



## **MENTAL HEALTH PROFESSIONALS DIRECTORY** **REGISTRATON GUIDELINES OPENING LETTER**

Raise the Future  
1325 S. Colorado Blvd, B700  
Denver, CO 80222

Dear Colleagues,

The Mental Health Professionals Directory was created so that post-permanency families could more easily find a mental health professional with related education and/or experience. Many post-permanency families search for services that meet their unique needs, and unfortunately, there are a limited number of professionals with the training and expertise to effectively address the specific challenges these families can experience.

To help families find the right supports, the Colorado Family Support Team maintains an on-line directory of mental health professionals who are available for prospective, adoptive families and other post-permanency families at <https://www.raisethefuture.com/colorado-resources>.

We thank you for your interest in providing therapeutic support services for Colorado's post-permanency families. If, after reading the registration guidelines, you feel that you qualify and would like to be added to our directory, please complete the following Mental Health Professionals Registration.

The Colorado Family Support Team also provides additional training opportunities for you throughout the year. Once you are registered with us, you will receive email updates regarding classes and program services.

We look forward to partnering with you in serving post-permanency families in Colorado.

Please contact our team with any questions or concerns about your registration at 303-755-4756 x256 or [cofamilysupport@raisethefuture.org](mailto:cofamilysupport@raisethefuture.org).

Sincerely,

The Colorado Family Support Team



## **MENTAL HEALTH PROFESSIONALS DIRECTORY REGISTRATION CHECKLIST**

Raise the Future  
1325 S. Colorado Blvd, B700  
Denver, CO 80222

Please use this checklist to ensure that your registration is complete before submitting the registration. Incomplete registrations will not be considered.

1. **Read Mental Health Professionals Directory Registration Guidelines.** All instructions necessary for documentation are included in the guidelines. They will assist you in properly completing your registration.
2. **Submit the Mental Health Professional Registration Form.** See Mental Health Professionals Directory Registration Guidelines, "Complete Registrations" on page 4.
3. **Submit a copy of your license.** See Mental Health Professionals Directory Registration Guidelines, "Complete Registrations" on page 4.
4. **Submit a copy of your registration with DORA.** See Mental Health Professionals Directory Registration Guidelines, "Complete Registrations" on page 4.
5. **Submit resume or curriculum vitae.** See Mental Health Professionals Directory Registration Guidelines, "Complete Registrations" on page 4.
6. **Submit three signed letters of reference** if unlicensed. See Mental Health Professionals Directory Registration Guidelines, "Complete Registrations" on page 4.
7. **Complete interview with our Family Support Team.** One of our staff will be in touch with you to complete a basic interview to hear more about your services and experience.



## **MENTAL HEALTH PROFESSIONALS DIRECTORY** **REGISTRATION GUIDELINES**

Raise the Future  
1325 S. Colorado Blvd, B700  
Denver, CO 80222

### **Purpose and Mission**

*“We believe that every young person deserves to go through life knowing they have a caring adult by their side. We show up for kids in foster care by listening to their needs and introducing them to adults they can rely on. We then surround connections with support so that they grow into meaningful, lasting relationships that help our youth heal from the past. To truly raise the future, we must raise the bar for what it means to support youth from foster care as they navigate life.”*

The Mental Health Professionals Directory was created so that post-permanency families could more easily find mental health professionals with related education and/or experience. Raise the Future does not offer specific recommendations. Our purpose is to provide families with information about those mental health professionals in Colorado who are familiar with the needs of post-permanency families and who have completed a registration.

### **Eligibility**

Registration with DORA is required for all mental health professionals applying to be listed in the Colorado Family Support Mental Health Professionals Directory. Our staff will verify registration via the mental health professional’s license. Raise the Future reserves the right to deny the listing of a mental health professional for any reason.

Mental health professionals must hold a mental health license and provide services in Colorado. If a mental health professional does not have a license then they must hold a master’s degree in a mental health field, be registered with DORA as a Registered Psychotherapist, and provide three letters of reference. The mental health professional must also have post-permanency education and/or work experience.

The Colorado Family Support Team requires that mental health professionals view the AdoptCare Network Training and AdoptCare Network Training Advanced classes to further their adoption education. These classes are available by webinar through our online learning center <https://www.raisethefuture.org/on-demand-learning>.

