School-Based and Community Mental Health Referral Process HCSD Mental Health Committee APPENDIX A Referral 15 Days or Less from Referral Substance Use Interview / Investigate Data DENTIFY Needs Identified Threat/Crisis Screening and/or Assessment No Mental Health / Mental Health Substance Use Needs Identified needs indicated 15 days or Less from 15 Days or Less Low Level Assessment from Assessment Intervention Higher Level Mental Health and/or Substance Use Needs Refer to Substance Abuse Counselor ER 15 Days or Less 15 Days or Less from Tier 1 Services 15 Days or Less from Continued and Assessment from Assessment Monitored Referral to SSW Tier 2 Intervention and for Further Screening, **Progress Monitoring** Assessment by School Counselor Consent/Referral/T2& T3 Support **Initiate School-Based Initiate School-Based** Initiate School-Based Tier 3 Services w/in 15 Days Tier 2/3 Services w/in 15 Tier 2 Services w/in 15 from Referral Days from Referral Days from Referral Individual / Group Counseling, Case Management Individual / Group Individual /Group FBA/BIP, In Home Support, Reentry Support Counseling Counseling SU Assessment, Family Consultation, FBA/BIP Classroom Observation Referral Services Case Management Referral Services R PPO Sopport Initiation of Community Based Support Initiation of Community Based Tier SU Tier 3 Services w/in 30 Days from Referral 2/3 Services w/in 30 Days from Referral by by School Based Mental Health Provider School Based Mental Health Provider Tier 2 Providers Tier 2 Providers **Tier 3 Providers** School Psychologist School Counselor School Psychologist' School Social Worker School Psychologist School Social Worker **Behavior Support Team** School Social Worker **Behavior Support Team** Community Care Community Care District Mental Health Team Providers **Providers**

Community Care Providers

Hernando County School District