Referral Pathways: Best Practice in Managing Referrals and Coordinating Care

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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?
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 families
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

Stage 2: Manage Referral Flow

Stage 3: Map Resources

Stage 4: Evaluate Intervention Effectiveness
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 stakeholders?
Stage 2 (cont.): Manage Referral Flow

- Defined decision making rules
- Record management system
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?

- Community Based Mental Health Providers
- Families
- Child-Serving Government Agencies
- School Personnel
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
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:


