



Southeast (HHS Region 4)

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Mental Health Technology Transfer Center Network

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# Tools to Support School Mental Health Referral Pathways

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(MHTTC)  
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March 14, 2024

***SAMHSA***

Substance Abuse and Mental Health  
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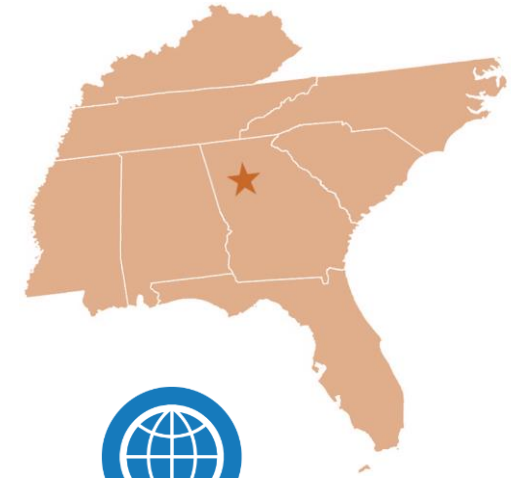
# About the Southeast MHTTC

The **Southeast MHTTC** is located at the Rollins School of Public Health, Emory University.

**Serve states in HHS Region IV:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

**Our Mission:** To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

**Our Vision:** Widespread access to evidence-based mental health services for those in need.



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# Learning Objectives

## Participants who join this session will be able to:

- ☑ Understand and articulate the value of ongoing investment in effective school mental health referral pathways.
- ☑ Leverage best practices to build and refine pathways linking schools, providers, students, and families to support student mental health.
- ☑ Select and apply easy-to-implement tools and templates that improve school mental health referral pathways.

# Presenter



**Christina Borbely, PhD**  
(she/her)  
Senior Advisor, SEMHTTC  
SMH Team

# Agenda

- I. Defining School Mental Health Referral Pathways (SMHRP)
- II. SMHRP Benefits and Challenges
- III. SMHRP Best Practices
- IV. Guest Speaker: Yvonne Hall, Henderson County, KY
- V. Review of Resources: Tools and Templates
- VI. Q&A

# School Mental Health Referral Pathways (SMHRP)

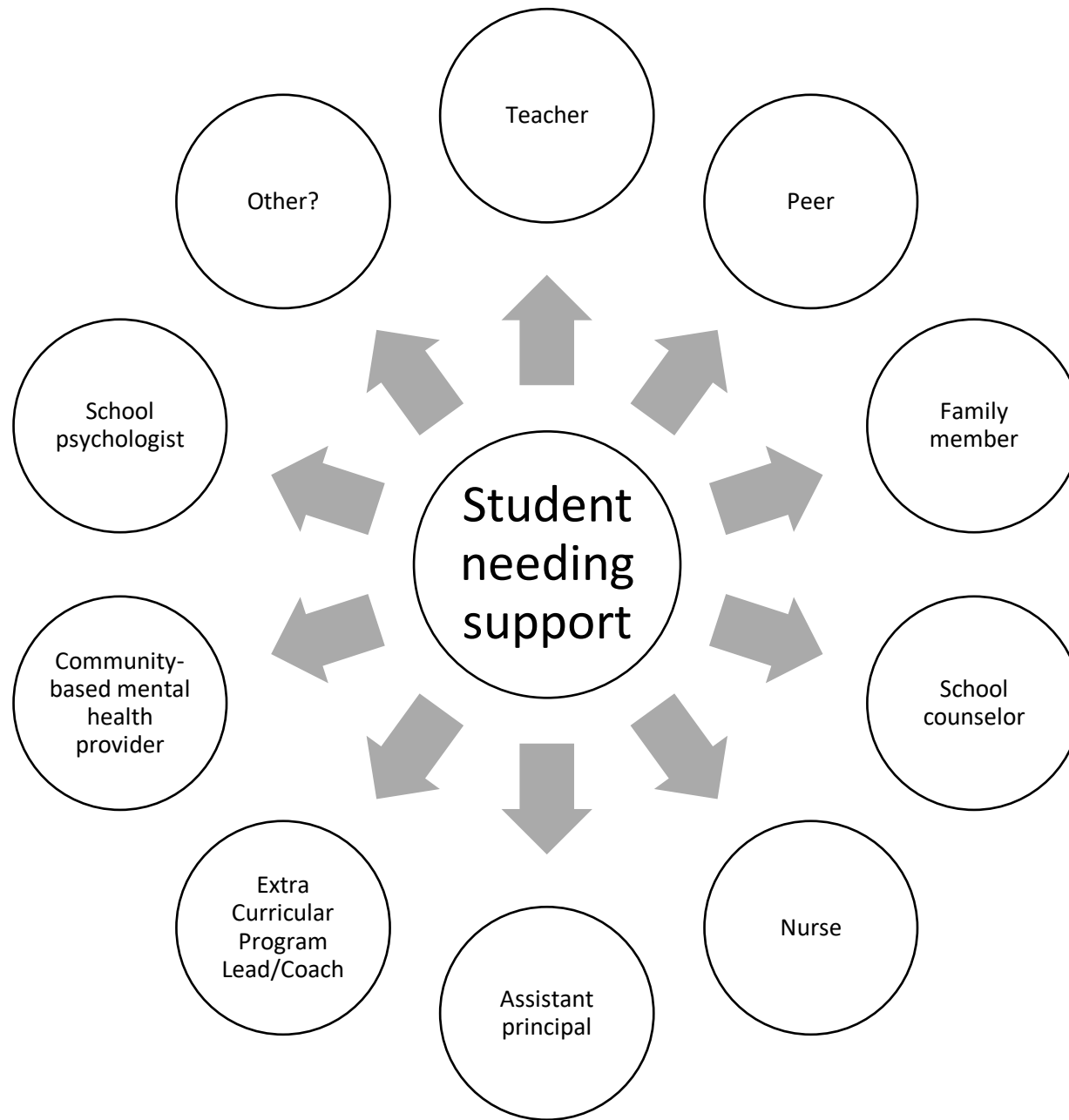
A series of actions or steps to take after identifying a student with a potential mental health need. Having a referral pathway system in place is important because this type of system can:

- Help school staff know what to do when they identify a student in need;
- Help coordinate supports within schools and between schools and outside organizations; and
- Improve student well-being by helping students get supports at early signs of need and as their needs change.

# SMHRPs Are Unique

1. Accommodate the specific needs and resources of a school.
2. Reflect the culture of the school and community.
3. May be formal or informal in nature (e.g., protocol-based v. relationship driven)
4. Change over time.





# Poll

## How would you characterize your SMHRP?

- Formal/official
- Informal/casual
  
- Effective most of the time
- Effective some of the time
- Not effective
  
- New: in-development/building it
- In place: strengthening it
- Out of date/stagnant/nonexistent



# SMHRPs Common Elements

1. Identification of partners within and outside of the school, including clear definition of partners' roles and responsibilities.
2. Procedures for managing referrals.
3. Procedures for sharing information across partners.
4. Monitoring effectiveness of evidence-based interventions provided to students in need.
5. Collaborative decision-making that prioritizes the student and their family.

# SMHRPs Offer Benefits

1. Promote individual psychological well-being of all students so they can achieve developmental competence.
2. Promote positive school climates that nurture students and allow them to overcome minor risks and challenges.
3. Provide protective support to vulnerable students.
4. Remediate social, emotional, or behavioral challenges so that students can develop competence.
5. Support efficiency and equity of access to a full spectrum of supports.

