration, fluidity in the implementation of services, and opportunities to place student voice at the forefront of care. As with other services, comprehensive school mental health services tend to be fluid and are best implemented through ongoing collaboration with families, school personnel, and mental health providers. Note: This document does not constitute legal advice.



Comprehensive School Mental Health Outcomes

Improved or enhanced:

- ❖ Academic achievement
- ❖ Attendance
- ❖ Classroom engagement
- ❖ Focus on learning and development
- ❖ Sense of safety at school

Mental Health Systems' Intersection With School Priorities

- ❖ Academic motivation
- ❖ Interpersonal relationships
- ❖ Crisis prevention and response
- ❖ School safety
- ❖ Bullying prevention
- ❖ Substance use prevention
- ❖ Multi-tiered system of supports

¹ Lyon, A. R., & Bruns, E. J. (2019). From evidence to impact: Joining our best school behavioral health practices with our best implementation strategies. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 11(1), 106–114. <https://doi.org/10.1007/s12310-018-09306-w>

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What is Mental Health?

The Centers for Disease Control and Prevention (CDC) defines mental health as follows: “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” Mental health exists on a continuum (see below). Fluctuations along this continuum can be part of typical youth development or may indicate a chronic condition that may benefit from professional attention.² Youth mental health difficulties may include, but are not limited to, anxiety, depression, substance use, disordered eating, etc. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genetics.³

The Mental Health Continuum

Self Care & Social Support		Professional Care	
Healthy <i>Typical Functioning</i>	Reacting <i>Common & Reversible Distress</i>	Injured <i>Significant Functional Impairment</i>	Ill <i>Clinical Disorders, Severe & Persistent Functional Impairment</i>
<ul style="list-style-type: none"> • Fluid emotional regulation • Normal sleep patterns • Physically & socially active • Usual self confidence • Comfortable with others • Confident when facing new situations • Ability to set goals • Feelings of optimism • Ability to problem solve • Accountability and compassion 	<ul style="list-style-type: none"> • Irritable or impatient • Nervousness, sadness, increased worrying • Procrastination • Forgetfulness • Trouble sleeping (falling asleep) • Lowered energy • Difficulty relaxing • Intrusive thoughts • Decreased social activity • Overwhelm 	<ul style="list-style-type: none"> • Pervasive sadness • Inappropriate affect • Preoccupation • Decreased performance in academics • Significantly disturbed sleep (falling and staying asleep) • Avoidance of social situations • Withdrawal • Difficulty thinking • Repetitive outburst of emotion 	<ul style="list-style-type: none"> • Significant difficulty with emotional regulation • Panic attacks • Pervasively depressed affect • Constant fatigue • Disturbed contact with reality • Significant disturbances in thinking • Suicidal Ideation • Worthlessness • Hopelessness




FIGURE 1

A wellness model frames mental health care as a preventative activity with health impact similar to regular brushing and flossing. The stigma of mental health as mental illness or disease is very much present in modern times. Families may be reluctant to engage in mental health services or school-based supports for a variety of reasons. Families want to help youth but may need help to unpack preconceived ideas about mental health, mental illness, and need modeling from other adults to normalize fluctuations in mental health with the same empathy and understanding as physical health and illness. As an educator or school mental health professional, it is essential to normalize the conversations around mental health and to reduce the stigma of mental health for youth and families.

² Cambrian College. The Mental Health Continuum. Retrieved on 2/17/21 at <https://cambriancollege.ca/bridgingthedistance/pages/staff.html>

³ American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists

The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed) New York: American Foundation for Suicide Prevention.

Role of Mental Health Professionals in Schools

The role of mental health professionals employed by schools is to help students succeed in an academic environment. There are multiple types of school mental health professionals, each with unique training and education. Mental health professional roles in schools may overlap at times, but each provides a distinct type of support. School mental health professionals may be a school social worker, school counselor, school psychologist, school nurse, etc. Arizona's strong commitment to local decision making means that the roles may vary between districts/charter schools based on community needs and available support.

Community mental health providers do not provide the same services as school mental health professionals and support staff. They are not intended to duplicate the role of school mental health or support staff. Instead, they provide individualized clinical treatment for children and families in a setting proven to increase students' ability to access these services. It is also important to note that, although both fields use the term counselor, they have different job duties in a mental health versus educational setting. The role of a community provider is to provide clinical support. Clinical interventions aim to reduce the severity and duration of mental health challenges impacting the child's ability to meaningfully engage in activities of daily life. Success in the academic environment is only one goal of community mental health support. The information below illustrates how school and community mental health support staff members might work together to achieve the best outcomes for students.



School Psychologists

School psychologists partner with school staff and families to support mental health and learning which helps students succeed academically, socially, behaviorally, and emotionally. Some school psychologist best practices include: data based decision making, academic interventions and instructional supports, services to promote safe and supportive schools, practices to address the needs of diverse student populations, and comprehensive student evaluations to determine special education eligibility and services.



School Nurses (RN)

School nurses support student success by providing health care through assessment, intervention, and follow-up for all students. They address the physical, mental, emotional, and social health needs of students and support their achievement in the learning process. School nurses also support medically fragile populations with the development, implementation, and monitoring of individual service plans and emergency action plans. School Nurses also engage in emergency preparedness planning and activities.



School Social Workers

School social workers work to remove social, emotional, behavioral, and environmental barriers to learning. School social workers provide direct and indirect services to students, families, and schools including individual and group counseling, crisis intervention and risk assessments, consultation and professional development, program coordination, and advocacy and assistance in accessing community resources. School social workers are the link between the home, school and community.



School Counselors

School counselors interact with and support all students through developmentally appropriate lessons and activities. School counselors assist students in applying academic achievement strategies, help students develop and practice strategies to manage emotions, and apply interpersonal skills as well as plan for postsecondary options after students graduate. The foundation of a comprehensive school counseling program is the direct student services provided through whole group instruction. School counselors are also integral in crisis response and intervention for students who are in need of support.



Community Providers

When partnered with school districts, community behavioral health providers provide crisis counseling and recovery, on campus large scale prevention services, and treatment for chronic mental health needs, evaluation, consultation, case management, etc.



National and Local Professional Organizations

American School Counselor Association:

www.schoolcounselor.org

- Arizona Association: <https://www.azsca.org/>

School Social Work Association of America:

www.sswaa.org

- Arizona Association: <https://sswaaaz.org/>

National Association of School Psychologists:

www.nasponline.org

- Arizona Association: <https://www.aasp-az.org/>

Considerations for Collaboration

Form a team:

An effective team is the core component to successful implementation of school and community mental health partnerships.⁴ Teams set expectations for interventions and data collection, and develop procedures to assess and address youth needs at individual, small-group, classroom, and whole-school levels. District school mental health teams coordinate efforts across schools to ensure consistent standards of support are met district wide. Comprehensive school mental health teams include multiple disciplines, community members, and the community providers. This approach will ensure that all aspects of mental health and educational needs are represented in the decisions made by the team.

