

# Improving the Mental Health of Mississippi's Children & Youth



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# Mississippi School Safety Act of 2019

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In the 2019 Legislative Session, legislators passed the Mississippi School Safety Act of 2019. As a result of the legislation, the Mississippi Department of Mental Health and the Mississippi Department of Education, both of whom are a part of the Governor's school safety task force, have developed *Improving the Mental Health of Mississippi's Children* as a resource to help school districts comply with three components of the legislation. Those include:

Effective in the 2019-2020 school year, the Mississippi Department of Mental Health (DMH) shall develop a standardized Memorandum of Understanding (MOU) to be utilized by DMH certified providers and mental health facilities in providing mental health services to local school districts. The MOU shall include standardized screening and referral protocols, procedures, and forms to be utilized by the local school districts. DMH shall provide online training for appropriate school personnel to conduct initial behavioral health screening of students experiencing or exhibiting behavioral stress or at risk of harming themselves or others.

The Mississippi Department of Education (DoE) shall establish three pilot sites in six school districts utilizing an evidence-based curriculum to provide students in K-5 with skills to manage stress and anxiety. The Mississippi Department of Mental Health shall be responsible for the development and/or selection of the content of the training. The results of the program shall be measured and reported, and such results shall be used in consideration of statewide implementation

The comprehensive local school district safety plans, beginning in the 2019-2020 school year, shall be required to include refresher training on mental health and suicide prevention for all school employees and personnel. DMH shall be responsible for the development and/or selection of the training. Districts shall report completion of the training to the Mississippi Department of Education.

In February 2019, the Mississippi Department of Mental Health and Mississippi Department of Education were accepted as part of the Southeast Mental Health Technology Transfer Center's Learning Community (SE MHTTC). The SE MHTTC provided Mississippi with technical assistance in developing components of the standardized Memorandum of Understanding. The assistance will culminate with a training in February 2020 on the National School Mental Health Curriculum to improve understanding of the core components needed to establish comprehensive school mental health in districts in Mississippi.

Included in *Improving the Mental Health of Mississippi's Children* are the list of selected mental health and suicide prevention refresher trainings, mental health resources available in the state, the Memorandum of Understanding, and the School Mental Health Non-Crisis Referral form.

# Improving the Mental Health of Mississippi's Children & Youth

Mental and emotional problems among youth are common and need to be addressed, just like physical problems such as asthma and diabetes. Mental and emotional problems can have a serious impact on learning and the classroom. The stigma surrounding mental health issues often keeps students, parents and teachers from coping as easily as they would physical health issues.

School staff can play several roles in the mental health of students including being an observer. As an observer, you can notice social or academic behaviors that appear inappropriate or distressing. It is important to take note of the duration, frequency and impact. Teachers are most often the first to notice these types of changes in students' behaviors.

School staff can also serve as a role model. As a role model, you can use strategies to demonstrate empathy, be encouraging and hopeful when others may be discouraged by the student's behavior. Think before speaking in frustration. Don't take it personally - separate the child's actions from the person.

## Did you know?

Nearly 35,000 of Mississippi's children and youth have severe and persistent mental health needs. A significant relationship exists between adverse childhood experiences and risk of attempted suicide throughout the life span. Environmental factors such as parental unemployment, severe deprivation due to poverty, single parenthood, and regular exposure to domestic violence or abuse puts children at higher risk for the development of mental health problems, creating a ripple effect that can lead to suicide.<sup>15</sup>

The following signs may indicate a child or adolescent needs professional help:

- Decline in school performance
- Poor grades despite strong efforts
- Anxiety
- Persistent disobedience or aggression
- Persistent nightmares
- Repeated refusal to go to school or take part in normal activities
- Hyperactivity or fidgeting
- Frequent temper tantrum
- Depression, sadness, or irritability

*Early identification, diagnosis and treatment can help children reach their full potential.*

# Suicide Prevention and Mental Health Refresher Trainings

The Mississippi School Safety Act of 2019 states that beginning in the 2019-2020 school year, the State Department of Education shall require local school districts to conduct, every two (2) years, refresher training on mental health and suicide prevention for all school employees and personnel, including all cafeteria workers, custodians, bus drivers, teachers and administrators. The Mississippi Department of Mental Health is responsible for the development and/or selection of the content of the training and schools are required to report completion of the training to the State Department of Education. Districts can select from the list of recommended courses below to meet this requirement.