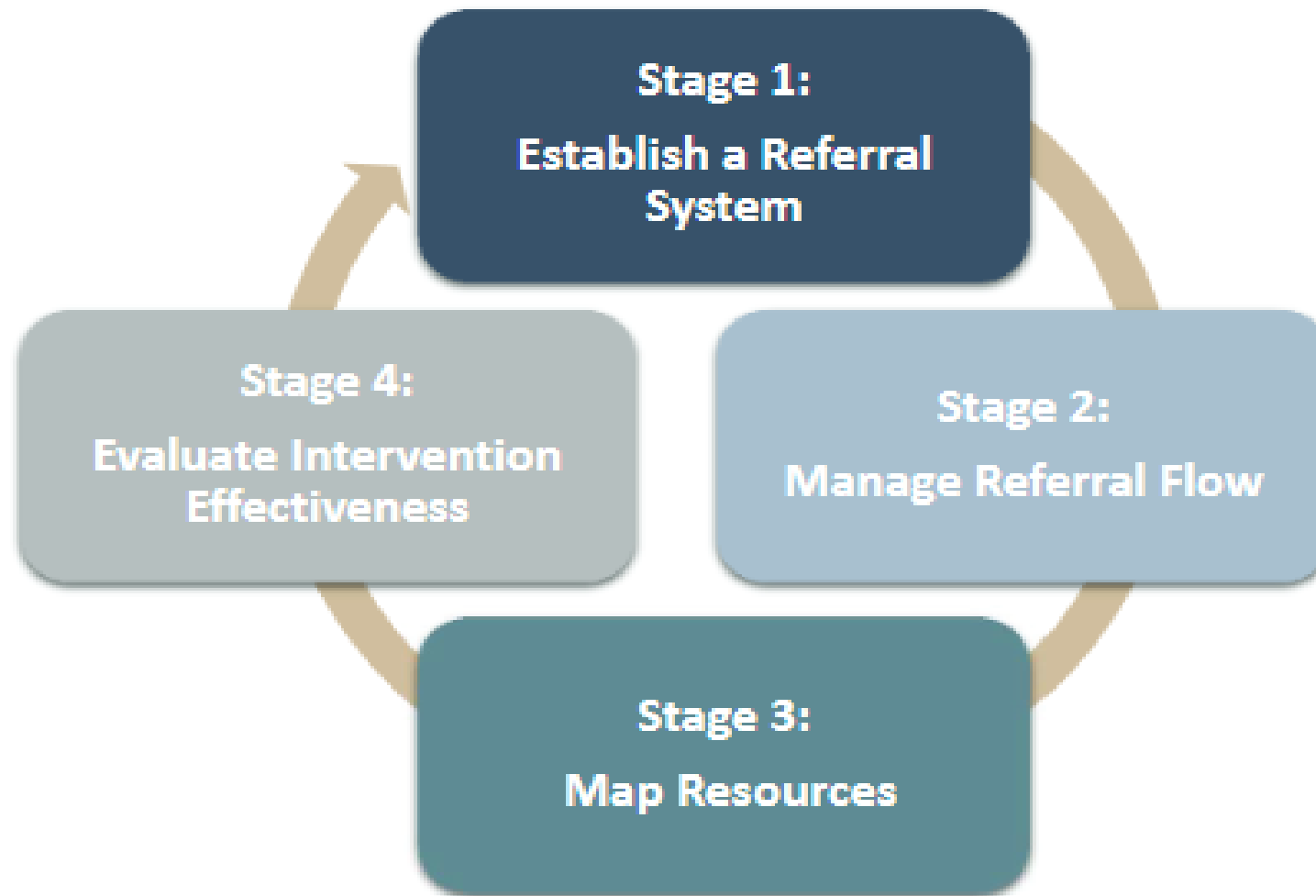
# SMHRPs Face Challenges

1. Workforce shortages and turnover.
2. Not always aligned and coherent, and approaches to service delivery vary greatly across the state.
3. Limited funding flexibility and varied understanding of how to navigate, maximize, and plan for sustainability of available funding sources.
4. Limited understanding of complex privacy laws and regulations by educational leaders and community partners (e.g., HIPAA and FERPA).

# SMHRP Strategies for Success

1. Assessing Your Current Referral Management Approach
2. Building Effective Partnerships
3. School-Based Problem-Solving to Promote the Mental Health of Young People
4. Cultural and Linguistic Considerations

# Assessing Current Approach



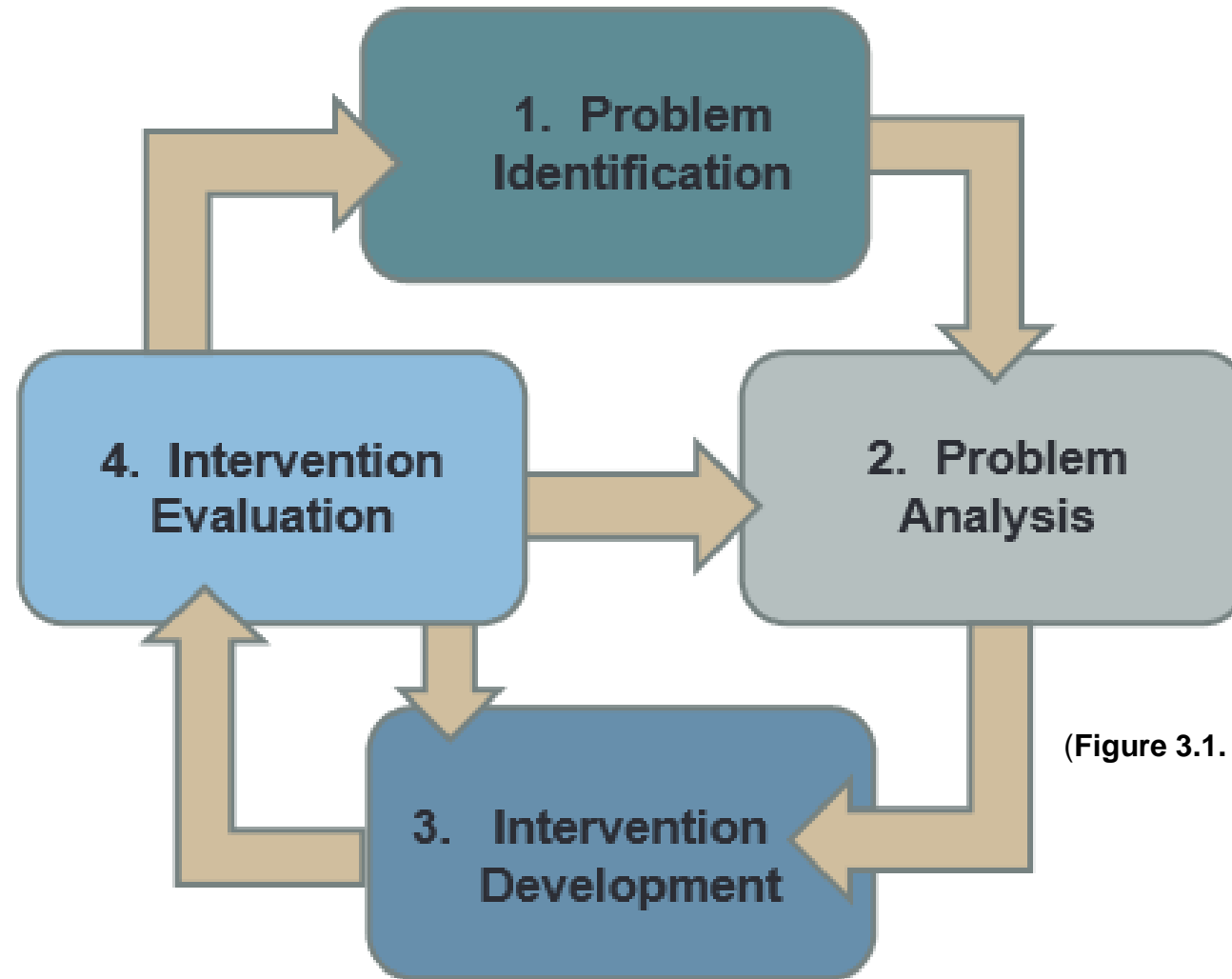
1.2. p.20)

