

Community Referral Network for Diverse Youth

Planning Checklist

Purpose

A social determinants of health approach to teen pregnancy prevention recognizes that youth need access to a broad array of services, including evidence-based interventions (EBIs) and reproductive health services. Youth development programs, job training, mental health services, and a variety of social support and community services can all help to reduce teens' risk for unintended pregnancy and lessen adolescent health disparities. Being part of a community referral network enables youth-serving organizations to more comprehensively serve their teen clients, as well as reach out to potential new clients. Formal referral networks and linkages among organizations create a community of support for youth.

The purpose of this checklist is to guide organizations in establishing a new referral network or enhancing an existing referral network to address the social determinants of teen pregnancy and adolescent health by connecting their program with teen clinics and other youth-serving programs. This checklist outlines four essential elements of a community referral network and available tools and resources to support planning and continuous quality improvement.

Key Terms

A **referral** is the process by which teen health and social needs are assessed and the teen is connected with appropriate services. While all network organizations will likely be providing services, for the purpose of this checklist the **coordinating organization** is the organization that facilitates regular community referral network meetings, an **origin organization** is the point of referral initiation, and a **service organization** is the point of service delivery.

Element 1: A Committed Group of Organizations

A community referral network for diverse youth is based on a set of multi-sector partnerships identified through a community needs assessment or root cause analysis.* Considering the concept of social determinants of health—where youth live, learn, work and play—will help stakeholders think more broadly about the root causes that impact teen pregnancy in their community and develop a plan to address those factors. Examples of multi-sector partners include organizations that provide youth empowerment services (e.g., Boys & Girls Club), food and housing services, behavioral health and case management, career development (e.g., job or GED training), and clinical providers (e.g., teen clinics, local health centers).†

Element 1 Activities:

- Establish a group of organizations that together provide comprehensive health and social services to meet the needs of adolescents and their families.
- Identify one organization in the network to serve as the coordinating organization.
- Designate a person at each organization to process referrals and attend network meetings.
- Create and update a list or directory of organizations and services.
- Establish Memoranda of Understanding (MOUs) between organizations in the network.

Element 2: A Standardized Referral Tool

Using a consistent referral form throughout the referral network ensures that the same essential information is provided by all origin organizations and the information is received by the service organizations.

Element 2 Activities:

- Create a standardized card, piece of paper, or electronic referral form used by all organizations within the network.
May include the following fields:
 - Date of referral request.
 - Type of service chosen from list of options.
 - Contact information of origin and service organizations.
 - Referral identifier (e.g., teen's name, unique identification number) to track referral completion.
- Establish referral and privacy protocols that meet confidentiality requirements if necessary (e.g., HIPAA).
- One way to achieve this is to include community referral network information and permission forms as part of routine program or clinical consent/assent forms.

This Checklist was developed by JSI Research & Training Institute, Inc.'s Working With Diverse Communities (WDC) project, a component of *Teen Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-Wide Initiatives*. WDC provides training and technical assistance to communities to integrate a social determinants of health approach into teen pregnancy prevention efforts.

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Element 3: Individualized Referrals

Youth may require different services at different times or not at all. Referrals should be individualized to the youth being referred for a service by assessing their personal needs and making an effort to understand what kinds of services or help the teen feels are most important to her/him personally. Additionally, the referral process is more likely to be successful if it is done in a teen-centered manner, involving a dialogue with the teen about the kinds of services s/he thinks will be most helpful, as well as what might get in the way of accessing a referred service.

Element 3 Activities:

- Assess youth's unique needs. Identify barriers to follow-through.
- Be familiar with agencies, programs, and point of contact to which youth are referred.
- Assure youth that his/her confidentiality will be protected by both the origin and service organizations. Explain exceptions.
- Complete the referral form together to ensure youth ownership and understanding of referral.
- Strategize with the youth around follow-through.

Element 4: Feedback System

Continuous quality improvement is important for community referral networks to assess what is working and what is not working in the network and improve upon identified gaps in services and systems. Establishing a feedback system is one way community referral networks can make data-driven decisions and respond to emerging or changing community and youth needs.

Element 4 Activities:

- Collect community referral network data. Data may include:
 - Number of organizations participating in the community referral network.
 - Types of services provided by organizations in the community referral network.
 - Youth satisfaction with referral process and services received.
 - Number of referrals made by each organization. Number of referrals completed by each organization.
- Share community referral network data with participating organizations to make data-driven decisions.
- Conduct Plan-Do-Study-Act (PDSA) cycles to test small changes in the community referral system and ensure continuous quality improvement.

References

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*For additional information, refer to JSI's tool "Conducting a Root Cause Analysis and Action Planning Process: Facilitator's Guide." Available online: rhey.jsi.com/files/2013/11/RCA-Tool-FINAL-12-7-12.pdf.

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