

## Referral Plan for Mental Health Services

Contractor Name:

Date of Plan Creation:

This Referral Plan outlines the procedures 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 for their mental health needs.

**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 need for mental health support is identified, staff should:

1. Engage in a confidential conversation with the participant to express concern and offer support.
2. Inform the participant of available mental health resources and services.
3. Offer assistance in making an appointment or connecting with a mental health provider.
4. 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 in the participant's file, including the reason for the referral, actions taken, and any follow-up steps.

### Updates and Dissemination:

1. This Referral Plan will be updated at least annually to reflect changes in procedures or resources.
2. The updated plan will be disseminated to all staff members and reviewed with them on a quarterly basis to ensure understanding and consistency in implementation.

6. Resource List/ Contact Information: **Insert contact information for at least 3-5 relevant mental health services/providers**, crisis hotlines, and any other pertinent resources. Utilize the template on the second page and **have it ready for DYCD Program Managers to view**.

7. Review and Approval: This Referral Plan has been reviewed and approved by

8. Signature:

Date of Last Update:

## Mental Health Referral Resource Form:

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