# Effective Partnerships





# School-based Problem-solving

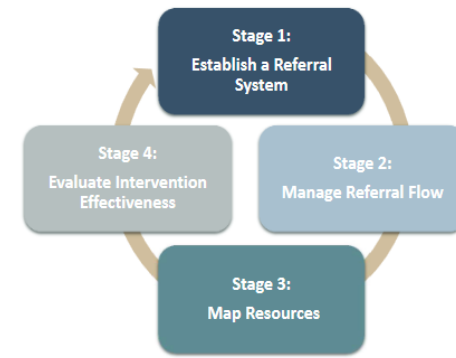


(Figure 3.1. p.69)

# Cultural & Linguistic Considerations

1. Disparities in rates of referrals. (Guo et al, 2013)
2. Access to culturally-responsive supports/services.
3. Barriers to engagement, including stigma and linguistic/belief system differences.

# Considerations for Current Approach



Stage 1: Establishing a Referral System - What cultural and linguistic competencies should problem-solving team members demonstrate?

Stage 2: Managing Referral Flow - What sensitivities should the problem-solving team build in people who will use the referral system (e.g., parents/family members, school personnel, peers)?

Stage 3: Mapping Resources - What should the problem-solving team do to make sure they have identified community partners that are culturally and linguistically competent?

Stage 4: Evaluating Intervention Effectiveness - What cultural values will shape team members' perceptions and assumptions of the problem-solving model?

# Yvonne Hall

MTSS Coordinator and  
Project AWARE  
Coordinator  
Henderson County,  
Kentucky



# Comprehensive Toolkits & Guides



# Toolkit



## SAMHSA's (2015) School Mental Health Referral Pathways Toolkit

Chapter 1: Laying the Foundation: Assessing Your Current Referral Management Approach 19

### Four Stages of Referral Pathway Self-Assessment

Self-assessment of the quality of your school's referral pathway system occurs across four stages (Figure 1.2): Stage 1 evaluates the system for managing referral concerns, Stage 2 evaluates the process of managing referral flow, Stage 3 examines existing resources and procedures for matching needs to interventions, and Stage 4 involves evaluating the effectiveness of prescribed interventions. Tools and techniques for each of these stages are provided throughout the remainder of this SMHRP Toolkit chapter.

