In order to access and utilize the funding that is included through SB 1523, The Children’s Behavioral Health Services Fund, schools must develop policy related to the referral of students for behavioral health services. These policies must be publicly vetted through a public comment period, and posted on schools’ websites. Additionally, any school who wishes to access and utilize the funding provided through SB 1523 must provide students’ families with the opportunity to opt-in or opt-out to participate in the referral process on an annual basis. Finally, it is further required that students who have received a referral for behavioral health services be offered the opportunity to participate in a survey related to the referral process, and experience with the services received.

This template serves as a resource for schools to assist in the development of policy which meets the minimum requirements to access funding through SB1523. Schools do not have to use this template, and may develop their own policy.

SB1523 Policy Template:

Example Purpose Statement: In conformance with SB 1523, this policy establishes a process to ensure parents are provided an opportunity to opt-in for their child to receive referrals to a behavioral health provider on an annual basis. Ensures that parents are provided an opportunity to furnish feedback related to the referral process, availability of services and providers, and their experience with receiving behavioral health services as the result of the referral. Outlines the process for identification of participating behavioral health providers, to be posted on schools’ websites for public access. Finally, the Policy will create a process to conduct a survey of parents whose children were referred to and received behavioral health services. For funding requirements, refer to AHCCCS AMPM 320-T2.

**Example Referral Process:**

A School District Governing Boards/Charter School Governing Body must develop a method by which parents/guardians are able to opt-in or out of the behavioral health referral process annually. An example consent document has been included for reference. Schools may personalize and utilize this form, or a form of their own in order to obtain parent/guardian consent prior to making a referral for behavioral health services for a student.

(School District Governing Boards/Charter School Governing Body to include specific opt-in or out process here).

School District Governing Boards/Charter School Governing Body must develop and implement a referral pathway for students who have opted-in, and have been identified as needing behavioral health services. A resource available to schools to develop an effective referral system, based upon multidisciplinary problem-solving teams that match students’ needs with appropriate types or levels of evidence-based of support within a systems that has multiple tiers of support Figure 1.1; SMHRP Toolkit Introduction for detailed description <http://www.esc-cc.org/Downloads/NITT%20SMHRP%20Toolkit_11%2019%2015%20FINAL.PDF>).

(School District Governing Boards/Charter School Governing Body to include specific referral pathway information here)

**Monitoring**: (School District Governing Boards/Charter School Governing Body to include specific referral tracking information here)

**Example Survey Information:**

Parents/Guardians of students referred for behavioral health services as a result of a referral will be invited to complete a survey about the referral process and their satisfaction with the services and providers of services received. This survey will be conducted through the behavioral health provider working with the student. The survey will include the following elements at minimum:

Whether the parent opted into the program

Whether the parent was notified before the referral took place

Whether the behavioral health services were appropriate to meet the students needs

Whether the parent is satisfied with the choice of behavioral health service providers

 Whether the parent intends to opt into a program again in the following school year

Example Consent for BH Services Referral:

**(School Name)**

**Consent to Referral for Services**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School strives to support childs and families by utilizing all resources made available to the school. As such, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School has a partnership with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (behavioral health agency) for services to assist children and families with challenges that arise and may interfere with the full academic and life success of childs. These services may include: assessment of services recommended, social skills training or coaching, individual/group therapy, family therapy, substance abuse counseling, home visits, or monitoring of child progress.

We believe that your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would benefit from a referral for services from one of our partner agencies. The services will be either free-of-charge or will be based upon your ability to pay. Your child’s participation in any services will remain confidential.

If you have further questions, please feel free to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Consent/Non Consent for Services for my child**

[ ] YES, my child can be referred for services to one of the schools’ partner agencies

[ ] NO, my child cannot be referred for services to a partner agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian Signature of Parent/Guardian Date