Reaching the WHOLE CHILD

COMPASS CONVENING SERIES

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Content and Design by:

Department of Youth and Community Development's (DYCD)
COMPASS
Planning, Program Integration and Evaluation (PPIE) Bureau's Capacity Building Team
TA Providers: 8RES, BDO, Change Impact, L White, PASE, Ramapo for Children, and Vibrant Emotional Health

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Vibrant Emotional Health

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NYC DYCD

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OUR MISSION

Reaching the Whole Child

Every young person in a COMPASS program deserves to feel safe, supported, and able to grow.

This convening is for the leaders responsible for building organizations that make that possible.

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OUR GOALS

Reaching the Whole Child

- Build genuine understanding across key areas in the new COMPASS RFP
- Create space for EDs and PDs to **assess where their organizations stand** across areas: what they know, what they have in place, and what they need to build
- Solicit **candid feedback from the field** that will directly inform how TA providers design ongoing capacity-building support
- Understand and catalog the **distinct needs** of new providers launching COMPASS for the first time, organizations scaling to additional sites, and established providers navigating new requirements
- **Open the door to the peer learning and TA relationships** that will carry leaders through implementation

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SUCCESS INDICATORS

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By the end of the week, we hope to support you by...

- ❑ Improving your understanding across the key areas
- ❑ Improving your understanding of the requirements for your specific organization
- ❑ Providing clarification on at least one concrete next step for your organization
- ❑ Helping you feel less alone in the work by hearing from peers and TA Providers
- ❑ Introducing our plan for ongoing capacity building support being designed for the year
- ❑ Hearing your feedback to best support you beyond this week's convening

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Building the Mental Health Referral Plan as a Working Document

06/25/2026 | 9:00AM - 11:00AM | Hetheru Shango & Elia Madera

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Goals

- Understand the COMPASS Referral Plan as a working document
- Learn how to maintain mental health and behavioral health partner relationships
- Understand how best to make the Referral Plan work for your organization

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Time	Segment
9:00 – 9:20 AM	Welcome & Frame
9:20 – 9:30 AM	Partner Landscape
9:30 – 9:45 AM	Breakout Block 1: Partners
9:45 – 9:50 AM	BREAK
9:50 – 10:00 AM	Understanding the Referral Flow
10:00 – 10:15 AM	Breakout Block 2: Internal Tracking
10:15 – 10:40 AM	Staff Communication & Close
10:40 – 11:00 AM	Q&A

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Introduce Yourselves in the Chat!

Name	Title
Program/Site	One thing you're looking forward to this weekend

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Community Norms

- Warm, brave space
- Confidentiality: What is said here stays here; what is learned is taken away
- Purpose of discussion
- Respect other's perspectives and opinions
- Share the air and be mindful of time
- Remain present
- Camera on (if possible), Mic off
- Ask questions via chat box

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What is the Referral Plan?

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Referral Plan for Mental Health Services

Mental Health Services Resource List: In the template below please add contact **information for at least 3-5 accessible and appropriate referral partners** that staff can confidently connect participants with mental health support.

Resource 1:

Agency Name: _____ Service Type (e.g. outpatient counseling, family therapy, etc.): _____

Services available:

Application Process:

Contact Information:

Contact Name: _____ Phone Number: _____

Email: _____ Hours: _____

Address (Street Number and Name, City, State, Postal Code): _____

Languages Available: _____

Description of Services:

Resource 2:

Agency Name: _____ Service Type (e.g. outpatient counseling, family therapy, etc.): _____

Services available:

Date of Last Update: _____

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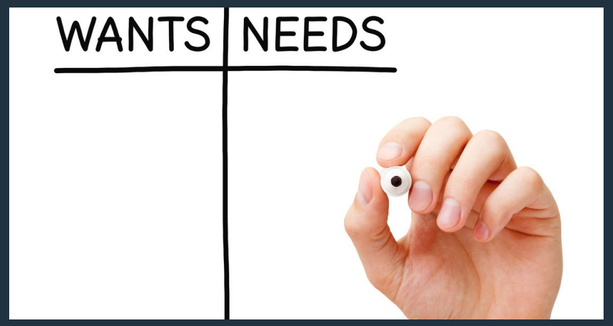
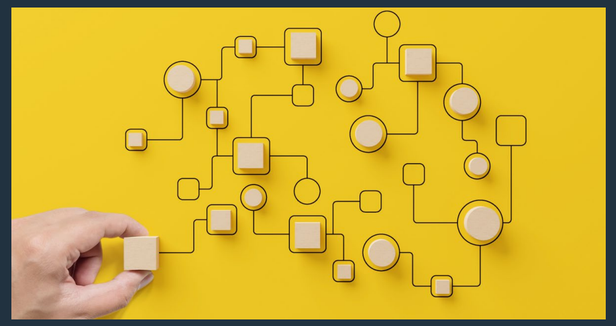
The Referral Plan...



- **Helps staff identify needs**
  - Whether you observe a need for support or the participant asks
  - The plan helps address the signs of struggle that should prompt a referral



- **Sets a consistent process for making referrals**
  - Lets staff know exactly how to set up the referral with the participant's input
  - Establishes what to do when a participant is in immediate danger or crisis

- **Establishes regular documentation**
  - Standard documentation process for all referrals between and within programs
  - Sets up specific processes for programs that do maintain individual participant files and programs that do not

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Referral Plan

Creating the Resource List

- Prioritize local, relationship-based referrals
  - Only agencies/providers vetted by & known to your program
  - Avoid general sources
- Ensure diversity and accessibility
  - Include 3-5 providers from a mix of services
  - Consider language access, insurance, proximity, and cultural competency
- Maintain up-to-date contact & referral information
  - Provide specific contacts
  - Verify & update contacts annually

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Partner Landscape

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Systems of Care

Emergency Services

for rapid psychiatric and/or medical stabilization.

Crisis Interventions

includes residential and non-residential services to reduce acute symptoms.

Inpatient Services

provide stabilization and intensive treatment and rehab with 24-hour care.

Outpatient Services

for treatment and rehab in clinics, partial hospital programs, day treatment, etc.

Residential Services

maximize access to housing opportunities.

Support Services

community-based programs that help adults live independently and keep families together.

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Systems of Care

Education

for support services in a school setting.

Self-Help

for more self-advocating individuals who need a drop-in center, psychosocial clubs, mutual support groups, etc.

Vocational

these provide vocational assessment, job coaching, job placement, etc.

