

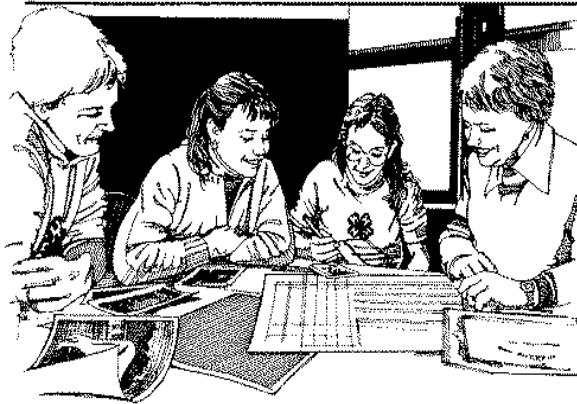


Excerpt From

*From the Center's Clearinghouse ...\**

A Technical Aid Packet on

**School-Based Client Consultation,  
Referral, and Management of Care**



This document is a hardcopy version of a resource that can be downloaded at no cost from the Center's website (<http://smhp.psych.ucla.edu>)

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Everyone would do well to gain a bit of consumer savvy before contacting a professional resource – not because professionals are out to rip people off (although there are a few shady practitioners in any profession) but because the majority of professional services by their very nature have built-in biases and usually reflect prevailing treatment dogma.

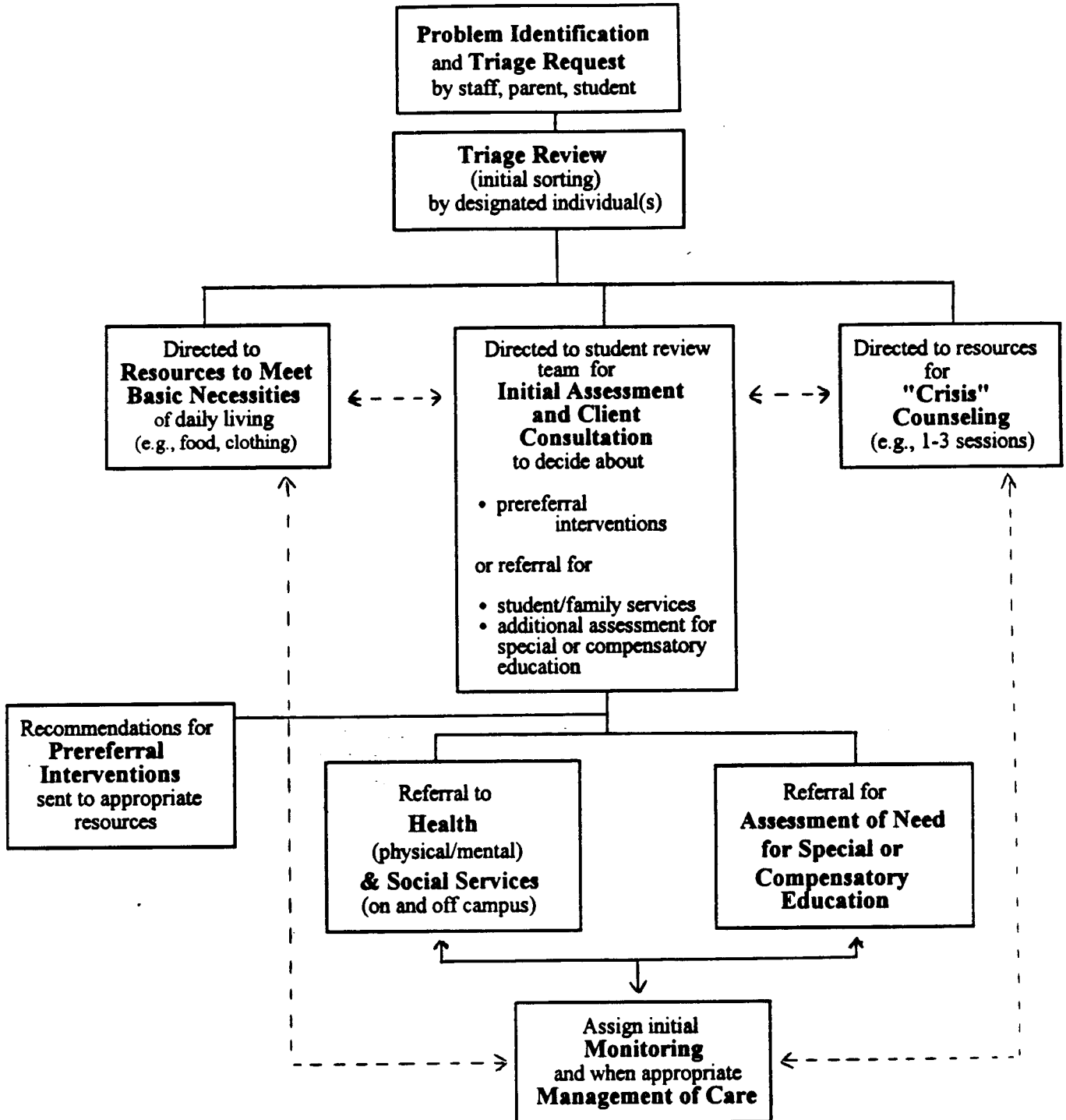
Practitioners often promote only one view of a problem and the needed treatment, and may also use confusing jargon or perhaps overly complex or unproven theories and practices.

