Referral Pathways: Best Practice in Managing Referrals and Coordinating Care

Presented by

Jonathan Grapengieser, PsyD

Clinical Psychologist/Program Manager

Professional Services Group

PSG professional services group, inc.

- Social services agency providing a variety of early intervention/prevention, delinquency, and clinical services in 10 counties throughout Wisconsin (Milwaukee, Kenosha, Racine, Washington, Rock, Winnebago, Outagamie, Portage, Marathon, and Langlade)

- Currently providing SBMH through various models in approximately 9 different school districts and over 30 schools including elementary, middle school, and high school levels.

- Providing Tier 2 and Tier 3 services through a variety of programming

Initial Questions to Consider

- ▶ Why school-based mental health (SBMH)?

- ▶ How do we deliver optimal services within SBMH?

- ▶ What are other people doing to streamline the process for referral within SBMH and what is truly most effective or best practice?

- ▶ Who are the stakeholders involved in creating an effective referral pathway for students and families to access SBMH?

Referral Pathways: Overview
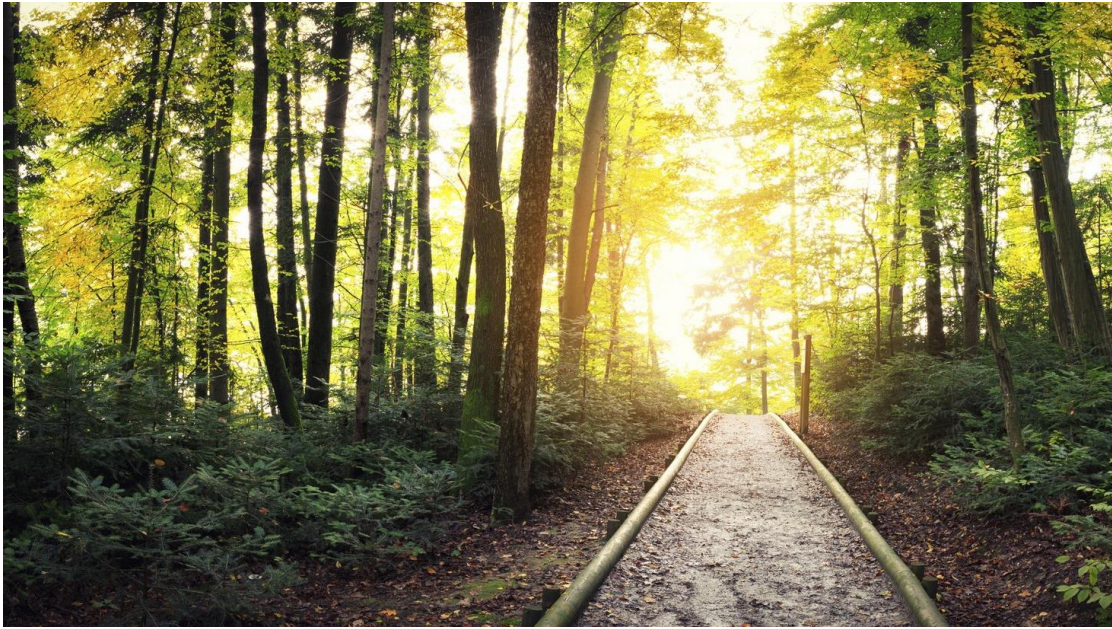
- How do we define a *referral pathway*?

- Does our definition differ across communities?

- How do we begin to create an effective referral pathway?

- SAMHSA – School Mental Health Referral Pathways Toolkit (2015)

Defining a Referral Pathway

- SAMHSA says referral pathways are "defined as the series of actions or steps taken after identifying a youth with a potential mental health issue." (SAMHSA, 2015, p. 11)

- Pathways DO vary from community to community

- Common characteristics of effective referral pathways (SAMHSA, 2015):

  - Defined roles and responsibilities of all partners in the system

  - Clearly articulated procedures for managing referrals within and between partners

  - Sharing of information across partners in an efficient manner

  - Monitoring the effectiveness of evidence-based interventions provided by all parties in the system

  - Intervention decisions made collaboratively with a priority on what is best for the youth and famlies

Build Referral Pathways that Work!

- ▶ Where do we start?

- ▶ Who needs to be involved?

- ▶ What resources are available?

- ▶ Common barriers in systems

Barriers in the Partnership and Referral Pathway Process

- Mis-understanding of roles

- Ineffective communication

- Engagement of parent/guardian

- Monitoring of referral status

- Lack of clear vision between partners

- Hurried implementation

- Lack of continuous monitoring of outcomes and implementation of changes

Getting Started and the Four Stages of Referral Pathway Self-Assessment
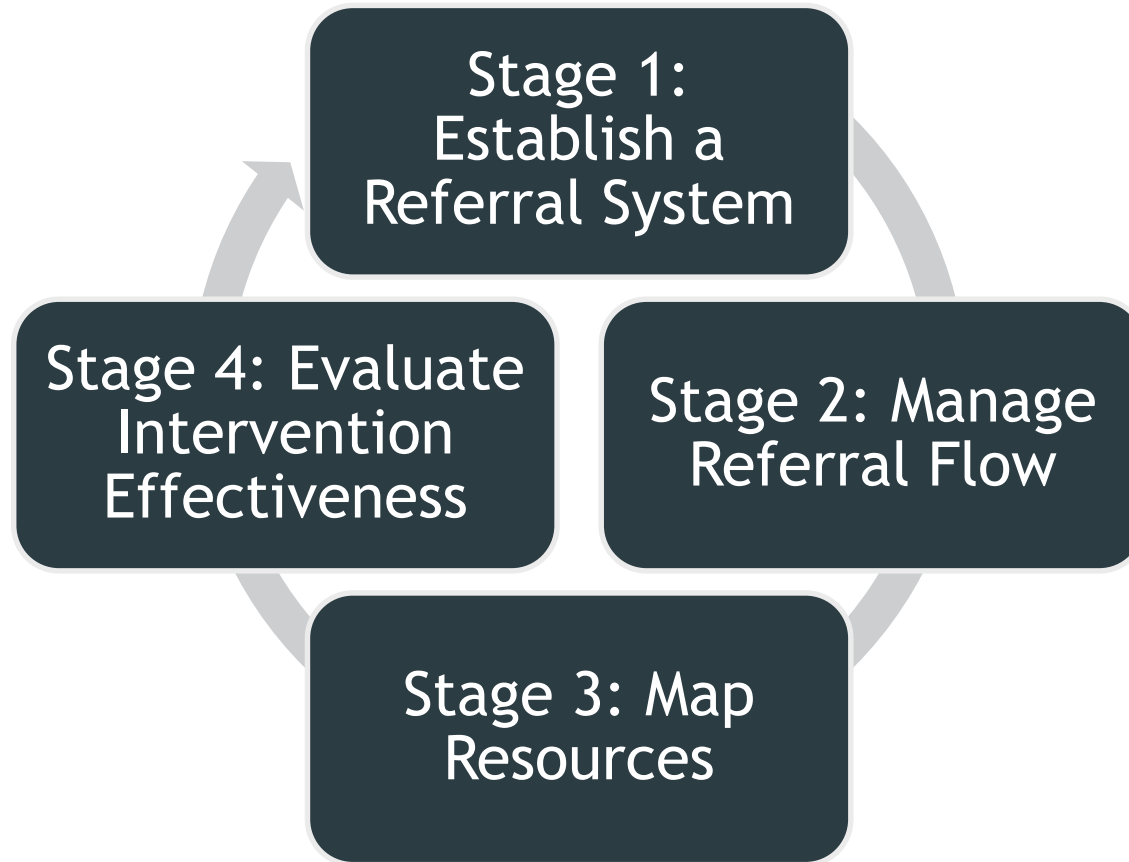
Stage 1: Establish a Referral System

- Aim to build a system with several characteristics:
  - Ability to manage all types of referral concerns
  - Referral systems should be "formalized"
  - A collaborative structure must exist to manage referrals
  - Awareness of the referral process among those who will initiate referrals
  - Sensitivity to developmental, cultural and linguistic diversity

Stage 1 (cont.): Establishing a Problem-Solving Team

1.) Assess Existing Teams

2.) Identify Team Members

3.) Articulate Team Purpose and Clarify Roles

4.) Establish Routines

5.) Re-assess Team Structure and Functioning

"Look, we just need to make a few simple decisions. For once, can we do it without an endless squabble over whether we should take the high road or fly under the radar?"

Stage 2: Manage Referral Flow

- Initial considerations for managing the flow of referrals:

  - Is there a standard referral form that will be used?

  - What is included on this form?

  - Where will the form be available and in what format?

  - Where will referrals be submitted?

  - Who will review referral forms?

  - How will procedures for submitting referral forms be communicated with the school and community stakesholders?

Stage 2 (cont.): Manage Referral Flow

- Defined decision making rules
- Record management system

Referral Form

- Important to include all desired information
- Collection of Background Information
- Items may include information about:
  - Area of primary concern
  - Behavioral Concerns
  - History of Trauma
  - Insurance or payer source information
  - List of interventions already attempted or currently in place (both in school and outside)
  - Contact information for parent/guardian
  - Best time of day to pull student from class for services

Stage 3: Map Resources

Identify the resources available – both school and community

Examine the breadth and quality of interventions provided/available at school

Examination of the issues associated with access to community-based resources

Stage 4: Evaluate Intervention Effectiveness

▶ So we have a system in place, but is it working?

