

## Mental Health Referral

### Procedure:

#### Internal Referral Process

#### Initiating Mental/Behavioral Health Concern:

1. Behavior or Mental Health concerns are identified through various avenues:
  - a. Family disclosure: Family application, enrollment interview, or home visit
  - b. Staff: Observations, Mental Health Consultant, Challenging Behavior reports, etc.
  - c. Screenings: ASQ-SE, Health & Nutrition Survey.
  - d. External: ROI-M or Oregon Department of Human Services/Child Welfare.
  - e. Children who enter the program already receiving services.
2. Create a new Mental Health “Internal Referral” in the Mental Health/Disabilities section of Shine.
  - a. The staff member or department who receives the concern is responsible for adding a new “Internal Referral” note.
    - i. Enrollment: Interview, Family Application.
    - ii. Teacher: IHV, Challenging Behavior Reports.
    - iii. AA: ASQ-SE Screening score (will select teacher’s name in “referred initiated” section).
    - iv. Health: HNS, ROI-M.
    - v. Family Advocate: Home Visit, Staffing, ODHS caseworker, Mental Health Consultant.
  - b. The staff member receiving the initial concern will select the appropriate options from the drop-down menus and include a detailed note regarding the concern in the notes section of the “Internal Referral”.
  - c. Referral Type: Mental Health.
3. Site Managers and Family Advocates will be responsible for reviewing weekly reports to identify all children with an open internal referral.
4. FA will review & gather information regarding the Internal Referral **within 3 weeks** of the internal referral created date.

- a. Review the “Internal Referral” notes in Mental Health/Disabilities tab.
  - b. Review any pre-enrollment notes or relevant screenings.
  - c. Speak with relevant staff.
5. FA and/or Teaching staff will connect with the family to discuss any concerns, gather more information, and determine what supports and services will be offered.
  - a. FA will document the outcome of conversation and next steps as a follow up note to the “Internal Referral”.
  - b. Family Advocates will email their Health Supervisor with the child’s name to have the internal referral information reviewed and closed.
  - c. Health Supervisors will review all information and notes and will close the “Internal Referral” as long as sufficient information has been provided by the FA.

***No further documentation is needed if both staff & the family do not have any further concerns and a referral to outside mental/behavioral health services is not needed.***

***If it is determined through the internal referral process that continued support and services are needed continue with the process below.***

#### Documentation of Ongoing Mental/Behavioral Health Concern (Family Advocate)

***Please refer to the “Mental Health Concerns & Referrals” Screenshot Guide for more detailed guidance.***

#### **Adding a New Concern:**

1. Family Advocate will create a concern in the “Process Documentation” section of the Mental Health/Disabilities tab if:
  - a. Both staff and parent have a concern **OR**
  - b. Staff have a concern, but the family does not **OR**
  - c. Family has a concern, but staff do not **OR**
  - d. If the child enters the program already receiving mental/behavioral health services.
2. “Area of Concern” will either be:
  - a. Mental Health-Behavioral: If staff and/or parents have concerns regarding the child’s behaviors

- b. Mental Health-Other: If parents have mental health concerns that are not behavior related. (for example: traumatic event, or other mental health concerns)
3. The “Concern Initiated From” section will be the original source of the concern. For example, “Health Team Concern” if it originated from the Health & Nutrition Survey.
4. Summarize the Mental/Behavioral Health concern and next steps in the “Concern Note” section.

### Ongoing Follow-Up:

Once a Mental Health concern is created in the “Process Documentation” section, the Family Advocate will be expected to follow up on concern a minimum of every 30 days. Follow up will happen in the “Notes” section. Ensure that you are marking “Mental Health Support” in the “Associated with” section.

The following standardized note titles **must** be used to clearly document progress, decisions, and communication. The use of any other case note titles will skew monitoring and reporting.

#### 1. MH Referral for External Services

- a. Only used when a mental/behavioral health referral is sent to an external mental health provider
- b. *See “Release of Information” section below.*

#### 2. MH External Referral Follow-Up

- a. Used when a child is in the referral process but has not yet started services
- b. Includes documentation of next steps, pending actions, support or family needs.

