



RtI Flow Chart: Behavioral Health Referrals

The following referral process was developed by Mesa County Valley School District #51 and Colorado West Regional Behavioral Health Center. This process may be adapted by other communities to meet their needs.

Referral Source: Identify a consistent staff person within a school who will make behavioral health referrals and maintain contact with the community mental health center. The designee may be the school psychologist, social worker, counselor, or a Problem Solving Team member.

Community Mental Health Center (CMHC) designee: To ensure confidentiality, one fax machine can be designated for school referrals and one CMHC designee charged with follow-up on school referrals.

School based universal strategies should be in place: RtI and PBIS research-based instructional strategies and social-emotional wellness components should be integrated in the general curriculum. Differential instruction and universal screening assessments should also be in place.

If a student has been identified as not meeting adequate annual academic and/or behavioral benchmarks as part of the universal strategy, the school team should consider the following steps:

1. General Education Teacher (s)' conversation with the parents

- Consult the teacher scripts and utilize partnership vocabulary. Use the social-emotional standards and benchmarks as a guide.
- Continue universal strategies and modifications and document outreach and outcomes.
- Complete the parent school partnership form to document or obtain permission for interventions.

2. Maintain contact with family

- Use data to guide the discussion and connect home and school interventions.
- Collaborate with the school mental health professional/case-manager to review data and interventions.
- Prepare documentation for school team review if appropriate.

3. Hold a school Problem Solving Team (PST) meeting with the family

- Develop a plan specifying the desired outcome and a timeline for evaluation.
- Consider the need for a CMHC referral. If there is agreement about a referral, identify a school designee to work with family to sign the Release of Information that accompanies the Behavioral Health Referral Form.
- Fax the forms to the community mental health center designee.

4. PST meeting to revise instruction or behavioral plan

- Consider whether there is a need for Special Education referral based on eligibility criteria.
- Reevaluate the need, if appropriate to refer to community agency using the Referral Protocol.

5. Follow up with the school referral

- CMHC source contacts the family for an appointment. CMHC and family jointly outreach school professional(s) to coordinate interventions between home, school and community.
- Include other involved professionals, such as physical health, probation and other partners.
- If the school does not hear back from the CMHC within a specified period of time, they may need to re-contact the family. The use of the Referral form is intended to establish a feedback loop. The form states: "If you do not hear back from (the community mental health center), either we did not see this individual, or we did not receive a Release of Information that allows us to contact you."

Please remember to include a Release of Information form (to be signed by the student's parent or legal guardian) in your Referral Protocol Packet.



Use of the Referral Protocol in an RtI/PBIS Framework

Universal Core Curriculum, Instruction, and Assessment:

Student participates in the general classroom with core curriculum aligned with state standards and research-based instructional strategies. Flexible grouping targeting specific skills is included so that instructional goals of all students can be met. Differentiated instruction and universal screening are in place.

Is the student making adequate academic and/or behavioral progress?

NO

YES

This student benefits from universal core curriculum, instruction, and assessment.

Step 1: General Education Teacher(s)' conversation with parents

Use scripts, checklist, standards, and screenings tools as a guide.

- Contact parent/guardian and log contact
- Implement universal interventions, accommodations, and modifications
- Keep data/ records of the student's progress
- Review the student's cumulative file

INSUFFICIENT PROGRESS GO TO STEP 2

SUFFICIENT

Step 2: General Education Teacher (s)/Collaborative Consultation (may include the school psychologist or counselor)

- Contact parent/guardian and log contact
- Hold data-driven dialogue with colleagues and parents to develop plan
- Put procedures in place to implement and evaluate effectiveness
- Keep data/records of student's progress

INSUFFICIENT PROGRESS GO TO STEP 3

SUFFICIENT PROGRESS

If the student is demonstrating success with this plan, gradually fade the intervention and return to core with progress monitoring.

Step 3: Hold a school Problem Solving Team (PST) meeting with the family

- Develop Instructional Decision-Making Plan and decide procedures on how to implement, monitor, and evaluate this plan.
- Complete required forms
- Decide how to evaluate fidelity of intervention(s)
- Repeat Step 3 with the team on an as needed basis
- Consider referral to community agency (use Referral Protocol)

IF NOT RESPONDING TO INTERVENTION AFTER AT LEAST 2 CYCLES, GO TO STEP 4

RESPONDING TO INTERVENTION

The student receives additional support and interventions based on need. Evaluation and progress monitoring should continue and changes made based on data, as needed.

Step 4: Schedule additional PST meeting to revise instructional or behavioral plan

- Discuss possible special education referral and proceed with eligibility, if appropriate
- Consider referral to community agency (use Referral Protocol)

Step 5: Follow up with the school referral to the community mental health center (CMHC)

- CMHC designee contacts family for appointment
- Interventions are coordinated between home, school, and community agency