Centura Health Student Behavioral Health Crisis Assessment Referral Process

If a student requires an emergent behavioral health crisis evaluation, and you are referring the student to a Centura Facility for evaluation and treatment, please follow the following protocol:

Notify the Centura Behavioral Health Triage Specialist **303-715-7003.** Provide all details of the crisis, the name of the Centura facility where the student is being sent, and after-hours contact information for a school official. Use this line for referring students for immediate assessment. *This is **not** a crisis or referral line*

Complete the Student Crisis Assessment Referral Form (see back of page) and send with the officers/EMS transporting the student. Include all information, including contact information for guardians and school officials (including after-hours contact), the ORIGINAL mental health hold (if applicable), and assessment data. If the student is voluntary and will be transported by guardians, please send all pertinent student and assessment information to our confidential fax number **303-778-5829**.

Once evaluated, if the student/guardian gives consent, a Centura Behavioral Health Specialist will make every effort to contact school officials with the disposition plan.

Centura Team Facilities in the Metropolitan Area

Castle Rock Adventist Hospital 2350 Meadows Boulevard Castle Rock, CO 80109
Littleton Adventist Hospital 7700 South Broadway Littleton, CO 80122
Parker Adventist Hospital 9395 Crown Crest Boulevard Parker, CO 80138
Porter Adventist Hospital 2525 South Downing Street Denver, CO 80210
St. Anthony Hospital 11600 West 2nd Place Lakewood, CO 80228
St. Anthony North Health Campus 14300 Orchard Parkway Westminster, CO 80023
Southlands ER 6159 S Southlands Pkwy, Aurora, CO 80016

Centura Health®

Centura Health Hospitals provide Crisis Assessment Services which include emergent evaluation, crisis stabilization, and disposition for safety for students presenting with mental health emergencies.

Student Crisis Assessment Referral Form

Instructions for school staff/provider:

1. Please complete this form and send with the officers/EMS transporting the student to a Centura Health facility for behavioral health evaluation and treatment.
2. Attach the ORIGINAL mental health hold (if applicable) and any separate assessment documentation.
3. If the student is voluntary and will be transported by guardians, please fax to: 303-778-5829.

Date: _____ Time: _____

Student Name: _____ Date of Birth: _____

School: _____

School Official Contact Name/Title: _____

School Official Contact Number: _____ After-hours Contact Number: _____

Student's Parent/Guardian Name: _____

Parent/Guardian Contact Number(s): _____

Parents contacted? ☐ No. ☐ Yes, left message. ☐ Yes, made verbal contact.

Name of School Nurse/Provider/Individual Assessing Student: _____

Contact Number: _____

Name of Centura Behavioral Health Triage Specialist you discussed this referral with: _____
Date/time discussed: _____

☐ Student is on a Mental Health Hold ☐ Student is voluntary

Attachments:

☐ ORIGINAL mental health hold application (M-1) (if applicable)

☐ Additional Documentation: _____

Describe Crisis Concerns/Situation/Initial Assessment:

_____

_____

_____

_____

Any additional information:

_____

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