

Children’s Mental Health Resource Team (MHRT) Referral Form

The MHRT is a project of the Rice County Family Services Collaborative. This team is composed of representatives from mental health, county, school and community non-profit organizations. Our goal is more effective provision and coordination of mental health services for children who do access or may access existing programs and identification of additional program needs. The MHRT is composed of representatives from the following agencies:

- | | |
|-----------------------------------|--------------------------------------|
| Big Brothers Big Sisters | HOPE Center |
| Faribault Public Schools | Private practitioners |
| Northfield Public Schools | Rice County Community Corrections |
| Rice County Day Treatment | Rice County Children’s Mental Health |
| Rice County Public Health Nursing | Discovery School |
| Three Rivers Community Action | |

Please use this form for children/families who are experiencing social/emotional difficulties and may require additional help and support. Complete as much of the form as you can and do not share identifying information unless you have received appropriate release permission. Direct questions and submit the form to:

Kari Lynn, MHRT Facilitator, mentalhealthresourceteam@gmail.com, 507-332-0882, HOPE Center, 303 1st Avenue NE, Suite 365, Faribault, MN 55021.

The team will review the form and meet with you, or an agency representative, at the next available MHRT meeting. The MHRT meets on the first Tuesday of each month from 11:30am-1pm at the Rice County Government Services Building. If you’d like immediate feedback, please check the box below and the form will be distributed via email to the MHRT who will reply to the coordinator who will contact you with the feedback collected.

A. Contact Information

Referral initiated by (your name): _____
Agency: _____
Position: _____
Phone: _____
Email: _____
Address: _____
Date of Referral: _____
Referral for: Immediate feedback via email MHRT Meeting

B. Child Information

Grade _____	School _____
Educational Information:	Health Information:
____ Academic Performance	____ Abuse Concerns
____ Attendance Concerns	____ Chemical Health Concerns
____ Behavior Concerns	____ Medications: _____
____ ESL/Bilingual Services	____ Mental Health Diagnosis: _____
____ Special Education	____ Neglect Concerns
____ Other Educational Concerns:	____ Other Health Concerns: _____

Family Information:

- _____ Divorce/Separation
- _____ Domestic Violence
- _____ Homelessness
- _____ Other: _____
- _____

Additional Issues:

- _____ Communicative Concerns
- _____ Emotional/Social Development and Behavior Skills
- _____ Functional Skills
- _____ Vocational/Work-study Characteristics
- _____ Parental Concerns for Child

C. Presenting Concerns (in order of severity, please write about the health, educational, family, social, and other concerns that you have regarding this child):

D. Interventions

Interventions (services, agencies, previous placements, etc.) already utilized, date, & results of interventions:

E. Insurance Coverage

F. MHRT Referral Review

Review Date: _____

Suggested Interventions/Resources:
