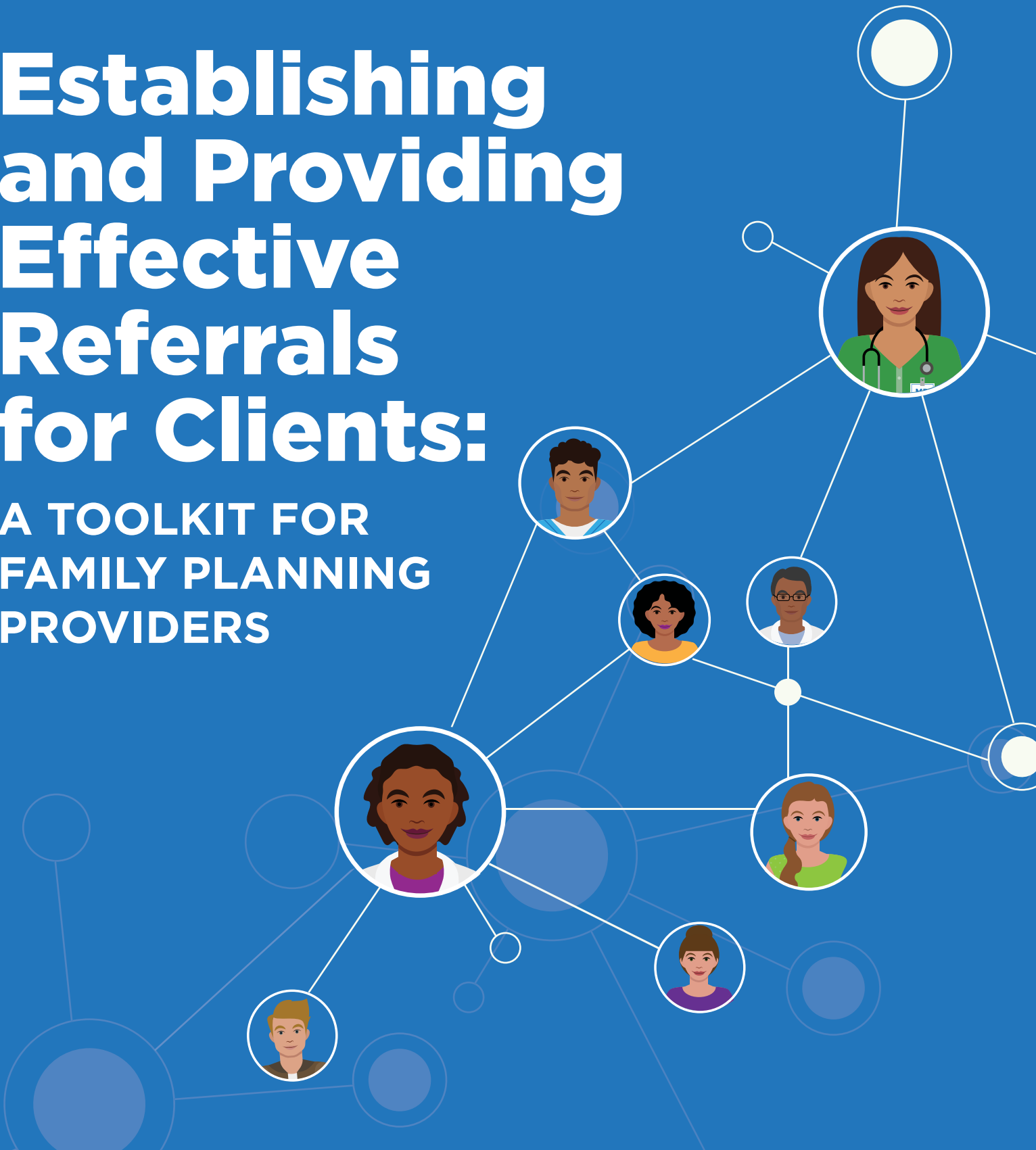# Establishing and Providing Effective Referrals for Clients:

A TOOLKIT FOR FAMILY PLANNING PROVIDERS

FPNTC

FAMILY PLANNING
NATIONAL TRAINING CENTER

Table of Contents
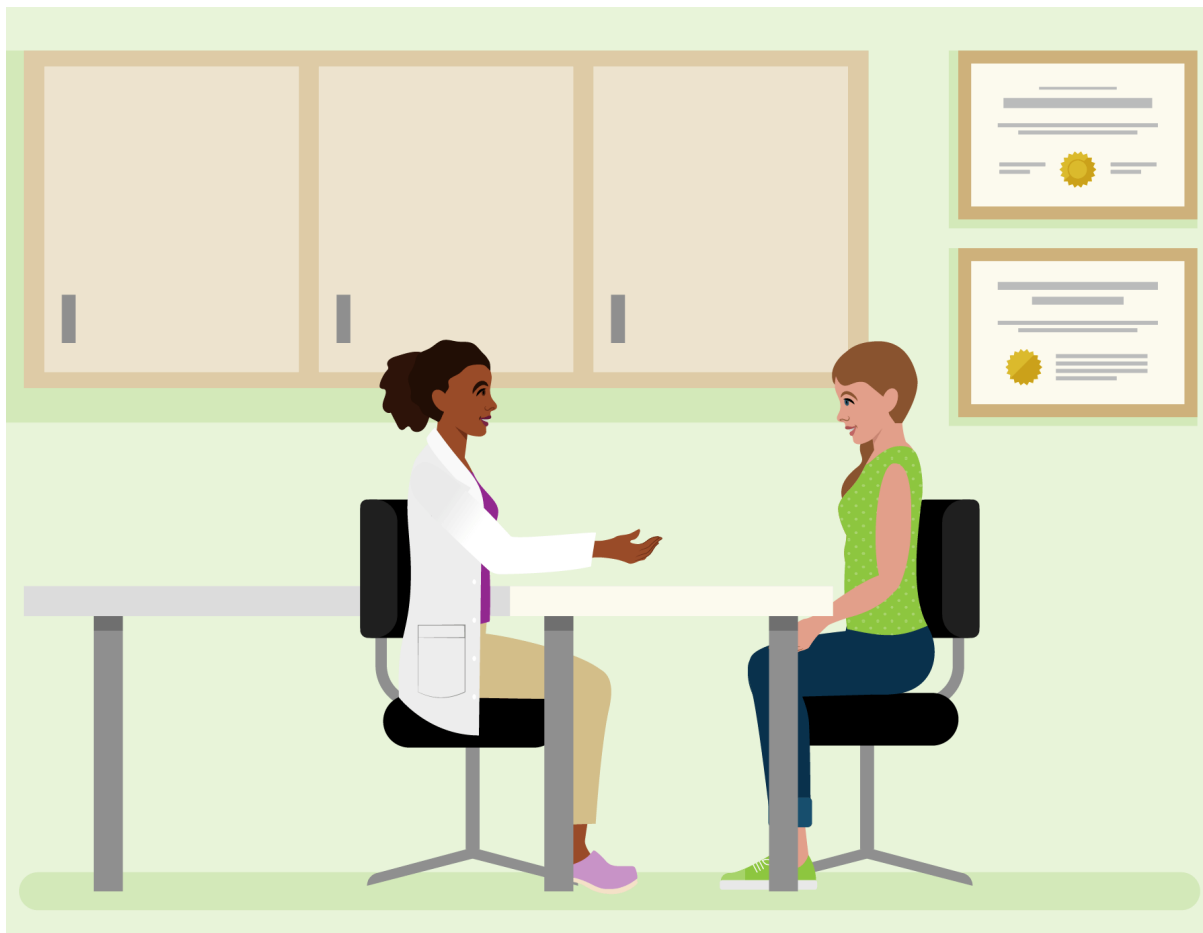
Title X Program Requirements for Referrals

Introduction

Many individuals describe publicly funded family planning centers as their "usual source of care." In this regard, family planning service sites are often an entry point for other services needed by their clients, and visits may include provision of, or referral to, other preventive health services.[1] Quality care for Title X clients sometimes includes providing referrals for medical and social needs beyond a site's scope of services, ensuring access to the full range of services that clients may need.

The purpose of this toolkit is to support Title X grantees' ability to provide effective referrals. It has also been designed to help with oversight of subrecipients in their network who provide referrals. This toolkit provides guidance on setting up systems for consistent provision of referrals. It includes sample policies and strategies, such as a memorandum of understanding, for providing high-quality supportive and effective referrals. The toolkit also contains resources for training subrecipients and service sites.

I. Title X Program Requirements for Referrals

Title X programs are expected to provide appropriate referrals for medical, informational, educational, and social services related to family planning for clients who want such services.[2]

Availability of Social Services

Projects must provide for social services related to family planning including counseling, **referral to and from other social and medical services agencies**, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)).

Availability and Use of Referrals

Projects must provide for coordination and **use of referral arrangements** with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8).

Provision of Family Planning and Related Services

All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as **necessary referrals** to other medical facilities when medically indicated (42 CFR 59.5(b)(1)).

Title X grantees, subrecipients, and/or service sites are expected to develop and implement plans to coordinate with and refer clients to other providers of health care and social services, optimally with signed, written collaborative agreements.

- Providers of other health care services not provided on-site (e.g., primary, prenatal care)
- Health services projects supported by other federal programs
- Chronic care management providers
- Emergency care
- HIV/AIDS care and treatment
- Infertility specialists
- Hospitals
- Local health and welfare departments
- Voluntary agencies (e.g., domestic violence, crisis intervention, Alcoholics Anonymous)
- Child care agencies
- Transportation providers
- WIC programs

A. Develop Written Policies for Referrals

Title X grantees are expected to have a written policy that requires subrecipients and service sites to have policies for providing needed referrals.

ACTION STEP	RESOURCES
Develop written policies for providing needed referrals. Sample policy templates can be modified with agency or site-specific information.	Availability of Social Services Sample Policy Template Availability and Use of Referrals Sample Policy Template Provision of Family Planning and Related Services Sample Policy Template

Availability of Social Services
Sample Policy Template

[INSERT AGENCY NAME AND LOGO]

FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

2.4 Availability of Social Services	
Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)).	
Policy title	**Availability and Use of Referrals**
Effective date	
Revision dates	
Review due date	
References	Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pages 4–20) (https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf) Code of Federal Regulations 42 CFR 59.5 (b)(2) (https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15)
Approved by signature	
Approved date	

Purpose: The purpose of this policy is to describe **(insert Agency Name)** process for ensuring grantee and subrecipient compliance with the requirement that the project provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services that may be necessary to facilitate clinic attendance, as needed.

Policy: *[Agency may want to include the following]*

- The grantee's needs assessment will document the social service and medical needs of the community to be served.
- The grantee's needs assessment will document the ancillary services that are needed to facilitate clinic attendance, as well as identify relevant social and medical services available to help meet those needs.

Availability of Social Services
Sample Policy Template

- Subrecipients will develop and implement plans to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance.
- Subrecipients will have a process to refer clients to relevant social and medical services agencies (e.g., child care agencies, transport providers, WIC programs).
- Service sites will get signed written collaborative agreements with these other agencies when possible and if appropriate.
- Staff and providers will document in the medical record when referrals were made, based on documented specific condition/issue.

Procedure: *[Agency may want to include the following]*

- Where staff will be able to locate up-to-date referral names and contact information.
- Procedure for vetting referral resources.
- Schedule for updating referral information.
- Location of written collaborative agreements.
- Schedule for updating and renewing written collaborative agreements.
- How staff will be trained and updated on changes to this policy.
- How staff can access this policy (location of paper/electronic version(s)).

Availability and Use of Referrals Sample Policy Template

[INSERT AGENCY NAME AND LOGO]

FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

2.5 Availability and Use of Referrals	
Except as provided in 42 CFR 59.14(a) with respect to the prohibition on referrals for abortion as a method of family planning, projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5(b)(8)).	
Policy title	**Availability and Use of Referrals**
Effective date	
Revision dates	
Review due date	
References	Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pages 4–20) (https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf) Code of Federal Regulations 42 CFR 59.5 (b)(8) (https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15)
Approved by signature	
Approved date	

Purpose: The purpose of this policy is to describe *(insert Agency Name)* process for ensuring grantee and subrecipient compliance with the requirement for the coordination of effective patient referrals for other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal projects.

Policy: *[Agency may want to include the following]*
- Subrecipients and service sites will develop and implement plans to coordinate with and refer clients to other services (as listed above) when appropriate.
- Service sites will have processes for effective referrals to relevant agencies.

Availability and Use of Referrals Sample Policy Template

- Service sites will get signed written collaborative agreements with these other agencies when possible and if appropriate.
- Staff and providers will document in the medical record when referrals were made based on documented specific condition/issue.

Procedure: *[Agency may want to include the following]*

- Where staff will be able to locate up to date referral names and contact information.
- Schedule for updating of referral information.
- Location of written collaborative agreements.
- Schedule for updating and renewing written collaborative agreements.
- How staff will be trained and updated on changes to this policy.
- How staff can access this policy (location of paper/electronic version(s)).

Provision of Family Planning and Related Services Sample Policy Template

[INSERT AGENCY NAME AND LOGO]

FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

2.7 Provision of Family Planning and Related Services	
All projects must provide for medical services related to family planning (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) and referral to other medical facilities when medically necessary, consistent with the prohibition on referral for abortion as a method of family planning in 42 CFR 59.14(a), and provide for the effective usage of contraceptive devices and practices (42 CFR 59.5(b)(1)).	
This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care.	

Policy title	Availability and Use of Referrals
Effective date	
Revision dates	
Review due date	
References	Code of Federal Regulations 42 CFR 59.14(a) and 59.5 (b)(1) (https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15)
Approved by signature	
Approved date	

Purpose: The purpose of this policy is to describe *(insert Agency Name)* process for ensuring grantee and subrecipient compliance with the requirement that projects must provide for medical services related to family planning (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) and referral to other medical facilities when medically necessary, consistent with the prohibition on referral for abortion as a method of family planning in 42 CFR 59.14(a), and provide for the effective usage of contraceptive devices and practices.

Policy: *[Agency may want to include the following]*

- Male and female clients served by the project, including adolescents, will be provided the following services, as appropriate: a broad range of contraceptives, including natural family planning methods and other fertility awareness based methods; pregnancy testing and counseling; services to assist with achieving pregnancy; basic infertility services; STD services; and preconception health services.

Provision of Family Planning and Related Services Sample Policy Template

- Breast and cervical cancer screening will be available on-site or by referral to female clients.

Procedure: *[Agency may want to include the following]*
- Location of clinical protocols that document the services referenced in this policy are provided.
- Description of collaborative agreements with relevant referral agencies including: emergency care, HIV/AIDS care and treatment providers, infertility specialists, primary care and chronic care management providers.
- Grantee's process for monitoring subrecipients and service sites to ensure compliance with this requirement.
- How staff will be trained and updated on changes to this policy.
- How staff can access this policy (location of paper/electronic version(s)).

Establishing Referral Systems

Establishing Referral Systems

Referrals should be provided when a clinician determines that a client has either medical or social service needs beyond the scope of the clinic's services. Not all referrals, however, require the same level of support to the client.

Referral-making encompasses a spectrum of potential information-giving and supportive behaviors. These range from providing information on specific services to follow-up on service utilization and outcomes and continuous assessment and improvement of referral-making quality. "Cold" and "warm" are often used to describe referral behaviors at two points along this spectrum.[3]

A cold referral refers to providing information to the client about another agency or service. This means that it is the client's responsibility to contact the agency or service (for instance, after giving the client a business card or name and phone number for a local resource).

A warm referral involves contacting another agency or service provider on the client's behalf. This means calling and making an appointment for the client, providing support to overcome barriers to care, and following up to determine if the appointment is kept.

Agency policies should indicate the type of referral that is usually most appropriate for each service. Referral type may also depend on the client's individual circumstances, so providers should use their best judgement.

A **cold** referral may be appropriate for services like:	A **warm** referral may be appropriate for services like:
» Alcoholics Anonymous » Weight management treatment » Food stamps » WIC	• Syphilis treatment • Evaluation of a palpable breast mass • HIV-positive test result • Prenatal care
A cold referral may be appropriate for clients who:	A warm referral may be appropriate for clients who:
• Have reliable internet/phone access, transportation, and housing • Can communicate in English (if services are limited to this) • Have access to social, financial, and other supports	• Lack reliable internet/phone access, transportation, and housing • May experience language barriers/challenges • Lack access to social, financial, and other supports

A. Explore and Build Relationships with Other Service Providers

Title X agencies should identify other health care and social service agencies serving the same target population, to explore whether having an informal or formal relationship may be mutually beneficial.[2,4,5]

ACTION STEP

RESOURCES

Develop a list of local resources, including key contacts at each organization.

Local Resource List

Verify referral information (contact information, hours, location) on an annual basis to ensure that it is current.

Local Resource List

Initiate conversations with key specialists, hospitals, and community services around mutual expectations for referrals. Be prepared to discuss the value of partnering with a Title X agency.

Value Proposition Template

Determine the value-add of potential referral partnerships.

Primary Care Partnership Video

ACCESS THIS VIDEO ONLINE AT

https://www.fpntc.org/resources/primary-care-partnership-video

Local Resources List Template

[INSERT AGENCY AND LOGO HERE]

Local Resources List

Modify and adapt this template for use at the service site with resources available in the local community. This list of resources may include those entities that Title X agencies have formal or informal agreements with. Validate this information annually.

Resource Type	Services Provided	Hours	Contact Information
Other Health Care Services			
Sample: *ABC Family Planning*	*-contraceptive services* *-pregnancy testing* *-preconception health* *-basic infertility services* *-STD services, etc.*	*M–F, 9–5* *Sat, 9–12*	*ABC Family Planning* *100 Main St.* *Everytown, USA* *555-555-5555* *www.ABCFamilyPlanning.org*
Local health department			
Prenatal care			
Infertility specialists			
Colposcopy			
STD specialty care			

Local Resources List Template

Resource Type	Services Provided	Hours	Contact Information
Behavioral health			
Dermatology			
Pediatrics			
Primary care/Chronic care management			
Genetic counseling			
Substance use treatment			
Weight management			
Other providers of medical services not provided on-site:			
Social and Ancillary Services			
Adoption			
WIC			
Child care			

Local Resources List Template

Resource Type	Services Provided	Hours	Contact Information
Local welfare department/food stamps			
Unemployment office			
Language translation services			
Intimate partner violence			
Suicide hotline			
Child protective services			
Transporation			
Housing			
Other community services			

B. Establish Referral Agreements with Other Service Providers

A memorandum of understanding (MOU) is a written document, generally not legally binding, that outlines a voluntary agreement between parties. It can facilitate inter-agency communication, coordination of services, and continuity of care for clients.[5] A MOU does not need to include complicated legal conditions, exclusions, indemnifications, etc. It should support the work of the collaboration, not inhibit it.

ACTION STEP	RESOURCES
Meet with leadership and/or program managers to discuss referral needs and request collaboration.	Introductory Letter Template
Develop a written mutual referral MOU, if during the meeting this is determined to be appropriate.	Sample MOU Agreement
Mail a cover letter and draft MOU, requesting a response with signatures to indicate approval of the collaboration.	MOU Cover Letter Template

Introductory Cover Letter Template

[Date]

[Medical/Social Services Organization]

[Role]

[Address]

Dear *[Mr./Ms. Name]*,

[Title X Family Planning Provider Agency] is a Title X-funded family planning service site. We provide family planning services that include contraceptive services, pregnancy testing and counseling, helping clients achieve pregnancy, basic infertility services, preconception health services, and sexually transmitted disease (STD) services. **[Title X Family Planning Provider Agency]** prioritizes the needs of low-income families and uninsured individuals who might not otherwise have access to family planning services.

I am interested in meeting with you to discuss the possibility of referring our clients to your organization for their health care needs beyond the scope of what we provide. I would also like to discuss those instances where referrals to our services may better address your clients' family planning needs.

Please let me know if there is a day and time we could discuss these possibilities, and I will set up a meeting.

Sincerely,

[Name]

[Role]

[Title X Family Planning Provider Agency]

MOU Cover Letter Template

[Date]

[Medical/Social Services Organization]

[Role]

[Address]

Dear *[Mr./Ms. Name]*,

[Title X Family Planning Provider Agency] is pleased to collaborate with your organization, so that we may refer our clients to (or receive referrals from) your providers.

Our service site prioritizes the needs of low-income families and uninsured individuals who might not otherwise have access to family planning services. In instances where clients' needs are beyond the scope of our care, we look forward to making referrals to your service site. Similarly, we will accept your referrals in instances where our services can address your organization's clients' family planning needs.

Attached you will find a memorandum of understanding (MOU) pursuant to our recent discussion. Kindly sign the document and return it at your earliest convenience.

Sincerely,

[Name]

[Role]

[Title X Family Planning Provider Agency]

Sample MOU Agreement

MEMORANDUM OF UNDERSTANDING FOR REFERRALS

This memorandum of understanding (MOU) identifies the terms of the referral collaboration between *[Title X Provider]* and *[Community Medical Services Provider/Social Services Organization]*.

PURPOSE

This MOU serves as a mechanism to formalize the relationship between partner agencies with the common goal of optimizing health care delivery and the overall well-being of a shared target population. It is intended to facilitate inter-agency collaboration, communication, coordination of services, and continuity of care.

DESCRIPTION OF AGENCIES

[Name of Title X Provider] is a Title X agency prioritizing the needs of low-income families and uninsured people who might not otherwise have access to reproductive health care services. We offer the following family planning services: contraceptive services for women and men who want to prevent pregnancy and space births, pregnancy testing and counseling, help for clients who wish to achieve pregnancy, basic infertility services, sexually transmitted disease services and preconception health services to improve the health of women, men, and infants. These services are provided to low-income and uninsured individuals at reduced or no cost.

[Name of Community Medical Services Provider/Social Services Organization]

[Description of Services]

GENERAL PROVISIONS

Each agency agrees to:

- Ensure all reasonable efforts to accommodate referrals from one another for services within their respective scopes of practice.
- Provide any necessary medical information regarding clients to facilitate referral services.
- Accept phone consultations between referring agencies, as needed, to discuss referral and any follow-up recommendations for the referring agency.
- Assume responsibility for billing clients and/or third party payers for any services provided.
- Periodically assess the effectiveness of referrals and act upon opportunities to improve them.

CONFIDENTIALITY

Each agency will ensure client confidentiality. Information obtained by the agency's staff about an individual receiving services may not be disclosed without the individual's documented consent,

Sample MOU Agreement

except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality.

UPDATES

This MOU can be updated or modified with the agreement of both parties at any time.

DURATION

This MOU shall become effective upon signature by a designated official from each agency and is renewable from year to year, unless either agency gives notice of intent to withdraw from the agreement.

_____   _____

[Title X Provider]   *[Medical/Social Services Organization]*

_____   _____

[Director's Name]   *[Director's Name]*

_____   _____

Signature   **Date**   **Signature**   **Date**

Providing Supportive and Effective Referrals

Providing Supportive and Effective Referrals

Providing high-quality referrals involves assessing individual clients' circumstances, identifying potential barriers, and helping them to problem-solve and reduce all barriers, therein increasing their ability to access referral services.[6] Without support, clients may receive referral information, but still not access services.[7] Some of the many barriers Title X clients face in accessing services are related to:

- Finances
- Language
- Transportation
- Lack of child care
- Age-based consent issues
- Legal and policy
- Fear of a lack of privacy
- Fear of judgement
- Fear of scorn, intimidation, coercion, or threats
- Fear of disclosing immigration status

Ensure staff have adequate training and support to help clients with ways to overcome these barriers so they can access the services they need.

A. Provide Referrals Proactively

Staff must be prepared to provide appropriate referrals and training, identify roles, and develop processes to ensure consistent implementation.

ACTION STEP	RESOURCES
Ensure all clinic staff and administration understand the need for and skills related to providing effective referrals.	Establishing and Providing Effective Referrals for Family Planning Clients Training Guide
Provide frontline staff with an opportunity to practice skills such as: • Identify referral needs • Speak directly to the referral provider (as appropriate) • Provide a verbal and/or written handoff (with the person's consent) • Manage difficult situations • Follow up with the client about the referral	Referral Quality Staff Observation Activity (Be a STAR), Instructions, and Handouts
Designate staff roles to provide referrals, along with a process for communicating that referrals have been made.	

Establishing and Providing Effective Referrals for Family Planning Clients
PAGE 1 OF 4

How to Use This Guide	This guide is designed to support facilitation of an interactive discussion about **Establishing and Providing Effective Referrals for Family Planning Clients**. This discussion guide is part of the **Establishing and Providing Effective Referrals for Family Planning Clients Toolkit**. Facilitators should feel free to adapt and revise this guide.
Learning Objectives	By the end of the discussion, participants should be able to: • **Describe the Title X Program Requirements related to providing referrals** • **Explain at least two reasons providing effective referrals is critical to quality care** • **List at least three strategies for creating systems to provide high-quality referrals**
Length	At least **60 minutes**, with more time for discussion as schedules allow.
Materials	• **PowerPoint Slides with Notes:** Slides with speaker notes, activities, and discussion questions • **Referral Quality Staff Observation Activity (Be a STAR), Instructions, and Handouts** • **Establishing and Providing Effective Referrals for Family Planning Clients Toolkit:** A guide to support provision of referrals in family planning service sites
Format	This discussion is designed to be conducted **in person (or slides 1–16 can be done by webinar).**
Suggested Participants	**Staff from one or more family planning clinics.** Involving multiple sites can facilitate peer-to-peer sharing. Having representation from clinical, administrative, and financial staff can help address system issues.
Before You Start...	Facilitators should review and be familiar with the tools and resources outlined in the **Establishing and Providing Effective Referrals for Family Planning Clients Toolkit.**

Establishing and Providing Effective Referrals for Family Planning Clients
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Establishing and Providing Effective Referrals for Family Planning Clients	🕐 5 minutes	🖥 Slides 1-2

	Present Slide	Facilitate
1	Establishing and providing effective referrals for family planning clients	Activity: • Conduct participant and facilitator introductions.
2	Learning objectives	

Title X Program Requirements for Referrals	🕐 10 minutes	🖥 Slides 3-5

	Present Slide	Facilitate
3	Family planning is entry point to health care	
4	Title X Program Requirements	
5	Other health & social services providers	Discussion: • Are there any other agencies you frequently refer clients to? • What agencies refer to you for family planning services?

