



# School Mental Health **REFERRAL PATHWAYS GUIDE**



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# School Mental Health Services

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School mental health services and supports are an effective means of addressing the mental health needs of children and improving the learning environment. Comprehensive school mental services help educators prevent and respond to crises while fostering a school climate that supports teaching and learning. The purpose of this document is to guide schools on how to develop formalized processes for identifying and connecting students to needed mental health supports.

## Referral Pathways Defined

*“The policies and procedures in place to assure a youth with behavioral health needs gets referred, assessed, and funneled to the proper services and resources needed. There are two referral processes, one internal to school-based and funded supports and resources. And the other, external, to community, statewide and national supports, services, and resources. Parent and caregiver engagement in the process and youth voice is imperative to the process.”*  
(Substance Abuse Mental Health Services Administration, 2015)

Referral pathway systems are important because this type of system can:

- Provide next steps for staff when they identify a student in need;
- Coordinate supports within schools and between schools and outside organizations; and
- Improve student outcomes through early identification and intervention.

Referral pathway systems, both internal and external, include identifying, tracking, referring, and following up with youth struggling with behavioral health concerns. An example of an internal referral is a request from a classroom teacher for a pupil services professional to talk with a student who made concerning statements of self-harm during class. An example of an external referral is a referral to a community-based mental health clinic for a student who is expressing suicidal ideation. The ability to navigate both internal and external supports and connect students with appropriate interventions is a key element of an effective referral pathway.

*To create an effective pathway, schools must consider the specific needs and resources of their community.*

## **Developing a Mental Health Referral Pathway**

Schools should develop referral procedures that adhere to school policy and Wisconsin state statutes concerning pupil records and sharing information, special education services, and pupil non-discrimination. Also, other key considerations for referral procedures are:

- Academic challenges that could be contributing to the concern;
- Utilization of strengths and supports in the academic setting;
- Suspension of labels and inferences about behavior;
- A perspective shift to the concept that the youth is doing the best that he/she/they can and that misbehavior is an adaptation used to cope with an unmet need, the impact of trauma, or lack of social and emotional skills (Greene, 2017); and
- An understanding of how trauma or chronic stressors may be contributing to the concern.

## **Foundations of an Effective Mental Health Referral Pathway**

Mental health referral pathways are as unique as the schools and communities where they operate; to create an effective pathway, schools must consider the specific needs and resources of their school and community. Although the specifics may vary, foundations of effective mental health referral pathways include (Substance Abuse Mental Health Services Administration, 2015):

- Identification of partners within and outside of the school and clear definition of partners' roles and responsibilities;
- Procedures for managing referrals;
- Procedures for sharing information across partners;
- Monitoring effectiveness of evidence-based interventions provided to students; and
- Collaborative decision-making that prioritizes students and families.



## MLSS and Mental Health Referral Pathways

Mental health referral pathways often exist within an equitable multi-level system of supports (MLSS) framework. MLSS is a framework for providing students with a continuum of supports. The *Wisconsin School Mental Health Framework* (pictured here) uses this structure to outline three levels of supports:

The universal level (all) includes the supports that all students should receive within a school to promote mental wellness and resilience. Examples include trauma-sensitive practices, mental health and wellness education, and social and emotional learning.

The targeted level (some) focuses on early intervention and includes brief, targeted strategies for students with mild or emerging mental health needs or significant risk factors. Examples include short-term individual and small group evidence-based interventions and wellness plans.