## I. The Alliance Project

The Alliance Project training is designed to help lay individuals to identify youth who are in distress and at risk of suicide. The training then teaches skills on how to make a connection with the youth, build rapport, and make a proper referral to a mental health professional.

**METHOD:**

In-person by Mississippi State University staff

**LENGTH:**

1 hour

**PROVIDER:**

Mississippi State University

**CONTACT:**

Person: Tonya Calmes

Email: tec138@msstate.edu

**COST:**

No cost through the Garrett Lee Smith Youth Suicide Prevention Grant awarded to the MS Department of Mental Health by the Substance Abuse and Mental Health Services Administration through June 2024.

## II. The Jason Foundation, Inc. (JFI) Staff Development Training Modules

The Jason Foundation (JFI) believes that awareness and education are the first steps to prevention. JFI wants to establish a Triangle of Prevention by providing students, parents and teachers the tools and resources to help identify and help at-risk youth. The programs provide resources to accomplish this goal. The materials are easy to use and are intended to provide educational information. There is no intent to diagnose or treat suicidal ideation. JFI's intention is to empower youth, educators and parents to help recognize when young people are in pain as soon as possible.

School staff can choose from the following online courses:

- ◆ Youth Suicide: "A Silent Epidemic" (Module 5) (2 hours) (\*recommended for classified staff)
- ◆ Mental Health Issues Surrounding Suicidal Ideation (Module 2) (2 hours)
- ◆ Suicide Postvention: The Critical Role of Educators (1 hour)
- ◆ Supporting LGBT Students in Schools: Suicide Prevention Among LGBT Youth (1 hour)
- ◆ Childhood and Teen Depression for Educators (1 hour)
- ◆ Bullying and Suicide (1 hour)

**METHOD:**

Online

**LENGTH:**

1 and 2 hour courses available

**PROVIDER:**

The Jason Foundation, Inc.

**CONTACT:**

Website: <http://learn.jasonfoundation.com/blog/category/2-credit-hours/>

Phone: 1-888-881-2323

**COST:**

No cost

### **III. Making Educators Partners in Youth Suicide Prevention: Act On Facts - National Version**

An online gatekeeper training program for educators and school staff that addresses the critical but limited responsibilities of educators in the process of identifying and referring potentially suicidal youth. It focuses on the practical realities and challenges inherent in the school setting through a variety of training formats that include lecture, question and answer, and role plays. (\*Recommended for certified staff)

**METHOD:**

Online

**LENGTH:**

2 hours

**PROVIDER:**

Society for the Prevention of Teen Suicide

**CONTACT:**

Website: <http://sptsuniversity.org/>

**COST:**

No cost

### **IV. Shatter the Silence: Suicide - The Secret You Shouldn't Keep**

Shatter the Silence is a campaign of the Mississippi Department of Mental Health. The program teaches people general mental health awareness, risk factors and warning signs of suicide, and how to help a person who is thinking about suicide. Presentations for students also stress the importance of identifying and telling a trusted adult if they know someone is thinking about suicide.

**METHOD:**

In-person by Shatter the Silence Trainer

**LENGTH:**

1 hour

**PROVIDER:**

Mississippi Department of Mental Health

**CONTACT:**

Email: Ja'Quila.Newsone@dmh.ms.gov

Phone: 601-359-1288

**COST:**

No cost

## V. Youth Mental Health First Aid

Youth Mental Health First Aid (MHFA) is designed to teach educators, school staff, and administrators how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth MHFA is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.

Participants are provided with a manual (valued \$18.95 per person) and personalized resources for services available in their area of Mississippi.

**METHOD:**

In-person by certified Youth MHFA instructor.

**LENGTH:**

8 hours (for smaller time increments if completed in 2 weeks)

