



**School District of Marshfield**

# **Mental Health Pathways Program Guide & Strategic Action Plan**

**July 2019**



# Mental Health Pathways Program Guide





# Mental Health Pathways

Data prompts a referral to a building Student Services team (may include the following individuals: social workers, counselors, psychologists, nurses, principals, mental health navigator, community mental health providers)

Team reviews data and makes decision regarding referral option(s):

## Option 1

Continue classroom/  
school-wide interventions

## Option 2

School Mental Health  
Provider

## Option 3

Community Mental Health  
Provider (in-school)

## Option 4

Community Mental Health  
Provider (in community)

### Possible Services Provided:

- Social Emotional Learning (SEL) skills groups
- PBIS interventions and/or strategies
- Individual SEL support sessions
- Special Education referral
- Home/School /Community collaboration
- Basic needs resources
- Behavioral support
- Personalized Pathways (MS/HS)

### Possible Services Provided:

- Therapeutic groups
- Individual therapy sessions
- Family therapy sessions
- Parent engagement
- Collaboration with school through attendance of student services team meetings, consulting with staff, and/or training staff on mental health topics

Data is collected to determine student outcomes

- *School Mental Health Providers consists of school counselors, school social workers, school psychologists, and school nurses*
- *Community Mental Health Providers are employed by community agencies*



## Community Mental Health Provider Referral Process (Flow Chart Option 3)

**Point of Contact (POC)** refers to the School Counselor in each building. The POC may delegate logistical tasks to other designees within the building as determined appropriate by the student services team.

POC completes the school mental health referral form with the student services team and contacts the guardian(s) to review and collect information.

If the guardian(s) provide consent to refer, the POC will scan/email the completed referral form to the community provider and the Mental Health Navigator. The POC will keep a copy of the form on file and mail a copy to the guardian(s).

If the guardian(s) do not provide consent to refer to the community mental health provider, the POC will communicate with the student services team regarding other options (flow-chart options 1, 2, and/or 4)

Upon receipt of the referral form, the community provider will contact the guardian(s) to schedule an appointment to complete the provider's intake packet forms. Each provider's release of information form will be included in this packet and scanned/emailed to the POC upon obtaining the signatures. If the guardian(s) refuse to provide the release between the community agency and the school district, the provider will recommend the family for community-based services instead. If the provider is not able to contact the guardian(s), they may seek assistance from the POC and/or the Mental Health Navigator.

Once the intake process is completed the community provider will work with the POC and/or designee regarding coordination of scheduling, communication of the district calendar, and communication protocols for student/provider cancellations of sessions and any other items that team members will collaborate on.



# School District of Marshfield Mental Health Referral Form

*This form is to be completed by the School Counselor (hereafter referred to as Point of Contact (POC) during the building student services team meeting as part of the Mental Health Pathways process. Upon reviewing data, the team may decide to refer the student for community mental health provider support within the school setting. The POC will contact the guardian and review this form and seek permission to refer to the community mental health provider.*

## Student Information:

Date of student services team referral: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Race: \_\_\_\_\_

## Guardian Information:

Date(s) of guardian contact(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Guardian 1

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Guardian 2

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Student Concerns/Reason for Referral (check ALL that apply):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Abuse/Neglect        | <input type="checkbox"/> Eating/Body Image          | <input type="checkbox"/> Peer Relationships          | <input type="checkbox"/> Somatization      |
| <input type="checkbox"/> Academic Performance | <input type="checkbox"/> Extreme Mood Shifts        | <input type="checkbox"/> Physical Health             | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Anger management     | <input type="checkbox"/> Family Change              | <input type="checkbox"/> Physically aggressive       | <input type="checkbox"/> Suicidal          |
| <input type="checkbox"/> Anxiousness          | <input type="checkbox"/> Gender Identify            | <input type="checkbox"/> Pregnancy                   | <input type="checkbox"/> Trauma            |
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Grief                      | <input type="checkbox"/> Self-Harm                   | <input type="checkbox"/> Withdrawn         |
| <input type="checkbox"/> Drug/Alcohol Abuse   | <input type="checkbox"/> Hospitalization/Transition | <input type="checkbox"/> Social/Emotional Regulation |  |

Other information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Guardian Information for Services:**

**Type of Insurance Coverage**

Private Insurance (Name): \_\_\_\_\_

Medicaid/Forward Health: \_\_\_\_\_ HMO \_\_\_\_\_

No coverage: \_\_\_\_\_ Other information: \_\_\_\_\_

**Barriers to Community Care (check ALL that apply):**

- Financial
- Previous counseling; not successful
- Scheduling (work/activities)
- Stigma associated with treatment
- Student refusal of services
- Transportation
- Wait-lists in community

Other information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I give permission for the School District of Marshfield to refer my child and their contact information to the community mental health provider(s) that are part of the school's consortium of services. I understand that participation is voluntary, and the Unified School District of Marshfield is not responsible for the cost.*

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

**Office Use ONLY**

Verbal/written Permission Date: \_\_\_\_\_ POC signature: \_\_\_\_\_

Notes regarding declining of services (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please remember to include students, especially 14 years and older in this process**



# Strategic Action Plan





# PROGRAM GOALS

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- Collaborate across systems to improve mental health access and outcomes for youth and families
- Provide mental health training for staff, parents, students, and the community
- Reduce mental health stigma in the district and community



