MAKING AN EFFECTIVE REFERRAL

For Children's Behavioral Health Services

Service Eligibility

When a youth needs treatment services to help with symptoms related to their mental health or intellectual disability, an effective referral is the best way to access services. Eligibility for children's behavioral health services is determined by *frequency, intensity and duration* of the youth's symptoms related to a mental health or developmental disability diagnosis that are impacting the youth's ability to function in daily activities in a safe manner. Services are categorized by levels of service intensity and an individual's eligibility is based on the presenting symptoms. Referrals should be made to lowest service intensity level that matches the intensity level of the presenting symptoms, behaviors, challenges at the time of the referral

Frequency, Intensity, Duration

Be able to describe symptoms that need to be addressed in terms of frequency, intensity, and duration.

Frequency refers to how often the symptom(s) of concern happens (i.e., youth cries about school 3x/week, youth hits dad daily).

Intensity refers to how significantly the symptom(s) impact the youth's daily functioning. It also refers to the force with which a behavior occurs. (i.e., verbal aggression of yelling and swearing vs. physical aggression of punching someone, throwing something across a room at a wall or purposefully throwing an object at another person, biting self with no marks or biting self, leaving bruises).

Duration refers to how long a particular symptom(s) lasts. How long have the symptoms been occurring? Do they occur in multiple environments or just one?

Helpful Tips For Making Effective Referrals

- Review CBHS Information sheet and Parent Acknowledgement Form with youth and family for any service that may meet the needs prior to making a referral to ensure they understand and want the service. Submit with referral when required.
- Be specific about symptoms/needs requiring treatment: e.g. if youth is aggressive, describe what they do that is aggressive rather than saying they are aggressive. "Youth hits his sibling with closed fist, leaving bruises 3x per week)
- Provide a diagnosis rather than "Illness Unspecified"
- Be able to identify possible treatment goals identified by youth and family, i.e.: decrease aggression
- Prepare caregivers for their role in treatment
- If referring a youth who is non-verbal or has significant cognitive delays to a clinical service, explain the desired outcome and how they will participate
- Present current information and current symptoms needing treatment, not historical information.
- Describe services/programs that have been tried (lower intensity services, dates of service, discharge recommendations, caregiver participation in services).
- Describe potential barriers that may impact participation in services (youth refusal to participate, transportation, childcare needs, out of home placement).
- Clearly describe the exact behaviors the family wants to address with treatment. Don't use broad or vague terms like youth struggles with, youth is aggressive, youth needs support, youth does property destruction, tantrums, outbursts.
- Understand that outpatient treatment can and should work on behaviors that happen at home. Referrals for Home and Community Treatment (HCT) or a higher level of care because "the behaviors are happening in the home so we are referring for home based services" is not the intended use of HCT. Refer to the service intensity level that matches the frequency, intensity and duration of the youth's symptoms.
- Understand that eligibility for services is based on the youth's presentation and not family circumstances. HCT is not intended to replace outpatient treatment, if symptoms are appropriate for outpatient when a family faces barriers to getting to outpatient (transportation, child care, etc). Access Case Management for support in overcoming barriers.
- Understand that Rehabilitative and Community Services (RCS) is not a step-down from HCT. They are different services that focus on different needs. Outpatient would be the step-down from HCT.
- Understand that RCS is not intended to be for "support" or "supervision" only. RCS is intended to address skill deficits related to cognitive delays or Autism to teach youth and families ways to develop skills.