When partnering with community providers, it is important to understand that clinical directors have significant influence on programming. The decisions about programming are based on organizational policies, federal and state funding requirements, insurance considerations, and staffing availability. Clinical directors are responsible for using these criteria to determine what services can and will be provided at school sites. On site administrators and community providers' clinical directors can set the tone for how a collaboration will work. Community providers' school teams usually consist of a small number of support staff members. Discuss staffing up front to ensure capacity of all team members and ability to deliver services is clearly communicated. [The SHAPE System](#) is a free tool that supports creating comprehensive school mental health systems via quality assessments that can help identify priority areas of focus. The SHAPE system also allows for continuous quality improvement once a comprehensive school mental health system has been implemented.

Research community service options:

- Local service providers:
 - Proximity to public transit
 - Location of services (e.g., office location, school, home, telehealth, etc.)
 - Funding sources accepted (e.g., private insurance, sliding scale, Medicaid, block grant, etc.)
- Service options available:
 - Family support services
 - Treatment options (e.g., individual, small group, family, etc.)
 - Medication management
 - Prevention services
 - Substance use prevention and/or treatment
- Tips for establishing and maintaining partnerships with providers
 - Determine and record point of contact for each community provider
 - Inquire about referral and intake process for each community provider (wait times, how referrals are received, etc.)

Develop a formal agreement with community providers:

Best practices and collaboration may begin with developing a standard Memorandum of Understanding (MOU) with community partners (see Appendix 1). MOU's can contain roles and responsibilities of team members to ensure there are no overlaps or gaps in services provided to youth. Partnerships require a great deal of collaboration and time is extremely limited; success begins with a shared understanding of processes and language. The document [Leading by Convening: A Blueprint for Authentic Engagement](#)⁵ offers evidenced based practices, concrete examples and questions to assist school sites in forming, developing, and implementing effective teaming strategies.

Determine what type of approval is necessary in order for the partnership to move forward. This may look different across Arizona due to various educational options and local control policies. Entering into formal agreements or MOUs usually, but not always, involves coordination with district administration and/or may require governing board approval. Please note that MOUs facilitate cooperation and improve the referral process however, a MOU is not required in order for a student to be referred to a community mental health provider.

⁴Doll, B., Nastasi, B. K., Cornell, L., & Song, S. Y. (2017). School-based behavioral health services: Definitions and models of effective practice. *Journal of applied school psychology*, 33(3), 179-194.

⁵Link: [NCSI West ED](#).

Start by clearly defining the roles and responsibilities of the community mental health provider and school staff.

- Who will be the lead point of contact at both the school/district and the provider agency?
- When, where, and how often will sessions be held?
- Who communicates with families?
- How will you collaborate and who will be invited? (Consider: Consents and Releases of Information)

Note: *Community provider clinicians that provide onsite mental health services must have appropriate space that is confidential and routine.*

Facilitate parent and family engagement:

Caregivers play a critical role in the mental health and wellness of youth. Parent/caregiver collaboration with comprehensive school mental health teams is vital to outcomes and effectiveness of any school-based program. The resource [Authentic and Proven Family Engagement Strategies](#) provides guidance for engaging families by leveraging equity and developing trusting relationships. By listening to and working with community stakeholders, school leadership teams can develop collaborative strategies for working with families. Relationships with caregivers are critical.⁶ When strong relationships exist, families are likely to feel more confident in making decisions about access to care and developing an understanding of how to collaborate with school comprehensive mental health teams, which may help improve overall youth outcomes. Discuss with families what measures you take to protect privacy.



Protect youth and family privacy:

Health Insurance Portability and Accountability Act (HIPAA) and The Family Educational Rights and Privacy Act of 1974 (FERPA): Sharing of information is important for successful partnerships, but some school leaders feel hesitant to pursue relationships with mental health providers due to concerns or lack of understanding of the privacy requirements of HIPAA and FERPA. Through collaboration with local partners, these barriers can be addressed to ensure equitable and stigma-free access to care. The resource [HIPAA and FERPA Laws: A School Mental Health Navigation Tool for Pacific Southwest States](#) provides Arizona-specific requirements regarding privacy in a school setting.⁷

Parent / Guardian Consent: Parent/guardian consent is **mandatory** and must be obtained before a referral can be sent to any community mental health provider. Some families may be reluctant to allow youth information to be shared and may be reluctant to engage in services at all. This is a typical response due to the stigma surrounding mental health that continues to impact access for the most vulnerable youth. The comprehensive school mental health team should work with parents and community leaders to understand the specific barriers they face and develop guidelines to address those concerns and stigmas within the community

6 van Vulpen, K. S., Ha. The mental health system and the education system have historically operated in isolation. Begar, A., & Simmons, T. (2018). Rural school-based behavioral health services: Parent perceptions of needs and barriers. *Children & Schools*, 40(2), 104-111.

7 Mental Health Technology Transfer Center Network January 17, 2019. http://www.cars-rp.org/_MHTTC/docs/HIPAA-FERPA-Laws.pdf

Integrating Services

Identify and refer youth in need:

The mental health system and educational systems have historically operated in isolation. This becomes apparent when mental health and educational support teams begin to collaborate. Key terminology for collaboration such as “screening” or “referral” have different meanings and interpretations across various systems.

The words referral and screener have different meanings for educators and mental health providers. For this document, the following definitions will be used to describe the use of these words in comprehensive school mental health systems.	
Key Term	Definition
Mental Health Referral	A formal or informal process for connecting students with specific mental health related intervention(s). Not all student referrals made in schools are referred to community-based providers. However, if connecting a student to an outside provider for support, parental consent is required by law and must be obtained before making the referral.
Mental Health Screener	With parental consent, a brief survey administered by a teacher, counselor, social worker, school psychologist, or other staff member to assess for specific mental health concerns, such as anxiety, depression, and trauma.
Universal Screener	With parental consent, an assessment that can be given to all students to determine whether there are risks for mental health. Universal screeners are conducted in a systematic style where students, parents, and/or teachers provide reports that allow for the determination of Tier 2 or Tier 3 interventions.