Title X Program Requirements for Referrals	🕐 10 minutes	🖥 Slides 6-10

	Present Slide	Facilitate
6	Establishing and providing effective referrals toolkit	
7	Written policies	
8	Relationships with other service providers	
9	Local resource list	
10	Referral agreements	

Establishing and Providing Effective Referrals for Family Planning Clients
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	Present Slide	Facilitate
11	Referral types	
12	Provide supportive referrals	
13	Provide referrals proactively	
14	Document and develop systems support	
15	Sample referral form	
16	Close the loop	
17	Track referrals	
18	Apply principles of quality improvement	Discussion: • What are we trying to accomplish? What is our goal? • How will we know (i.e., measure) that a change is an improvement? • What changes will lead to improvement?

Establishing and Providing Effective Referrals for Family Planning Clients
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Referral Peer Observation Activity	🕐 20 minutes	🖼 Slides 19-21

🖥	**Present Slide**	**Facilitate**
19	STAR model for referral quality	
20	Peer observation activities	Activity: • Participants pair off. • Use Handout 1 as a reminder of the STAR components. • Use Handout 2 to select and act out one or more scenarios. One participant plays the role of the client, one plays the referral-maker, and other participants are observers/mentors. • Role-play; ask partners to give each other feedback. Discussion: • What went well? Not so well? • Was every aspect of the STAR model considered? Second Activity: • Before asking all participants to reflect even more on using the STAR model (next slide), seek one pair of volunteers to role-play another scenario from Handout 2 for the larger group (a "fishbowl" activity).
21	Reflection	Activity: • Get feedback on the role play from the larger group. • Was the referral-maker in the scenario: 　✓ **Supportive?** Compassionate? Non-judgmental? 　　• In what ways? 　✓ **Thorough?** Complete? 　　• Did the referral-maker gather and share all of the information needed for an effective referral? 　　• Was the referral-maker knowledgeable about the services the client was seeking? 　✓ **Active?** Was this a "warm" or "cold" handoff? 　　• Did the referral-maker do enough to locate and schedule the care the client needed? 　　• Did the referral-maker address all of the potential barriers the client might face, keeping her/him from utilizing the referral? 　✓ **Referral quality?** Was there anything that could be improved? 　　• Was there anything missing? 　　• Did the client seem satisfied? Would you be if you were the client? 　　• What could have been done or said differently?

Establishing and Providing Effective Referrals for Family Planning Clients
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Conclusion		5 minutes		Slide 22

	Present Slide	Facilitate
22	Thank you!	Discussion: • For these resources and others, go to FPNTC.org. • Questions?

Establishing and Providing Effective Referrals for Family Planning Clients Slides
PAGE 1 OF 4

Slide 1

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Establishing and Providing Effective Referrals for Family Planning Clients

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Slide 2

Learning Objectives

By the end of this session, participants will be able to:

- Describe the Title X Program Requirements related to providing referrals
- Explain at least two reasons providing effective referrals is critical to quality care
- List at least three strategies for creating systems to provide high-quality referrals

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Slide 3

Family Planning is Entry Point to Health Care

Usual Source of Care for Title X Clients

Other site, 40%

Family planning service site, 60%

Source: Gold RB et al, Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System. *Guttmacher Institute* 2009.

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Slide 4

Title X Program Requirements

Availability of Social Services:
- Other social and medical services agencies, any ancillary services which may be necessary to facilitate clinic attendance

Availability and Use of Referrals:
- Other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs

Provision of Family Planning and Related Services:
- Necessary referrals to other medical facilities when medically indicated

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Slide 5

Other Health & Social Service Providers

- Emergencies that require referral
- Other providers of health care services not provided on site
- Infertility specialists
- Health services projects supported by other federal programs
- Chronic care management providers
- Behavioral health services

- HIV/AIDS care and treatment
- Hospitals
- Local health and welfare departments
- Voluntary agencies
- Child care agencies
- Transportation providers
- Emergency housing
- WIC programs

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Slide 6

Establishing and Providing Effective Referrals Toolkit

Establishing and Providing Effective Referrals for Clients: A TOOLKIT FOR FAMILY PLANNING PROVIDERS

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ACCESS THIS TOOL ONLINE AT
https://www.fpntc.org/resources/providing-effective-referrals-training-guide

Establishing and Providing Effective Referrals for Family Planning Clients Slides

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Written Policies

Develop Written Policies for Referrals

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Relationships with Other Service Providers

- Explore and build relationships with other service providers
  - Initiate conversations with specialists, hospitals, and community services
  - Determine the value-add of potential referral partnerships

Primary Care Partnership Video

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Local Resource List

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Referral Agreements

- A memorandum of understanding (MOU) is a written document, generally not legally binding, that outlines a voluntary agreement between parties.

