

INTERFACE

The [William James INTERFACE Referral Service](#) has been operating in Massachusetts for 7 years, supported by a state contract with a private college's graduate school of psychology. The service:

- 1) Catalogs and links to valuable resources related to mental health and wellness for the benefit of the general public — children, adults and families — as well as educators and mental health professionals.
- 2) Maintains a free mental health and wellness referral line. Callers are matched with licensed mental health providers in participating communities that meet the location, insurance and specialty needs of the caller.
- 3) Works with the Massachusetts Child Psychiatry Access Project (MCPAP) to provide technical assistance for care coordination and access to a database of mental health providers throughout the entire state.

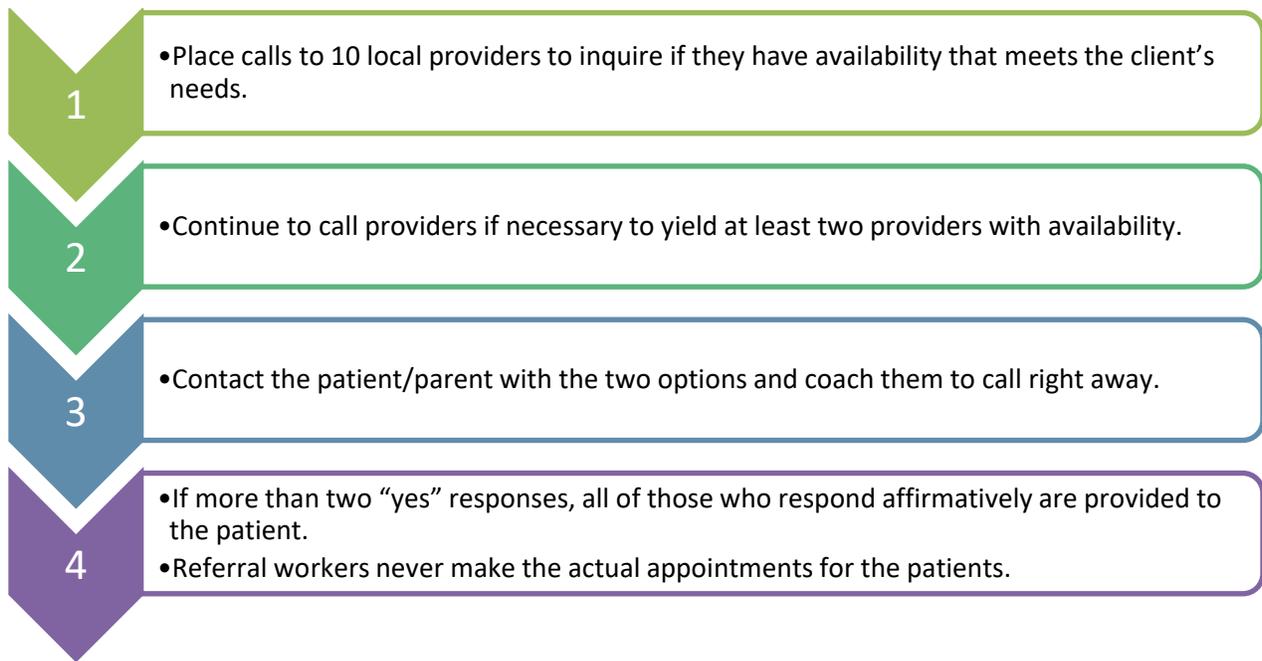
The program uses graduate students for much of the resource/referral work, which lowers operating costs. They have fully licensed clinician supervisors.

Referral line intake

Referral request calls are taken Monday through Friday from 9am-5pm from either a treating provider or as a direct request from the patient or parent. The referral worker makes an “intake” call to the patient/parent to inquire more about care needs, insurance, location preferences, and other preferences. They specifically do not provide counseling over the phone.

Resource referrals

After the initial intake over the phone with the parent the referral staff will:



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The INTERFACE program prioritizes family voice and choice, and operates with the accepted principle that they are trying to build up a treatment alliance with local providers. They maintain both a database of providers, and another database that is their referral process tracking system.

Enrollment

The INTERFACE program uses a one-page questionnaire that can be submitted by phone, fax or email to enroll behavioral health providers into the database that covers insurances accepted and treatments offered. The database is continually updated based on the referral coordinators' work and includes feedback from parents that is collected through two-week follow up calls. Counselors are asked to make three call-back attempts, informing the parent on the last call that if they do not hear back by a specific date they will close the case.