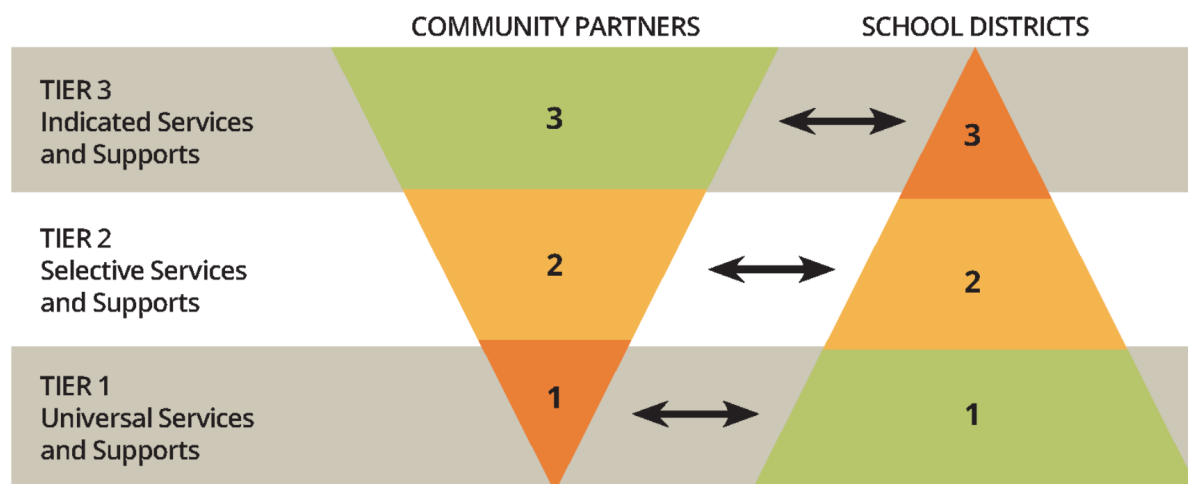
Although outside the scope of this guide, it is important to note that not all youth will require the support of a community mental health provider. **Partnerships with community providers are just one component of a larger system of interventions for youth that benefit from this level of support.** A referral for community based services is appropriate only for the youth with the highest level of need and is **rarely** an appropriate first step. A multi-tiered system of support model (MTSS) is an effective and evidence-based approach to provide scaffolded interventions for routine classroom behavior needs or developmentally appropriate brief changes in mood regulation.

When a youth is actively expressing thoughts of suicide and/or the immediate safety of the youth or others is at risk (such as when a youth possesses a weapon), school staff should call 911 immediately. If the youth is not in immediate danger, call the local crisis response team or 988. When crises happen, it is important to always provide mental health crisis information to families and/or caregivers, along with an explanation of when and how to call if a situation at home becomes life threatening. It is critical to have upfront and realistic conversations with families throughout the process of responding to immediate crisis situations.

For more information on specific suicide prevention policies and sustainable practices to put in place at your district or charter, see Appendix 4: Arizona Model Suicide Prevention Policy.

Note: This document does not supersede any district(s) established policy or procedure relating to crisis and threat assessment protocols. Please become familiar with and follow all local crisis and threat assessment policy and procedures.

An Example of Complementary Roles and Resources of Community Partners and School Districts in Comprehensive School Mental Health Systems



Source: Weist, M.D., Short, K., McDaniel, H., & Bode, A. (2016). *The school mental health international leadership exchange (SMHILE): Working to advance the field through opportunities for global networking. Advancing Comprehensive School Mental Health Systems: Guidance from the Field. 2019.*

Enrolling in community mental health services:

Community mental health providers work with youth and their support systems to develop a treatment plan. This process typically includes consent, intake, assessment, treatment, and discharge plans. Before services can begin, community providers will complete an intake and needs assessment with the youth and their guardian/parents. The provider will go over possible treatment options and have the parents sign a consent for treatment. A treatment plan and goal setting meeting to determine the type, duration, and intensity of service will occur. Treatment needs may change over time and progress is monitored through regular Child & Family Team (CFT) meetings. The school team may be asked to attend CFT meetings to develop support for the youth. The document [12 Guiding Principles in Children's System of Care](#) is a helpful resource when building meaningful relationships within CFT meetings and interactions.

Delivery of services:

Community-based mental health providers use a variety of methods and measures to provide services in a school partnership. The following are a few examples:

Note: A memorandum of understanding can help school districts and behavioral health providers navigate collaboration efforts. However, **they are not a requirement** to have behavioral health services provided on-campus or to make behavioral health service referrals.

Clinic or Home-Based Services: While it is common for referrals to begin at school, the services take place in a clinical or home setting. Depending on the needs of the child, they may be assigned to a case manager or a clinical team and may be regularly re-evaluated.

On site services: Community mental health providers may utilize a space on school campuses to see clients. School and community provider teams should set a location and office hours through a memorandum of understanding. Providers shall complete intakes, assessments, and deliver services on site. This partnership does not have significant interaction with school support staff members although it may involve regular interaction with front office staff to check in and call youth from class.

Integrated on site clinic services: Community mental health providers and school districts/charters enter into an agreement where a comprehensive referral and care system is developed. The community provider acts as an independent contractor, with a designated space (determined by school administration) where services can be provided to youth. Providers can be involved in school team meetings and have regular interaction with key school staff, primarily in the area of case staffing, management, and support.

Virtual/Telehealth Services: Telehealth is the use of digital technology, like computers, telephones, smartphones, and tablets, to access care services remotely. AHCCCS members who cannot travel to an office can use these devices from their homes to attend healthcare appointments with their providers. Telehealth can make access to health care more convenient, saving time and transportation costs.

On Campus Meeting Space Guidelines

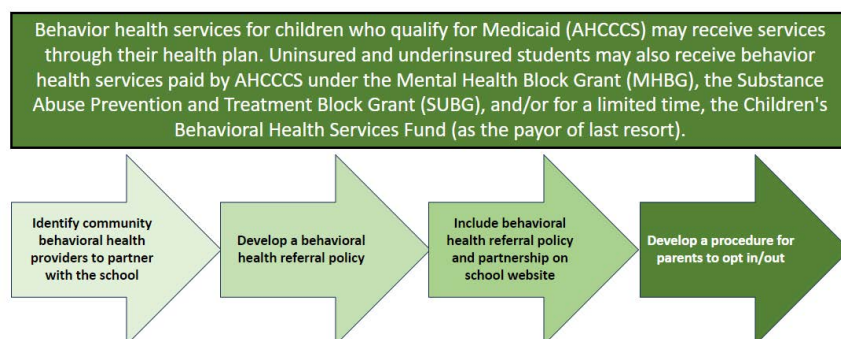
If intake or ongoing services will take place on your school campus, **HIPAA requires a confidential meeting space.**

- Free of cross and pass through traffic.
- Walls are thick so sound does not travel, walls go from floor to ceiling, room has a door, and window coverings are used while meetings are in session.
- Sound stays inside the meeting space.
- If passes are used to 'call' youth from class, they cannot state the reason for the session.

Funding:

Mental health partnerships with AHCCCS-contracted mental health providers should never require a direct financial commitment from schools in Arizona.⁸ It is **never** the schools' responsibility to determine the insurance eligibility of a youth. Youth in Arizona can receive funding for mental health services through a variety of options and can work directly with a local provider to combine a variety of funding streams, **regardless of their ability to pay. Even families that have not traditionally qualified in the past may now qualify for new streams of funding in Arizona.** Encourage families to work with the community providers to explore expansions to private insurance coverage and AHCCCS eligibility. The following are options that may be available to families:

- Private insurance
- Sliding scale payment fees
- Private community-based assistance counseling
- Tribal health insurance
- Medicaid benefits
- Block grant funding (MHBG/SUBG)
- Children's Behavioral Health Services Fund



To Learn More:

The Coalition for Community Schools and the National Association of School Psychologists outline [nine key elements necessary for creating and sustaining effective partnerships](#) to improve youth mental health, physical health, and overall wellness.⁹

The School Health and Performance Evaluation System, or the [SHAPE System](#), helps educators measure the quality and sustainability of their mental health programs as well as their level of trauma responsiveness. Assessment results are linked directly to a resource library specific to your school needs.

