



**Colorado Referrals 303-988-2645 • Toll-Free 1-844-303-WIND(9463)**

### **SWF Counties**

*Adams, Arapahoe, Archuleta, Broomfield, Chaffee, Clear Creek, Delta, Denver, Douglas, El Paso, Eagle, Elbert, Gilpin, Grand, Gunnison, Jefferson, La Plata, Logan, Mesa, Montezuma, Morgan, Ouray, Park, Pueblo, Routt, Saguache, San Miguel, and Teller*

## **PROGRAM ELIGIBILITY REQUIREMENTS**

In order to be considered for a referral by Second Wind Fund, the child or youth must be:

- 19-years-old or younger
- At risk for suicide
- Without insurance or underinsured and do not have the financial means to pay for therapy and/or experiencing transportation barriers to seeking mental health services
- New to Second Wind Fund with no previous referrals to us for services

For children and youth who have Medicaid, CHP+, or private insurance that adequately covers mental health treatment, Second Wind Fund can help narrow down a list of our therapists who meet the child or youth's needs through the same referral process but will not be able to issue an official referral.

## **ASSESSING THE YOUTH**

The below questions may be used as a guide for the assessment process.

- Is the youth at-risk for suicide?
- Does youth have a financial or other type of barrier to getting access to therapy?
- Would the youth benefit from therapy?
- What else is going on in the youth's life?
- Are the youth's needs beyond the scope of a single provider? Could the youth benefit more from a team perspective of care like community mental health?

## **HOW TO MAKE A REFERRAL**

After a Qualified Referral Source (QRS) has assessed the youth and deemed them an appropriate referral, please call Second Wind Fund's referral line at 303-988-2645 or visit <https://thesecondwindfund.org/refer-a-youth/>. Please have completed the steps below and have all the necessary information prepared.

### **Before completing the online form, please have completed the following:**

- If needed, a release of information to share about the youth.
- The youth's guardian consent to make the referral and their consent to have SWF contact for referral follow up support.
- Youth's consent to make the referral and their consent to have SWF contact for referral follow up support.
- A clear understanding of whether this is an official referral where the youth needs financial support to pay for therapy or if the youth needs assistance finding a provider because the youth has insurance and can pay for therapy. SWF will also gladly help with navigation to find qualified providers if the youth is not appropriate for a SWF referral.



## Necessary Information:

### Basic Demographic Information

- Name
- Date of Birth
- Grade, School District, School Type, School Name
- Ethnicity
- Language of Youth and Guardians
- Gender and Sexual Orientation Identifications
- City, Zip, and County for Youth or if the Youth is Experiencing Homelessness
- Youth's Phone Number and Email for us to contact for follow up if consent was given

### Insurance

**\*\*You must know what type of insurance a youth has in order to move forward with a referral.\*\***

- Private Insurance
  - Knowing the insurance carrier can be helpful but not required.
- No Insurance
- Medicaid/CHP+
  - Medicaid
  - CHP+ and which MCO

### Youth's Guardian(s)

Do the youth's guardians know that you are making this call?

- Yes
  - If yes is selected, then does SWF has permission to contact.
  - Please provide name(s), phone number(s) and/or email(s) for contacting, and the preferred form of contact.
- No

### Transportation Barrier

Is there a transportation barrier?

- If there is a transportation barrier SWF does have some providers who are willing to travel to schools, but no providers are authorized for in-home therapy.
- Other providers may also provide teletherapy if appropriate.

Tell us about the financial and/or social barrier to accessing counseling for the youth.

- This is the place to tell us about any barriers to treatment like the copay or deductible is too high. Please make sure to complete this box.



### **Suicidal Ideation, Self-Harm Behaviors, and Suicidal Behavior**

This is where you share more about the youth's risk for suicide and why the youth is a good fit for the program. You will be asked if are able to share more about the below. If are able it helps us better under the youth but answering is not required.

- Suicidal Ideation
  - Frequency and intensity for the following:
    - Hopelessness or feelings of overwhelm with no ideation
    - Wish to be dead
    - Non-specific active suicidal thoughts
    - Active suicidal ideation with any method (not plan) without an intent to act
    - Active suicidal ideation with some intent to act but no specific plan
    - Active suicidal ideation with specific plan and intent to act
- Self-Harm Behaviors
  - Frequency and intensity for the following:
    - Cutting
    - Scratching
    - Burning
    - Carving words or symbols on the skin
    - Drawing on the skin
    - Self-hitting, punching, or head banging
    - Piercing the skin with sharp objects
    - Intentional sleep deprivation
    - Intentional withhold of food
- Suicidal Behaviors
  - Does the youth have a plan?
    - Yes or no question
  - Tell us about any past suicidal behaviors.
- Other
  - Anything else related that you think would be helpful to share about the risks for suicide.

### **Suicide Risk Review or Suicide Risk Assignment**

- If a requirement of the facility, has one been administered?