Stage 1:  
Establish a Referral System

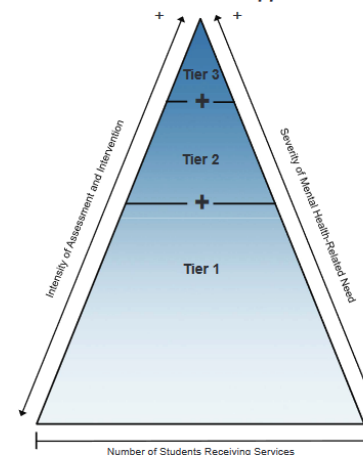
#### Stage 1: Establish a Referral System

The initial stage of a referral pathway self-assessment process examines how the

school identifies student need. Schools must consider several things when examining their referral processes:

- **Are systems in place to manage all types of referral concerns?** Referral concerns may include a constellation of problems within one or more of the following domains: academic, emotional, behavioral, social, or physical. High-quality referral systems can effectively manage all types of referral concerns.
- **Are referral systems formalized?** Formalized referral systems provide structured and clearly defined procedures specifically for linking students to appropriate and effective services or supports. Procedures for accessing formal referral systems are easy to follow; for referral systems to be effective, school professionals, caregivers, and young people need to be willing to use them. Universal screening systems may be a part of formalized referral systems when they are used to accurately identify young people for

Figure 1.1. *The Multitiered System of Support Model for Mental Health Supports in Schools*



Adapted from: Renshaw & O'Malley (2015)





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# Implementation Checklist



## Project AWARE Ohio's (2016) [Referral Pathways Protocol for Mental Health Supports](#)

### Referral Pathways Protocol for Mental Health Supports

#### 1) Establish a problem-solving team.

##### (Aligns with Stage 1 of SMHRP Toolkit)

- Assess existing campus teams (e.g., school climate teams, wellness teams, grade-level teams, crisis intervention teams, PBIS teams, IEP teams) and determine if an existing team can manage referrals or if a new team needs to be established.
- Identify team members. Teams should include support from physical health, general education, law enforcement, community organizations and mental/behavioral health personnel. Families also should be involved in the referral process.
- Articulate the team purpose and identify roles and responsibilities of each team member.
- Establish a routine, including meeting at regular intervals for a set time, following an agenda.
- Regularly assess team structure and functioning.

#### 2) Determine a procedure for managing referral flow.

##### (Aligns with Stage 2 of SMHRP Toolkit)

- Adopt a referral form or forms (sample referral forms can be found on pages 31-35 of the *SMHRP Toolkit*).
- Consider how referrals can be accessed and submitted (e.g., submitted to the school social worker, counselor).
- Determine who from the problem-solving team will review referral forms.
- Identify contacts for community agencies. If referrals are needed for community agencies, who are the main points of contact?
- Communicate procedures with school staff, parents, students, etc.

#### 3) Develop a system for the team to gather information.

##### (Aligns with Stage 2 of SMHRP Toolkit)

###### Plan to:

- Collect background information about the student.
- Consider using universal screening measures to identify and measure student need (find



# Referral Pathways Protocol for SMH

1. Establish a problem-solving team. (Aligns with Stage 1 of SMHRP Toolkit)
2. Determine a procedure for managing referral flow. (Aligns with Stage 2 of SMHRP Toolkit)
3. Develop a system for the team to gather information. (Aligns with Stage 2 of SMHRP Toolkit)
4. Establish a secure student record management system. (Aligns with Stage 2 of SMHRP Toolkit)
5. Map available resources and interventions. (Aligns with Stage 3 of SMHRP Toolkit)
6. Create decision rules to determine appropriate interventions based on this information. (Aligns with Stage 4 of SMHRP Toolkit)
7. Develop a system to monitor and evaluate intervention effectiveness. (Aligns with Stage 4 of SMHRP Toolkit)

# Guidance



## WestEd's (2022): [Improving Coordination and Access to Comprehensive School-Based Mental Health Services in California](#)

### CA Mental Health Referral Network and Pathway Landscape Analysis Interview Protocol

Improving Coordination and Access to Comprehensive School-Based Mental Health Services in California

CCNETWORK  
Comprehensive Center Network

REGION 15  
Arizona  
California  
Nevada  
Utah

#### *Strengths and Needs*

- What are some of the key resources, strengths, and assets of your school community that support the mental health and well-being of the students, families, and educators?
- What are the primary mental health needs of your community?
- What inequities/gaps in access to acceptable and effective mental health supports and services exist in your school communities?
  - Probe: How are these inequities being addressed?
- What are the greatest barriers to students, families, and educators accessing needed mental health supports?