⁸ Non-AHCCCS contracted or Tribal Health providers may offer alternatives not addressed in this reference document.

⁹ Link: <https://www.theshapesystem.com/>

Relevant Statutes and Legislation

[ARS 15-120 - Mitch Warnock Act](#)

Suicide prevention training; approved materials; posting; immunity; spending classification

- All school personnel who interact with students in grades 6-12 must receive approved evidenced based suicide prevention training in suicide prevention once every three years

[ARS 15-160](#)

Student identification cards; suicide prevention; contact information required

- By July 1, 2021 all identification cards issued to students in grades 9-12 shall have national and/or local suicide prevention phone numbers printed or affixed on them.

[ARS 15-104](#)

Mental health screening; consent; form; exemption

- Parental consent is required before a school site can complete a non-clinical mental health specific screener.

[ARS 36-2272](#)

Consent of parent required for mental health screening or treatment of minors; exception; violation; classification; definition

- Parental consent is required before clinical mental health screening can take place on a minor in any setting.

[ARS 15-143](#)

Increased parental rights on student instruction and access to information.

[ARS 36-3436 - Jake's Law \(Children's Behavioral Health Services Fund\)](#)

- In 2020, the Arizona legislature passed Senate Bill 1523, establishing the Children's Behavioral Health Services Fund. This \$8 million fund is administered by AHCCCS and provides behavioral health services to uninsured/under-insured students who are referred for services by an educational institution, and who have written parental consent to obtain the behavioral health services. Educational institutions are required to obtain written parental consent before referring students for behavioral health services, post a mental health web page listing partnered community behavioral health providers, and have a referral policy and procedure in place. AHCCCS has distributed the funding to the AHCCCS Complete Care - Regional Behavioral Health Agreements (ACC-RBHAs), which have contracted with local behavioral health service provider agencies. These agencies have created agreements with public and charter schools to provide services on and off of school campuses. AHCCCS has developed policies and procedures for this behavioral health service delivery, in partnership with stakeholders.
- This bill further requires mental health providers to survey parents whose children were referred for, and/or received, behavioral health services as the result of a referral from an educational setting. This survey asks students' and families' satisfaction level with the referral process, the overall provision of services, and the availability and selection of providers. It will also ask whether the recipients would opt-in to receive services again in the future. AHCCCS has created and distributed the survey. More information about this work can be found [here](#).

[ARS 15-701.03 - Health Education Instruction; Mental Health Instruction in Schools](#)

Mental health instruction may be included in a health course or other existing courses.

- The state board of education shall require that all health education instruction include mental health instruction. In adopting the mental health instruction requirement, the state board of education shall consider the following:
 - Mental health experts, including representatives from the department of health services.
 - Mental health advocacy organizations that are based in the state.
 - The department of education.

Appendix 1: Sample Classroom Mental Health Crisis Desk Reference for Arizona Educators

	School Staff Responsibility	Administration Responsibility
Immediate response Who to contact Information to convey		
Support for the affected youth Strategies for supporting the affected youth		
Care of other youth in the classroom Procedures for caring for other youth in the classroom during the crisis		
Parent/guardian (family) notification Procedures for notifying the immediate family of the affected youth		
Communication with family of other youth Procedures for explaining the occurrence to the families of other youth in the classroom		
Day after Procedures for any follow up with youth, families, the community		
Other?		

A youth in my classroom is having a mental health crisis (possibly including suicidal thoughts). What to do?

If there is a school-based mental health professional, he or she should be the point of contact. If not, administrators should assign a clear point of contact on the campus. If the school doesn't have a policy or contact identified, get the attention of another adult nearby. Call the front desk or escort the youth to another classroom and ask for immediate assistance. **The youth must not be left alone at any time during this process.** Have an adult walk the youth to a safe location and call the local crisis line. They will assess the situation and determine next steps. The student's parent/caregiver must be contacted as soon as possible.

Crisis lines in Arizona:

- Arizona Statewide Crisis Hotline Phone: 1-844-534-HOPE (4673)
- Arizona Statewide Crisis Hotline Text: 4HOPE (44673)
- Gila River and Ak-Chin Indian Communities: 1-800-259-3449
- Salt River Pima Maricopa Indian Community: 1-855-331-6432
- Tohono O'odham Nation: 1-844-423-8759
- National 988 Suicide & Crisis Lifeline: Call or text 988; Chat at <https://988lifeline.org/chat/>