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Referral Types

A **cold** referral may be appropriate for services like:	A **warm** referral may be appropriate for services like:
Alcoholics Anonymous	Syphilis treatment
Weight management treatment	Evaluation of a palpable breast mass
Food stamps	An HIV positive test result
WIC	Prenatal care

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Provide Supportive Referrals

Clients face potential barriers to accessing services:

- Finances
- Language
- Transportation
- Lack of child care
- Age-based consent issues
- Legal and policy

- Fear of a lack of privacy
- Fear of judgement
- Fear of scorn, intimidation, coercion, or threats
- Fear of disclosing immigration status

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Establishing and Providing Effective Referrals for Family Planning Clients Slides

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Provide Referrals Proactively

- Train staff on skills needed to:
  - Identify referral needs
  - Speak directly to the provider
  - Provide a verbal and/or written handoff
  - Manage difficult situations
  - Follow up with the client about the referral

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Document and Develop Systems Support

- Designate staff roles
- Use a standard protocol and consistent documentation in the medical record
  - The reason for referral, informed consent of the client, and any correspondence with the referral provider/organization should be included.
- Develop shared referral tools and processes for services that you regularly refer to

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Sample Referral Form

[SAMPLE TEMPLATE]

REFERRAL FORM

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Close the Loop

- Identify client preference for communication and follow up
- Set clear expectations at the time of referral
- Ensure confidentiality for any provider to provider communications

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Track Referrals

- Ensure adequate management of referrals
  - EHR download
  - Referral management software
  - Manually enter on a grid

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Apply Principles of Quality Improvement

- Verify referral information annually
- If a referral is not completed, ask and document the reason
- Periodically assess effectiveness of referral services
  - Ask clients
  - Ask referral agencies
- Use principles of quality improvement to make changes to the referral process as necessary

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Establishing and Providing Effective Referrals for Family Planning Clients Slides

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STAR Model for Referral Quality

Be a STAR:
- Supportive
  - Meet their needs
- Thorough
  - Pass on knowledge
- Active
  - Identify potential barriers
- Referral quality
  - Learn from and update

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Peer Observation Activities

- Pair off.
- Use Handout 1: STAR Model
- Select and act out one or more scenarios.
- Role-play and get feedback from partner.
- Switch roles and repeat.

- Ask one pair of volunteers to role-play a scenario for the larger group.

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Reflection

- What went well?
- Not so well?
- Was every aspect of the STAR model considered?
  - Supportive?
  - Thorough?
  - Active?
  - Referral quality?

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Thank you!

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Referral Quality Staff Observation Activity: Overview

The **STAR Model: Referral Quality Staff Observation Activity** is a training activity designed to build the confidence and comfort of staff providing referrals. It also provides an opportunity to improve the quality of referrals through peer feedback.

About the STAR Model

The STAR model is a referral approach that helps service providers to make high-quality referrals.[8] The model encourages staff to provide referrals that are:

- **Supportive:** Do you know your role with your clients, and are you supporting them through provision of referrals to meet their other health care or community resource needs?
- **Thorough:** Do you have the knowledge you need and have you passed on what you can about those services to your clients?
- **Active:** Have you helped your clients locate and schedule, as indicated, the care they need? Have you assessed your clients' needs for supportive resources (e.g., language translation, culturally/linguistically appropriate services, child care, transportation) to help them utilize the services they are seeking?
- **Referral Quality:** Do you continuously learn from and update information in your referral information systems to ensure high-quality referrals? If appropriate, can you check with your clients about their referrals at a later date?

About the Referral Quality Staff Observation Activity

Purpose: Participants take turns as both client and referral-maker practicing scenarios, using the STAR model to assess the enacted referral.

Instructions: Participants pair off.

Handouts:

- Handout 1: STAR model
- Handout 2: Scenarios & discussion questions

Activities:

1. Introduce the STAR model of providing referrals. Encourage the participants to refer to Handout 1, which outlines the four points of the STAR.
2. Using Handout 2, have participants act out one or more scenarios. One participant plays the client, another plays the referral-maker, while all other participants are observers/mentors.
3. Ask participants to role-play and get feedback from their partners. (When participants seem stuck, offer help and be ready to respond with model language.)

# Referral Quality Staff Observation Activity: Overview

4. After all participants have grown more comfortable using this model for providing referrals, seek one pair to volunteer acting out a role play in front of the entire group (a "fishbowl" activity). Get feedback on the role play from the larger group.

5. Use Handout 2's participant debrief questions to facilitate discussion.

Referral Quality Staff Observation Activity: Handout 1—The STAR Model

Keep the four points of the STAR model in mind to provide effective and supportive referrals.

STAR Model for Effective Referrals*
Be a STAR!
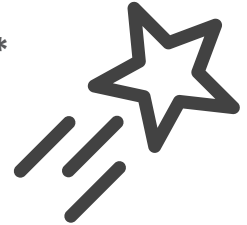
SUPPORTIVE

- "I know my role in the face of my client's need."
- "Supporting my client's decision is the best way I can do my job helping her/him."

THOROUGH

- "I have the correct information about the service she/he needs."
- "I am knowledgeable about the care she/he is seeking."

