

USE THIS SHEET TO KEEP TRACK OF THE INFORMATION YOU NEED TO MAKE A REFERRAL FOR MENTAL HEALTH/THERAPY SERVICES. THIS WILL HELP YOU LINK YOUR CHILD TO THE RIGHT SERVICES

Step 1: IDENTIFY CONCERNS AND REASON FOR SEEKING MENTAL HEALTH SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Feels sad or unhappy | <input type="checkbox"/> Difficult to soothe or comfort |
| <input type="checkbox"/> Feels hopeless | <input type="checkbox"/> Difficulty calming down |
| <input type="checkbox"/> Is down on themselves | <input type="checkbox"/> Difficulty with change |
| <input type="checkbox"/> Seems to be having less fun | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Withdrawn/isolated from others | <input type="checkbox"/> Difficulty playing with others |
| <input type="checkbox"/> Worries a lot | <input type="checkbox"/> Gets in trouble at preschool/school |
| <input type="checkbox"/> Seems nervous or afraid | <input type="checkbox"/> Hyperactive, moves non-stop |
| <input type="checkbox"/> Daydreams too much | <input type="checkbox"/> Aggressive, fights with others |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Does not listen to adults |
| <input type="checkbox"/> Fidgety, unable to sit still | <input type="checkbox"/> Thoughts of death or suicide |
| <input type="checkbox"/> Has trouble focusing | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Other: _____ |

PHQ-9 Score _____

GAD-7 Score _____

Concerns are impacting: family life school (grades, truancy, etc.) social life

Step 2: DISCUSS APPROPRIATE REFERRAL WITH DOCTOR

HARBOR UCLA
Child and Adolescent Psychiatry 424-306-5700

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Help Line 800-854-7771

MEDI-CAL MANAGED CARE*
Health Net 800-675-6110, option 2
L.A. Care Behavioral Health 888-839-9909

* MEDI-CAL MANAGED CARE IS LEGALLY REQUIRED TO PROVIDE BEHAVIORAL HEALTH SUPPORT FOR MILD TO MODERATE MENTAL HEALTH CHALLENGES (E.G., PHQ-9 SCORE 7 WITH DEPRESSED MOOD AND NO SUICIDAL IDEATION)

Other Agency _____ Phone _____

Step 3: MAKE THERAPY REFERRAL

- contact mental health agency
- provide contact and insurance information
- share concerns and reason for seeking treatment

HAVE THE INFORMATION BELOW AT YOUR INTAKE APPOINTMENT

Patient's Name _____ Date of Birth _____

Patient's Insurance	Client ID#	Grp/Plan
Screeners Attached: <input type="checkbox"/> ASQ-SE <input type="checkbox"/> GAD-7 <input type="checkbox"/> PHQ-9 <input type="checkbox"/> Other _____		

WHAT TO EXPECT

DURING THE FIRST CALL

- You will be asked for contact information and your child's insurance information
- An intake appointment will be scheduled

INTAKE PROCESS

- The first appointment is the intake interview
- The person you speak to is probably **not** going to be your child's therapist
- The intake interview is a lengthy appointment that involves a lot of paperwork
- Sometimes it takes several meetings to gather enough information to determine the most appropriate services for your child
- The process might involve observation of your child
- The intake process is not therapy - you will probably not see improvement in your child until after they start therapy

FINDING THE RIGHT THERAPIST

- Be sure that your child feels like they can trust their therapist and the two of them "click"
- Most treatments take time, so don't worry if progress is not immediate. The therapist may not be a poor match - the work may take more time
- Depending on your child's age and concerns, sometimes family therapy will be the most appropriate treatment
- Ask your child's therapist for the diagnosis and the treatment plan that includes the types of treatments being provided
- Ask any questions you have until you fully understand everything you want to know about your child's diagnosis and treatment plan.

RESOURCES - Crisis Lines



National Suicide Prevention Lifeline - 24 hours a day, 7 days a week

1-800-TALK (273-8255)

Español: 1-888-628-9454

Call, text, or chat **988** to be connected to trained counselors will listen, understand your problems, provide support, and connect you to resources if necessary

California Youth Crisis Line

1-800-THE-5200 (843-5200)

Your Life Your Voice

1-800-448-3000 (preteens, teens and young adults)

Text "**VOICE**" to 20121

Crisis Text Line

Text "**youth**" to 741741 to reach a trained counselor

Trevor Project Lifeline

1-866-4-U-TREVOR (488-7386)

The TrevorLifeline provides support for LGBTQ youth and allies in crisis of in need of a safe and judgment free place to talk

Teen Line

1-800-TLC-TEEN (852-8336)

Text "**TEEN**" to 839863

A teen-to-teen confidential helpline from 6-10pm every night

California Parent and Youth Helpline

1-855-427-2736. <https://caparentyouthhelpline.org/>

Emotional support, parenting advice for families challenged by stress. English, Spanish, and other languages.