Appendix 2: Accessing/Paying for Behavioral Health

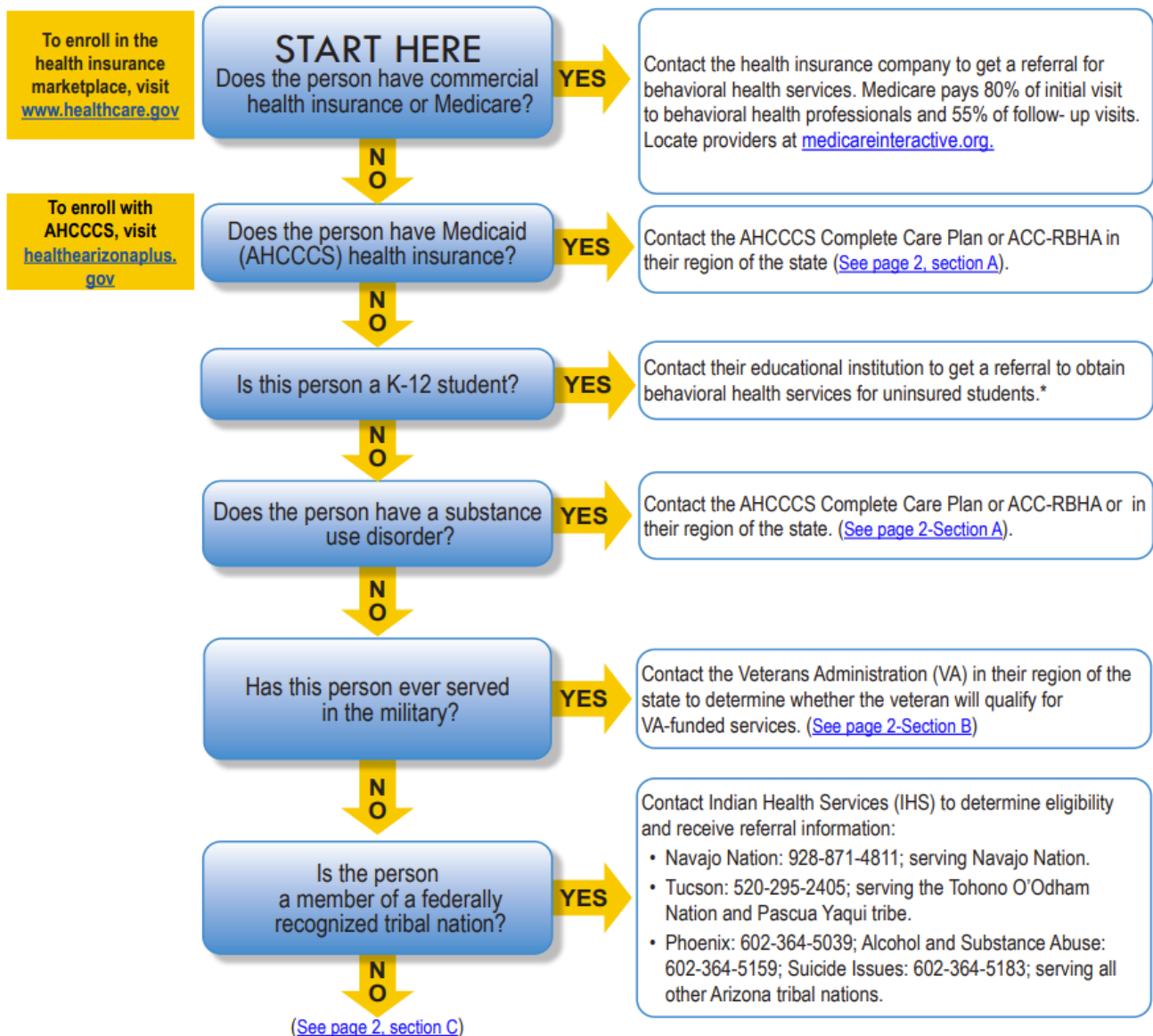


DOES THE INDIVIDUAL APPEAR TO BE AN IMMEDIATE DANGER TO HIS/HER OWN SAFETY OR TO THE SAFETY OF OTHERS?

CALL 911

DOES THE INDIVIDUAL APPEAR TO BE IN NEED OF MENTAL HEALTH ASSISTANCE RIGHT AWAY?
CALL 988 OR 1-844-534-HOPE OR FIND MORE RESOURCES ON THE [CRISIS SERVICES WEB PAGE](#)

Accessing/Paying for Behavioral Health



*Senate Bill 1523 established the Children’s Behavioral Health Services Fund (CBHSF) in 2020 to assist with increased access for behavioral health services. Written parental consent for behavioral health services will be requested.

SECTION A

Tribal Regional Behavioral Health Authorities (TRBHAs), AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHAs) and AHCCCS Complete Care Plans By Region

Note: latest website and 24-hr line information is posted on the [Available Health Plans web page](#).

TRBHAs and ACC-RBHAs	County or Tribal Nation Served
Arizona Complete Health-Complete Care Plan ACC-RBHA www.azcompletehealth.com/completecare , 1-888-788-4408	La Paz, Pima, Yuma, Graham, Greenlee, Santa Cruz, and Cochise
Gila River TRBHA: www.grhc.org/bhs , 1-888-484-8526 ext. 7100	Gila River Indian Community
Mercy Care ACC-RBHA: www.mercycareaz.org , 1-800-624-3879	Gila, Maricopa, Pinal
Navajo Nation TRBHA: www.nndbmhs.org , 1-866-841-0277	Navajo Nation
Care1st ACC-RBHA: www.care1staz.com , 1-866-560-4042	Apache, Coconino, Mohave, Navajo, Yavapai
Pascua-Yaqui TRBHA: www.pascuayaqui-nsn.gov/index.php/centered-spirit , 520-879-6060	Pascua Yaqui Tribe
White Mountain Apache TRBHA: www.wmabhs.org , 928-338-4811	White Mountain Apache Nation
ACC Plan	Geographic Service Area (GSA) Served
Care1st Health Plan: www.care1staz.com , 1-866-560-4042	North, Central
Health Choice Arizona: www.HealthChoiceAZ.com , 1-800-322-8670	North, Central
Molina Complete Care: www.MolinaHealthcare.com , 1-800-424-5891	Central
Mercy Care: www.mercycareaz.org , 1-800-624-3879	Central
Banner-University Family Care: www.bannerufc.com/acc , 1-800-582-8686	Central, South
UnitedHealthcare Community Plan: www.uhccommunityplan.com , 1-800-348-4058	Central, Pima County
Arizona Complete Health-Complete Care Plan: www.azcompletehealth.com/completecare , 1-888-788-4408	Central, South

SECTION B

Veterans Administration (VA) by Region

VA Health Care System	Counties Served
Phoenix: 602-277-5551	Gila, Maricopa
Northern Arizona: 928-445-4860	Apache, Coconino, Mojave, Navajo, Yavapai
Southern Arizona: 520-792-1450	Cochise, Graham, Gila, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma

SECTION C

Additional Resources

Some free or low-cost support services may be obtained from sliding fee scale clinics, community organizations, and/or places of worship. Some examples include:

The Arizona Department of Financial Institutions: offer free counseling service to those behind on mortgage payments or facing foreclosure, 877-448-1211. SOS Non Title 19 Resource Hotline: (602) 759-8175.

Transitional Living Centers "TLC": Helping recovering substance abusers rebuild their lives since 1992 www.transitionalliving.org.

Family Involvement Center "FIC": Select "Services" then "Classes/Support Groups" www.familyinvolvementcenter.org.

NAMI AZ: Select your local affiliate and select "Support Groups" www.namiaz.com.

MIKID AZ: Select "Programs and Services" and select "Family Support" www.mikid.org/.

Stand Together and Recover (STAR) Centers: Peer Support and Recovery Centers: www.thestarcenters.org.

Substance Use Support:

- National Drug and Alcohol Referral Routing Service: 1-800-662-HELP (4357), press "2" for Spanish or: findtreatment.samhsa.gov.
- Alcoholics Anonymous (AA) meeting locator: www.area03.org/AA-Meetings.
- Narcotics Anonymous (NA): 1-818-773-9999; online arizona-na.org.

Suicide Prevention Resources:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255), press "1" for veteran support; online www.suicidepreventionlifeline.org
- National Suicide Prevention Lifeline in Spanish: 1-888-628-9454.
- The Trevor Hotline (Suicide Prevention Hotline for gay and questioning youth): 1-866-488-7386; online www.thetrevorproject.org
- Teen Lifeline: 1-800-248-TEEN (8336); online teenlifeline.org.
- Low cost/no cost support groups: www.mentalhealthamerica.net/find-support-groups.

Behavioral Health Services in Schools

Who can request behavioral health services?

Guardians can request behavioral health services at school. Services can be requested during the school year and during school breaks.

Do I need AHCCCS insurance to qualify for services?

Even if you do not have insurance you may still get help.

How can my school help my child connect to services?

Talk to your school counselor or principal. The school can work with behavioral health providers to get services. The school can make a referral.

