



**Guidelines for Child and Adolescent Mental Health Providers listed on
Child / Adolescent Behavioral Health Referral form
Revised 11/2016**

Purports expertise in child and adolescent mental health

Demonstrates knowledge and utilization of community resources: eg Managed Care Companies, DCFS, school-based mental health services, etc.

Provides quick intake after referral:

Phone contact with client offered within *72 hours*

Mental Health assessment provided within *1 - 4 weeks* (priority given to suicidal risk).

Psychiatrist appointment available as needed (emergency slots available if necessary)

* IF URGENT: Please call 9-1-1 or take the child to the emergency room*

Outreach efforts include: *1 outreach letter, 3 phone calls*

If unable to provide services for any reason, agency will contact another agency (preferably near client's home) that is able to provide services, transition client to that agency, and make referring provider aware of change.

Completes data collection sheet and provides data to CRPN on 1st day of each month.

Attends quarterly Cuyahoga Perinatal Depression Task force meetings. If unable to attend sends agency designee.

Attends trainings for Referring Providers as needed. If unable to attend notifies CRPN.

Attends CRPN collaboration/coordination meetings either in person or via teleconference quarterly.

Treatment plan can be requested after agency-client consent obtained. Additional feedback available upon request when medications are prescribed, changed or discontinued and status at discharge.