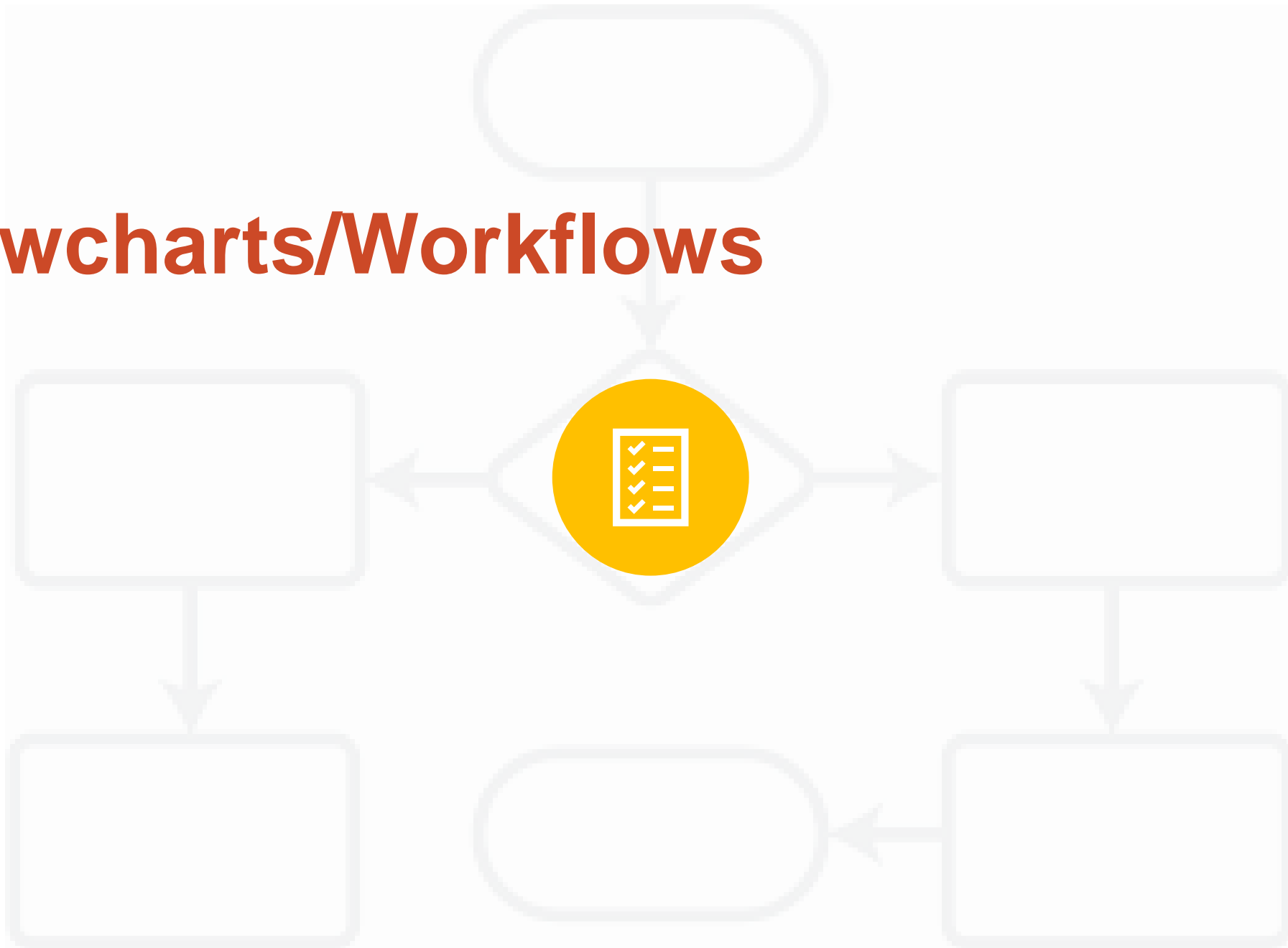
#### *Leadership*

- Who leads your school mental health system and/or initiatives?
- Is there a leadership team?
  - Probe: If so, who are the members of the team?
- Does your leadership team include community partners, youth, and/or family members?
  - Probe: How are these roles supported?

#### *Partnerships*

- Which mental/behavioral health or related (e.g., family advocates, housing, after school programs, etc.) organizations does your district partner with?

# Flowcharts/Workflows



# Flow Chart

## National Center for School Mental Health's School Mental Health Referral and Triage Flow Chart Team Process Mode



### School Mental Health Referral and Triage Flow Chart Team Process Model

*(Use when your school team prefers a heavily team-driven approach to mental health referrals AND you can identify a SMH Team Lead to be the "point person" for referrals received)*

Referrals are given to any SMH Team Member (school psychologist, school social worker, community mental health provider, school administrator, behavioral specialist) who will bring to SMH Team Lead to process during a **SMH Team\*** meeting

Urgency of referral is assessed and immediate response is taken by SMH Team Member as needed if appropriate

