



LifeSource Project Referral Guidelines 970.520.5207

Referrals of youth to the LifeSource Project are based on your professional opinion of the youth's risk for suicide. We depend upon your assessment of the situation, and are happy to assist in evaluating whether or not a youth is an appropriate referral. The key is that the youth is either expressing suicidal ideation or is enduring a combination of risk factors that make you have a gut feeling that the youth may truly be at risk for suicide.

LifeSource accepts youth with financial barriers to care. If the youth has no mental health insurance, is not covered by Medicaid or CHP+, and cannot afford to pay out of pocket, or if co-pays and deductibles create a true impediment to the youth receiving care, he/she may qualify for LifeSource.

However, LifeSource is not able to provide basic mental health care for youth without issues related to suicide as described above. We provide a temporary measure of care, giving them some coping skills and moving them beyond suicide ideation. Long term mental health issues are to be handled by community mental health agencies or other mental health providers. We can discuss options for the youth covered by Medicaid or CHP+ over the phone.

We will gladly walk you through the referral process over the phone, so don't worry about memorizing any of this. Below are some questions you can expect from us when you refer a youth to LifeSource Project:

- **Parental Notification** - Have the parents been notified of suicide risk and that you are seeking resources for this youth?
- **Student Demographics** – Youth's Name, Age, Ethnicity, and the Language spoken in the home
- **School Information** - School Name, School District, and County
- **School Mental Health Staff** - Referring Staff's Name, phone, and email
- **Suicide Risk** - Brief history of youth's suicide risk factors sufficient to verify appropriateness of the referral
- **Insurance** – do they have health insurance and is there mental health coverage? If so, is there a reason why they can't use it? Please give us the name of the insurance company and the co-pay amount. You do not need to collect any proof of insurance. This is a new question this year to help us effectively allocate our resources and serve more youth at risk of suicide.
- **Medicaid** - Do they have Medicaid? If so, is there a reason why they are not using their community mental health agency?
- **Is the family income less than \$75,000** - To the best of your knowledge is the family income less than \$75,000? This information is needed for grant purposes only.

After a youth has been approved and you have a LifeSource Project Referral Number issued:

1. The following documents can be found in your packet from the LifeSource Project or on the Rural Solutions website.
 - a.) **Referral Form** This is the youth's "Ticket" to therapy and they bring this form to the therapist at the first appointment.
 - b.) **Release of Information and Liability Form** After it is signed by the family; this gives you permission to communicate with LifeSource and the youth's LifeSource Project therapist. Please keep a copy, give two to the family one for their records and one to be given to the therapist and fax one to LifeSource Project at **970.526.3617**.
 - c.) **LifeSource Project List of Approved Therapists**
The List of Approved LifeSource Project Therapists goes to the family, who will schedule an appointment with the LifeSource Project therapist of their choice. **When calling therapists, the family should identify the youth as a LifeSource Project client in order to expedite the response** from the therapist. You may help them with this process if you'd like, though you are not obligated to do so. Therapists commit to seeing the youth within 7 days, so if the family is having trouble making an initial appointment, please contact our office for help.
2. **After the Referral Form and Release of Information/Liability Form are filled out and signed, please make three copies for: 1) school's confidential file, 2) family copy and 3) copy for the therapist given by the family at the first appointment and please fax a copy to LifeSource Project at 970.526.3617.**
3. **We are here to help, please feel free to contact us with any questions – 970.520.5207.**