**PROVIDER:**

The National Council for Behavioral Health

**CONTACT:**

Website: <https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

To request training: <https://forms.gle/YUCedY2DLKi6qwuFA> or email

Courtney.Littleton@dmh.ms.gov

**COST:**

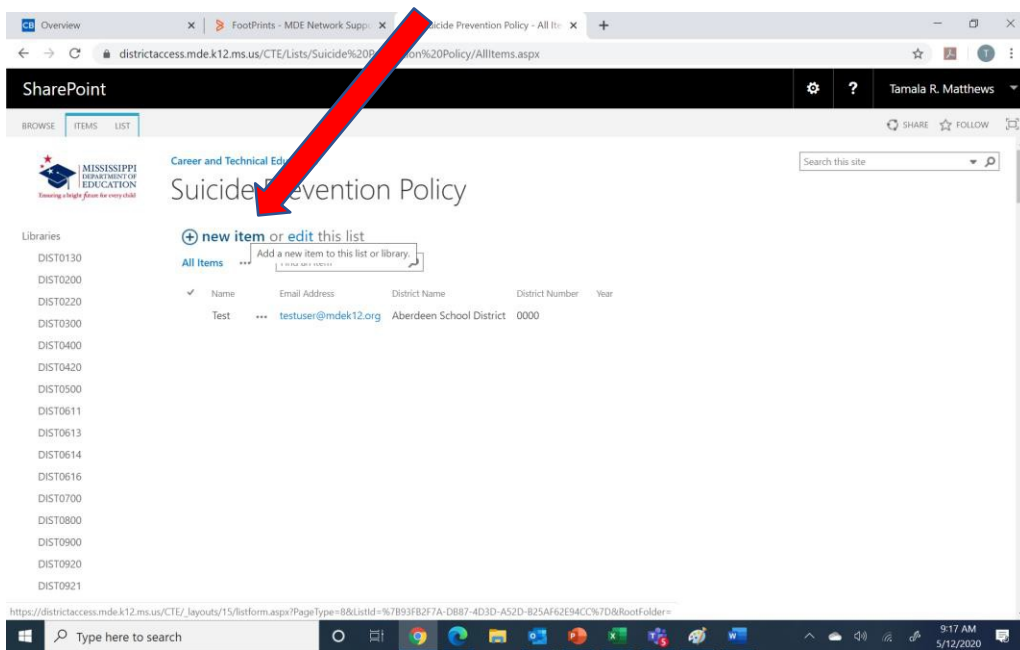
No cost to school staff and school resource officers through September 2021 through a Mental Health Awareness Training Grant awarded to the MS Department of Mental Health by the Substance Abuse and Mental Health Services Administration.

Cost after September 2021: \$18.95 per participant for required manual

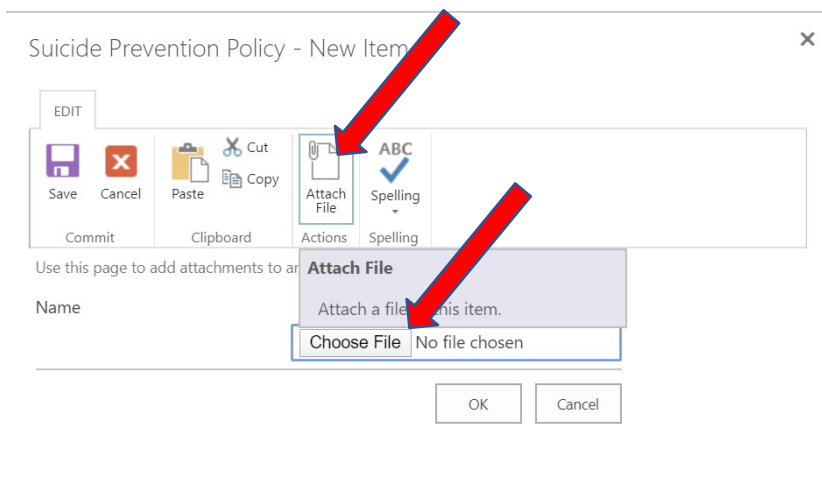
# SUICIDE PREVENTION TRAINING DOCUMENTATION