Who can I contact if I have more questions?

If you would like information or need help finding a provider in your area, you can contact one of the AHCCCS health plans for support.



AHCCCS Complete Care Contacts:

Daniel Landers, CDP-I
Emergency Response
& Business Continuity Specialist
Arizona Complete Health
(520) 809-6486
dlanders@azcompletehealth.com

Hilary Mahoney, MPH
Children's System of Care Associate
Director
Banner - University Family Care
(480) 827-5881
Hilary.Mahoney@bannerhealth.com

Virginia (Vicki) Cons, LCSW
Director, Behavioral Health Services
Care1st Health Plan Arizona, Inc.
(602) 778-1834
vcons@care1staz.com

Pilar Vargas, Psy.D., LISAC
Children's Healthcare Administrator
UnitedHealthcare Community Plan
(602) 255-8880
pilar_vargas1@uhc.com

Jill Ference, LASAC, CCM
Adult and Children's Healthcare
Administrator
Molina Healthcare
(480) 435-1401
jill.Ference@MolinaHealthCare.com

Karrie Steving
DCS CHP and Children's System of Care
Mercy Care
(480) 521-5553
Stevingk@mercycaarez.org

Sarah Hester, MEd
Children's System of Care Clinical Program
Specialist
Health Choice
(928) 214-1176
sarah.hester@azblue.com



If you or someone you know is experiencing a behavioral health crisis, please contact:

Statewide Suicide and Crisis Hotline:

Statewide Crisis Line:
1-844-534-4673 (HOPE)

988 Suicide and Crisis Line:
988 (text or call)

Support for Families:

Parents need help too. Parent Partners offer services to help families.

To get help contact:

Family Involvement Center Parent Assistance
Center at: **602-288-0155 / 877-568-8468 toll-free** or pac@familyinvolvementcenter.org

MIKID at: **844-805-2080**

www.mikid.org

Raising Special Kids at: **602-242-4366**

info@raisingspecialkids.org

Appendix 3: Sample Memorandum of Understanding (MOU)

Note: A memorandum of understanding can help school districts and behavioral health providers navigate the collaboration efforts. However, a **MOU is not a requirement** for a school to have behavioral health services provided on-campus or to make behavioral health services referrals.

[District/Charter] and [Community Based Provider Name Here]

The Parties of this Memorandum of Understanding (MOU) are [District/Charter and [Program Name Here], hereinafter collectively referred to as the Parties.

Purpose:

The purpose of this agreement is to establish roles and responsibilities of the Parties to develop and implement a comprehensive school mental health system (CSMHS) that utilizes the strengths and expertise of school and community-partnered support staff members.

CSMHS are defined as school-community partnerships that provide a multi-tiered system of mental health supports (MTSS) to support students, families and the school community. “Mental health services” include activities, services and supports that address social, emotional and behavioral well-being of students, including substance use.

Roles and Responsibilities:

The Parties agree to the following roles and responsibilities.

Responsibilities of [Program Name Here]

1. Actively participate in school mental health team(s) to support effective school- community collaboration that promotes:
 - Well-defined roles and responsibilities of team members (with structures in place to avoid duplication of efforts),
 - Data sharing,
 - Data-based decision making,
 - Seamless services and supports across tiers,
 - Integration of mental health and other academic supports,
 - Defining the effective referral processes.
2. Provide mental health screening, assessment and services, to include: [customize services below]

Tier 1 - Mental health promotion services and supports (Tier 1): *are mental health-related activities, including skill building of emotional, psychological, and social well-being which are designed to meet the needs of all students regardless of whether or not there is a present mental health concern.*

- Universal mental health screening (with parent/guardian consent),
- Programs that support emotional, psychological, and social well-being,
- School climate activities,
- Positive behavioral expectations and rules/Classroom management,
- Bullying prevention,
- Mental health literacy for students,
- Mental health literacy for families/caregivers,
- Mental health literacy for teachers/school staff, and
- Teacher/staff consultation to promote mental health of all students

Tier 2 - Selective services and supports (Tier 2) to address mental health concerns are provided for groups of students who have been identified through needs assessments and school teaming processes as being at risk for a given concern. When concerns are identified early and supports put in place, positive youth development is promoted, and concerns can be addressed and reduced. Sometimes these are referred to as mental health “prevention” or “secondary” prevention services.

- Progress monitoring of students receiving services
- Social skills training/coaching
- Group therapy for students identified as at-risk of developing mental health concerns
- Teacher/staff consultation for students identified as at-risk of developing mental health concerns

Tier 3 - Indicated services and supports (Tier 3) to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern and displaying significant functional impairment. Sometimes these are referred to as mental health “intervention” or “tertiary” or intensive services.

- Progress monitoring of students identified with mental health concerns and those receiving services
- Individual treatment for students with mental health concerns
- Group treatment for students with mental health concerns
- Family therapy to support students with mental health concerns
- Psychiatric evaluation
- Case management
- Teacher/staff consultation for students identified with mental health concerns and those receiving services
- Peer support/navigation services for students identified with mental health concerns and those receiving services
- Family peer support/navigation support services for families of students identified with mental health concerns and those receiving services
- Facilitate transitions to and from community agencies and programs (e.g., mental health providers, psychiatric hospitals and day programs, juvenile services, child welfare)

3. Use evidence-based practices¹⁰ for the above interventions, as available. When evidence-based interventions are not available for the intended population, selected interventions should be based on promising/best practices and should be evaluated for program effectiveness.

4. Collect and report data that documents **[customize data elements below]**:

- Provider productivity
- Program and intervention impact on student/school psychosocial and academic functioning
- Student/family satisfaction and engagement

5. Ensure the complete confidentiality of any and all identifying student and family information gathered in the performance of this agreement. The information gathered, used and developed shall not be provided to any other party without the express written approval of the individual(s) authorized to give consent for release of information.

6. Meet federal, state and local regulations required of community mental health providers, including those stipulated by the Health Insurance Portability and Accountability Act (HIPAA).

¹⁰ Evidence-Based Services and Supports are programs, services or supports that are based directly on scientific evidence, have been evaluated in large scale studies and have been shown to reduce symptoms and/or improve functioning. For instance, evidence-based services and supports are recognized in national evidence-based registries, such as the Substance Abuse Mental Health Services Administration (SAMHSA), National Registry of Evidence-based Programs and Practices (NREPP), Blueprints for Healthy Youth Development, and Institute of Education Sciences (IES) What Works Clearinghouse (WWC). A full continuum of evidence-based services and supports within a school includes behavioral health promotion, selective prevention, and indicated interventions.

Responsibilities of [District/Charter]

1. Identify school(s) for service that demonstrate readiness and a commitment to hosting a community mental health provider to support a multi-tiered system of mental health support (MTSS).
2. Identify district and school point of contact to facilitate successful integration of community mental health provider into school(s) and to address any concern.
3. Provide mental health screening, assessment and services, to include: [customize services below]

Tier 1 - Mental health promotion services and supports (Tier 1) are mental health-related activities, including skill building of emotional, psychological, and social well-being which are designed to meet the needs of all students regardless of whether or not there is a present mental health concern.