### **The Registration Process**

Only complete, legible registrations will be considered. Complete registrations will be reviewed within two weeks of the date they are received. Registrations may be mailed or emailed to our team. We cannot accept faxed registrations for legibility reasons. The Mental Health Professionals Directory Registration must clearly demonstrate the mental health professional’s post-permanency related education and/or experience to be considered for the directory.

## **Incomplete Registrations**

Incomplete registrations will not be considered. Mental health professionals who submit incomplete registrations will be contacted requesting any missing documentation within two weeks of the receipt of their registration. Incomplete registrations will be kept on file for three months to allow mental health professionals to submit missing paperwork. After this time, the incomplete registration will be discarded and the mental health professional must submit a new registration to be considered for the Mental Health Professionals Directory.

## **Complete Registrations**

### Mental Health Professional Registration Form:

Mental health professionals should first fill out the Mental Health Professional Registration. Post-permanency education and/or experience must be listed on the registration. This form must be filled out completely and signed appropriately in order to be considered complete.

### Copy of License:

The mental health professional must submit a legible copy of their mental health license. If the mental health professional does not currently hold a license, then they must submit a legible copy of their registration with DORA as a Registered Psychotherapist.

### Resume or Curriculum Vitae:

A copy of the mental health professional's résumé or curriculum vitae must be provided with the registration. The resume or curriculum vitae should display adoption education and/or experience. The resume or curriculum vitae should show additional work experience that is not listed on the registration form.

### Letters of Reference (if unlicensed):

If the mental health professional is not currently licensed, they must provide three signed letters of reference. One letter must be from a colleague who is familiar with the mental health professional's clinical skills, one letter must be from a professional who provided clinical supervision to the mental health professional and who is familiar with their clinical skills, and one should be from a post-permanency family the mental health professional has served.

## **Review Process**

Complete registrations will be reviewed by the Colorado Family Support Team for eligibility. After the registration has been reviewed the mental health professional will be contacted about the status of their registration. Approved applicants will be mailed a Welcome Packet and will be added to the Mental Health Professionals Directory.

## **Appeal Process**

Mental health professionals may appeal any decision made by the Colorado Family Support Team. An appeal must be submitted in writing to Raise the Future no later than two months after the mental health professional has been contacted about their registration outcome. Appeals will be reviewed within two weeks of receipt. Appeals must clearly state why the mental health professional believes the decision was in error and must have additional documentation to support the appeal.



## MENTAL HEALTH PROFESSIONALS DIRECTORY REGISTRATION APPLICATION

Raise the Future  
1325 S. Colorado Blvd, B700  
Denver, CO 80222

All information on pages 5 and 6 may be posted on Raise the Future on-line directory. Please note any information you prefer not be posted.

Name:		Date:	
Agency/Clinic:			
Are you the agency director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please see the signature page of the application.	
Business Address:		City:	County:
			Zip:
Mailing Address:		City:	County:
			Zip:
Phone:		Fax:	
Email:			
Website:			
Degrees acquired:			
License type:		License #:	
Languages Spoken:			
Optional:	Ethnicity:	Religion:	

Have you attended any of these trainings?			
"Adoption Competent Practice Certification"	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Attendance:	
Graduate School of Social Work at the University of Denver			
"AdoptCare Network Training"	Required	Date of Completion:	
<a href="https://www.raisethefuture.org/on-demand-learning">https://www.raisethefuture.org/on-demand-learning</a>			
"AdoptCare Network Training Advanced"	Required	Date of Completion:	
<a href="https://www.raisethefuture.org/on-demand-learning">https://www.raisethefuture.org/on-demand-learning</a>			
Trust-Based Relational Intervention® Caregiver Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Attendance:	

Please list any other post-permanency-related skills training:	

Years of experience with adoption/post-permanency population:	
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Types of adoption/post-permanency and issues served:	

