Referral Team Training
Collaboration and Support for Behavioral Health Needs

PIVOT TO PREVENTION
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

**Referral Team**

- **Indicated Programs**: prevention for at risk individuals
- **Selective Programs**: prevention for at risk groups of children and families
- **Universal Programs**: prevention for all children and families
District or school adopts the Pivot to Prevention framework, accesses tools, and begins implementation:

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

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

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

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

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

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

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

8. **COMMUNICATION**
   With family permission, clinician regularly updates school’s referral team on the student’s progress.

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

10. **CO-OP**
    Team refers student to the independent mental health clinician who schedules an intake session at the school.

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

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

13. **COMMUNICATION**
    With family permission, clinician regularly updates school’s referral team on the student’s progress.

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

15. **END**
    Treatment goals are achieved and student is discharged or connected up with other services.
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
   - Counselor
   - Principal
   - School Guidance Counselor
   - Other School Staff (note focus specifically on behavioral health or school climate)

2. How often does your team become aware of individual behavioral health concerns through the following means?
   - OFTEN
   - SOMETIMES
   - RARELY
   - NEVER
   - Behavioral health screening
   - Attendance records
   - Office discipline referrals
   - Via a formal process for teachers to report concerns
   - Via teachers informally reporting concerns

3. Have you identified a prime 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

4. 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 currently discuss behavioral health needs in a collaborative manner

5. If yes, who sits on this team?

6. Does your school do any sort of behavioral health screening?
   - Yes, on all students
   - Only if the student is flagged for screening (e.g., 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?

7. In the comment section, please explain:

8. Does your school or district collect/store any information on insurance plans of individual students?
   - Yes
   - No

9. To the best of your ability, please estimate the percentages of your student body with the following insurance coverages:
   - % have Private Insurance
   - % have Medicaid/CHIP
   - % Uninsured

10. What existing partnerships do you have with community behavioral health providers where you can send referrals for behavioral health services?

11. How does your school engage parents and families of students?
Team Members and Roles

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
## Roles and Responsibilities

### FOR SCHOOL-BASED MENTAL HEALTH SERVICES

<table>
<thead>
<tr>
<th>ROLE</th>
<th>NAME OF PARTNER</th>
<th>RESPONSIBILITIES</th>
<th>NAME OF KEY TEAM MEMBERS</th>
<th>JOB TITLE OF KEY TEAM MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Based Clinical Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**S5 Roles and Responsibilities**

- Pivot to Prevention
- a CYC toolbox
- cycprovidence.org
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.
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.
Meeting Agenda
FOR MENTAL HEALTH SERVICES REFERRAL TEAM

Meeting Location: Room 201, Hardy School
Participants:
- John Smith, school social worker
- Jane Doe, clinician from Viahealth

Date: Wednesday, Sep. 4, 2019
Time: 9–10am

Agenda
1. Welcome
2. Review of Minutes: Last Meeting
   a. Discussion Follow-Up
   a. Discuss Next Steps
3. Review & Discuss New Referrals
   a. Assign Target Team Members to Manage Cases
4. Identify Students on Caseload
5. Brief Update from Clinical School Support and Exchange
6. Next Steps
TOOL T4

Referral Tracking Template
Selecting Supports and Referring Out

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
School
Grade assigned

Date of Birth

School

Grade

Student ID

Meeting Information

Meeting Date
Purpose of Meeting

Location

Attendance

Name
Role
Signature

Minutes

First Presenting Concern

Activity/Strategy

Responsible Party

T3 Case Management Student Record · Pivot to Prevention · a CYC toolbox · cycprovidence.org
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?