## UPLOAD INSTRUCTIONS

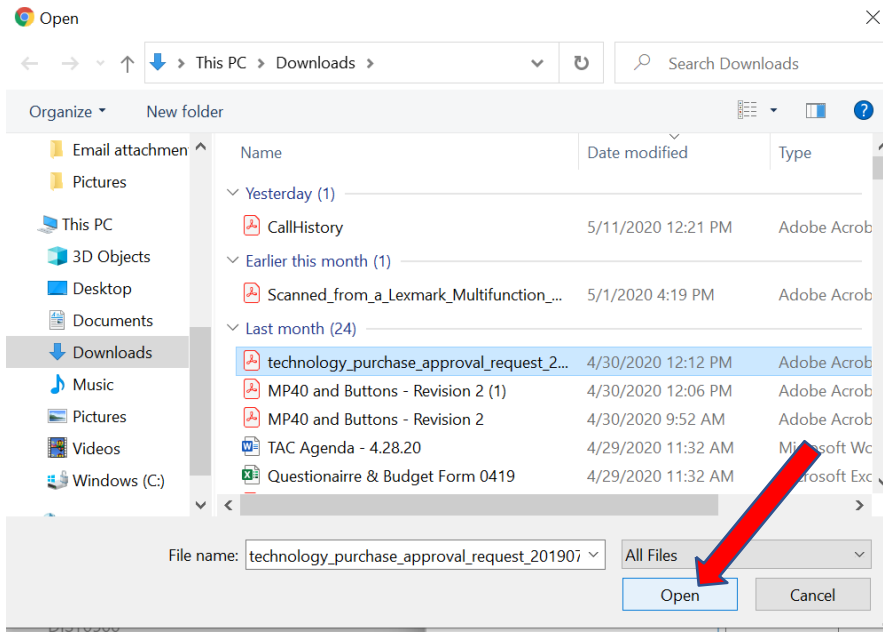
1. GO TO THE FOLLOWING SITE:  
<https://districtaccess.mde.k12.ms.us/CTE/Lists/Suicide%20Prevention%20Policy/AllItems.aspx>
2. Click on “New Item”.



3. Next, click “Attach File” then click “Choose File”.

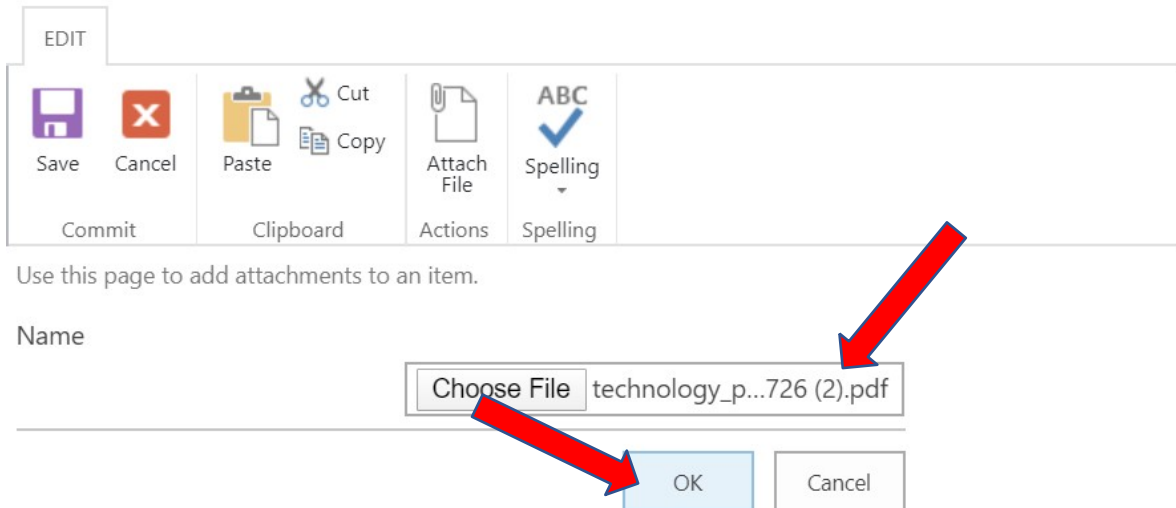


4. Browse to the location of the file on your computer and select the file. Click “Open”



5. The file should now be populated in the box beside “choose file”. CLICK “OK”

## Suicide Prevention Policy - New Item





6. Now, enter Name, Email Address, District Name, District Number and Year in the boxes below.

Suicide Prevention Policy - New Item

EDIT

Save Cancel Paste Copy Attach File Spelling

Commit Clipboard Actions Spelling

Name \*

Email Address \*

District Name \* Aberdeen School District

District Number \*

Year 17-18

Save Cancel

**CLICK**

7. You should now see your file in the list.

# Suicide Prevention Policy

[+ new item](#) or [edit](#) this list

All Items ...

Find an item

✓	Name	Email Address	District Name	District Number	Year
	Test ...	<a href="mailto:testuser@mdek12.org">testuser@mdek12.org</a>	Aberdeen School District	0000	

# Community Mental Health Centers

Regional Community Mental Health Centers (CMHCs) operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 14 CMHCs in Mississippi make available a range of community-based mental health, substance use, and in some regions, intellectual/developmental disability services. CMHC governing authorities are considered regional and not state-level entities. The Department of Mental Health (DMH) is responsible for certifying, monitoring, and assisting CHMCs.