ACTIVE

- "I actively help my client locate and schedule the care she/he needs."
- "I actively assess my clients' needs for supportive resources (e.g., language translation, culturally/ linguistically appropriate services, child care, transportation) to help them be able to utilize the services they are seeking."

REFERRAL QUALITY

- "I follow up and ask about my client's experience accessing referrals I have provided."
- "I use her/his experience to better help the next client seeking a referral."

*Adapted from:
Zurek M, O'Donnell J, Hart R, Rogow D.
https://www.contraceptionjournal.org/article/S0010-7824(14)00701-X/fulltext

Referral Quality Staff Observation Activity: Handout 2—Scenarios & Discussion Questions

This handout can be printed on double-sided paper.

Scenarios

1. Tina is 24. Her mother died in her 30s from breast cancer. Tina found a lump that you can also palpate on exam. She has missed several appointments and had to reschedule this appointment twice, once when she had to wait. She has no child care for her children, and her partner is often abusive if she is late getting home. She does not have a primary care provider, and only has state family planning-only Medicaid. What do you do?

2. Alex is 20. He is undocumented and uninsured. He has sex with men and women, and came to the clinic for STD screening. He is found to be positive for both chlamydia and syphilis. You can treat him for chlamydia with Azithromycin, but you do not stock the Penicillin G benzathine for syphilis treatment. What do you do?

3. Grace is 23 and has a two-year old. She receives a positive pregnancy test result. She tells you she is happy, but also a little nervous. She had gestational diabetes with her first pregnancy and had to have a C-section. She has moved since then and doesn't know any midwives or OB/GYN providers in the area. What do you do?

4. Maria is 22. She is a client at a small, part-time rural clinic. She has three children—the youngest just 3 months old—and tells you she is desperate to not get pregnant again. She has used condoms and oral contraceptives but had a hard time remembering to take her pills and got pregnant using both. She was given a Depo-Provera shot at the hospital before discharge, but she worries that she will not be able to make it to the clinic on schedule for the next shots. She is interested in getting a Nexplanon, but you do not have a provider on staff trained to insert at this time. What do you do?

Referral Quality Staff Observation Activity: Handout 2—Scenarios & Discussion Questions

Discussion Questions

1. In your pairs, reflect on your experience doing the role plays:
    *   What went well?
    *   Not so well?
    *   Was every aspect of the STAR model considered?

2. After each scenario done in front of the group, share observations referring to the STAR model. Was the staff member in the scenario:
    *   **Supportive?** Compassionate? Non-judgmental?
        *   In what ways?
    *   **Thorough?** Complete?
        *   Did the staff member gather and share all of the information needed for an effective referral?
        *   Was the staff member knowledgeable about the services?
    *   **Active?** Was this a "warm" or "cold" handoff?
        *   Did the staff member do enough to locate and schedule the care the client needed?
        *   Did the staff member address all of the potential barriers the client might face, keeping her/him from utilizing the referras?
    *   **Referral-Quality?** Was there anything that could be improved?
        *   Was there anything missing?
        *   Did the client seem satisfied? Would you be if you were the client?
        *   What could have been done or said differently?

B. Document and Develop Systems Support

Ensure that referrals and associated processes are well-documented. Close the communications loop for high-priority referrals by establishing clear expectations for client-centered communication while respecting client autonomy and confidentiality. Assess periodically how effective agency referrals are and adjust accordingly.[5,6,7]

ACTION STEP	RESOURCES
Clearly document referrals. Use a standard protocol and consistent documentation for referrals in the medical record. The reason for referral, informed consent of the client, and any correspondence with the referral provider/organization should be included.	
Develop shared referral tools and processes for services that you regularly refer to (and those that regularly refer to you).	Referral Form Template
Close the loop. Determine preferred and acceptable methods of communication and set clear expectations with the client at the time of making the referral.	
Track referrals. Use referral management software, EHR downloads, or manually keep a record to ensure effective management of referrals.	
If a referral isn't completed, talk to the client during the next visit to find out why, and document the response. Clients are not obligated to follow up with referral recommendations.	
Periodically assess the effectiveness of referral services. Ask clients about their referral experience, and ask the partner agencies about their experience giving and receiving your client referrals.	Patient Experience Improvement Plan

Referral Form

REFERRAL FORM

DATE REFERRAL MADE:_____

NAME: _____

REFERRED TO

- ❑ Health care services not provided on-site
- ❑ Prenatal care
- ❑ Specialty medical care
- ❑ Chronic care management
- ❑ Emergency care
- ❑ Infertility specialist
- ❑ Hospital
- ❑ Behavioral health
- ❑ Head Start
- ❑ Local health & welfare departments

- ❑ Oral health care
- ❑ Intimate partner violence
- ❑ Housing
- ❑ Substance use disorders
- ❑ Tobacco cessation
- ❑ Child care agencies
- ❑ Transportation providers
- ❑ WIC programs

Other:
- ❑ _____

REASON FOR REFERRAL: _____
_____

> The importance of attending my referral has been explained to me. I understand that **[INSERT AGENCY NAME]** will not assume responsibility as a result of my not attending my referral.

REFERRED TO: _____

AGENCY/CONTACT: _____

ADDRESS: _____

PHONE: _____

REFERRED BY: _____Date: _____

Client signature: _____Date: _____

I decline service referral:_____Date: _____

_____

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