- Universal mental health screening
 - Programs that support emotional, psychological, and social well-being
 - School climate activities
 - Positive behavioral expectations and rules/Classroom management
 - Bullying prevention
 - Mental health literacy for students
 - Mental health literacy for families/caregivers
 - Mental health literacy for teachers/school staff
4. Teacher/staff consultation to promote mental health of all students - Provide confidential space in school(s) that includes access to a locked file cabinet and mechanism for communicating with families and other providers (e.g., phone, computer, Internet access).
 5. Facilitate inclusion and active participation of community partners in school mental health teams that utilize best practices in teaming:
 - Well-defined roles and responsibilities of teams and team members, with structures in place to avoid duplication of efforts
 - System to evaluate existing team structures, with existing team continuation and new establishment only as necessary
 - Overarching school shared purpose and shared goals ACROSS teams
 - Unique goals for distinct teams
 - Teams and team members understand and support each other's purpose and work
 - Teams and team members have a process/procedure to ensure frequent and consistent communication
 - Teams and team members address any confidentiality barriers to facilitate regular information sharing across and within teams
 6. Create data-based decision models and referral processes that promote early identification and intervention for students.
 7. Adhere to all Arizona Health Care Cost Containments (AHCCCS) contracts guidelines, policies and AHCCCS Contractors Operations Manual.
 8. Considerations for special populations (e.g., English Language Learners)

Independent Contractor:

In providing services to [District/Charter] students, [Program Name Here] shall at all times operate as an independent contractor and shall have no authority to make any arrangements or incur any liabilities on behalf of the Board.

Duration and Termination:

This Agreement is for the period beginning Month/Day/Year to Month/Day/Year. Either party may terminate this Agreement for non-performance after first giving written notice of breach to the other party and an opportunity for the other party to cure the non-performance within fifteen (15) days of the receipt of written notice.

Insurance and indemnification

[Communityprovider] shall purchase and maintain during the term of any resulting agreement:

1. **Commercial General Liability Insurance:** of at least \$5,000,000 combined single limit coverage written on an occurrence basis covering all premises and operations, and including Personal Injury, Independent Contractor, Contractual Liability and Products and Completed Operations. The Board of Education of [District/Charter] and all of its agents and employees shall be named as an additional insured, which must be shown on insurance certificates furnished to [District/Charter].
2. **Worker's Compensation Insurance:** benefits as required by Arizona law to include Employers' Liability coverage with limits of at least \$100,000 each accident, \$100,000 each employee disease, and \$500,000 disease policy limit.
3. **Professional Liability Insurance:** with limits of at least \$1,000,000 each occurrence and \$3,000,000 aggregate.

[Community provider] shall indemnify and hold harmless the Board, its employees, servants, and agents against all liabilities, loss, charges and expenses, including court costs and attorney's fees, resulting from the failure of [Community provider], its employees, servants, and agents, to faithfully and competently perform its obligations hereunder or arising from or caused by [Community-based provider]'s provision of services.

Whole Agreement:

This MOU contains the entire agreement between the parties with respect to the subject matter set forth herein but may be modified with the written consent of both parties.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their authorized representatives.

By: Superintendent, [Name of District or Charter]

By: Executive Director, XX Mental Health Agency

Appendix 4

Arizona Model School District Policy Components on Suicide Prevention Intervention

Purpose: This guidance on suicide prevention provides best practices to assist Arizona school districts with protecting the health, safety, and well-being of all students.

The model policy components are organized as follows:

Purpose:	Explanation of why a suicide prevention policy is an imperative.
Scope:	The geography and activities covered by the policy and to whom the policy applies.
Definitions:	Description of frequently used terms in suicide prevention, intervention, and response.
Responsibility for Policy Implementation:	Staff responsible for implementing the policy.
Policy Publication and Distribution:	Frequency of review and distribution of the policy.
Professional Development for School Personnel:	Arizona-specific requirements for school personnel who interact with students to participate in suicide prevention training.
Training for Students, Families, and Community:	District support for raising awareness and building suicide prevention skills for students, families, and community.
Assessment and Referral	Procedures for responding to a student who is identified as potentially suicidal.
Parent Notification and Involvement	Procedures for informing the student's parent/s or guardian/s.
Re-entry Procedure:	Procedures when a student is returning to school following a mental health crisis.
In-school Suicide Attempts:	Procedures when a student attempts suicide while in school.
Out-of-School Suicide Attempts:	Procedures when school staff are aware that a student is attempting suicide outside of a school location.
After a Suicide Death:	Postvention planning.
External Communication:	Responsible school staff for communicating with the media.
Other:	Sample language for the Student Handbook, parental involvement in suicide prevention, school-based mental health supports, at risk student populations, and messaging and suicide contagion.

Crisis: when is calling the crisis line the right answer?

Crisis services are provided to any individual in Arizona, without expense. If you are worried about a person’s mental health, call the crisis line. The person on the call will help direct next steps. Neither you nor the individual in question will be billed for this service.

Behavioral Health [Crisis Lines in Arizona:](#)

Area/Region/Nation	Phone	Text
National 24-Hour Crisis Line	988 Suicide & Crisis Lifeline: 988 (call or text) National Substance Use and Disorder Issues Referral and Treatment Hotline: 1-800-662-HELP (4357)	Text the word "HOME" to 741741
Arizona Statewide Crisis Line	1-844-534-4673 (HOPE)	4HOPE (44673)
County Crisis Lines	<p>Apache County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Cochise County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Coconino County: Care1st: 1-877-756-4090</p> <p>Gila County: Mercy Care: 1-800-631-1314</p> <p>Graham County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Greenlee County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>La Paz County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Navajo County: Care1st: 1-877-756-4090</p> <p>Maricopa County: Mercy Care: 1-800-631-1314</p> <p>Mohave: Care1st: 1-877-756-4090</p> <p>Pima County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Pinal County: Mercy Care: 1-866-495-6735</p> <p>Santa Cruz County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Yuma County: Arizona Complete Health - Complete Care Plan: 1-866-495-6735</p> <p>Yavapai County: Care1st: 1-877-756-4090</p>	
Tribal Crisis Lines	<p>Ak-Chin Indian Community: 1-800-259-3449</p> <p>Gila River Indian Community: 1-800-259-3449</p> <p>Salt River Pima Maricopa Indian Community: 1-855-331-6432</p> <p>Tohono O’odham Nation: 1-844-423-8759</p>	
Teen Lifeline	602-248-TEEN (8336)	602-248-TEEN (8336)
Veterans Lifeline	<p>Veterans Crisis Line: 988 (press 1)</p> <p>Be Connected: 1-866-4AZ-VETS (429-8387)</p>	

Appendix 5

ASBA Model School Mental Health Referral Policy

The state of Arizona has two legislative requirements that reference a school districts' obligation to adopt a referral process and policy for referring students for mental health services.

