

# Developing Facilitated Referral Pathways for MTSS-B



## What is a facilitated referral?

Facilitated referrals assist youth and families with behavioral health needs to identify and access appropriate school- and community-based supports and services. Facilitated referrals improve access by identifying appropriate services, ensuring that students qualify for services, promoting trust/respect of community providers, and preparing families for what to expect. Facilitated referrals also reduce logistical barriers to access (e.g., transportation, affordability, scheduling, translation). NH's Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) embraces facilitated referral pathways to effectively connect students and their families in need of specialized supports with appropriate mental health services.

## Creating successful school-community partnerships

Differing privacy and confidentiality rules, professional credentials and roles, and organizational goals and priorities can make partnerships between schools and community mental health settings challenging. FERPA, HIPAA, and ethical guidelines between school- and community-based professionals do not always overlap. Releases of information need to comply with both school and partner agency rules and regulations. Mental health and school records should be kept separately. Sharing of information across school- and community-based agency boundaries must be thoughtfully negotiated and managed, and ultimately placed in the hands of the youth/family involved.

### Guidelines to help establish successful partnerships for facilitated referrals:

- Build a strong District-Community Leadership Team (DCLT) comprised of key school and community MTSS-B stakeholders – including district-level, school-level and community-based mental health administrator(s) with decision-making authority – that is charged with streamlining the facilitated referral process (refer to the MTSS-B Toolkit's **District-Community Leadership Team Guidance** document)
- Capitalize on each other's strengths: the capacity of schools to provide preventative, wellness-promoting population-wide services (Tier 1) and small group interventions (Tier 2), and the capacity of community agencies to provide specialized, intensive services (Tier 3) targeted to highest-need students
- Educate each other about the purpose of services/programs, strategies used, and child outcomes that are targeted (include qualification criteria, referral and intake procedures)
- Develop shared confidentiality forms so that families can easily give consent for schools to talk to community agencies and agencies to talk to schools
- Create tracking procedures that allow partners to know when referrals are or are not successful
- Protect the shared ownership of the partnership to assure sustainability
- Remain vigilant for slipped communication and turf problems



## Facilitated Referral Checklist



### Preparing for the Referral

- ✓ As developmentally appropriate, have a trusted provider or other staff member speak with the youth about the reason for referral, what to expect from mental health services, any concerns they may have, and support the youth in discussing the referral with their parent/guardian.
- ✓ Identify the appropriate staff member to talk with the family about the referral. Consider who has the best relationship with the family and the deepest understanding of the family's culture, beliefs, values.
- ✓ Talk with the family about the benefits of mental health services and what type of provider might best meet their needs. Reach agreement with the family on the reason for the referral. Discuss family concerns or worries about the referral and/or mental health services in general.
- ✓ Identify mental health service providers that treat the specified needs of the child/family and know about their cost, availability (wait list, hours of service), location, service options.
- ✓ Ask the family about possible barriers to treatment (cost, transportation, availability, etc.). Help families address relevant barriers, including cultural and linguistic competence of the mental health professional.
- ✓ Alert the family to how the referral might flow. For example, referrals may work very differently between a large community mental health organization and a clinician in private practice.
- ✓ Discuss signed consent/release from the family to share information with the mental health provider. Let family know specifics about what type of information will be shared. Obtain written consent from family.



### Making the Referral

- ✓ Contact the mental health provider to let them know a referral is coming and share relevant and necessary information with family consent, such as reason for referral, background and history, strengths and culture of the family, and any known barriers.
- ✓ Ask the family what kind of support you might provide them. Offer to be close by when the first call is made to answer any questions. Be sure to have private space available if they would like you to be present for the call.



### After the Referral is Made

- ✓ Send any necessary paperwork/documentation to community provider before the family's first visit.
- ✓ Follow up with the mental health provider to be sure the information was received/reviewed, and to see if there are further questions/needs.
- ✓ Appoint someone to keep in contact with the family to continue to support them if needed.

Adapted from: SAMHSA Now Is the Time Technical Assistance Center (NITT-TA), May 22, 2015. Best practices in referral webinar. Available at: <https://www.youtube.com/watch?v=ELa1llsZtfw>

Tool 2.1: Overview of Privacy Laws (pg. 55) in School Mental Health Referral Pathways (SMHRP) Toolkit, SAMHSA (September, 2015). Available at: [http://www.esc-cc.org/Downloads/NITT%20SMHRP%20Toolkit\\_11%2019%2015%20FINAL.PDF](http://www.esc-cc.org/Downloads/NITT%20SMHRP%20Toolkit_11%2019%2015%20FINAL.PDF)

Adapted from: National Center on Health, Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. Facilitating a Referral for Mental Health Services for Children and Their Families Within Early Head Start and Head Start (EHS/HS). Retrieved from: <https://eclkc.ohs.acf.hhs.gov/mental-health/article/facilitating-referral-mental-health-services-children-their-families-within-early-head-start-head>