Do you contract with any area BHO:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please specify:			
Fees:	Hourly Rate:	Sliding Scale:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Medicaid Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Billing and Accessibility:							
Insurance accepted? Check those that apply.							
Medicaid	<input type="checkbox"/>	CHP +	<input type="checkbox"/>	Cigna	<input type="checkbox"/>	Great West	<input type="checkbox"/>
Value Options	<input type="checkbox"/>	BHI	<input type="checkbox"/>	Aetna	<input type="checkbox"/>	Blue Cross	<input type="checkbox"/>
Sloans Lake	<input type="checkbox"/>	ABC	<input type="checkbox"/>	RMHMO	<input type="checkbox"/>	PacifiCare	<input type="checkbox"/>
United Healthcare	<input type="checkbox"/>	Mines	<input type="checkbox"/>	TriCare	<input type="checkbox"/>	Horizon Health	<input type="checkbox"/>
Humana	<input type="checkbox"/>	Colorado Access	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
If no, will you provide a statement for insurance/flex plan/tax purposes?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accessibility at your office: Check those that apply.							
Wheelchair	<input type="checkbox"/>	TTY Access	<input type="checkbox"/>	Relay Colorado 711	<input type="checkbox"/>	Designated Parking	<input type="checkbox"/>
Braille Markings	<input type="checkbox"/>	Restrooms Accessible	<input type="checkbox"/>	Home Based Services	<input type="checkbox"/>	Curb Cuts	<input type="checkbox"/>

**Raise the Future**  
**Mental Health Professional Waiver**

By my signature and effective on the date below, I give permission for the listing of my name and above information on Raise the Future website.

By my signature and effective on the date below, I unconditionally release Raise the Future and the Colorado Family Support Team and all persons acting by, thru, or under Raise the Future from any and all claims, of any nature whatsoever, known or unknown, which any may now have or claim to have or may have in the future arising out of or related in any manner to the listing of the above information on Raise the Future website.

By my signature and effective on the date below, I understand that listing on Raise the Future website is a privilege, not a right. The Colorado Family Support Team has the right to choose not to list an applicant for any reason. I understand that negative evaluations by families as well as any corrective action from DORA could result in removal from this list. I also understand that it is my responsibility to keep this information updated if I want to maintain this listing.

Typing your name on the line below may serve as your signature.

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<b>Signature</b>	<b>Date</b>
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**If you are providing these services as an employee of an agency, the Director of that agency must also sign.**

By my signature and effective on the date below, I give permission for the listing of this employee's name and above information on Raise the Future website and I unconditionally release Raise the Future and the Colorado Family Support Department and all persons acting by, thru, or under Raise the Future from any and all claims, of any nature whatsoever, known or unknown, which any may now have or claim to have or may have in the future arising out of or related in any manner to the listing of the above information on Raise the Future website.

Typing your name on the line below may serve as your signature.

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<b>Signature</b>	<b>Date</b>
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**Please return all required items to:**

Raise the Future  
Attention: Family Support Team  
1325 S. Colorado Blvd, B700  
Denver, CO 80222  
303-755-4756 x256  
[cofamilysupport@raisethefuture.org](mailto:cofamilysupport@raisethefuture.org)

## Disciplinary History Statement

<b>Professional Liability Claims:</b>	
Have you ever been denied professional liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your professional liability coverage ever been terminated by action of the insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your professional liability carrier excluded any specific procedures from your coverage or otherwise restricted your practice or coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been, or are there currently pending, any malpractice claims, lawsuits, settlements or arbitration proceedings involving your professional practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been named as a defendant or accused of discrimination or harassment in any employment related complaint, administrative proceeding, or lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Disciplinary Actions:</b>	
Has your license to practice in any state been denied, limited, suspended, revoked, or been voluntarily or involuntarily surrendered, either as a result of an investigation of your activities or in settlement or compromise of such an investigation or because proceedings were threatened or initiated against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been denied membership or been subject to any disciplinary action in any HMO, BHO, or other institutional healthcare provider, local, state or national professional society or have any such proceedings to revoke, suspend, modify or restrict been instituted against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been suspended, sanctioned or otherwise restricted or denied from participating in any private, federal or state health insurance program (such as Medicaid or Medicare)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime, excluding minor traffic violations, whether or not a sentence was imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been the subject of any professional misconduct proceedings (other than malpractice claims)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any disciplinary action been initiated or is any pending against you by any state licensure board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any request for corrective action or investigation (other than normal quality assurance reviews) involving your clinical practice, competence or professional conduct been initiated by any hospital, medical staff or other medical organization, or is any such action currently pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above, please provide a detailed explanation on a separate sheet.

Typing your name on the line below may serve as your signature.

<b>Signature</b>	<b>Date</b>
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