1. [ARS 15-120 - Mitch Warnock Act](#)
2. [ARS 36-3436 - Jake's Law \(Children's Behavioral Health Services Fund\)](#)

Note: The following Arizona School Boards Association Policy was formally released by Arizona School Boards Association (ASBA) on July 1, 2022, to support school districts in meeting statutory requirements.

POLICY SERVICES

ADVISORY

Volume 84, Number 1

July 2022

Policy Advisory No. 716.....(*New Policy*) JLDAB — Referrals to Other Agencies
(*New Regulation*) Regulation JLDAB-R — Referrals to Other Agencies
(*New Exhibit*) Exhibit JLDAB-E --- Referrals to Other Agencies

POLICY ADVISORY DISCUSSION

This policy advisory derives from legislation passed in 2020. In 2020, the Arizona legislature passed “Jake’s Law” which created a fund that provides uninsured and underinsured children access to behavioral health services when they are referred through an educational institution—otherwise known as “school-based referrals.” To make school-based referrals, the legislature required school districts and charter schools to pass a policy that outlined the law as it relates to school-based referrals. The policy must include: (1) an opt-in process for parents; (2) a survey to parents whose children utilize school-based referrals; (3) a list of service providers published on the district website; and (4) an annual report to the Arizona Health Care Cost Containment System (AHCCCS). The policies must be published on the school’s website.

Policy Advisory No. 716

JLDAB – Referrals to Other Agencies
JLDAB-R – Referrals to Other Agencies
JLDAB-E – Referrals to Other Agencies

JLDAB, JLDAB-R, and JLDAB-E, are new to ASBA’s manual. The documents provide a mechanism for school districts and charter schools to refer children to community based behavioral health providers and to have those services paid for by the Children’s behavioral health services fund or AHCCCS. The policy is optional, meaning that the law does not require schools to make school-based referrals. However, if the school elects to make these referrals, then a policy is mandatory. JLDAB is a policy that enables the statute to work as intended; JLDAB-R is a regulation the Superintendent may utilize to achieve the goals of policy JLDAB; and JLDAB-E is an exhibit of the survey Superintendents may utilize to comply with the statute and policy.

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<i>Note:</i> This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.	Page 1 of 7
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JLDAB ©
REFERRALS TO OTHER AGENCIES

The Superintendent is authorized, at his or her discretion, to make school-based referrals to community based behavioral health providers in compliance with A.R.S. §86-8486.01.

If the Superintendent elects to provide school-based referrals for behavioral health services to a contracted behavioral health services provider pursuant to the children's behavioral health services fund established by section A.R.S. §86-8486 or for services provided through the Arizona health care cost containment system, then the Superintendent shall:

- A. Create a process to allow parents to annually opt-in to school-based referrals. (See JLDAB-R).
- B. Create a process to conduct a survey of parents whose children were referred to and received behavioral health services pursuant to A.R.S. §86-8486.01. The survey must meet the requirements of A.R.S. §86-8486.01(2). (See JLDAB-E)
- C. Post a list of behavioral health services providers with whom the school contracts on the school's website.
- D. Post this policy on the applicable school website.
- E. At the end of each school year, report to the Arizona health care cost containment system administration the school survey results. (See JLDAB-E)

Adopted: <- z2AdoptionDate ->

LEGAL REF.:

A.R.S.
86-8486.01

<i>Note:</i> This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation.	Page 3 of 7
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JLDAB-R ©

REGULATION

REERRALS TO OTHER AGENCIES

**(Community Based Behavioral Health Providers –
Parental Consent and Surveys)**

Parental Consent

Annually, at student enrollment, the Superintendent will provide parents an opportunity to opt- in to school based behavioral health referrals.

Surveys

By statute, school districts are required to have a process for conducting a survey and reporting the results to Arizona Health Care Cost Containment System (AHCCCS). The Superintendent may rely on the AHCCCS generated survey, found here: <https://forms.gle/siXH3bgmn8xfw9qk9>. (See JLDAB-E). This survey reports the required data to AHCCCS in real time eliminating the need for end of the year reporting.

The Superintendent may develop a process which includes the AHCCCS survey being administered by partnering community based behavioral health providers. If the Superintendent chooses to conduct their own survey, they must report it to Arizona Health Care Cost Containment System as required by law, report to BHschools@azahcccs.gov.

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation. Page 4 of 7

If you have any questions, call Policy Services at (602) 254-1100. Ask for Nick Buzan, Director of Legal and Policy Services; Steve Highlen, Senior Policy Consultant; Dr. Charlotte Patterson, Policy Consultant; or Lynne Bondi, Policy Consultant. Our e-mail addresses are, respectively, [nbuzan@azsba.org], [shighlen@azsba.org], [cpatterson@azsba.org] and [lbondi@azsba.org]. You may also fax information to (602) 254-1177.

Note: This material is written for informational purposes only, and not as legal advice. You may wish to review the policy references and consult an attorney for further explanation

Note: This material is written for informational purposes only, and not as legal advice. You may wish to consult an attorney for further explanation. Page 2 of 7

Appendix 6: School-Based Universal Referral Form

In an effort to improve the system of care for school professionals making referrals to community mental health providers, AHCCCS has released a School-Based Universal Referral Form which can be used by school professionals (i.e., counselor, social worker, psychologist, nurse, etc) who have obtained parent/guardian consent and are following district policy to make referrals to community mental health providers. An English and Spanish version are available on the [AHCCCS Behavioral Health in Schools web page](#).



School-Based Universal Referral Form

Referring Agency Information:

Referral Date:
Referring School: CTDS #:
Referring School Phone Number:
Referring Person Name: Position:
Referring Person Email:

Client Information:

Client Name: Client DOB:
Client Phone Number:
Parent/Guardian Name:
Parent/Guardian Phone: Best Time to Reach: AM | PM
Parent/Guardian Email:
Address:
Primary Language (Client): Primary Language (Guardian):

Referral being made due to substance use: Yes No Unsure

Is the student a:

Danger to Self (DTS) Danger to Others (DTO) Not Applicable

Reason for referral:

Other agency involvement: Dept. Child Safety Div Developmental Disabilities

Juvenile Probation Officer Other:

Consent:

By Checking Box – I, as a school staff member, have discussed my concerns with the Parents/Guardian and have been provided permission to make this referral.

Referring Person Signature: Date:

Additional Resources

[Substance Abuse and Mental Health Services Administration \(SAMHSA\) | Project AWARE](#)

[Understanding Behavioral Health and Mental Health](#)

[National, State, and County Crisis Lines](#)

[SAMHSA Preventing Suicide: A Toolkit for High Schools](#)

[AHCCCS: Accessing Behavioral Health in Schools](#)

[AHCCCS: Suicide Prevention Training for Schools](#)

[Arizona Department of Health Services: Youth Risk Behavior Survey \(YRBS\) Results](#)