In looking for help the consumer's problem is twofold:

to identify feasible resources  
and then

to evaluate their appropriateness.

## Problem Identification, Triage, Assessment and Client Consultation, Referral, and Management of Care



## **Guidelines**

### **Problem Identification, Triage, Assessment and Client Consultation, Referral, and Management of Care**

#### **Problem Identification and Triage Request**

- Problems may be identified by anyone (staff, parent, student)
- There should be a Triage Request Form that anyone can access and fill out.
- There must be an easily acceptable place for people to turn in Triage Requests.
- Everyone should be informed of the process for making a Triage Request and what follows such a request.

#### **Triage Review**

- Several individuals should be designated and trained to review, sort, and direct forms every day to appropriate resources. These individuals can work independently of each other in sharing the task. For example, different individuals can do reviews on specified days or for an entire week.
- After the sorting is done, the reviewer should send a status information form to the person who identified the problem (assuming it was not a self-referral).

#### **Students/Families Directed to Resources or for Assessment and Client Consultation**

- For resources to meet the basic necessities of daily living (e.g., food, clothing), the triage reviewer should provide the student/family with information directly or through the person who identified the problem.
- If a problem clearly requires immediate counseling for a few sessions to help a student/family through a crisis, the triage reviewer should direct the form to the appropriate person designated to make assignments to available on-site crisis counselors.
- All other forms are directed to a small student review "team" (1-3 trained professionals) for further analysis and recommendations. (If there is a large number of requests for such reviews, several teams might be put into operation.) Members of such a team might not meet on all cases since some can be reviewed independently with recommendations made and passed on to subsequent reviewers for validation or revision. For complex problems, however, the team will have to meet and probably will need to gather more information from various involved parties (e.g., teacher, parent, student).
- All analyses and recommendations are shared with the student/family during a client consultation session at which decisions are made about appropriate course of action (e.g., referrals).

## **Prereferral Interventions, Referral for Assessment to Qualify for Special Services, or Referral to Health and Social Services**

- In many instances, "prereferral interventions" should be tried. This requires that the school has or develops the type of resources that can be used to help classroom teachers learn and try new strategies. By monitoring the impact of such interventions, it can be decided whether they are sufficient for handling the problem. At the very least, they will provide additional data on what isn't working and what might.
- When students/families are referred for health and social services, procedures should be established to facilitate motivation and ability for follow-through. Initial monitoring should be designed to determine follow-through and possible need for additional referrals.
- Referrals for assessment to determine need for special or compensatory education often are delayed because of a waiting list. Back logs must be monitored procedures used to reduce delays (e.g., by arranging for 1-2 days of intensive assessment and review).

## **Management of Care**

- Some situations require only initial monitoring (e.g., to ensure follow-through). Persons must be identified and trained to function as such monitors and a system developed for assigning them as needed.
- Other situations require ongoing management of care to ensure
  - (a) interventions are coordinated, integrated, and appropriate
  - (b) problem analysis is ongoing
  - (c) intervention impact is evaluated
  - (d) interventions are revised as neededand so forth.

There are many models for managing care. For example, one common approach is to assign the primary responsibility for managing care to the professional who has the greatest involvement (or best relationship) with the student/family. All potential managers of care need training for the role.

- One key and often neglected function of the person with primary responsibility for managing care is to provide appropriate status updates to *all* parties who should be kept informed (e.g., teachers, administrators).