The types of services offered through DMH's certified providers vary by location, but include the entire state.

## Region 1

Coahoma, Quitman, Tallahatchie,  
Tunica

### Region One Mental Health Center

1742 Cheryl Street  
P.O. Box 1046  
Clarksdale, MS 38614  
(662)-627-7267  
[www.regionone.org/](http://www.regionone.org/)

## Region 2

Calhoun, Lafayette, Marshall,  
Panola, Tate, Yalobusha

### Communicare

152 Highway 7 South  
Oxford, MS 38655  
(662)-234-7521  
[www.communicarems.org](http://www.communicarems.org)

## Region 3

Benton, Chickasaw, Ittawamba,  
Lee, Monroe, Pontotoc, Union

### LIFECORE Health Group

2434 South Eason Boulevard  
Tupelo, MS 388801  
(662)-640-4595  
[www.lifecorehealthgroup.com](http://www.lifecorehealthgroup.com)

## Region 4

Alcorn, DeSoto, Prentiss,  
Tippah, Tishomingo

### Region 4 Mental Health Services

303 N. Madison  
P.O. Box 839  
Corinth, MS 38835-0839  
(662)-286-9883  
[www.regionivmhs.com](http://www.regionivmhs.com)

## Region 6

Attala, Bolivar, Carroll, Grenada,  
Holmes, Humphreys, Issaquena,  
Leflore, Montgomery, Sharkey,  
Sunflower, Washington

### Life Help

2504 Browning Road  
Greenwood, MS 38930  
(622)-453-6211  
[www.region6-lifehelp.org/](http://www.region6-lifehelp.org/)

## Region 7

Choctaw, Clay, Lowndes,  
Noxubee, Oktibbeha,  
Webster, Winston

### Community Counseling Services

1032 Highway 50  
P.O. Box 1336  
West Point, MS 39773  
(622)-524-4347  
[www.ccsms.org/](http://www.ccsms.org/)

## Region 8

Copiah, Lincoln, Madison,  
Rankin, Simpson

### Region 8 Mental Health Services

613 Marquette Road  
P.O. Box 88  
Brandon, MS 39043  
(601)-825-8800 (Service);  
(601)-824-0342 (Admin.)  
[www.region8mhs.org/](http://www.region8mhs.org/)

# Community Mental Health Centers

## Region 9

Hinds

**Hinds Behavioral Health Services**  
3450 Highway 80 West  
P.O. Box 7777  
Jackson, MS 39284  
(601)-321-2400  
[www.hbhs9.com](http://www.hbhs9.com)

## Region 10

Clarke, Jasper, Kemper,  
Lauderdale, Leake, Neshoba,  
Newton, Scott, Smith

**Weems Community Mental  
Health Center**  
1415 College Road  
P.O. Box 4378  
Meridian, MS 39304  
(601)-483-4821  
[www.weemsmh.com/](http://www.weemsmh.com/)

## Region 11

Adams, Amite, Claiborne,  
Franklin, Jefferson, Lawrence,  
Pike, Walthall, Wilkinson

**Southwest Mississippi  
Mental Health  
Complex**  
701 White Street  
P.O. Box 768  
McComb, MS 39649-0768  
(601)-684-2173  
[www.swmmhc.org/](http://www.swmmhc.org/)

## Region 12

Covington, Forrest, Greene,  
Jeff Davis, Jones, Lamar,  
Marion, Pearl River, Perry,  
Wayne

**Pine Belt Mental Healthcare  
Resources**  
103 South 19th Avenue  
P.O. Box 18679  
Hattiesburg, MS 39404-8679  
(601)-544-4641  
[www.pbmhr.com/](http://www.pbmhr.com/)

## Region 13

Hancock, Harrison, Stone

**Gulf Coast Mental  
Health Center**  
1600 Broad Avenue  
Gulfport, MS 39501-3603  
(228)-863-1132  
[www.gcmhc.com](http://www.gcmhc.com)

## Region 14

George, Jackson

**Singing River Services**  
3407 Shammrock Court  
Gautier, MS 39553  
(228)-497-0690  
[www.singingriverservices.com/](http://www.singingriverservices.com/)

## Region 15

Warren, Yazoo

**Warren-Yazoo Behavioral  
Health Services**  
3444 Wisconsin Avenue  
P.O. Box 820691  
Vicksburg, MS 39182  
(601)-638-0031  
[www.warren-yazoo.org/](http://www.warren-yazoo.org/)

# Mobile Crisis Response Teams

Mobile Crisis Response Teams provide guidance and support to adults and children who are experiencing a mental health crisis. The teams work closely with law enforcement to reduce the likelihood that a person experiencing a mental health crisis is unnecessarily placed in a more restrictive environment, like jail, a holding facility, hospital, or inpatient treatment.

