Indicator #29: Do you promptly screen/assess all students who have been referred for services?

Background

- ESMH programs should offer services that are convenient and easy to access. Clinicians should be quick, thoughtful, and effective in responding to referrals.
- The time from referral to outreach to the student/family to engage in services should be very brief, preferably less than a week and ideally on the same day or within 48 hours of the referral.

Background

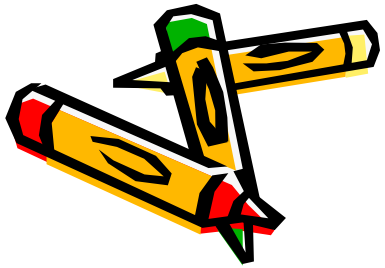
- Individuals who make mental health referrals may become frustrated if they never hear if their referrals were acted on.
- Referrals feedback should be a regular part of school mental health standard practice.

Background

- Referral feedback forms can be very general and simply inform the referral source on what action was taken (e.g., evaluation in progress, family refused services, student attending sessions, family referred to outside services that could better address needs, family did not respond to outreach attempts)
- Feedback to and interaction with referral sources can help to shape the appropriateness and timing of referrals and can encourage referrals earlier in the evolution of problems.

Menu of Suggested Activities

- Create a referral feedback form and a process for completing and returning it to referral source.
- Create a logbook of referrals, date of contacting family, and date of referral feedback. Review and consider how to improve timeliness of the response and feedback.
- Dedicate a block of time each day to outreach to new referrals (possibly before school or after school).
- Brainstorm with clinicians and other stakeholders about how to improve the ability to respond to referrals and provide feedback on them.



Helpful Hints

- While feedback by using a form is efficient, verbal feedback can be very powerful too.
- Remember not to violate confidentiality in giving feedback to the referral sources.
- Do not forget to thank referral sources for referrals and use it as an opportunity to reinforce or attempt to improve the appropriateness of their referrals.
- If referrals are not appropriate, discuss with the individual why it is not appropriate. Discuss when to refer and use as an educational opportunity.

Helpful Hints

- Make sure to include in referral forms how to best contact the family so they can engage in services. This information expedites the response time.
- If referrals are left in mailboxes or a referral box, be sure to check first thing in the morning, midday, and at the end of the day to improve response time.
- If the clinician will be away (and it is possible), arrange for coverage that can include initial phone calls to new referrals and an appointment with the clinician.

Helpful Hints

- Use supervision as an opportunity to discuss time management. Better time management skills can increase available time for outreach to new referrals and feedback to referral sources.
- Involve the referral sources in discussions of how to improve the referral feedback process.
- In explaining the program services to staff and families, be sure to include how referrals are responded to and the extent of referral feedback.

Web Resources

- Center for Mental Health in Schools at UCLA. School-Based Client Consultation, Referral and Management of Care (http://smhp.psych.ucla.edu)
- Center for School Mental Health Analysis and Action, Program Development Resource Packet (http://csmha.umaryland.edu/how/res_packets.html)
- National Mental Health Association, Standards for Consumer-Centric Managed Mental Heath and Substance Abuse Programs (Chapter 2) (www.nmha.org/pdfdocs/standcons.pdf)

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