▶ Effectiveness should be measured in an observable and quantifiable manner when possible

▶ Who is responsible for collecting process and outcome data?

▶ Is the problem solving team requesting intervention effectiveness information from the community provider? What information should they request?

▶ Feedback from student and his/her family about the intervention experience

▶ Should intervention effectiveness data be shared with other stakeholders and who are these stakeholders?

Next Steps: Building Effective Partnerships

Who Belongs in the Partnership?
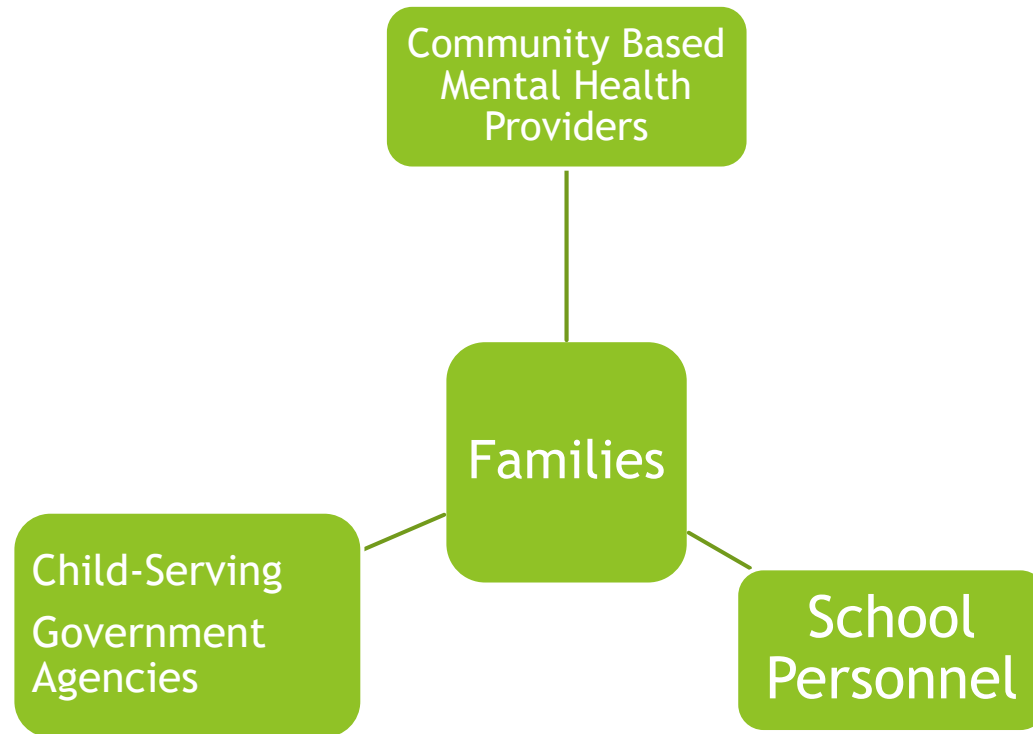
Advantages to Partnerships in SBMH

▶ ACCESS!

▶ Ecologically Grounded

▶ Reduction in need for discipline practices, academic difficulties, school disengagement, drop out rates, and incarceration

▶ Increase in resources available to meet needs of students (Tier 1, Tier 2 and Tier 3)

Partnerships: Leveraging/Engaging Community Resources for Maximum Impact

- Youth are best served by engaging a large cross-section of community resources
    - Mental Health
    - Health and Medical
    - Child Welfare
    - Juvenile Justice
    - Business and Philanthropic Organizations
    - Government Agencies

Partnership Process
Phase 1: Defining Roles and Responsibilities

Defining Roles and Responsibilities → Sharing Information and Monitoring Progress Across Systems → Planning for Transitions between Levels of Care

Phase 2: Sharing Information and Monitoring Progress Across Sectors

▶ Clearly defined communication mechanism(s)

▶ Adherence to HIPAA and FERPA

▶ Elements of Consent to Release Information

▶ Tracking Referrals Across Partners

▶ Monitoring Treatment Progress

Phase 3: Planning for Transitions between Levels of Care

- Services are not forever
- What other options do we have available?
- Different options in different communities

Summary of Key Ingredients to Effective Referral Pathways

- Identification of appropriate stakeholders and problem-solving members
- COMMUNICATION
- Clearly defined roles of stakeholders
- True collaboration by all parties
- Developing Cultural and Linguistic Competence

Real World SBMH

- Different pathways in different places
- Disruption in the referral pathway is inevitable without strict procedures
  - Efforts to "standardize" the referral process
  - Streamline/reduce the number of people and steps as much as possible
- Mental Health Navigator
  - Program with Navigator – 89% of referrals have engaged in services
  - Programs without Navigator – 47 - 62% of referrals have engaged in services

Discussion or Questions?

References and Resources:

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