#### 3. MH Receiving External Services

- a. Only used one time to identify children who entered the program already receiving services from an external mental health provider.
- b. *See “Release of Information” section below.*

#### 4. MH External Services Update

- a. Used after services have started to document family check-in’s, progress and service updates.
- b. Used for children.

## 5. MH Family Communication-Services Refused-Ongoing Internal Support

- a. Used when a family declines services or a referral, but the FA continues to provide internal support and encourage movement toward receiving external services.

## 6. Internal MH Observation

- a. Used when parent has agreed to Mental Health Consultant (MHC) individual observation.
- b. Have family fill out the MH-1 and sign. Attach the MH-1 form to the note.

## 7. MH Family Communication-Concern Resolved

- a. Used when a child has graduated from MH services OR
- b. Concern is no longer valid.
- c. **When a concern is resolved, FA must email their Health Supervisor to resolve the concern-closing it out to ensure monthly follow up is no longer required.**

### Sending a Referral to External Providers

#### Release of Information

1. Complete paper copy of the MH-2 Release of Information with the family prior to sending or receiving any information to external providers.
2. Scan the ROI and upload in Shine-attaching it to:
  - a. The “MH Referral for External Services” case note for children needing a referral OR
  - b. The “MH Receiving External Services” for children entering the program already receiving services.
3. A digital copy of ROI will also need to be attached and sent with referral (see referral process below)
4. Send the hard copy of the signed MH-2 to the Health Department

#### Utilizing Unite Us/Connect Oregon Platform

*Please refer to the “Unite Us Mental Health Referral Process Screenshot Guide” for more detailed guidance.*

We will be utilizing the Unite Us/Connect Oregon Platform for the submission of all mental/behavioral health referrals. **If for some reason you are referring children to**

**services outside of our normal services providers, OR services providers are not in the Unite Us/Connect Oregon platform, please contact your Health Supervisor for more guidance.**

1. Creating a Client Profile:
  - a. Select the “+” sign and select “New Client”.
  - b. Search for the client to see if a client record already exists. For child mental/behavioral health referrals, the client will be the child.
  - c. If a record is not found, you will create a new client record by filling out the client profile page. You **MUST** use the child’s name and date of birth.
    - i. Filling out the referral form with the parent/guardian present is best practice so you can obtain all needed information.
    - ii. If the parent/guardian is not present, fill in the information to the best of your ability. Utilize “undisclosed” for information you do not know.
  - d. Include the parent or guardian contact information in the “Contact Notes” section.
  - e. Click “Save Client”.
2. Oregon Social Needs Screening:
  - a. Once a client profile is created, you will be prompted to complete a social needs screening. We complete our own screening with families during the enrollment process.
    - i. You will select “I have not offered this client a social needs screening”.
3. Obtaining Consent:
  - a. To send the referral, consent must be obtained from the parent/guardian. For children in foster care, consent must be obtained by resource parent(s) and the child’s ODHS case worker.
  - b. Have the parent fill out the MH-2 ROI. Make sure they initial the Unite Us consent section of the ROI.
  - c. Scan and save the MH-2.
  - d. You will choose “Upload signed paper form” and drag or select your file into the Unite Us Platform.

*Consent/ROI submission can happen at a later time. You can skip this part to complete the rest of the referral process while the parent is present. You will have to go back and upload the consent prior to completing the referral.*

- e. The hard copy of the MH-2 will be sent to Brenda Barker at the Main Office.
4. Finding and Submitting the Referral:
- a. Once the client profile is created and consent is obtained, you will click on “Find Resources”.
  - b. Type in the search bar the agency in which the parent/guardian would like to receive services.
  - c. Scroll down in the result list until you find the correct agency and service.
    - i. Select “Add Resource” and choose the service you are looking for.
  - d. Click on “Added Resources” in the upper right corner.
    - i. You will see a list of added resources come up. Click on “Create Referral”.
  - e. In the referral description, you will summarize the reasons for the referral. You will also add the parent/guardian contact information.
  - f. Please attach all additional documentation: ASQ-SE and Behavior Checklist.
    - i. For Family Nurturing Center, please also attach the FNC Referral Form.
  - g. Click “Next”.
  - h. You will review the information to ensure all necessary information is included and correct. Click “Confirm and Submit”, to send the referral.

*If consent is not obtained, you will be directed back to the Informed Consent page. The referral cannot be sent without the client's consent.*