# PROGRAM BENEFITS

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## Students and Families

- Increased youth access to outpatient mental health services and/or alcohol and other drug abuse counseling services.
  - Increased student time in the classroom by mitigating travel time to and from off-site appointments.
  - Deepened ties between community mental health providers, school administrators, and student services staff.
  - Increased family engagement and access to outpatient mental health services and/or alcohol and other drug abuse counseling services in the school community, which may reduce time away from work for parents.
  - Protections that come from utilizing licensed treatment professionals and qualified treatment trainees who are overseen by state regulators and who deliver outpatient mental health services and/or alcohol and other drug abuse counseling services in a safe and supportive school environment.
  - The consistent use of evidence-based programs and interventions.
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# PROGRAM BENEFITS

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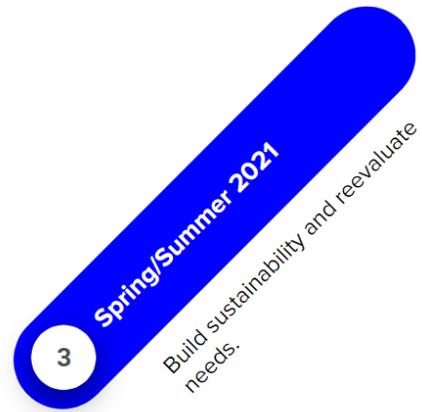
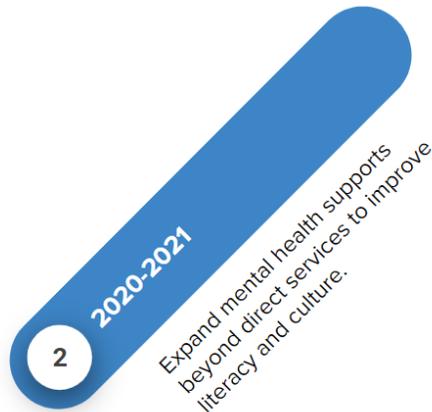
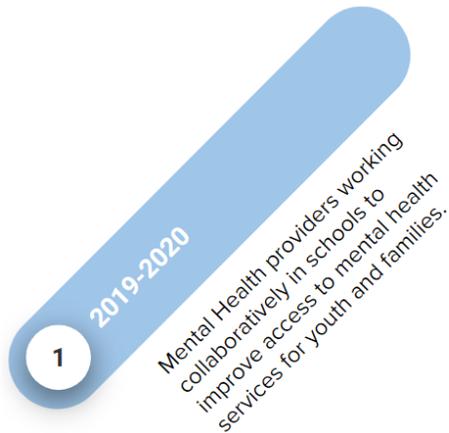
## Schools and Providers/Agencies

- The use of professionals/agencies who provide licensed treatment professionals and qualified treatment trainees overseen by state regulators.
- Consultation and mutual support between public and private agencies on mental health issues.
- School staff training to better understand behavioral health issues and implications on learning.
- Collaboration through referrals and teaming with students, families, and school staff on shared goals and strategies.
- A receptive climate and understanding of children's mental health issues in schools, in particular addressing issues related to stigma.
- Recognition of the important role of school mental health providers (school counselors, nurses, psychologists and social workers) as well as community providers (therapists, psychologists and counselors) in continuing to support the mental health needs of students.



# PROGRAM IMPLEMENTATION

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## Phase 1 Objectives/Goals:

1. Build collaborative relationships between the district and area providers.
2. Create and utilize a referral pathway in each school.
3. Conduct regularly scheduled consultation meetings between providers and student services staff.
4. Conduct regularly scheduled consortium meetings.

## Phase 2 Objectives/Goals:

1. Expand tier one (education & literacy) supports for staff, parents, and students.
2. Integrate AODA supports and services at various levels.
3. Build and utilize expanded tier two supports including psychoeducation group offerings.
4. Implementation of universal screening and supports.

## Phase 3 Objectives/Goals:

1. Participate in a formal review of consortium and school-based mental health system.
2. Establish new goals for a two-year period.

**Throughout all phases of implementation, the consortium will work to build sustainable funding in order to meet the needs of all students and families.**

# STAKEHOLDER COMMITMENTS and GUIDELINES

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## School District will:

- Work to see their relationship with providers/agencies as a collaborative partnership on behalf of students and families.
- Respect individual therapist and provider training, knowledge, and expertise in providing mental health services and interventions.
- Understand and respect the confidentiality between providers and clients.
- Coordinate schedules to maximize a provider's time in the school.
- Work with the providers and families throughout the referral and intake process.
- Provide a consistent and confidential trauma sensitive space to the agency to provide services.
- Designate a consistent Point of Contact (POC) for each school building to ensure effective and efficient communication.

## Agency/Provider will:

- Work to see their role in the schools as a collaborative partnership on behalf of students and families. As such they will do the following:
  - Participate in regularly scheduled consultation meetings with students services staff.
  - Communicate important and relevant information to the school POC in a timely manner outside of regularly scheduled consultation meetings.
- Provide documentation related to the following licensing, cost, and insurance information to the district:
  - Copies of current professional licenses of all providers working in the school.
  - Self-pay costs, sliding scale process, working with uninsured/underinsured clients, and insurance accepted by provider working in the schools.
- Provide a signed release of information to the POC for all families participating in school-based services.
- Will attend scheduled consortium meetings to ensure proactive problem solving and collaborative program development (recommended for all but required only for Agencies providing direct services in the schools).