Substance Use Services

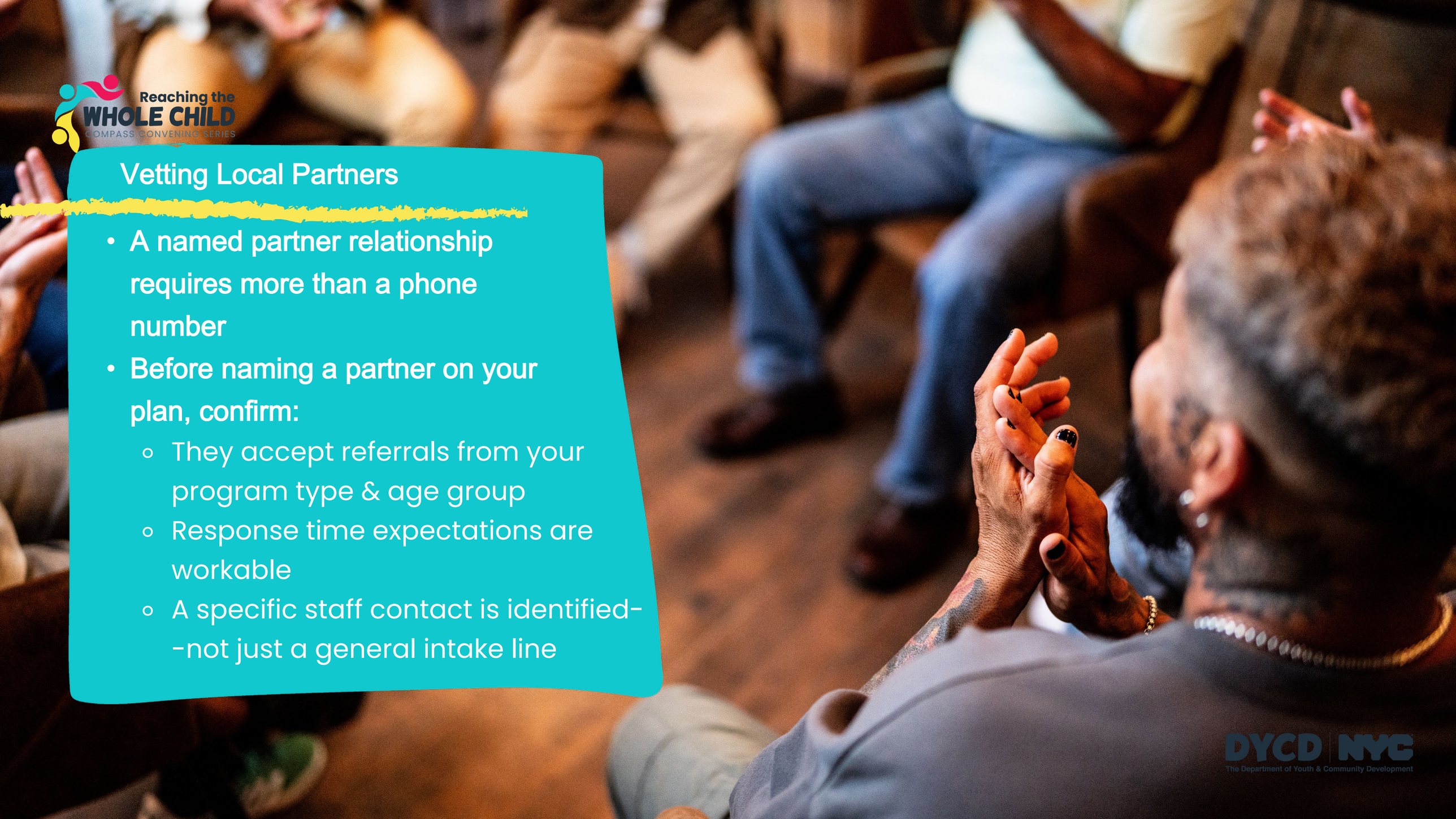
variety of substance use-focused services that focus on crisis, inpatient, outpatient, residential, recovery, and housing programs.

Opioid Treatment Services

sites that are OASAS-certified and can administer approved medications to treat dependency.

Other Programs

a variety of NYC-based programs and national initiatives to help those in need. Includes NYC Safe, OnTrackNY, NAMI, etc.



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Vetting Local Partners

- A named partner relationship requires more than a phone number
- Before naming a partner on your plan, confirm:
  - They accept referrals from your program type & age group
  - Response time expectations are workable
  - A specific staff contact is identified--not just a general intake line

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NY Resources

Resources for food pantries and meal programs near you. You can also find housing, financial assis
health care, and more https://www.findhelp.org/

Online portal where New York City residents can search for, view, and apply to programs funded or
supported by the NYC Department of Youth & Community Development
(DYCD). https://discoverdycd.dycdconnect.nyc/home

The Mental Health Program Directory provides information on all programs in New York State that a
operated, licensed, or funded by the State Office of Mental Health (OMH).
https://my.omh.ny.gov/analytics/saw.dll?dashboard

The 988 website has a database for behavioral health and substance use services in the New York
area. https://nyc988.cityofnewyork.us/en/find-services/

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Group Activity: Find Your Local Partners

- Identify candidate partners
  - 3 for new orgs/programs
  - 1 for existing orgs/programs
  - Must name a specific outreach contact.

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Finding Local Partners

What did we find?