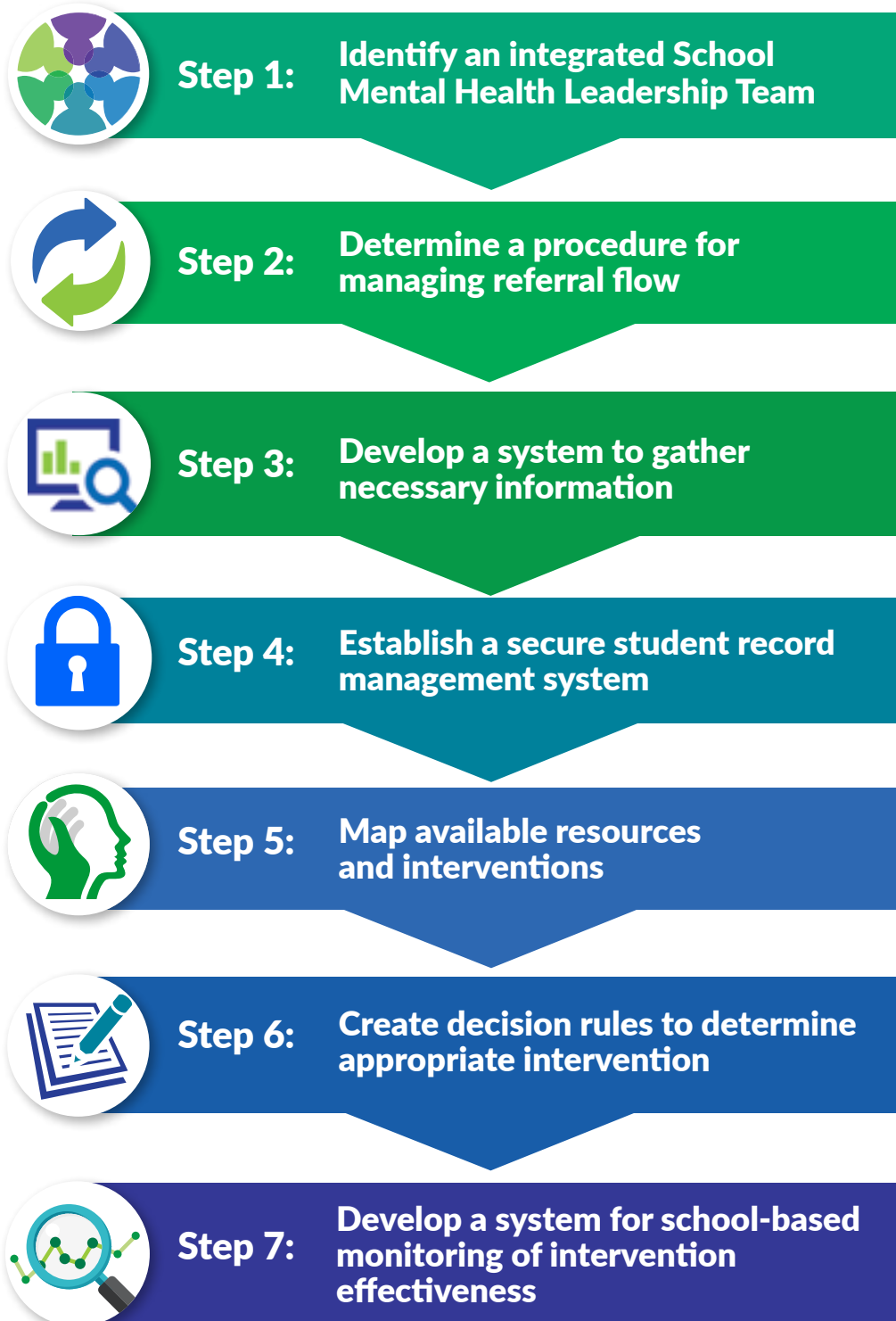
The intensive level (few) includes interventions for when prevention and early interventions do not meet students' needs. These individualized interventions include wrap-around supports, emotion regulation plans, and school-based therapy from a community provider.



## Process for Developing a Referral Pathway for Mental Health Supports

In September 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Now is the Time Technical Assistance Center (NITT-TA) released a comprehensive School Mental Health Referral Pathways (SMHRP) Toolkit. Using the SMHRP toolkit, Project AWARE Ohio (2018) compiled a protocol designed to condense the information into an easy-to-use checklist for establishing a referral pathway for behavioral and mental health issues. This protocol is a basic introductory overview that condenses the information provided in the SMHRP Toolkit into simple steps for practitioners that are easy to understand, rather than a complete guide for establishing a mental health referral pathway. The Wisconsin Department of Public Instruction has adapted this checklist further to reflect the state context in Wisconsin and to align with the statewide School Mental Health Initiative.

# Process for Developing a Mental Health Referral Pathway



# Checklist for Developing a School Mental Health Referral Pathway

## 1. Identify a School Mental Health Team

- Assess the purpose of existing school teams (e.g., school climate teams, wellness teams, PBIS 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 student services, general and special education, law enforcement, community organizations, mental/behavioral health personnel, administrators, parents, and caregivers.
- Articulate the team purpose and identify roles and responsibilities of each team member.
- Establish a routine, including meeting at regular intervals and following an agenda.
- Regularly assess team structure and functioning.

