Children's Alliance of Montana ⟐ Montana Rural Telemental Health Project

P.O. Box 666, Billings, MT 59103 ⟐ www.childrensalliancemt.org

Montana Rural Telemental Health Project - Referral Form A for CAM & Therapists

This form is to be completed by the referrer (i.e., victim advocate, CPS worker, etc.). If information requested on this form has already been collected elsewhere, the referrer may reference those records to complete this form. For any question(s) that cannot be answered via existing records, the referrer should ask the child and/or caregiver the question(s) directly and write down their response. Please save the file using the following format for the file name: *Child's CAPS ID# - Initials_Referrer Last Name*.

The referrer should send a copy of this form to CAM, who will use it to identify a therapist. After identifying the therapist, CAM will connect the therapist and referrer for a conversation about the child. At that point, the referrer will discuss the information on this form and also share Referral Form B with the therapist as well as provide any additional details that may be important for the therapist to know about the child, family, and situation.

Section A: Interest in Mental Health Services *(Questions in this section should be asked directly to the caregiver as well as the child if the child is old enough to answer for themself.)*

1. Are you interested in mental health therapy for the child?

   ○ Yes ○ No ○ Maybe

   If yes or maybe, continue to question 2 below.

2. Telemental health is a good option for individuals who face barriers to accessing mental health services in-person by allowing the clinician and client to meet over a secure video conferencing platform and providing more flexibility and accommodations for meeting. Research indicates that trauma-focused cognitive behavioral therapy via telehealth is just as effective as in-person treatment. A telehealth screening and thorough assessment are conducted to determine if telehealth services are a good fit for a child and family. Is telemental health something you are interested in for the child?

   ○ Yes ○ No

If yes, continue to Section B.
If no, refer them to options for in-person therapy services.

Section B: Child Information *(Please complete this section with background information about the child being referred. For the county and reservation codes requested in #4 and #5 below, please refer to the "County & Reservation Referral Form Codes" sheet provided by CAM, and use the appropriate code rather than the county and/or reservation name.)*

1. CFS CAPS ID #: ______
2. Child's Initials: ______
3. Age: ______
4. County Code: ______
5. Reservation Code (if applicable): ______
6. Sex assigned at birth:

   ○ Male ○ Female ○ Intersex

7. Gender identity:

   ☐ Cisgender
   ☐ Transgender
   ☐ Non-binary
   ☐ Other (please specify):
   ☐ Prefer not to answer

8. Pronouns: ______
9. Race/Ethnicity: ______
10. Preferred Language: ______
11. Does the child identify as any of the following? (please check all that apply):

   ☐ LGBTQI+
   ☐ Homeless &/or low income
   ☐ Indigenous/Native American
   ☐ Ethnic minority
   ☐ Refugee
   ☐ Legal immigrant
   ☐ Undocumented immigrant
   ☐ Has an IEP or 504 Plan at school
   ☐ Chronically ill or disabled
   ☐ Other (please specify):

12. If the child identifies as indigenous/Native American, are they an enrolled tribal member?

   ○ Yes ○ No

13. If the child identifies as indigenous/Native American and they are not an enrolled tribal member, can the child prove Native American descent (e.g., documentation such as a birth certificate that indicates a parent or other ancestor was Native American)?

   ○ Yes ○ No

14. Relevant History: Has the child experienced any of the following? (please check all that apply):

- ☐ Physical abuse
- ☐ Sexual abuse
- ☐ Domestic abuse
- ☐ Verbal abuse
- ☐ Emotional abuse
- ☐ Neglect
- ☐ Substance abuse by child
- ☐ Substance abuse by family member
- ☐ Self-harm
- ☐ Suicide ideation
- ☐ Suicide attempt
- ☐ Other (please specify):

Section C: Barriers to Service

1. Below is a list of barriers that might prevent the child from seeing a clinician face-to-face in an office. There are many reasons why people are unable to get mental health services in person and that might cause the child and caregiver to choose to use telehealth services instead of going to an office. Please indicate if any of these are a barrier to the child seeing a clinician face-to-face in an office (check all that apply).
   - ☐ Distance to available mental health services
   - ☐ Lack of transportation
   - ☐ Extended delay to access local mental health services
   - ☐ Need for childcare
   - ☐ Work schedule/requesting time off work
   - ☐ No insurance
   - ☐ Cost of services
   - ☐ Being concerned about what others would think about seeking services (i.e., not wanting to see a therapist in their own community)
   - ☐ Language – available provider does not speak my preferred language
   - ☐ Other (please describe):

Section D: Payment Options

1. Does the child/caregiver have access to any of the following payment options (check all that apply):
   - ☐ Insurance
   - ☐ Medicaid
   - ☐ Healthy Kids Montana/Children's Health Insurance Plan
   - ☐ Crime Victims Compensation
   - ☐ Need support from CPS
   - ☐ Other (Please specify):

Section E: Therapy Preferences

1. Does the child have a gender preference for a therapist? Note there is a limited number of therapists in this project. While we will do our best to accommodate the child's preference, we cannot guarantee this will be possible.
   - ◯ Male ◯ Female ◯ No preference
2. It may be possible to pair the child with a therapist who is from their town or nearby areas. Does the child prefer to have a therapist who is local or one from a different area? Note there is a limited number of therapists in this project. While we will do our best to accommodate the child's preference, we cannot guarantee this will be possible.
   - ◯ Local Therapist
   - ◯ Therapist from a different area
   - ◯ No preference

Section F: Therapy Accessibility

1. Telemental health therapy requires access to the internet and video conferencing equipment. Does the child have access to any of the following? (check all that apply):
   - ☐ A stable internet connection via WIFI
   - ☐ A stable internet connection via mobile phone data
   - ☐ A computer or tablet with audio and video capabilities that can connect to the internet
2. This program is able to loan tablets to children who do not have access to a device for conducting telemental health. This tablet is secure and only allows access to the therapy app and no other functions. If the child participated in telemental health, would they need to borrow a tablet?
   - ◯ Yes ◯ No

3. If the child participates in telemental health therapy, it is important that they have a safe and private space to participate in calls with their therapist. Is the caregiver able to provide or arrange such a space for the child during telemental health calls (e.g., at home, a relative's home, etc.)?

   ◯ Yes ◯ No

4. ***Question for child***

   If the parent/caregiver answered question 3 above, the question below should be asked directly to the child – for children 8 years old and above.

   If you met with a therapist over video, do you feel like you could have private and open conversations with your therapist from your home?

   ◯ Yes ◯ No

Note: For children interested in telemental health therapy who do not have access to a private space for therapy sessions, we may be able to arrange space at a third-party location, such as a school or CPS office.

Section G: Referrer Information *(The person completing this form and making the referral should complete this section with their information).*

1. Name: ____________
2. Position/Title: ____________
3. Company/Agency: ____________
4. Email: ____________
5. Phone: ____________

Referrer: Please also complete Referral Form B for Therapists

Thank you for completing this form and referring a child to the Montana Rural Telemental Health Project. Please send this completed form to Jacole Douglas at jacole@childrensalliancemt.org.