Brooklyn:

Manhattan:

The Bronx:

Staten Island:

Queens:

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Understanding the Referral Flow

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Activity: Internal Tracking

Using the **Referral Plan for Mental Health Services** document, we'll track the referral process end-to-end.

In groups, discuss:

- How a referral gets initiated
- Who logs it and in what system
- How de-identified data gets captured
- What the supervisor does with the data on a monthly basis

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Internal Tracking

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Staff Communication

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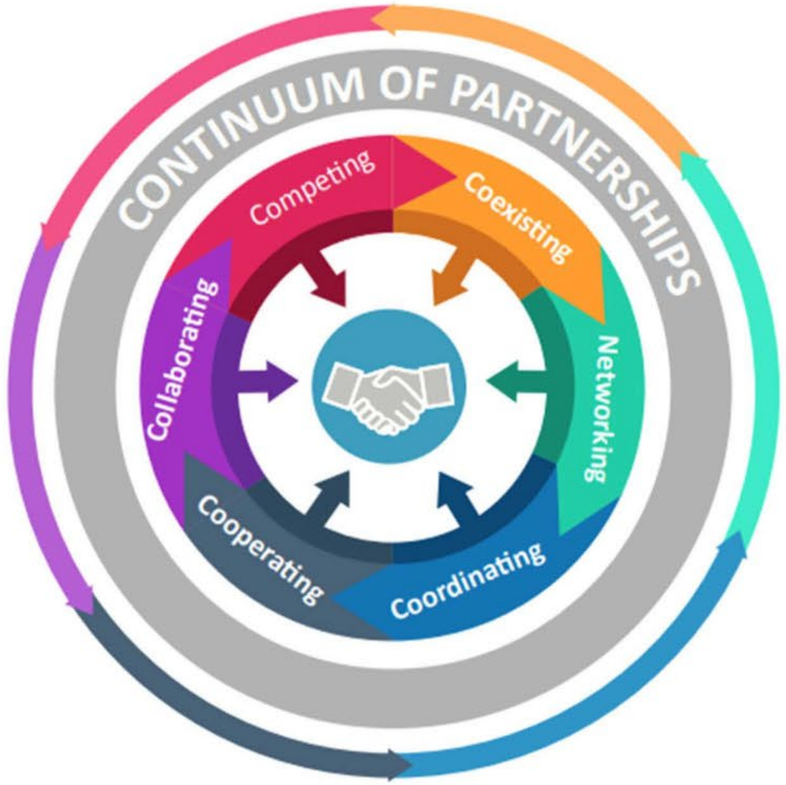
It’s encouraged that when partnering with mental health providers, we fall within the **Coordinating** , **Cooperating** , or **Collaborating** levels on the spectrum.

STRENGHTENING COMMUNITIES: Building Strategic Partnerships



Competing	Coexisting	Networking	Coordinating	Cooperating	Collaborating
Competition for clients, resources, partners, public attention.	No systematic connection between Co-existing agencies.	Exchanging information for mutual benefit.	Exchanging information and modifying activities for mutual benefit.	Exchanging information, modifying activities and sharing resources for mutual benefit to achieve a common purpose.	Exchanging information, modifying activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose by sharing risks, resources, responsibilities and rewards.

*Adopted from A.A. Himmelman, A Developmental Continuum of Working Together Strategies, 2017.

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Staff Communication

Importance of sharing, collaborating, and cooperation

If a referral process lives only in one person's head, it will fail at the very moment it matters most.

Our programs, departments, organizations, etc., do not need to live in competition with each other. Working together creates more opportunities for all of us and our participants.

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Activity: Creating Lines of Communication

Each group, draft ideas that address:

- How do new staff learn the referral process?
- Where is the plan kept? Is it accessible to all staff?
- Who covers when the usual contact is absent?
- How do returning staff refresh each year?

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Lines of Communication

What strategies did we come up with for sharing the referral process with new or returning staff?

Where will the plan be held? Why?

Who do we have to cover for usual contacts?

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Thank You

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