# The Power of Community Collaboration for Referral Coordination

## A CASE STUDY

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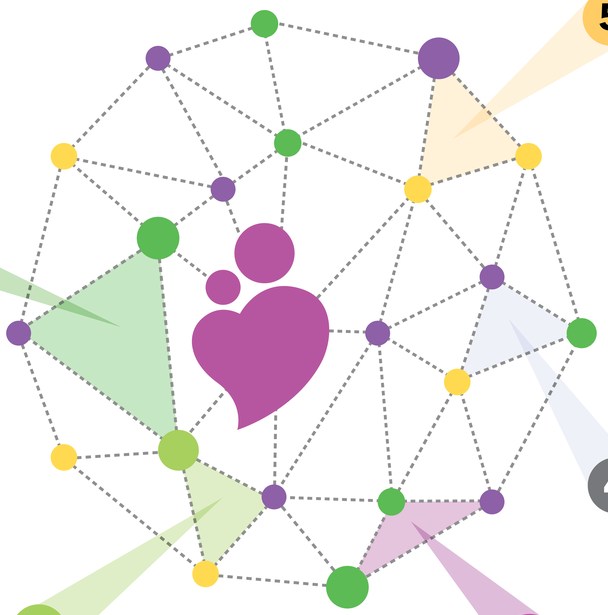
## Building a Collaborative Referral Network

Our approach meets communities where they are and builds on existing resources and relationships to support each community's specific needs. Community-based conversations and decisions are critical to engagement and buy-in. They provide an opportunity for collective learning about challenges, opportunities, resources, and programs.

### 1 Assess Community Readiness and Prepare

- **Identify a need** in the community by taking stock of historical and current community work, including unique challenges and opportunities. Fast five surveys distributed to providers and families revealed:
  - inconsistent referral processes used across providers
  - lack of continuity of services for families
  - providers needed safe and secure way to communicate about referrals and families
  - desire for community data to improve service connection and delivery
- **Assemble a willing team** that can solve problems and sustain work toward community vision while engaging with committed partners. Coordination between early childhood, mental health, and substance abuse
- **Identify** a community organization with the capacity and the skills to lead this work. All three initiatives led by staff at Kane County Health Department
- **Engage partners** across services and sectors to create a holistic network that more effectively supports families and creates additional community capacity.
  - Local leaders connected with partners one-on-one to learn about current work and needs.
  - Provided online tutorials
  - Engaged county board
  - Demonstrated benefits at organization and community level
  - Received a state-level statement of support from five major home visiting funders
  - Got letter from state's attorney that records could not be subpoenaed in any way that would cause harm – ensuring privacy and projections for individuals and families, especially undocumented individuals and domestic violence survivors


IRIS



### 2 Develop a Collective Vision

- **Begin with a shared community purpose** or 'why' that speaks to the meaning of each partner's work.
  - Partners across sectors were already trying to collaborate, but didn't have an effective process.
  - Staff across sectors realized efficiencies in standardized process.
  - Increased access to resources across sectors.
- **Create a universal vision** to focus on challenges and opportunities facing the community.

> *"The Kane County IRIS Community will build upon strong collaborative relationships with partners to implement a data-driven, comprehensive, closed-loop referral system that identifies gaps in resources so that community members will be more effectively connected with the services they need to support positive outcomes."*

### 3 Collaborate with Community Partners

- **Define shared processes** including how to identify needs and utilize resources, services, and supports to ensure every child and family has the opportunity to thrive.
  - Use of SDoH survey to identify needs, IRIS filters to find resources
- **Map partners** to identify gaps in services. Discuss engaging new partners and maximizing the impact of available resources to fill gaps. Regular review of referrals and engaged partners.
- **Work together** to define what constitutes a referral and create shared expectations for serving families.
  - Implementation happened during COVID
  - Some partners were shut down, others had more flexibility due to changes in everyday workflow
  - Meetings happened over Zoom
  - Continually evolving, listening to the needs of partners
- **Create a consistent process** for families by identifying what is working and acting on opportunities for change in the referral system. Received feedback on experience of families through partners.
- **Design a single referral form** to use across the network. Capturing information such as preferred method of contact to perform a warm handoff and more effectively connect with families

### 4 Determine Organization-level Processes

- **Make necessary changes**
- **Be responsive** to partners' needs
- **Design an internal workflow**

### 5 Measure Shared Success

- **Continuously evaluate**
- **Review community data**
  - Partner spotlights at meetings
  - Top five referral partners
  - Partners using IRIS to get additional grant funding – Ex: block grant for housing
  - Ability to review demographic data (age, gender, ethnicity/race, primary language, address, zip code) to better serve specific populations, identify service gaps
  - Capturing data on SDoH to improve identification of needs and make quality referrals
- **Refine approaches**
  - Information about programs, eligibility, capacity, and referrals is updated by staff at the organization
  - Improved continuity of services for families. Staff turnover has less of an impact on serving families.
  - Better informed staff mean higher quality referrals.
  - Resource for new staff to learn about community resources and build relationships

## Why is a collaborative referral network important?

Siloed and disorganized referral processes make it difficult for everyone, especially vulnerable and underserved populations, to access necessary medical, social, and behavioral health services.

Families often have diverse and complex needs that cannot be met by one program or resource alone. Navigating a complex system of resources with varying eligibility requirements, intake procedures, and access points is a significant burden for individuals and families in need of support.

When organizations work together, community members experience clear and consistent pathways for identifying and accessing the services they need across the life course. Families are empowered to seek and engage in a variety of community services when providers are well connected, entry points are clear ("Any door is the right door"), messaging is consistent, and identification of need is normalized.

## Kane County Community Data

3,807 FAMILIES  6,263 REFERRALS  187 PARTNERS

**2021** 878 MCH Referrals, 63 Connections

**2022** 1,316 MCH Referrals, 123 Connections

**2023** 1,058 MCH Referrals, 133 Connections