## 2. Determine a procedure for managing referral flow

- Adopt a referral form or forms (see Appendix A).
- Consider how referrals can be accessed (paper, electronically, or both) and submitted.
- Determine who from the team will review referral forms. Some schools may use a mental health navigator to triage referrals and engage families.
- Identify contacts for community agencies to connect with when making referrals.
- Communicate procedures with school staff, parents, students, etc.

## 3. Develop a system to gather necessary information\*

- Collect background information about the student, including information about strengths and skill deficits, triggers, coping mechanisms, and cultural beliefs.

*School mental health teams play an essential role in connecting students to supports that will effectively meet their mental health needs.*

*Resource Mapping is a system-building process historically utilized by communities, organizations, schools and service centers to align resources, strategies and outcomes available (Crane & Mooney, 2005).*

- Conduct observations.
- Interview the student, parents, school staff, and (with parental/guardian authorization) other individuals with special knowledge of the student.
- If using universal screening measures to identify and measure student need, have a thoughtful plan in place regarding next steps prior to administering the screening.

\*Not every referral will require every form of information gathering.

#### **4. Establish a secure student record management system**

- Determine a secure location or electronic system for storing records.
- Determine levels of permission for appropriate team members to access files in accordance with confidentiality laws and policies. (See the Additional Resources section for more information)

#### **5. Map available resources and interventions**

- Identify who from the team will map available resources and interventions initially and how resources will be updated on an ongoing basis. Consider how to include resources from all communities and neighborhoods in the greater school district area.
- Identify resources available within the school (e.g., after-school clubs as Tier 1 supports, group counseling as a Tier 2 support and individual mental health services or wraparound as Tier 3 supports) and create a list categorized within the tiered support framework. (See appendix C for example pathway flowchart, by tier)
- Determine whether existing school-based interventions are of sufficient breadth and quality to serve student needs (e.g., research-based interventions and numerous, diverse Tier 2 and Tier 3 services are available). Examine school-wide data such as from the Youth Risk Behavior Survey (YRBS) to determine student needs.
- Identify community resources and request information to build a resource database (See appendix B)
- Begin building partnerships with new community organizations, define roles and responsibilities, establish a process for information sharing and plan for transitions between levels of care.

- Anticipate possible barriers to accessing supports (e.g. stigma, financial challenges) and plan for how to support families in overcoming these barriers.

## **6. Create decision rules to determine appropriate interventions based on this information**

- Determine guidelines to decide when a student needs a level 2 or level 3 intervention.
- Determine guidelines for determining if an intervention is complete or should be discontinued, and appropriate fading of the intervention.
- Determine possible sources of positive outcome data (e.g., improved attendance or grades, fewer office referrals)
- Consider the Child Find obligation to locate, identify and evaluate a child with a disability based on the effectiveness of current supports on promoting academic and social success.
- Consider reconvening the IEP of a student with specialized supports based on the effectiveness of current supports on academic and social success.

## **7. Develop a system for school-based monitoring of intervention effectiveness**

- Develop a system to monitor if the student is receiving the intervention (documentation to track number and duration of sessions) and a plan to address any barriers that arise.
- Create a process for selecting a progress-monitoring method and schedule for each outcome goal (e.g., analyzing data at weeks 5 and 10 for a 15-week intervention plan).
- Determine a process for obtaining feedback from community providers, the student, and the student's family.
- Consider adopting or adapting an existing software system to electronically track intervention process and outcome data.
- Develop a plan for sharing intervention effectiveness information with appropriate stakeholders (e.g., family members, school staff that interact with the student).