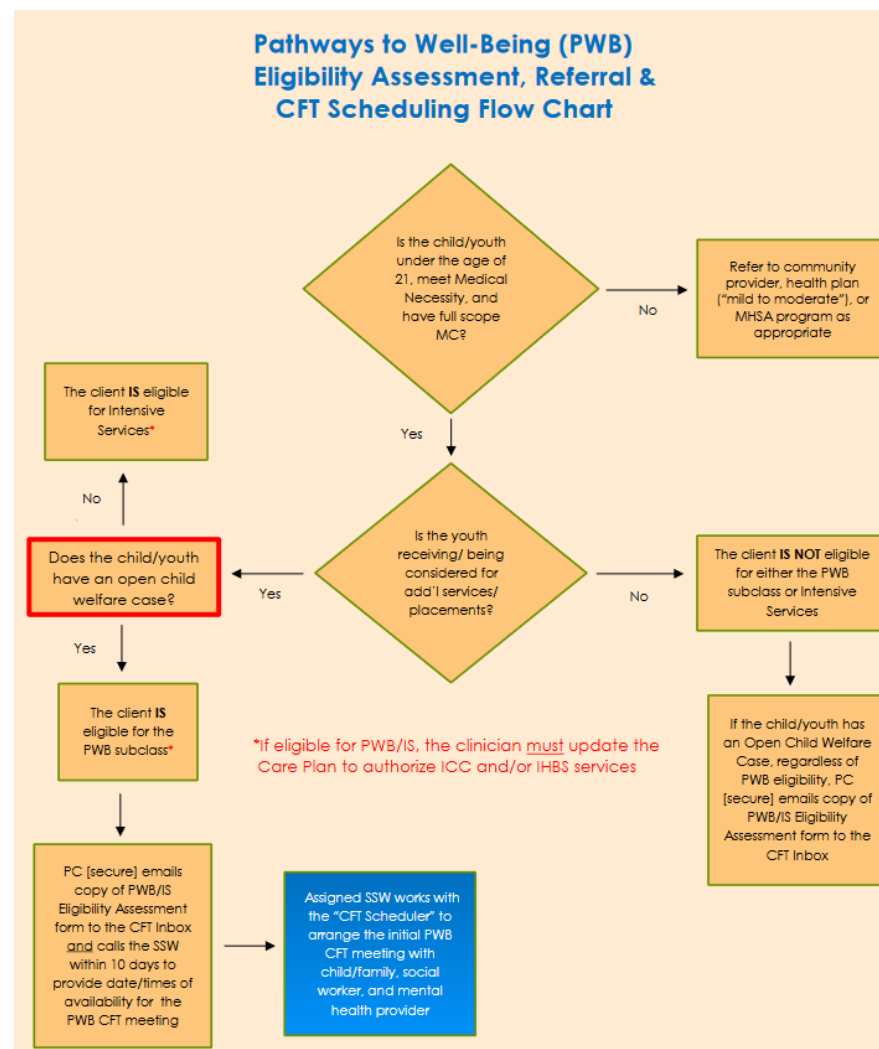
Referral is discussed at **SMH Team\*** (within X number of days) and relevant data (including Special Education Services, academic and behavioral indicators, social emotional functioning) are collected

Based on referral and data, **SMH Team\*** decision is made regarding provision of care (Tier 1, 2, 3)

A SMH provider will be identified to take the lead on the development of a student intervention plan that can be brought back to the team to update **SMH Team\*** on progress at least twice per year

# Flow Chart

## County of Orange Health Care Agency, Children and Youth Behavioral Health's (2022) Pathways to Well-Being Mental Health Services