- ◆ Response teams are available in all 82 counties and can be accessed by calling the toll-free numbers that are answered around the clock by Licensed Therapists, Peer Support Specialists, and Community Support Specialists.
- ◆ Response teams respond wherever a person is experiencing a crisis or at a designated location, like a local hospital.

## Mobile Crisis Response Team Contact Numbers:

### Region 1

888-404-8002

Coahoma, Quitman, Tallahatchie,  
Tunica

### Region 2

866-837-7521

Calhoun, Lafayette, Marshall, Panola,  
Tate, Yalobusha

### Region 3

866-255-9986

Benton, Chickasaw, Itawamba, Lee,  
Monroe, Pontotoc, Union

### Region 4

888-287-4443

Alcorn, DeSoto, Prentiss, Tippah,  
Tishomingo

### Region 6

866-453-6216

Attala, Bolivar, Carroll, Grenada,  
Holmes, Humphreys, Issaquena,  
Leflore, Montgomery, Sharkey,  
Sunflower, Washington

### Region 7

888-943-3022

Choctaw, Clay, Lowndes, Noxubee,  
Oktibbeha, Webster, Winston

### Region 8

877-657-4098

Copiah, Lincoln, Madison, Rankin,  
Simpson

### Region 9

601-955-6381

Hinds

### Region 10

800-803-0245

Clarke, Jasper, Kemper, Lauderdale,  
Leake, Neshoba, Newton, Scott, Smith

### Region 11

877-353-8689

Adams, Amite, Claiborne, Franklin,  
Jefferson, Lawrence, Pike, Walthall,  
Wilkinson

### Region 12

888-330-7772

Covington, Forrest, Greene, Jeff Davis,  
Jones, Lamar, Marion, Pearl River,  
Perry, Wayne

### Region 13

800-681-0798

Hancock, Harrison, Stone

### Region 14

866-497-0690

George, Jackson

### Region 15

601-638-0031

Warren, Yazoo

# Memorandum of Understanding between

(Insert name of School District) and  
(Insert name of Mental Health agency)

## I. Purpose and Parties

This memorandum of understanding, hereinafter referred to as “MOU”, entered into by (Insert full name of Mental Health Provider) hereinafter referred to as (Insert short name), located at (address) and (Insert full name of school district) herein known as (Insert short name), located at (insert address). The purpose of the MOU is to provide mental health services and programs to children and youth in the (insert school district name) between (insert time period).

## II. Roles and Responsibilities

Mental Health Provider will provide:

- A. The services listed below will be offered as clinically necessary at (list individual schools):
  - a. (Begin list of services with definitions)
- B. Day Treatment Programs where applicable (list of individual schools).
- C. Monthly tentative schedules for therapists/community support specialists and day treatment programs to each school designee indicated in Section VI Communication.
- D. Notification to the designated staff of the students in each school who receive services during the school day with parental consent.

School District will provide:

- A. Private and confidential space conducive to therapy.
- B. Classroom for day treatment (20 square feet per child) if applicable.
- C. Access to phone, fax, internet, and technical support if available.
- D. Referrals to services as described in Section V Referral Protocol.
- E. Access to child/youth participating in services in a manner not to interrupt the academic process.

Both parties acknowledge the following:

- A. (Insert provider name) will not engage in any disciplinary actions of students.
- B. Both parties will work cooperatively to ensure school-based services are provided in accordance with standards, rules and regulations of the Mississippi Department of Mental Health and Division of Medicaid.
- C. Both parties agree that (insert provider name) therapists or community support specialists will not assume regular school staff duties such as proctoring tests, lunch or bus duty, or substitute for an absent teacher.

