

FRAMEWORK FOR EFFECTIVE REFERRAL AND FOLLOW-UP

Acknowledging that there is not a ‘one size fits all’ approach to implementing an effective referral and follow-up method, we have developed a general framework with six key components to help guide providers when selecting and adapting a referral and follow-up method that best fits the community they serve. These key components are integral features that each of the profiled models addressed and/or considered in developing an effective referral and follow up model. **Table A. in the Appendix** outlines the programs/systems that were researched and briefly describes each of the components. In addition, a full description of each of the models can also be found in the Appendix.

What is feasible at your organization? What is the scope that you can manage?

This section will elaborate on each component of the referral and follow-up framework and will provide examples of current successful models across the state of Illinois as well as outlining other state to local community models. The following six components will be further defined in the next section. Some components may be considered more thoroughly than others depending on the model. It is important to remember that this is solely a framework, meant to be adapted to what will best fit the needs of the families in your community, and that the processes at the community level will vary based on the strategies and activities employed.

- Entry into the system/Recruitment
- Family (Screening) Risk Assessment
- Referral
- Follow-up & Tracking
- Care Coordination
- Monitoring & Evaluation

ENTRY INTO THE SYSTEM & RECRUITMENT

As you develop or review your new or existing referral and follow-up system, there are some key broad questions that you will need to consider in determining who will be targeted for this system and how they will enter the system. For example, who are you trying to serve (i.e. all families with young children or a subset of this population?), which providers will you need to engage (all providers who serve families with young children or a subset, like primary care providers?) and how will families enter the system? Is the focus one point of entry (i.e. a toll-free number?) or through multiple points of entry (i.e. building provider capacity across various systems)?

Outlined below are some of these key questions that you will need to consider in this effort. Directly following these key questions are examples from a few of the profiled models. In

In addition to these initial questions, we would also recommend a review of the Community Systems Development Resource Toolkit (CSDRT) for key tools to support local community collaborations as the foundation for implementing an effective referral and follow up system. CSDRT tools have been referenced throughout this guide and can also be found in the appendix.

<i>Entry into the System: Questions to Consider</i>	
1. How will you identify the families with young children birth to age five?	
a. How will you define your target population? Will all families or a subset of families with young children be included (i.e. an initial focus on families with young children not eligible for Part C services)?	
2. In an effort to build on and/or partner with existing community collaborations/partnerships, have you reached out to any existing partnerships? Working with existing community collaborations can be a very valuable partner as you design your system and seek community providers.	
a. If you are unaware of existing community partnerships in your area, check the Governor’s Office of Early Childhood Development: Community Partnership website for some initial resources. http://www2.illinois.gov/gov/OECD/Pages/CommunityPartnerships.aspx	
3. If you are unable to find an existing community partnership to work with - which providers will you want to target – those who serve all families with young children or a subset of providers (i.e. primary care providers)?	
a. Which providers will you need to engage and how can you develop or build on your community referral system?	
b. How will you engage these providers?	
c. Who will need to be involved as you create or re-develop your referral and follow up system?	
	<p>See the additional tools from the CSDRT in the Appendix to help determine what programs/resources to consider in this process. While these tools are in the context of working within a community collaboration, there is some valuable information in them to help you think about community resources broadly.</p> <ul style="list-style-type: none"> • <i>Strategies for Collaboratives: Identifying Members for your Collaboration;</i> • <i>Prioritizing Potential Partners Based on Partnership Goals</i> • <i>Referral Brainstorming Worksheet – Brainstorm available referral options in your community</i>
4. Is the system going to be one point of entry (i.e. toll-free phone number) and/or will there be no wrong door for entry (i.e. multiple entry points)?	
a. What are the pros and cons of each system?	
b. What is your goal for the system? Will one of these systems meet that goal? If so, how?	
5. How will families and providers know about the system?	

a. How will you engage providers and families in this new system?
b. How will you inform providers and families about this system? What outreach and/or communication strategies will you use?
c. What are some of the potential barriers that families will face when accessing this system?
d. What are the potential barriers that providers will come up against when maneuvering in this system?
6. Are you considering a call in line/center?
a. See Appendix ? for Help Me Grow’s information about things to consider when establishing a toll-free call center.

