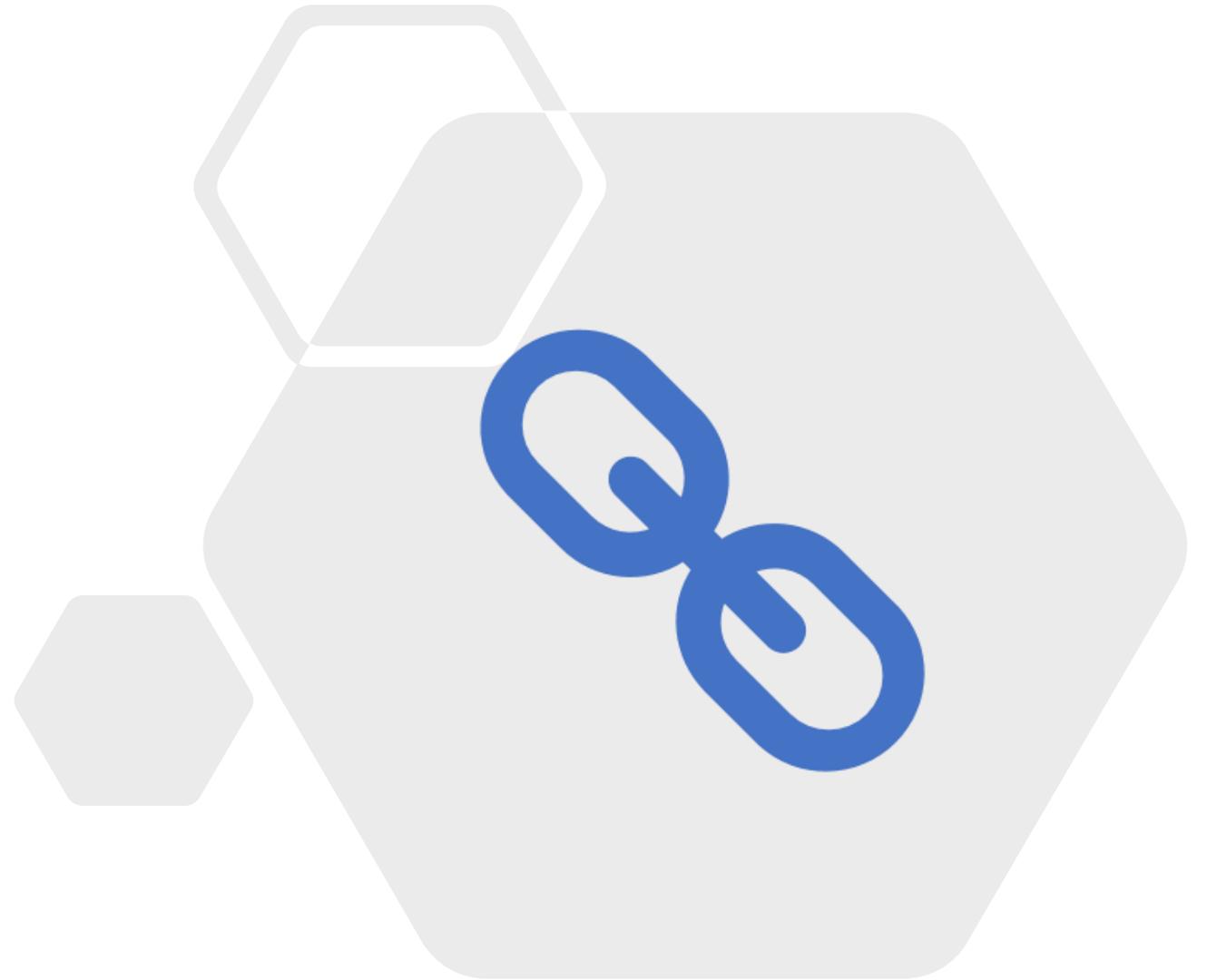


Getting Connected to Resources

Integrated Referral Process



What is Today's Objective?

- Share an integrated referral process
- Think about how it works and how you could replicate or be inspired to do similar work or implement similar strategies

Another Day:

- Share and discuss the nitty-gritty of how it works at a different time, as requested



Brief Overview of the Project

- "One-Stop Shop"
 - Shared referral tool used between 7 partner organizations
 - Prioritized referrals
 - Center for Human Development
 - Community Health Center of Franklin County
 - Brick House
 - MHA/CoC Housing
 - Youth and Workforce Development Programs
 - Able to share contact information/demographics/access needs one time for multiple referrals
-

What are barriers to accessing resources?

Ideas shared by meeting attendees:

Access to phone, internet

Trauma, worried they won't be taken seriously, worried process will be confusing and not accessible.

Not sure of the process and what to expect

Environment unwelcoming to youth

Anxiety about interacting in new situations

Difficulty w/ paperwork – not understanding questions, not having help

Fear – such as of parents finding out

Cost

Transportation

Not knowing what to say or ask for

Involvement of Young People: 200+ community surveys

- **#1 Priority in accessing care**
 - Quality
- **Barriers to care**
 - Cost/insurance
 - Transportation
 - Hours/waitlist
- **What they wished providers knew/received training on**
 - Minority stress
 - Impact of trauma on health
 - Welcoming environment for young people
 - Social determinants of health

Adultism and Assumptions

- **Adultism:** prejudice/ systemic discrimination against young people as a group; adults holding power over young people
 - Different than **ageism:** prejudice/system discrimination against older adults as a group
- Prevents young people from accessing resources, being believed about their experiences and needs; other marginalized identities exacerbates this barrier as well

Project Goals

- **Systems change**
 - Outlasting the individual
- **Delivering effective services**
 - Coordinated care
- **Culture Change**
 - Training based on community feedback
- **Building relationships**
 - With young people
 - With individual staff
 - With other organizations

What were
some
project
outcomes?

Training opportunities

- Fatphobia training
- Queer and Trans competency
- Working with youth and young adults
- Implicit Bias

Relationship and trust building

- Relationships between individuals
- Relationships between organizations and agencies

Additional Project Outcomes

New processes

- Connected young people with: housing, mental health services, primary care providers, gender-affirming care, dentists, leadership and workforce development opportunities
- Trans-affirming guidelines at both CHD/CHCFC
- Current names and pronouns practices at all partner agencies
- Gender-affirming bathroom practices at all partner agencies
- Feedback, accountability and healing justice practices at partner agencies

Community Partner Testimonial



The Youth Access Partnership shared referral system has been **a big step forward for client access**. Prior to this system, to get services, a person would have to call to set up an initial appointment, walk into the clinic, or have a referral sent over to us by another professional.

Sometimes, **the very same reasons a person may be thinking about trying therapy makes accessing it in these ways really difficult**- and I don't mean the stereotypical and derogatory idea that "young people don't like phone calls", though anxiety around phone calls is a real thing that can present barriers! **Executive functioning** challenges can get in the way. The **dysphoria** that some trans folks feel around the way our voices sound over the phone might get in the way. **Trauma** from past experiences with health and mental health care can get in the way big time- and **these examples are barely scratching the surface of the barriers clients may face**. With the shared referral system, a person can, from a place where they are comfortable, and at their own pace, start the process of getting services. **This supports client autonomy, self-determination, and empowerment.**

No Wrong Door @ CAPV

- CAPV's (separate) integrated referral process
- Also provides referral information for external partners
- Walk into any department, complete a pre-assessment and get connected to other departments in the agency
 - Fuel Assistance
 - Food Pantry
 - Head Start
 - Etc.

Visioning the Future, What's Next?

Sandi Walters: We have a similar internal process at CSO...and I can help to connect the idea of an integrated referral to community programs from CSO to these agencies. The partnering is so important. ty! At CSO , new clients see an Integrated Services Manager who assesses for SDOH and makes internal and external referrals in the community for clinical and community supports.

Maybe we can talk in the Community Supports for Youth workgroup about how we can support other agencies and schools, etc to adopt more of this!

Ilana Gerjuoy: Thinking back to Leigh-Ellen and Keyedrya's comments on Advancing Racial Justice in Schools, I would be interested in whether we can support schools in adopting some of the same relevant processes, when possible for them.

Kara Mclaughlin: Some schools have done this. I went to meeting years ago and learned that Brockton schools had a one pager. I may have access to it.

Karen Carmona: Although I'm new at Opioid Task Force, this seems like a natural fit with the CONNECT program. I'll mention it to Deb!

Questions

Want to know more about the nitty-gritty? Email Ricia
relwellsocci@communityaction.us