

Resource Directory User Guide and Referral Protocol

Introduction

The *Linking Systems of Care for Ohio's Youth* resource directory was created as a connecting link for families, caregivers, and service providers working with victimized children, youth, and young people across Ohio. This companion user guide was developed to complement the directory by providing a referral protocol and guidance for helping professionals that serve victimized children, youth, and their families. Providers will find recommended steps to take before making a referral, steps to help facilitate a positive referral experience, and follow-up steps to take after the referral has been made.

Making a referral should be a collaborative effort between service providers, children, and their caregivers, with each party having clear roles and responsibilities. The following guidelines outline best practices for a high-quality referral experience.

SECTION ONE: Before Making a Referral

- **Clearly communicate to families if you or the referral service are mandated reporters.** Before collecting any information from families, let them know about any professional, ethical, and/or agency-level policies you or the referral service must adhere to regarding mandated reporting of suspected child abuse or neglect.

- **Make sure you are personally knowledgeable about an agency before referring a child.** Beyond basic information like hours of operation and the cost of services, consider contacting potential providers to ask the following questions:
 - Describe your experiences working with low-income families.
 - Do you provide trauma-informed care? Please describe what that means for your agency, and how your agency holds itself accountable to a trauma-informed care label.
 - What criteria need to be met for a child and/or family to access your services?
 - If the child you are working with has special considerations--such as engaging in offending behavior or being a court-involved case--be sure to ask the provider if they offer services to such populations.
 - Do you have a waiting list?
 - Will they work with families or clients who are or may become court involved and are there any limitations on those services?
 - Are there bilingual and bicultural staff?
 - Does your agency provide culturally-sensitive services for members of the LGBTQ+ community? In what way?
 - Is your agency wheelchair accessible?
 - Is your agency accessible by public transportation?

- What fees are associated with your services?
 - Does your agency accept Medicaid?
 - Do you offer sliding scale fees?
 - What insurance does your agency accept?
 - Are there any additional fees for things such as providing court documentation, giving testimony, providing written proof of services, treatment compliance reports, etc.
- **It is your responsibility to ask providers directly if they provide therapies or use practices that are potentially harmful.** For example, do they offer conversion therapy to children or youth, or do they support parental alienation concepts, or other therapies not supported by evidence?
- **Explore opportunities to use extended community, informal, and non-traditional sources of support, such as faith-based or culturally-specific services.** Families' sustainability and investment in service usage increase with informal, non-systems supports.
- **Identify your agency's most appropriate staff member to facilitate the referral process.**
 - Which staff member has the best relationship with the child or family? If a trusted staff member, such as a family advocate or teacher, recommends the referral, a family may be more likely to accept the recommendation.
 - Which staff member has the deepest understanding and respect of the family's culture, beliefs, and values? When a staff member understands the family's culture, they can link the family with a provider who best matches the family's unique needs. Families are more likely to actively participate in services that reflect their values, culture, and preferences.

SECTION TWO: Making the Referral

- **Communicate clearly with the youth and family about the need for a referral.** It is best not to assume that everyone understands or agrees with why a referral is being made. Having a dialogue that includes the family's views and expectations *before* contacting the provider will lessen any confusion as the referral progresses.
- **Initiate a conversation with the child and/or family about any concerns they have or potential barriers to following through with the referral.** These might include uncertainty about what to expect, fears of stigmatization, negative past experiences with providers, or fear that a service they currently value will be cut off due to a new referral.
- **Ask about cultural groups and/or identities with which the child identifies to help locate relevant culturally-specific services that may be of interest.** The best way to make this assessment is by asking questions verbally and directly (e.g. "How do you

identify your ethnicity?”, “How do you define your sexual orientation?”, “What pronouns do you use?”)

- Service providers might open this conversation by identifying their own pronouns and ask young people/families if they would like to share theirs. (e.g. Hi, my name is Blake and I use he, him, his pronouns. How may I address you?”)
- **Identify the supportive adult(s) who will be helping the child navigate services, healing, and recovery.** Be sensitive and open to expanded definitions of “family.”
- **Remind families again about any mandatory reporting requirements you or the referral service must follow.** If the service is being mandated, discuss any parameters they must follow including attendance, their rights to negotiate services or change services if possible, etc.
- **Ask children and their families about current and previous agencies and service providers they have utilized.** This prevents duplicating a referral that has already been made, and sheds light on how connected the family already is to community resources.
- **Discuss with the family if there are any limitations or parameters they have around receiving services,** such as:
 - Transportation needs
 - Specific days/hours of availability, based on school and/or work schedules
 - Cost limitations (e.g., can only receive services that accept the family’s insurance, and/or free services rendered by non-profit agencies)
 - Childcare needs (e.g., does the family have childcare to cover children not receiving services during appointments, or do they need childcare?)
 - Individual vs. family services (e.g., is the family seeking services for an individual child only, or for caregivers and family members as well?)
- **Openly discuss the pros and cons of different referral agencies with families.** Explain the possibility of waitlists.
- **Provide families with this resource directory user guide.** Review questions they might consider asking agency staff when deciding whether to receive services.
- **Discuss how the referral will be made.** Explain your agency’s referral process clearly with the family. Referral options might include:
 - 1) Accompany the family to the referral agency
 - 2) Service provider and family call the agency together
 - 3) Service provider calls the agency to make a referral, without the family present.
 - If service providers are making the referral, an authorization for release of information will be needed. Discuss exactly what

information you will provide to the referred agency and obtain parental and/or youth consent before doing so.

Note: Consider a Limited Referral Release of Information Form (Appendix A), which would allow the individual agency or organization to which the referral was made to communicate back as to whether the child, youth, and/or family followed through with the referral.

- 4) Provide the family with agency contact information and allow the family to contact the referral agency themselves.

SECTION THREE: After Making a Referral

- **Assign a staff point person to check in on how things are progressing** by phone or in-person. This ensures barriers to service and solutions are identified early on.
 - If a referral is not a good fit for the child, youth, and family, both referring and referral agencies should make every effort to find a resource that meets their needs.