## Implementing a Referral Pathway: Additional Considerations

*What is a Warm Hand-off?  
A warm hand-off occurs when a trusted school staff member introduces the family to a community mental health provider that will provide services to the family.*

### Referrals to Community Providers

When student mental health needs require a higher level of intervention than the school is able to provide, schools can leverage connections with community providers to help address the full spectrum of mental health needs. However, although community providers may deliver needed services, there are many reasons that families may be hesitant to engage in mental health care, including: stigma associated with mental health care, barriers related to access (cost, transportation, etc.), prior negative experiences with services, and strongly held cultural beliefs about how mental health challenges should be addressed. School mental health teams can utilize best practices when making community referrals to help families overcome these barriers to care. The National Center on Early Childhood Health and Wellness (2018) outlines the following steps for facilitating successful referrals to community providers:

### Preparing for the Referral

- Identify the best staff member to help facilitate the referral process based on the staff's relationship to the family and understanding of the family's cultural identities. This staff member may work in conjunction with the team's identified referral person to make the referral.
- Identify the community provider(s) that will best meet the student/family's needs, including logistical, cultural and linguistic factors that will promote a good fit.
- Discuss benefits of mental health care with the student and family, and help address any potential barriers to treatment.

### Facilitate the Referral Process Once Referral has been Made

- Have a conversation with the family about the reasons for referral so that everyone has a clear understanding of concerns.
- Reach out to the provider ahead of time to let them know a referral is coming. This conversation should not include names or details of the referral unless the school has obtained signed release of information forms from the student's parent/guardian. Securing a release of information is key to ensuring communication.

- Have a conversation with the family about what to expect from the intake process.
- Offer to help make the initial call with the family, but respect any wishes for privacy.
- Offer to attend the first session with the family and provide any support the family identifies as helpful.
- Identify a point person to check in on progress to address barriers and solutions.

### **Coordinating Student Mental Health Care**

When families are accessing mental health care in the community, the family, school staff, and community providers should engage in regular and sustained communication regarding the progress, challenges, and next steps in supporting the student’s mental health. This continued coordination is a key strategy for improving student mental health outcomes, and includes the following components:

- Ensuring that youth and family driven goals and concerns are primary
- Implementation with an individualized and flexible approach, utilizing the student and family’s strengths
- Coordinating transitions between levels of support

In order to accomplish referral and coordination tasks, some school districts opt to utilize Mental Health Navigators. A Mental Health Navigator is “a health care professional or paraprofessional whose role is to deploy a set of strategies designed to rapidly engage youth and families in needed treatment and services and to work closely with the family and other involved treatment and service providers to optimize care and monitor the trajectory of mental health symptoms and outcomes over time.” (National Institutes of Health, 2017). Although the navigator model was first applied in health care settings, adapting this model to the school setting is a promising way to eliminate common barriers to accessing treatment and increase student and family engagement in mental health services.

*Continued coordination between the family, school staff, and community providers is a key strategy for improving student mental health outcomes.*

# 2

## Additional Resources

### Establishing an Integrated School Mental Health Leadership Team

- Center for School Mental Health's Guide: <http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Reports/School-Mental-Health-Teaming-Playbook.pdf>

### Determining a procedure for managing referral flow

- Nami's Navigating a Mental Health Crisis Guide <https://www.nami.org/About-NAMI/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis>

### Developing a system for the team to gather student background information

- *Screening Tools*, <https://dpi.wi.gov/sspw/mental-health/mental/behavioral-health-screening/behavioral-health-screening/tools>
- DPI Screening Guidance <https://dpi.wi.gov/sspw/mental-health/mental/behavioral-health-screening>

### Establishing a secure student record management system

- DPI guidance on Confidentiality, Privacy, and Student Record <https://dpi.wi.gov/sspw/pupil-services/school-social-work/contents/confidentiality>

### Mapping available resources and interventions

- Resource Mapping: <http://smhp.psych.ucla.edu/pdfdocs/resourcemapping/resourcemappingandmanagement.pdf>
- University of Maryland School of Medicine, Center for School Mental Health, Resource Mapping Guide. [http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resource-Mapping-in-Schools-and-School-Districts10.14.14\\_2-\(1\).pdf](http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resource-Mapping-in-Schools-and-School-Districts10.14.14_2-(1).pdf)



- Existing Local Resource Collections:

- The 211 Wisconsin: <http://211wisconsin.org/>
- Wisconsin Department of Health Services Providers Lists  
Mental Health: <http://www.referweb.net/mchh/>  
AODA Providers: <https://www.dhs.wisconsin.gov/guide/aoda.htm>
- SAMHSA Behavioral Health Treatment Locator: <https://findtreatment.samhsa.gov/>