### **Has the youth had someone in their life die by suicide?**

- Yes, no, or unknown question

### **Protective Factors**

What, if any, protective factors does the youth have in their life?

- Feels connected to a community
- Feels connected to family
- Feels connected to friends
- Good sense of self-worth and/or self-esteem
- Has problem solving skills
- Hope for the future
- Other
- Reason for living
- Trust adult(s)
- Youth does not have any protective factors



### **Mental Health Diagnoses**

What, if any, mental health diagnoses do the youth have? This question is important in helping to pair the youth with the best providers for their needs.

- Yes or no question
- If yes, please select from the list provided.
  - Adjustment Disorder
  - Anxiety Disorders
  - Attachment Disorder
  - Attention Deficit/Hyperactivity Disorder
  - Autism Spectrum
  - Bipolar Disorder
  - Borderline Personality Disorder
  - Conduct Disorder
  - Depressive Disorders
  - Development Disorder
  - Eating Disorder
  - Learning Disorder
  - Obsessive Compulsive Disorder
  - Oppositional Defiant Disorder
  - Personality Disorder
  - Psychotic Disorder/Schizophrenia
  - Substance Abuse
  - PTSD
  - Other

### **Disabilities**

Does the youth have a disability?

- Yes or no question
- If yes, please select from the list provided.
  - Blind/Visually Impaired
  - Cognitively/Developmentally Disabled
  - Deaf or Hard-of-Hearing
  - Emotional Disability
  - Learning or Cognitive Disability
  - Physically Disabled
  - Speech/Communication Disability



### **Additional Clinical Issues**

What if any other clinical issues is the youth experiencing? This question is important in helping to pair the youth with the best providers for their needs.

- Abandonment
- Adjudicated Adolescent
- Adoption/Foster Care
- Anger Management
- Aggression
- Agitation
- Anhedonia
- Anxiety (general)
- Appetite Changes
- Bullying
- Divorced Parents Challenges
- Dramatic Mood Changes
- Family Conflict
- Family Violence
- Fatigue
- Feeling Disconnected from Others
- Feeling Like a Burden
- Feeling Trapped
- Gang Violence
- Gift and Talented
- Grief and Loss/Bereavement
- Hopelessness
- Immigration Issues
- Impulsivity
- Incest
- Increase in High Risk Activities
- Irritability
- Isolation
- Latino Issues
- Legal Challenges
- Limited coping skills
- Limited social skills
- Medical Issues
- No purpose or reason for living
- Physical Abuse
- Promiscuity
- Self Esteem
- Self-Injury
- Sexual Abuse
- Sexual Perpetrator
- Sleep Pattern Changes
- Substance Use
- Surviving Suicide Loss/Postvention
- Suspected characteristics of Autism Spectrum
- Trauma
- Other

### **Has the youth been in counseling before?**

- Yes or no question

### **Gender and/or ethnicity preference for provider if there is one.**

- These cannot always be guaranteed, but if we can accommodate, we would like to be able to.

### **Therapy orientations and techniques that the youth may benefit from.**

This information is optional but can help again with pulling the best provider list as possible.

Also please note that these cannot always be guaranteed but if we can accommodate, we will.

- Yes or no question
- If yes, please select from the list provided.
  - Acceptance and Commitment Therapy (ACT)
  - Animal Assisted Therapy
    - Dogs
    - Horses
  - Biofeedback
  - Cognitive Behavioral Therapy (CBT)



- Creative/Expressive Arts
  - Art
  - Movement/Dance
  - Music
  - Wilderness Therapy
- Dialectical Behavioral Therapy (DBT)
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Family Therapy/Systems
- Motivational Interviewing (MI)
- Play Therapy
- Religious Framework
  - Christian
  - Jewish
  - Muslim
  - Other
- Other

Lastly, is there anything else that you think may be helpful to narrow down a provider list. This can be anything that you feel is important for us to know that we did not already ask about.

**After making the referral:**

- If you are a first time QRS you will be sent an email requesting additional information to complete your profile. Please complete.
- When informing the youth and/or family about the referral, strive to present the referral information in person.
- Make sure to provide the family an opportunity to ask any questions so that the family leaves feeling comfortable with the process.
- **Within two weeks, follow up** with the family to make sure that they have accessed services.
- If a family experiences any issues with accessing services through the provider list, inform Second Wind Fund immediately.
  - As best as possible please be prepared to provide direct feedback including experiences and provider names.
- Complete the SWF Utilization Survey that is sent two weeks after making the referral.

Once the referral is authorized, SWF will pay for up to 12 sessions of therapy with a licensed therapist in the SWF network. We cannot under any circumstances extend the number of sessions past 12. The referral does not expire until the youth turns 20 years old or all 12 sessions have been completed.



## QUESTIONS & CONTACT

If you have questions about a particular child or situation, please do not hesitate to call and consult with the program staff. **Families are not required to provide any documentation for proof of income or citizenship, and the referral source does not have to complete any additional paperwork beyond the Referral Form.**

### **Program Director**

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### **Referral Specialist**

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