

Second Wind Fund

YOUTH SUICIDE PREVENTION

<https://thesecondwindfund.org/>

SECOND WIND FUND has a mission to decrease the incidences of suicide in youth by removing financial and social barriers to treatment. To be considered for a referral by Second Wind Fund, the child or youth must be:

- 19-years-old or younger
- Experiencing financial or social barriers to accessing therapy
- At risk for suicide
- New to Second Wind Fund (has not utilized covered sessions from SWF before)

WAYS WE CAN HELP

1. SWF covers the cost of **12-20 sessions of therapy** with a SWF network provider
 - Youth initially receive 12 covered sessions
 - Extensions (up to 8 additional sessions) can be approved if needed
 - This includes youth insured through Medicaid
2. Provide **navigation assistance** for youth who are not looking for financial assistance and need help connecting to a provider

CONNECTING YOUTH TO A SWF PROVIDER

- Referrals are submitted **online** (by a youth serving professional or parent/guardian/caregiver)
- Youth is contacted by SWF within **48 hours** with a list of potential SWF providers, or the name of the provider designated by the youth serving professional/guardians
- Youth and their trusted adult or guardian call the SWF provider to get **scheduled within 7 days**
- **Youth and Provider determine** how/when to utilize SWF services (the 12 sessions remain active until all have been used or up until their 20th birthday)

AS A PROVIDER WITH SWF

- You are either a licensed or candidate provider
- You determine the youth's individual treatment plan; SWF only reimburses for individual therapy sessions; SWF does not need copies of notes, plans, diagnosis, etc.
- You schedule SWF Referrals **within 7 days** from the day of outreach
- You administer the **SIQ at the 1st, 5th, and 12th session** (SWF provides these - you do not score them)
- You bill SWF by email using **our Claim Form** to receive payment every week
- ***If caseload is full, let SWF know so Youth can be connected to another SWF Provider**

BENEFITS FOR SWF PROVIDERS

- Give back to the community
- Get paid \$90/session; \$45/2 NS/CA; \$10/SIQ
- Get connected to registered events, CEU's, and consultation calls throughout the year

CONTACT SWF STAFF

Please contact us with any questions!



Make a Referral or Share with Guardians!





**AUTHORIZATION FOR RELEASE OF INFORMATION
AND WAIVER OF LIABILITY FOR SECOND WIND FUND, INC.**

I, _____, hereby authorize
Name of Client (Youth)

Name of Referral Source
(if applicable, i.e.: school counselor, mentor, doctor)

Referral Source Contact Information (email and or phone number)

Name of Therapist
(contracted Second Wind Fund therapist)

Therapist Contact Information (email and or phone number)

The purpose of this authorization is to disclose information that is relevant to my mental health treatment to Second Wind Fund, Inc., ("SWF"). I further understand that any treatment records concerning my mental health treatment are confidential under Colorado law, and that statutory privilege prohibits confidential treatment information from being disclosed without my written consent. This release of information expires in one year following completion or termination of treatment. This authorization may be revoked at any time in writing to SWF the referral source (*i.e.: school counselor, mentor, doctor*) and the therapist.

Client (youth) Signature / Date

Parent Signature / Date

2nd Parent Signature, if required / Date

(Or Legal Guardian with decision-making authority)

WAIVER OF LIABILITY

I, _____, waive and release any claim that I may have or that this client,

_____, may have against Second Wind Fund, Inc., ("SWF") its officers and directors, employees, agents, and members, the school that the client attends, the school district and all of their employees, for any negligence, claim, injury or damages whatsoever. This Waiver and Release is being made in exchange for the services which SWF will be paying for. **I understand that SWF is not providing services but funding them; and that no employee, Officer or Director of SWF will be providing services or treatment. I further understand that the treatment professionals to whom referrals may be made by SWF are independent professionals who are neither employees nor agents of SWF.**

I am hereby informed that I should safeguard all obvious means for suicide, such as firearms, ammunition, and both prescription and over-the-counter medications.

This Waiver is made freely and voluntarily, and I acknowledge that I have read this Waiver and understand it.

Client (Youth) Signature / Date

Parent Signature / Date

2nd Parent Signature, if required / Date

(Or Legal Guardian with decision-making authority)

After this SWF Release/Waiver form is signed, please retain a copy for your files

SWF Billing Procedure

Welcome to the SWF Provider Network! The next few pages are written directions for the SWF billing procedure. Historically, SWF accepted claims via email, now all claims are submitted through SWF's secured database, Zoho. As always, all claim forms must be **submitted within 60 days** of the date you are billing us for. **Please be sure to include the SWF ROI/Waiver when billing for your first session!**

****Disclaimer**

All claims are submitted for each referral and are broken out by month of service. This helps SWF associate which months have the highest therapy fees. Additionally, each **"Claim Detail"** indicates the type of service that was administered during the session. This means you will need to add multiple "Claim Details" for sessions that include travel, SIQs, and SWF ROI/Waiver.

Please watch this [demonstration video](#) before completing the form on your own.

Step 1:

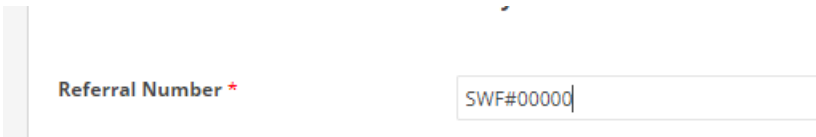
Please click on the link below to access the SWF Claim Form via our secured database, Zoho.

https://forms.zohopublic.com/secondwindfund/form/ProductReview/formperma/5-wQv8peNt4GFK-vYs-JqPK6LVd1BCIMhpAtf6VL_Uc

Step 2:

At the top of the page, in the first box, please input the SWF#00000.

*Please note, this referral number must include **SWF#**

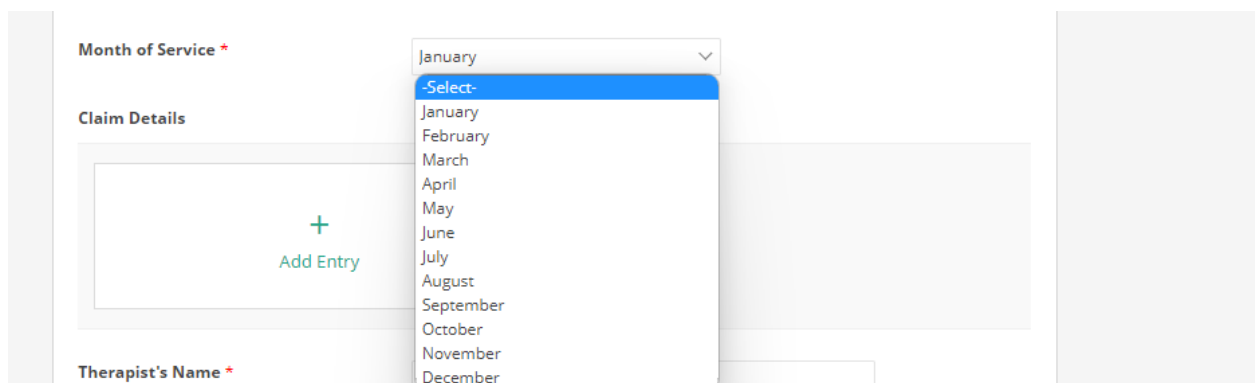


A screenshot of a web form. On the left, there is a vertical grey bar. To its right, the text "Referral Number *" is displayed. Further right is a text input box containing the text "SWF#00000".

Step 3:

Please select the date of service.

*Please note, all sessions for your client in one month will go on **one** claim form. Please reference the video for clarification.



A screenshot of a web form. On the left, there is a vertical grey bar. To its right, the text "Month of Service *" is displayed. Below this is a dropdown menu with "January" selected. A list of months is shown in a pop-up: "-Select-", "January", "February", "March", "April", "May", "June", "July", "August", "September", "October", "November", "December". Below the dropdown is a section titled "Claim Details" containing a large box with a green "+" icon and the text "Add Entry". Below that is the text "Therapist's Name *".

Step 4:

Please select the green "+ Add Entry". This will populate a pop-out page.

Claim Details


Type of Service *

Therapy
 Travel
 Cancellation / No Show
 SIQ

Therapy Mode *

In person
 Teletherapy


Date of Service / No Show *



dd-MMM-yyyy

Session Number *

Upload Survey(s)

Choose File(s) 

Address or school name of off-site-visit only. Must travel a minimum of 2 miles.

School Name

Street Address

City Zip Code

Done

Step 5:

Select the type of service.

*Please note, only one can be selected at a time.

Select the therapy mode.

Select the date of service for the type of service.

Please number the session 1-12 or 12-20 if an extension was approved.

* Please note, if a client **NS/CA** the session number will be **0**.

Press "Done" in the blue box.

Claim Details


Type of Service *

Therapy
 Travel
 Cancellation / No Show
 SIQ

Therapy Mode *

In person
 Teletherapy

Date of Service / No Show *




dd-MMM-yyyy
Choose a date.

Session Number *

2

Upload Survey(s)



Address or school name of off-site-visit only. Must travel a minimum of 2 miles.

City Zip Code

Done

Step 6:

Repeat step 5 for travel and input the address at the bottom of the pop-out page.
Repeat step 5 for SIQ and upload the file directly into the pop-out page.
Press “Done” in the blue box once completed.

Claim Details

Type of Service *
 Therapy Travel
 Cancellation / No Show SIQ

Therapy Mode *
 In person
 Teletherapy

Date of Service / No Show *
[Date Picker]
dd-MMM-yyyy
Choose a date.

Session Number *
[Text Input]

Upload Survey(s)
Choose File(s) [Upload Icon]

Address or school name of off-site-visit only. Must travel a minimum of 2 miles.
SWF School
School Name
123 SWF School Drive
Street Address
Denver [Text Input] 80321 [Text Input]
City Zip Code

Done

Step 7:

Repeat steps 4-6 for all sessions in the same month as indicated on step 3.

Helpful Tip if you are submitting multiple claim details for the same month, you can also duplicate (circled in red) the claim detail and change the date and session number instead of selecting the green + button each time.

Claim Details

Type of Service	Therapy	+ Add Entry
Therapy Mode	Teletherapy	
Date of Service / No Show	[Date]	

[Edit] [Duplicate] [Delete]

Step 8:

If there are no more claims to submit for that referral for that month, you can move onto the bottom part of the page.

Reminder If you are submitting for your first session with a SWF youth, please make sure the SWF ROI/Waiver is uploaded to receive reimbursement.

Input your name
Organization (type N/A if not part of a group practice)
Email address
Phone number

Therapist's Name *
First Last

Organization Name *

Therapist's Email Address *

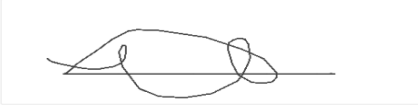
Phone * - -
####


Therapist's Address *
Street Address

Address Line 2

City State

Zip Code
Address must match W9. New Address? Please submit a new W-9 Form

Therapist's Signature * 
[Clear](#)

Date 
dd-MMM-yyyy

Step 9:

Input the address that matches your W9

Step 10:

Sign it and press submit.

Step 11:

Complete steps 1-11 for the same referral but different months.

Complete steps 1-11 for other SWF referrals.

If you have any questions, please email program@thesecondwindfund.org.