**PROTECTION AND PERMANENCY M EMORANDUM, 14-11**

**TO:** Service Region Administrators

Service Region Administrator Associates

Service Region Clinical Associates

Regional Program Specialists

Family Services Office Supervisors

**FROM:** Tina Webb, Assistant Director

Division of Protection and Permanency

**DATE:**  October 17, 2014

**SUBJECT:**  Community Mental Health Centers Referral Process

The Department for Community Based Services has worked collaboratively with the Department for Behavioral Health Developmental and Intellectual Disabilities to develop a referral process designed to enhance service provision to families referred to Community Mental Health Centers (CMHCs).

Starting November 1, 2014 the attached form will be required for referrals to CMHCs.  Regions who have already adopted a version of the form are encouraged to continue using what works for their region.  Other regions are able to tailor the form to capture the specific needs of their communities while maintaining the integrity of the information provided on the form.

If you have any questions, please contact via email, [jennie.willson@ky.gov](mailto:jennie.willson@ky.gov) or by phone at (502) 564-2147, ext. 3608.