

Assess Your Referral Network

Even if your campus has a counseling center, a large referral network is valuable to have in case the counseling center is not an appropriate fit for a student's needs, or if the student prefers to see a counselor off campus.

When assessing your referral network, it's common to focus just on mental health services. However, think broadly and consider other providers in the community with programs and resources that students may benefit from beyond traditional counseling.

Also assess the information you have about each provider, which is critical for determining if a provider is a good fit for your students. Answer the following questions about each provider:

- What is their current contact information?
- What types of services do they offer to students?
- What languages are spoken by their staff?
- Have they been trained on how to treat or address suicidal clients?
- What are their current fees and hours of operation?
- Do they currently accept student insurance and supplemental insurance?
- If student insurance is not accepted, are sliding scale fees offered to students?
- What are their areas of expertise (e.g., anxiety, substance abuse, eating disorders)?

You can assess your referral network using the following list. Identify those providers that you refer students to or that are available in the community. Make sure you have updated information for each of them.

Referral Network	Is this provider in my referral network? <i>(If yes, answer the next column.)</i>	Am I able to answer the key questions listed above?	What information do I need to obtain from this service provider?
Local mental health providers who serve college students	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local mental health providers for certain population groups (e.g., LGBTQ, Hispanic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local mental health providers for specific issues (e.g., eating disorders)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inpatient treatment (for this age group)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Referral Network	Is this provider in my referral network? <i>(If yes, answer the next column.)</i>	Am I able to answer the key questions listed above?	What information do I need to obtain from this service provider?
Crisis services/centers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community suicide prevention coalition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local support groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cultural centers or programs in the community	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local domestic violence center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local sexual assault center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local law enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Religious organizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local Veterans' Affairs office	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local program or center for lesbian, gay, bisexual, transgender, and questioning community members (LGBTQ)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local chapter of National Alliance on Mental Illness (NAMI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Women's center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Department of Health and Human Services (violence prevention branch)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance abuse treatment programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	