

Community Prevention Mental Health Voucher Referral Process Instructions

1. A need for the use of mental health vouchers by a family is identified by a school counselor, school social worker/interventionist, school psychologist or community service provider (Professional Partners, Juvenile Services, in-home visitation service, etc.).
2. School/agency representative and parent meet to complete:
 - An application provided by the school/agency, if applicable (school's choice to have an internal process for a request to be reviewed by a Committee), and school's release of information form.
 - Central Navigation *Bring Up Nebraska (BUN)* Participant Information Form (**should be filled out with the parent as the participant**) – PLEASE MAKE SURE TO USE THE MOST CURRENT FORMS AND THAT THEY ARE FILLED OUT COMPLETELY AND THAT THE LAST PAGE IS SIGNED **IF** THEY CHECK "YES" for allowing their information (either as an adult or for their teenager if must apply with youth's information).
 - Mental Health Voucher form (please offer the family the list of contracted providers for them to choose what counseling agency they intend to seek services from).
 - The Support Services Fund Application Form with TOP LEFT QUESTIONS and Sections 1, 2 & 3 completed. Details on the need for counseling are appreciated.

The family should be asked if they have Medicaid or insurance with sufficient coverage to afford the counseling without the use of the vouchers (if yes, vouchers should not be utilized). If receiving vouchers and they have no insurance, they should be asked if they can contribute a minimal amount for each session; **NOTE THAT THOSE WITH INSURANCE ARE REQUIRED TO PROVIDE AT LEAST A \$30 PARENT CONTRIBUTION**. If there are extenuating financial circumstances that those who don't income qualify or have insurance but can't meet the \$30 contribution, explain at the bottom of the second page. The request may still be approved and a lesser contribution accepted.

3. The family must also be offered Community Prevention Coaching services at this time, but they can choose not to pursue this option (this is a part of our grant funding regulations). If the family wants to pursue Coaching services, please note that on the Voucher form and a bit about the family situation in the email when submitting the forms for approval of the request.
4. The Voucher form, BUN Participant Information and Support Services Fund Application forms are sent to our email voucher address at vouchers@columbusunitedway.com.
5. Once verification is given that the voucher is approved for the youth, the school/agency staff will contact the parent(s) and inform them of approval and that they should call as soon as possible to set up the first appointment (which should occur within 3 months of the approval date). All sessions that the Vouchers will be billed for should be completed within 7 months of the request date, unless youth is placed on a waitlist.
6. Also, upon approval, send a message addressed to the therapy agency of choice and to the vouchers@columbusunitedway.com email so that both parties have record of the referral being given to the provider; attach the first page of the Voucher form only.
7. If the family has not scheduled an appointment by calling within 2-3 weeks, the counseling agency may contact the referral source to have them follow-up with the family about setting up services.

Criteria for Service Approval:

- Student has been EPC'd and needs follow-up appointments and/or psychological evaluation.
- Student is demonstrating signs of depression, anxiety, anger and/or other signs of psychological stress that are negatively affecting educational achievement.
- Student is demonstrating poor coping skills that are negatively affecting educational achievement.
- Student meets one or more criteria above and cannot afford mental health services based on family income (income guidelines on voucher), lack of insurance or high deductible that is a barrier to receiving counseling or other circumstances that are causing financial stress for the family.