FAMILY (SCREENING) RISK ASSESSMENT

According to the American Academy of Pediatrics guidelines, Bright Futures¹, promoting community relationships entails more than knowing local providers and agencies to make referrals. Rather, a comprehensive screening is necessary in order for providers consult and advocate for community-based services, such as family support, housing, employment, social services, and mental health services. This type of case management goes beyond the traditional primary care that is essential for all children – the aforementioned services, coupled with primary care constitutes a community-based system of care and is critical to promoting family well-being.

In order to determine the most effective process to assist families in connecting with the resources and services that they need, it is both important and necessary to identify and analyze the existing screening and/or assessment tools and methods that are currently being used to link families with the most appropriate services. For purposes of uniformity, we are going to use the term assessment rather than screening for the rest of this toolkit as it implies a more in-depth experience or discussion between the provider and the family. (Although in reality, we also recognize that organizations often use these term interchangeably). Outlined below are some key questions that you will help guide you in this process. Directly following these key questions are examples from a few of the profiled models.

<i>Family Risk Assessment Questions to Consider</i>
1. What is the goal of the family risk assessment?
a. Are you looking for a comprehensive assessment, one that looks holistically at families’ needs or do you need something brief more specific?

¹ **Bright Futures** is a national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community. The comprehensive Bright Futures guidelines are the accepted standard for preventive care and anticipatory guidance in children’s healthcare.

2. What process is in place to determine what resources families need?
a. What assessment tools are used to help guide this process? Does the tool and/or process include a holistic approach to comprehensively address families needs? Are there certain elements in the tool that are missing or need to be enhanced?
b. Who is responsible for conducting and assuring the assessment takes place? What are their minimum qualifications?
c. What training needs to take place to effectively use the tool? How will the tool/process engage parents and/or families to successfully facilitate this process? How will ongoing training be provided?

REFERRAL

After an assessment of a child and family has been completed, the next step is to refer that child and family to the proper resources or programs that will best meet their identified needs. When implementing a referral and follow-up method, several of the questions to consider should include what the procedure for referral is going to be, whether a referral form will be utilized, and what resources are available in the community to refer families. The way in which this referral process happens will vary across systems and organizations. Some of the initial referral procedure questions include who is going to make the referral, where will the patient and family be referred, and who contacts the referral source to access the service(s). When determining what the referral process is going to be, it is important to decide if a referral form is going to be a necessary component of this process and what purpose the referral form is going to serve. Finally, the type of resource inventory that an organization will depend on what resources are available in the community as well as the resources that the population that the organization serves. The following are key question to consider when determining the referral process.

<i>Referral Questions to Consider</i>
1. Once a need is identified through the assessment, what is the process for referral? How do you define an “effective referral”?
a. Who’s responsible for making the actual referral?
b. Who contacts the resource to determine their referral procedure, availability, and eligibility in order for the family to access services?
c. What must the provider/service coordinator/staff member do to effectively refer a family to a community resource?
2. Is there a referral form?
a. Should the organization document this process on a referral form?
b. Does this form create the ability for the referral source to follow-up and share information?
c. How is patient confidentiality addressed?
d. Can the feedback loop be closed effectively with the use of this form?

3. What does the resource inventory look like? How do you build your referral capacity to ensure referrals are appropriate and up to date?
a. What resources exist in the community to send families to?
b. Does our organization have a relationship with enough resources in the community to meet the needs of our families through a referral process? How do we tract our relationships with referral sources?
c. Where is the resource inventory? Is it a database in a computer or is it merely a paper binder or a paper resource list? Is it easily accessible?
d. Who oversees this process? Is there the capability for staff oversight of this referral process and resource inventory?