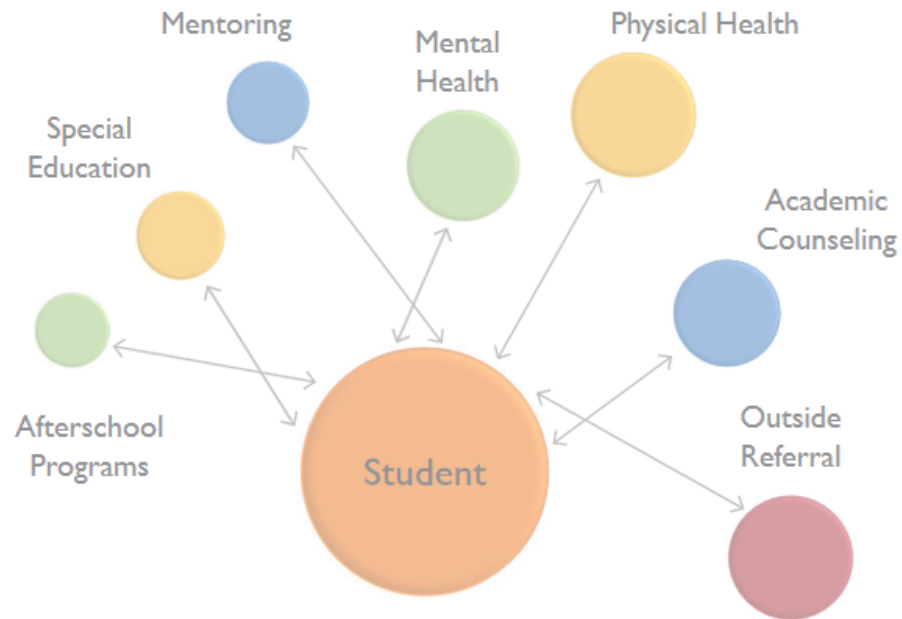
# Other Resources



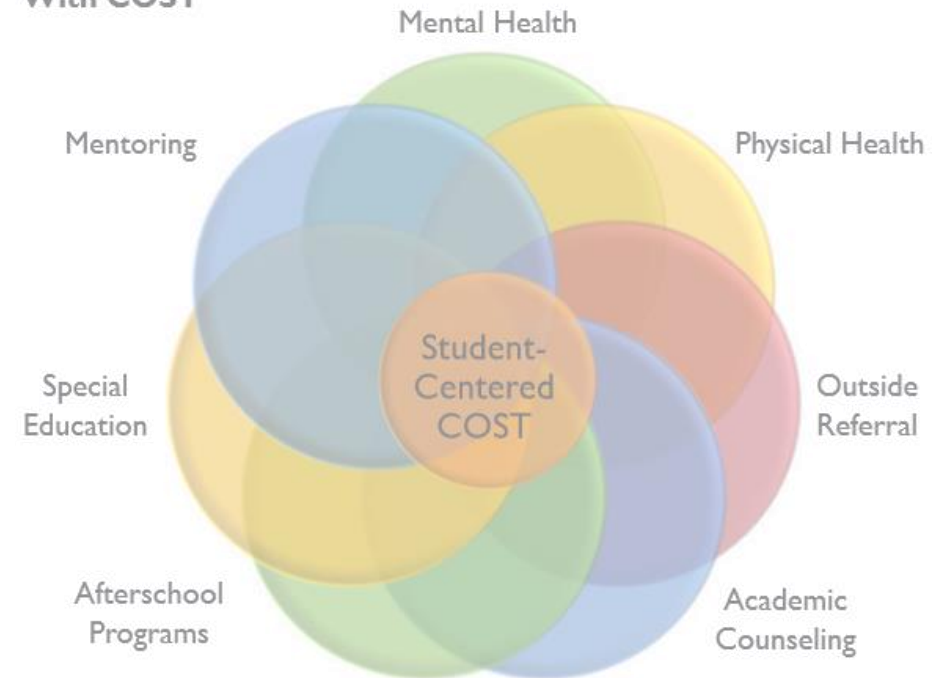


- National Center for School Mental Health's
  - [When to Refer Handout](#)
- Center for Healthy Schools & Communities'
  - [Coordination of Student Services Team Guide](#)

Before COST



With COST





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# Q & A



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## SOUTHEAST MHTTC SCHOOL MENTAL HEALTH RESOURCE CATALOGUE



### THE SOUTHEAST MENTAL HEALTH TECHNOLOGY TRANSFER CENTER

The Southeast Mental Health Technology Transfer Center (MHTTC) is funded by the Substance Abuse and Mental Health Services Administration. The mission of our center is to disseminate evidence-based mental health programs and practices to the eight states in Health and Human Services Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) through the provision of trainings and technical assistance as well as the development of resources. Our center is housed in the Department of Health Policy and Management at the Emory University Rollins School of Public Health.

The Southeast MHTTC School Mental Health Initiative is led by Dr. Janet Cummings, a mental health services researcher and national expert on mental health care access and quality among children and adolescents. Our team includes faculty and staff with expertise in public health, mental health systems, health economics, policy, finance, equity, and implementation science. As the regional MHTTC center that specializes in school mental health policy, finance, and workforce, many of the trainings and resources that we have developed address topics related to funding and sustainability of comprehensive school mental health systems.



# School Mental Health Resource Catalogue

You can find the links to all Southeast MHTTC's resources (including the resources we introduce in today's webinar) in this resource catalogue.

# References

Barrett, S. & Wolf-Prusan, L. (2019). Designing, Creating & Implementing Mental Health Systems Between Schools & Communities to Support Our Students. Pacific Southwest MHTTC.

Guo, S., Kataoka, S.H., Bear, L. *et al.* Differences in School-Based Referrals for Mental Health Care: Understanding Racial/Ethnic Disparities Between Asian American and Latino Youth. *School Mental Health* 6, 27–39 (2014). <https://doi.org/10.1007/s12310-013-9108-2>

ProjectAWARE Ohio (2016). [Referral Pathways Protocol for Mental Health Supports](#)

SAMHSA (2015). [School Mental Health Referral Pathways Toolkit](#)

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