

Behavioral health provider #1	Behavioral health provider #2	Behavioral health provider #3
Spanish speaking Acculturation concerns Ages 0-5 Anger Picky Eating Toileting	Post partum Above 5 years old Parents of kids below 5 yr old Grief/loss Relationships	Teens/Tweens/Young Adults Grief/loss Anxiety/Depression LGBTQ+ Eating Disorder
<b>Referrals that wouldn't necessarily be appropriate:</b>		
<ul style="list-style-type: none"> <li>• Patients that already have a lot of systems involvement from speech, OT, developmental peds, outside counseling, etc. Providers would need to have a very specific agenda/reason for this pt to be seen by BHP.</li> <li>• Autism/Severe developmental delays</li> <li>• Psychosis (please refer out)</li> <li>• Patient that are already connected with an outside provider or mental health counselor</li> <li>• Family therapy or high conflict divorce</li> <li>• Recent sexual abuse or child abuse (need to be specialized treatment, please refer out)</li> <li>• Really intense SI or self-harm, BHP can be used as a bridge, but providers need to utilize Hawthorne or WashCo. Crisis line AND make another outside mental health referral. Please see SI flowchart.</li> <li>• Forest School District families with school related issues should not go to BHP#2.</li> </ul>		
<b>Initial appointments:</b> <ul style="list-style-type: none"> <li>• Referring a pt 13 an under, parent (not grandparent, not older sibling, etc) needs to be present at first initial appointment to discuss mandatory reporting, confidentiality, and informed consent. They don't have to stay the whole time. We need perspectives from all.</li> <li>• 14 + can consent for own tx, but we still need to involve parent at some point, given the option.</li> <li>• We need providers to reinforce this when discussing behavioral health as an option with pts.</li> </ul>		