FOLLOW-UP & TRACKING

After a referral has been made to child and their family, it is ideal to have a follow-up and tracking system in place to see if the family was able to connect with the referral source for services or if they sought services from another source or if they did not seek out services. Implementing a follow-up and tracking system will aid in determining whether the family called the referred agency, whether they accessed services, and will allow the organization to observe the success of their families actually accessing services. Therefore, when identifying what the process is going to be to follow-up and track the referral process, it is important to think through what the process should be to find out if the family actually accessed the services or program, and how should this process be tracked to improve referrals in the future. Beyond the follow-up process, tracking the referral and follow-ups are an important aspect of this methodology as it provides the organization with outcomes that could include: how many families they referred, whether the families contacted the referral source, and whether the family engaged in services with that resource or program. The following are key questions to consider when determining the follow-up and tracking aspect of the referral and follow-up methodology.

One essential characteristic within these components is the importance of communication. In such a coordinated system, providers would receive confirmation that referrals were completed as well as important information such as any follow-up testing or follow-up services. Closing this feedback loop allows all providers and services interacting with a particular family to know where the family is at and whether they need additional assistance and services. Given the research of one national model, Help Me Grow, in Connecticut, we know that it takes an average of four community-based referrals before the “right” referral is found for the family. Requiring not only the need for back and forth communication between providers and the family, but an appropriate assessment of the family’s needs and an ongoing relationship with the family in determining the appropriate resource.

<i>Follow-Up & Tracking Questions to Consider</i>
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1. What is the process to determine if the family accessed the services or program?
a. Is there a staff person who calls the family to check to see if they were able to access services?
b. Does the program or resource accessed by the families follow-up with the original referral source to notify that the family accessed services?
c. How can this feedback loop be closed? Does the family have to authorize the closing of this feedback loop?
d. Is this a responsibility of the family? Should they call back if they were unable to access services? Who should be charged with this responsibility?
2. How is this tracked?
a. Is this tracked on the actual referral form?
b. Who is tracking this process? Where does the responsibility fall?
c. Can there be an identified individual or group of individuals to track this process?
d. What are examples of computer systems that could be utilized to track this process?

COORDINATION

As a referral and follow-up methodology is being selected and adapted for specific organization, it will be necessary to consider coordination throughout this process. When families enter a system, whether it is a primary care setting, child care setting, or early intervention setting, closing the feedback loop and notifying the providers involved with a child is a necessary aspect of superior coordinator. When all providers in the child's life are up-to-date and notified about the resources and programs that a child and family has accessed, it improves the quality of care collectively.

<i>Coordination Questions to Consider</i>
1. What kind of care coordination is involved in this system?
a. How is the feedback loop closed?
b. What does care coordination mean? How can it be achieved at this organization?
c. Does the family share all of their information in terms of resources accessed to all providers interacting with their children?
d. How can this responsibility be partially or completely alleviated for the family?

MONITORING & EVALUATION

Once a referral and follow-up methodology has been implemented and is being utilized by your organization, monitoring and evaluation will provide the organization with feedback on how this process is working and how it can be improved. This component will also provide

information on the success of the overall process to signal to future community resources that the organization has a comprehensive and effective system as well as know that the organization is linking families that they serve with the outside community resources that they need. Although monitoring and evaluation are grouped in the same component of this framework, they are technically two separate pieces. The purpose of monitoring is to identify the fluidity of the referral and follow-up methodology as well as to improve any flaws for potential issues with the referral process. This is an internal monitoring or audit to identify any gaps and challenges with the procedural framework at the organization. Evaluation is the actual measurement of the program. Utilizing performance measures, the referral and follow-up methodology is being assessed in terms of structure, process, and outcomes.

<i>Monitoring & Evaluation Questions to Consider</i>
1. Is there a system to identify and understand the various gaps and barriers in the model?
a. How is the system being monitored internally to make sure that families are being referred successfully?
b. Are there specific and targeted gaps in service that could improve the referral and follow-up process?
c. How is the referral and follow-up process being measured? What performance measures are being utilized?