### III. Confidentiality

- A. It is understood by both parties that each child's mental health treatment and educational records will remain confidential between the agency and school staff. Both parties will abide by HIPAA and FERPA regulations regarding the confidentiality of services provided. Information about a student's mental health treatment will remain confidential between the school and Mental Health Provider staff. Parental consent is required to receive services at the school and for exchanging information between the school and agency.

### IV. Mandatory Reporting Requirements

- A. Both parties understand the following mandatory reporting requirements regarding children in Mississippi:  
Any person, including, but not limited to, attorney, physician, nurse, psychologist, social worker, intern, family worker, law enforcement worker, public or private school employee, or any other person who knows or has reason to suspect abuse or neglect of a child by a parent, legal custodian, caregiver, or other person(s) responsible for the child's care, is required by law to make a report to the Mississippi Department of Child Protection Services, 1-800-222-8000. (<https://www.mdcpms.gov/report-child-abuse-neglect/>) See Section 43-21-105 and Section 43-21-353 of the Mississippi Code.

### V. Referral Protocol

- A. A school representative will contact the parents for consent before making a referral.
- B. All referrals will be made using the appropriate referral form provided by the Mental Health Provider.
- C. Referrals will be submitted to the following designees for each school: (List schools and therapist or community support specialist contact name and number)

### VI. Communication

- A. To ensure effective and accurate information is exchanged between parties, each school and provider will designate a primary person for contact listed below.

- B. Meetings to discuss communication issues, exchange of information, referral protocol, and feedback regarding job performance will be conducted at least twice annually.
  - a. (List contact for each school including name, phone number and email address.)
  - b. (List contact for provider for each school including name, phone number and email address.)
- C. The school principal or designee will be notified if the (insert provider name) staff will be absent or if the schedule changes.
- D. Upon parental consent, the written initial assessment summaries and/or recommendations must be shared with the school designee within 48 hours of the initial assessment.

## VII. Effective Date and Signature

This MOU shall be effective upon the signatures of (insert provider name) and (school district's name) authorized officials. It shall be in force from (insert begin date) through (insert end date).

### **School District**

X \_\_\_\_\_  
Name and Position

\_\_\_\_\_  
Date

### **Mental Health Provider**

X \_\_\_\_\_  
Name and Position

\_\_\_\_\_  
Date

# Memorandum of Understanding between School Districts and Mental Health Providers Guidance

## I. Purpose and Parties

Insert full names of parties and short name where indicated.

## II. Roles and Responsibilities

A. List the names of the schools within the district and the Mental Health Services from the list below to be provided:

- 1.) School-based Outpatient Therapy – These services include individual, group, and family therapy and are provided by a Certified Master’s Level Therapist at the school.
- 2.) Crisis Intervention Services – Crisis response services are provided by trained Certified Mental Health professionals who assess the mental health crisis and intervenes to immediately stabilize the child/youth’s crisis situation using solution-focused and recovery-oriented interventions to avoid unnecessary hospitalization.
- 3.) Community Support Services – This service is provided by a Certified Community Support Specialist and include coordinating and linking children and their families to needed medical or social services, referrals to community resources, monitoring of progress and symptoms, and outreach.
- 4.) Psychiatric/Physician Services – These services are provided by licensed psychiatrist or nurse practitioner based on individual need and by appointment at the Mental Health Agency. This service also includes medication evaluation and monitoring, and nurse assessments.
- 5.) Targeted Case Management – This service provides information/referral and resource coordination for children and their families, or other supports. A Targeted Case Manager monitors the child’s service plan and ensures team members complete the tasks that are assigned to them and follow up for updates.
- 6) Assessments – All children and youth referred will receive an Initial Assessment that includes presenting problems, description of needs, trauma history, social information, family history, educational status, medical and developmental history, summary and recommendations. A functional assessment, the Child and Adolescent Functional Assessment Scale (CAFAS), will be completed within 30 days of the initial assessment. The CAFAS assesses the degree of impairment in children and youth with emotional, behavioral, psychiatric, or substance abuse problems across eight life domains.
- 7) Day Treatment – These programs provide eligible children and youth with behavioral interventions to address self-esteem, positive feedback, problem solving, conflict resolution and other social skills



necessary to stay in school and their home. These programs typically operate a minimum of two (2) hours per day, several days per week with a minimum of four (4) and maximum of (10) students enrolled.

8) Wraparound Facilitation – This service includes the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families. Wraparound Facilitation targets children and youth who have experienced acute hospital stays, psychiatric residential treatment, at-risk for out-of-home placement, numerous interruptions in services, fail to show improvement with traditional services, or exceeded the resources of a single agency or service provider.