## Other Resources

- Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support <https://www.pbis.org/school/school-mental-health/interconnected-systems>
- SAMHSA's School Mental Health Referral Pathways (SMHRP) Toolkit <http://files.ctctcdn.com/bde05f96001/84fa3636-08af-43fc-aeaf-a016f2aa68a6.pdf>.
- DPI's School Mental Health Framework: <https://dpi.wi.gov/sspw/mental-health/framework>



# 3

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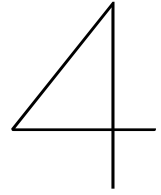
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# Appendix

## Appendix A: Example Referral Forms



### Staff Member Referral Form

Student Name:  Grade:

Your Name:  Relationship:

Members of the school problem-solving team may reach out to you to gather more information. Please provide your contact information.

Phone #:  Email:

Best time to contact you:

### About the Student

Student Strengths:

Does the student have an IEP?  Yes  No  Unsure

**Areas of Concern:** (Please check all that apply)

Academic  Behavioral  Emotional  Family  Social  Other

Please Explain:

How long has this been occurring? (Several months, a few days, etc.)

**What are you noticing about the student?** (Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Anxious/fearful                | <input type="checkbox"/> Decreased motivation                                |
| <input type="checkbox"/> Appears distracted             | <input type="checkbox"/> Depressed/sad/irritable mood                        |
| <input type="checkbox"/> Clinging to adults             | <input type="checkbox"/> Hopelessness/ negative view of future               |
| <input type="checkbox"/> Difficulty sleeping            | <input type="checkbox"/> Loss of interest in activities student once enjoyed |
| <input type="checkbox"/> Difficulty concentrating       | <input type="checkbox"/> Low self-esteem                                     |
| <input type="checkbox"/> Excessive worry                | <input type="checkbox"/> Angry towards others/blames others                  |
| <input type="checkbox"/> Restless/appears to be on edge | <input type="checkbox"/> Argumentative                                       |
| <input type="checkbox"/> Specific fears/phobias         | <input type="checkbox"/> Constantly moving                                   |
| <input type="checkbox"/> Aggressive                     | <input type="checkbox"/> Defiant   |
| <input type="checkbox"/> Avoids reminders of trauma     | <input type="checkbox"/> Disorganized  |
| <input type="checkbox"/> Exposed to community violence  | <input type="checkbox"/> Inattentive/distractible                            |
| <input type="checkbox"/> Irritable/anxious mood         | <input type="checkbox"/> Interrupts/blurts out responses                     |
| <input type="checkbox"/> Jumpy/hypervigilant            | <input type="checkbox"/> Physically aggressive                               |
| <input type="checkbox"/> Nightmares/intrusive thoughts  |  |
| <input type="checkbox"/> Sexualized play                |  |

How often do these behaviors occur? (Several times per day, once per week, etc.)

What interventions have been tried? Were they helpful?

School:

Home:

What interventions are currently in place?

School:

Home:

What do you think would be helpful to the student?

## Appendix B : Resource Mapping Checklists

### *What school mental health resources should I include?*

Assessment strategies (FBA, universal screeners, etc.)	Restorative practices
Clubs/sports/after school activities	School-wide behavior expectations
Check in Check Out	Social & emotional Learning Curriculum
Individual and small group counseling	Transition Supports
Non-violent crisis intervention strategies	Trauma Sensitive Practices
Peer to peer support/mentoring	Wraparound
Sensory regulation spaces	Other:

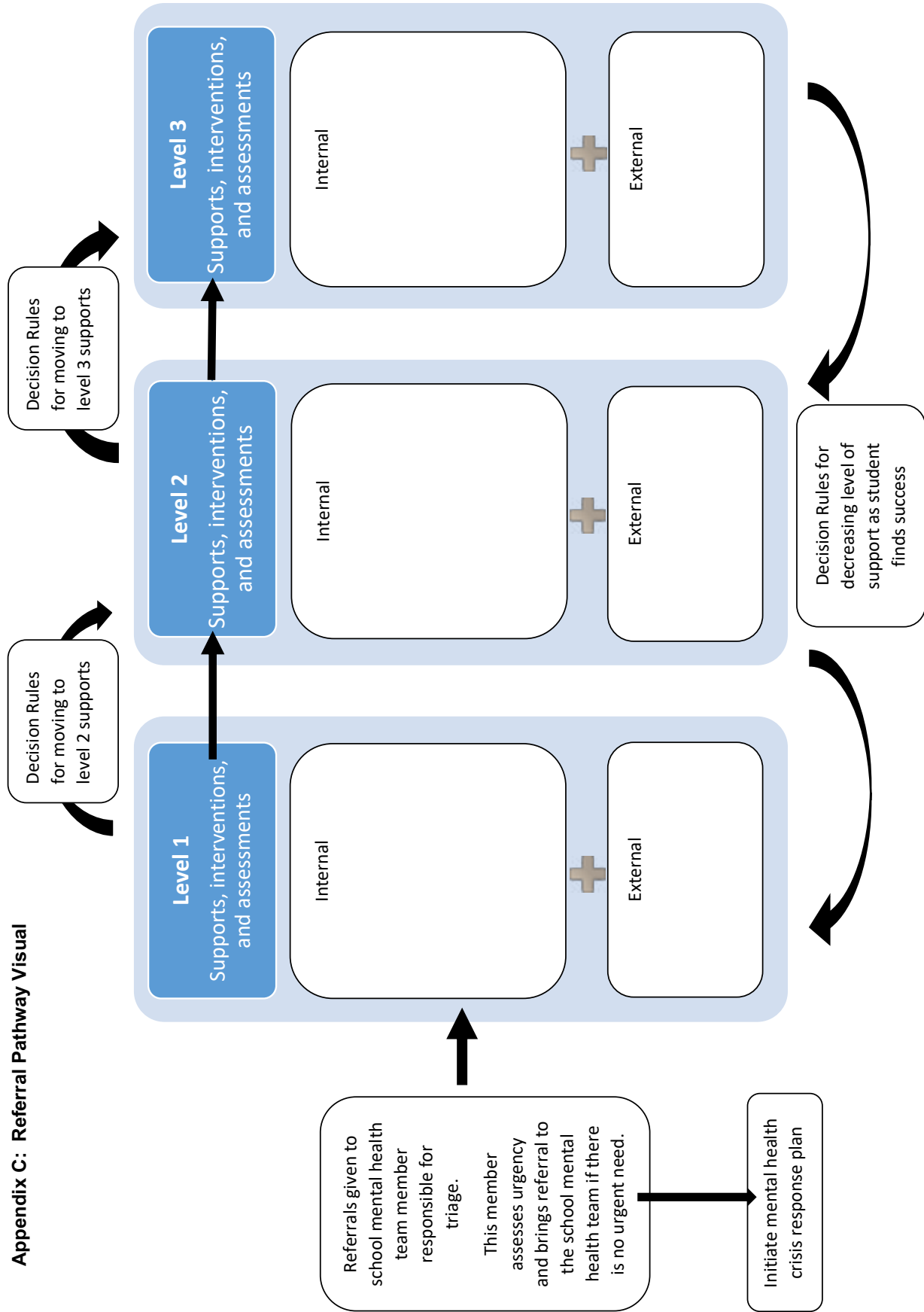
### *What local resources should I include?*

After School Care	Food Resources
Boys & Girls Club	Housing/shelters
Child care/preschools	Hospitals
CESA	Legal Assistance Groups
Crisis Hotlines	Mental health providers (outpatient)
Crisis Services	NAMI contacts
Day Treatment Programs	Parent Peer specialists
Dentists/orthodontists	Police
Department of Human Services	Primary Care physicians/Pediatricians
Domestic Violence Resources	Psychiatrists
Economic Supports	Psychological testing
Emergency rooms	Recreation Programming
Enrichment Activities/programs	School numbers including counselors, office
Faith-Based Supports	Sports, Health and Fitness Groups
Family Supports and Advocacy	Substance Abuse services and groups
Food resources	Tutoring
Housing/shelters	Urgent Care facilities
Hospitals	Veteran's Services
Inpatient Mental Health Services	Volunteer organizations
Institutions of higher education	Youth groups

### *What other information do we want to gather from each resource?*

Name of provider	Hours of service
Website	Payment/insurance/sliding scale fees
Address	Description of services/specialties
Bus routes that go to this location	Key contact person
Phone/fax number	Other:

**Appendix C: Referral Pathway Visual**





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