

# Referral Team Training

Collaboration and Support for Behavioral Health Needs

**PIVOT TO PREVENTION**

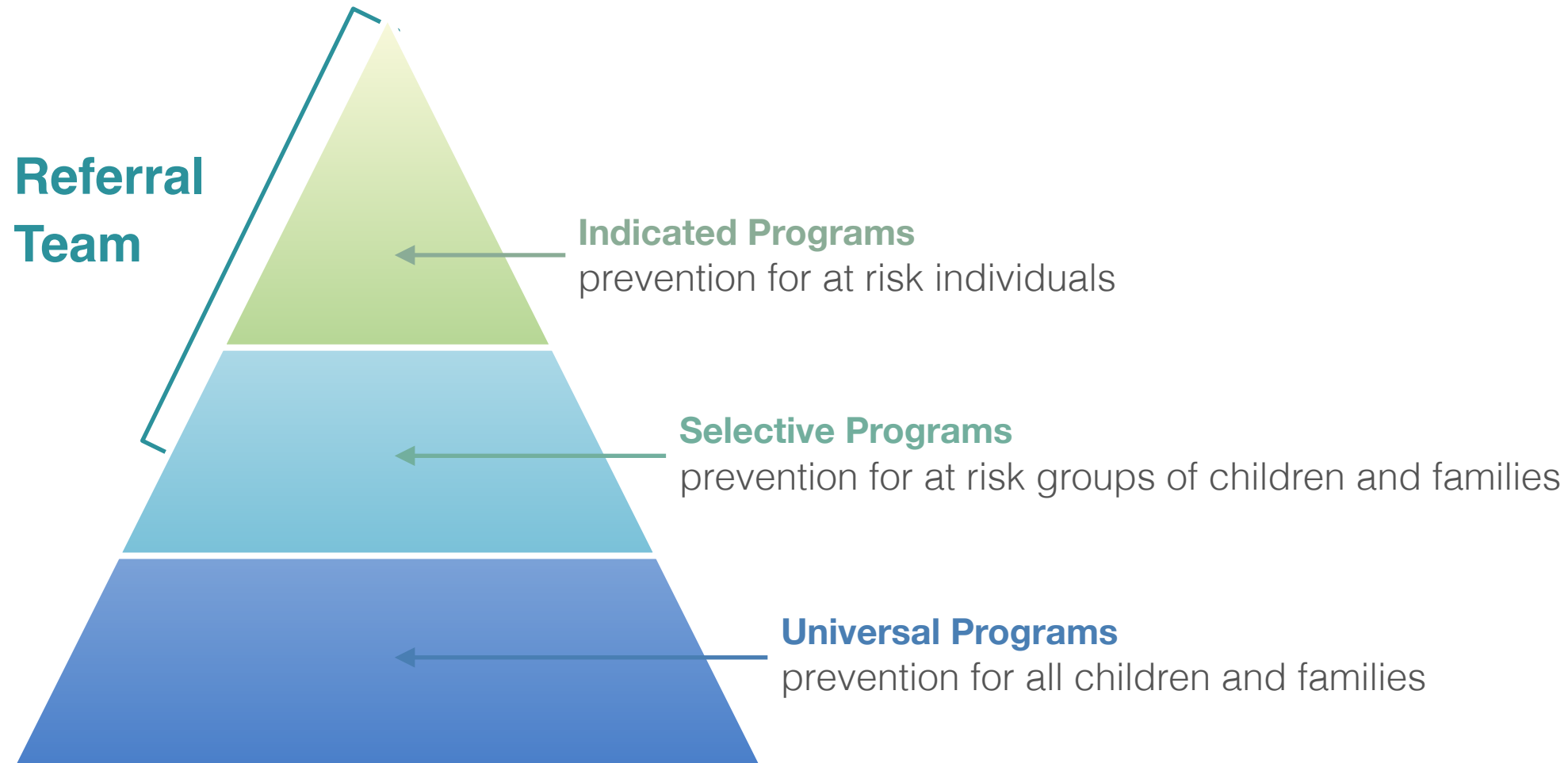
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a CYC toolbox

# Today's Objectives

- See how referral teams fit into the many layered and multi-step process of supporting students' mental health.
- Learn protocols for structuring and operating effective referral teams.
- Practice thinking strategically about what types of supports are available both within and outside of your school.
- Take away checklists, spreadsheets, and other tools to streamline your referral team's workload.

# Multi-tiered System of Supports



## START

District or school adopts the **Pivot to Prevention** framework **S1**, accesses tools, and begins implementation:

- Assesses existing mental health resources and gaps **S2 S3**
- Establishes or identifies a school-based referral team **T1**
- Partners with a mental health clinician from the community **S4 S5**

1



### SEE

Parent, teacher, or other staff notices a student struggling or a behavioral health screening identifies a need for help. **S7**

2



### SAY

That person talks to a referral team member and refers the student for help. **S8**

3



### ASSESS

Team reviews what data they have on the student's needs and determines the best fit for that student with the available services. **T2**

6



### MEET

Clinician holds the intake session with the student and their family to discuss their needs and establish an initial treatment plan.

5



### COORDINATE

Team refers student to the independent mental health clinician who schedules an intake session at the school. **S5 S8**

4



### CONTACT

Team reaches out to the family about the referral, offers option of school-based mental health services, and gets approval. **F1 T5 F2**

7



### FUND

The clinician independently handles the financing by helping the family access Medicaid if needed then billing family's insurance or Medicaid directly. **S1**

8



### TREAT

Clinician provides evidence-based therapeutic treatment to student over a series of sessions at the school.

### COMMUNICATION

With family permission, clinician regularly updates school's referral team on the student's progress. **T3**

### CHOICE

At any time, the student or family can end sessions, select a different clinician for a better fit, or add other available services.

### END

Treatment goals are achieved and student is discharged or connected up with other services.



## TOOL S3

# Evaluating Current Resources

### Current Resources Evaluation

This tool helps identify any gaps in mental health services at the schoolhouse level to ensure every student is being supported.

**1 Which of the following staff members do you have at your school?**

- Assistant/Vice Principal
- Behavioral Specialist
- Parent/Family Liaison
- Principal
- School Guidance Counselor
- Other School Staff (who focus specifically on behavioral health or school climate)
- School Nurse
- School Physician
- School Psychiatrist
- School Psychologist
- School Social Worker

**2 Have you identified a point person for this project?**  
This would include both working with the CYC for TA as well as managing the project within the building.

- No  Yes

If yes, who? \_\_\_\_\_

**3 Do you have a team that formally meets to collaboratively discuss the behavioral health needs of individual students?**

- Yes, it is combined with response to intervention (RTI)
- Yes, our team focuses exclusively on behavioral health and a different team handles RTI
- We have a core group that discusses behavioral health needs, but it is informal
- No, we do not routinely discuss behavioral health needs in a collaborative manner

If yes, who sits on this team? \_\_\_\_\_

**4 Does your school do any sort of behavioral health screening?**

- Yes, on all students
- Only if the student is flagged for screening (ex. suicidality screeners)
- Yes, on selected groups of students  
Estimated percent of student body \_\_\_\_\_%  
Who is screened? \_\_\_\_\_
- No, we don't do behavioral health screening on any students

If yes, what screeners are used? \_\_\_\_\_

When does your team become aware of individual behavioral concerns through the following means?

	OFTEN	SOMETIMES	RARELY	NEVER
Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other ways your team becomes aware of behavioral health concerns please explain: \_\_\_\_\_

Does your school or district collect/store any information on insurance for individual students?

No

Based on your ability, please estimate the percentages of your school with the following insurance coverages:

Private Insurance \_\_\_\_\_%

Medicaid/CHIP \_\_\_\_\_%

Other \_\_\_\_\_%

Partnerships do you have with community behavioral health organizations where you can send referrals for behavioral health concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your school engage parents and families of students? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Team Members and Roles

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GROUP ACTIVITY

# Potential Referral Team Members

## **School and/or District Administrator**

## **School Staff Involved with Student**

- Teacher
- Attendance Team Member
- Other

## **School Mental Health Staff**

- Nurse
- Social Worker
- Psychologist

## **Community-Based Clinical Partner**

# Make Every Member an Active Member

- Each member of the team should be assigned cases to manage.
- Give every referral team member a role on the team.
- Select roles based on capacity – making sure that the team member can fulfill the role for the entire school year.
- Four key roles that every referral team needs:

## **Facilitator**

someone who will conduct the meetings and create agenda

## **Secretary**

someone who will scribe each meeting and archive them

## **Data Collector**

someone who will track students and progress in a spreadsheet

## **Referral Processor**

someone who will hand off referrals to clinicians



## TOOL S5

# Roles and Responsibilities

**Roles and Responsibilities**  
FOR SCHOOL-BASED MENTAL HEALTH SERVICES

ROLE	NAME OF PARTNER	RESPONSIBILITIES	NAME OF KEY TEAM MEMBERS	JOB TITLE OF KEY TEAM MEMBERS
School Partner				
District Partner				
Community Based Clinical Partner				
Intermediary				

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# The Referral Process

- Provide all staff members with referral forms.
- Review referrals at weekly referral team meetings.
- Assign cases to each team member to manage.
- Identify students' needs and develop an intervention plan with goals, designated support staff (i.e.: school based personnel, agency support personnel) and timelines.