9) Training and education for teachers and school staff – (list topics or presentations available from your agency)

10) Consultation services are available upon request as time and resources allow.

11) MYPAC – Mississippi Youth Programs Around the Clock is a home and community-based Medicaid program for children and youth with Serious Emotional Disturbance (SED) that follows high fidelity Wraparound Facilitation. MYPAC includes service coordination that involves finding and organizing multiple treatment and support services for children and youth.

**B. List the names of the schools that will have day treatment programs**

**C. Tentative schedules for therapists and/or community support specialists, and day treatment programs are provided to the designated school contact person at least monthly.**

**D. Provide a list of children and youth who are enrolled and receiving services (with parental consent) to the designated school staff.**

## II – IV.

Insert the short names identified in Section I in the appropriate spaces.

## V. Referral Protocol

**C. List the schools and the therapist or community support specialist that will receive referrals. Include the staff's name, phone number and email. Include how the referrals will be accepted (e.g. fax, box/folder in school office, email, telephone, etc.) and length of time between school referral and provider's contact with parent/guardian.**

## VI. Communication

**A. List contact name designated for each school to include name, phone number, and email address.**

**B. List designated Provider contact for each school to include name, phone number, and email address.**

**C. Notify the principal or school designee if the assigned staff has an unscheduled absence or when the schedule changes.**

D. Written summaries or recommendations on school referrals will be provided within 48 hours of the initial assessment, upon parental consent. The written summaries or recommendations will be submitted to the school designee.

**SCHOOL MENTAL HEALTH  
NON-CRISIS REFERRAL FORM**

Date: \_\_\_\_\_

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ Male / Female / Other Race: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

IEP Ruling/Services (if applicable): \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION:**

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**SCHOOL INFORMATION:**

Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**REASONS FOR REFERRAL: (Circle ALL that apply and write a brief description)**

Behavioral                      Social                      Emotional

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

**CONCERNS/PROBLEMS: (Please CIRCLE ALL that apply)**

Abuse:

Emotional/Physical/Verbal/Sexual/Neglect\*

Anger:

Aggressive/Argues Often/Frequent

Fights/Often angry/Loses Temper Easily

Anxiety, Nervousness

Behavior Problems

Bullying, Harassment (by or to others)

Chronic Absenteeism

Compulsive Behaviors

Concentration:

Fails to finish tasks/Difficulty focusing

Defiant/Oppositional

Depression:

Sadness/Cries Often

Destroys Property

Disrespectful

Disruptive in Class

Does Not Sit Still

Frequent Temper Tantrums

Frequently Sent to Office:

Multiple School Suspensions

Hallucinations:

Auditory/Visual

Impulsive

Lies Often

Mood Swings

Needs Testing

Picks Fights w/Peers

Runs Away

Sexually Acting Out

Talks Excessively

Withdrawn

Other Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTIONS ALREADY TAKEN BY SCHOOL: (ISS, Alternative School, Referral to Tier 2 - document the timeline). List any behavioral intervention attempts and document the timeline.**

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

**\*As a Mandated Reporter, if you suspect he/she is being abused and/or neglected, it is your responsibility to report it to the Child Abuse Hotline at: 1-800-222-8000 or online at: <https://reportabuse.mdcp.ms.gov/>**

\_\_\_\_\_  
Staff Making Referral / Title

**SCHOOL STAFF RECEIVING REFERRAL:**

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Contact Parent/Legal Guardian PRIOR to sending referral\***

Contact Attempts:

Name of Parent/Legal Guardian	Relationship	Date	Time	Contacted? Yes or No	Consent? Yes or No

Referral sent to \_\_\_\_\_, on \_\_\_\_\_  
*(Mental Health Provider)* *(Date)*

by Fax: \_\_\_\_\_/Other: \_\_\_\_\_  
*(Fax #)*

\_\_\_\_\_  
X

Signature

The Mississippi  
Department of Mental  
Health Provides Hope by  
Supporting a Continuum  
of Care for People with  
Mental Illness, Alcohol  
and Drug Addiction, and  
Intellectual or  
Developmental  
Disabilities.



*Supporting a Better Tomorrow...One Person at a Time*

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HELPLINE • 1-877-210-8513

*Improving the Mental Health of Mississippi's Children & Youth*