

Mental Health, Behavioral Health and School Counseling Service

Service:	School-based Mental Health Partner - Specialty Care	Behavioral Health - Primary Care	School Counselors and Social Worker
Contact(s):	Names and emails of mental health providers	Names and emails of behavioral health providers	Names and emails of school counselors and school social worker
Access:	Days and hours of availability of MH providers	Days and hours of availability of BH providers	Days and hours of availability of school counselors and social worker
How to refer:	Follow your school's referral process to mental health	Complete Telehealth Referral Form <i>[insert hyperlink to your link to your Telehealth Referral Form]</i> <ul style="list-style-type: none"> ● New patients will need to have an intake visit with the Nurse Practitioner prior to visit with the Behavioral Health provider. Parent will need to participate in intake visit with the Nurse Practitioner 	E-mail, phone, in-person conversation, or counseling slips turned into secure boxes outside of the counseling offices <ul style="list-style-type: none"> ● Student self referral ● Parent referral ● Staff referral
Treatment Type:	<ul style="list-style-type: none"> ● Assessment ● Individual, Family, Group mental health therapy ● Consultation ● Crisis intervention 	<ul style="list-style-type: none"> ● Brief, targeted assessment and skills-based intervention including, but not limited to, behavior change ● Consultation ● Skills building ● Diagnose general mental health conditions, including ADHD <ul style="list-style-type: none"> ○ In collaboration with medical providers and when assessment findings are available. 	See below under "Symptoms/Problems"
Insurance:	OHP, No insurance *Clients with private insurance on a case-by-case basis	Any insurance, No insurance	NA

Service:	Mental Health - Specialty Care	Behavioral Health - Primary Care	Lane School Counselors
Symptoms/ Problems:	<p>Multiple, moderate to severe, chronic, or complex concerns that may require frequent, in-depth, long-term care</p> <p>Major Depression/Anxiety, current self-harm, active suicidal plan/intent, etc.</p> <p>Trauma work</p>	<p>Focused on skills needed for single or limited concerns:</p> <ul style="list-style-type: none"> ● Feeling down/depressed (mild) ● Sleep challenges ● Poor appetite ● Feeling bad about self; low self-esteem ● ADHD <ul style="list-style-type: none"> ○ Coping tools for focus/attention/behavior ● Academic stress <ul style="list-style-type: none"> ○ Not passing classes ○ Not understanding class material ● School stressors <ul style="list-style-type: none"> ○ Example: History of witnessing or experiencing abuse. Health class could be a trigger when discussing abuse topics. ● Social stressors <ul style="list-style-type: none"> ○ Negative friendship, negative relationship with partner, bullying ○ Home stressors ○ Housing, food, parents arguing ● Other stressors <ul style="list-style-type: none"> ○ Example: Newly arrived in U.S. ● Grief/loss ● Anxiety ● Panic attacks 	<p>Work with students includes:</p> <ul style="list-style-type: none"> ● Facilitating the gender and sexuality alliance ● Connecting students with affinity groups and partner organizations to ensure all students feel a sense of belonging at school ● One-time meetings to provide support for an academic, personal or social issue ● Weekly meetings for ongoing concerns ● Teaching on mental health and social justice topics in classrooms ● Facilitating small groups and social opportunities ● Schedule changes ● Academic, social, and emotional support ● Check-ins with students who need mental health support and referral to resources ● Making plans for academic success, teach study skills, help facilitate positive relationships between teachers and students ● Meet with students regarding stress around interpersonal relationships ● Refer students to Confidential Advocate and Title IX services ● Screen a student for suicidal ideation ● Help students find ally groups to connect with ● Meet with students about post-high school plans

			<ul style="list-style-type: none"> ● Work with students who are experiencing housing or food insecurity; refer families to resources and give students access to our food pantry ● Refer students to Title X services <p>Work with families includes:</p> <ul style="list-style-type: none"> ● Helping families find resources for their particular needs (e.g. groceries, clothing) ● Referring students to the school-based mental health ● Support for parenting challenges ● Following up with students on parent request to provide support ● 504 Plans ● Providing resources to families of color impacted by racial injustice
Frequency:	Weekly or biweekly	As appropriate: weekly, biweekly, monthly; short term	<ul style="list-style-type: none"> ● As needed
Length of treatment:	Issue(s) may require long- term treatment (3 months - 1 year or more)	Issue(s) can often be addressed in a few focused visits.	<ul style="list-style-type: none"> ● As needed

For students needing referral for long-term mental health through *[insert name of mental health provider or community mental health resource]*, but no access or extended time duration to get in with a mental health therapist, referral can be made to SHC BH. Please ensure the following have been completed *prior* to submitting BH referral:

1. MH referral submitted by school counselor or school social worker.
2. Conversation between school counselor, family, and student, explaining BH is short-term and that student will be transitioned to mental health when available. Family and student understand this and would like to pursue BH in the interim.

After completion of above steps, school counselor or social worker:

1. Complete *[insert hyperlink to your Telehealth Referral Form]* and include the following in the “Special Instructions/Other” section of referral form:
 - a. Wait time to get in to be seen by MH provider, AND
 - b. Specific behavior change indicated as focus for BH visits

NOTE:

- If family/student wants MH therapy ONLY, then referral to BH *is not* appropriate.
- If family/student wants behavior-focused interventions while awaiting MH, then referral to BH *is appropriate*