## TOOL S8

# Referral Form

**Referral Form**  
FOR SCHOOL-BASED MENTAL HEALTH SERVICES

School \_\_\_\_\_ Date of Referral \_\_\_\_\_  
Agency Referred to \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Preferred Language \_\_\_\_\_ Staff Roll (teacher, etc.) \_\_\_\_\_  
Name of Staff Making Referral \_\_\_\_\_

Reason for Referral (be specific) \_\_\_\_\_

Is there a safety concern? Y/N  If so, please explain. \_\_\_\_\_

**Contact Information**

Legal Guardian Name(s) \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Does guardian speak English? Y/N  If no, note language spoken. \_\_\_\_\_  
Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Best time to contact? Morn/Afternoon/Evening or Specific Days \_\_\_\_\_

**Insurance and Demographic Information** (not required but may expedite referral)

Insurance Type \_\_\_\_\_ Policy Number \_\_\_\_\_  
Is the student already receiving any type of behavioral health services? \_\_\_\_\_

Race/Ethnicity (please check):

American Indian/Alaska Native  Hispanic/Latino  White  
 Asian  Non-Hispanic/Latino  Other (please note)  
 Black  Native Hawaiian/Pacific Islander \_\_\_\_\_

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Student's SSN \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Time \_\_\_\_\_

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# Effective and Efficient Meetings

- Select a consistent weekly time and place to meet.
- Task the facilitator with setting up the agenda for the meetings.
- Follow a similar format from week to week.
- Responsibility for conducting the meetings falls to the facilitator.
- Assure that minutes get recorded for each meeting. These can be tracked in a minutes form, in the tracking log, or on the next week's agenda.

## TOOL T2

# Meeting Agenda

**Meeting Agenda**  
FOR MENTAL HEALTH SERVICES REFERRAL TEAM

Meeting Location	Room 201, Hardy School	Date	Wednesday, Sep. 4, 2019
Participants	John Smith, school social worker Jane Doe, clinician from Viahealth	Time	9–10am

Agenda

1. Welcome
1. Review of Minutes: Last Meeting
  - a. Discussion Follow-Up
  - a. Discuss Next Steps
2. Review & Discuss New Referrals
  - a. Assign Target Team Members to Manage Cases
3. Identify Students on Caseload
4. Brief Update from Clinical School Support and Exchange
5. Next Steps

T2 Referral Team Sample Agenda · Pivot to Prevention · a CYC toolbox · [cycprovidence.org](http://cycprovidence.org)



# Selecting Supports and Referring Out

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GROUP ACTIVITY

# Strategize with These Scenarios

## **Peter (13 years old)**

When Peter is in school he often cuts class and has had a few arguments with his peers. Lately he has been arguing more in class and he has received a number of office discipline referrals for disrespect, and disrupting class. He is participating in check and connect with his guidance counselor and she reports the following; he was 11 when his mom died suddenly.

## **Genesis (8 years old)**

Lately, when Genesis goes to do her homework and she feels sick, gets headaches and sometimes feels really dizzy. Last week on the way home she had to get off the bus because she got so nervous at the thought of going home that she couldn't breathe and thought she was going to throw up....



**TOOL T3**

# Case Management Student Record

**Case Management Student Record**  
FOR SCHOOL-BASED MENTAL HEALTH SERVICES

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Staff Assigned \_\_\_\_\_ Student I.D.# \_\_\_\_\_

**Meeting Information**

Meeting Date \_\_\_\_\_ Location \_\_\_\_\_  
Purpose of Meeting \_\_\_\_\_  
\_\_\_\_\_

**Attendance**

Name	Role	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Minutes**

First Presenting Concern \_\_\_\_\_  
\_\_\_\_\_

Activity/Strategy \_\_\_\_\_  
\_\_\_\_\_

Responsible Party \_\_\_\_\_

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# Management of Care

- Ensure interventions are coordinated, integrated, and appropriate.
- Continue problem analysis, review progress, and modify interventions accordingly.
- Review cases every 6-8 weeks or more frequently as determined by the team.
- Schedule the next meeting date at the end of every review.
- Provide appropriate status updates to all parties.
- Request that the student records and intervention plans developed by school based teams and/or agency support personnel be shared with the referral team.
- Bring progress reports and intervention plans to meeting reviews.

Questions?