Chapter 5 : OhioKAN Service Delivery

Referring for Support Services

This section guides the referral process to ensure OhioKAN Families receive appropriate referrals for the needs they have identified in the BASICS assessment. For further details on assessment, see section above for Opening an OhioKAN Service Episode.

Referral Resource

OhioKAN staff may use their knowledge about available services and consult the OhioKAN Information Hub to identify services matched to the needs of each OhioKAN Family. The OhioKAN Information Hub is updated regularly to ensure it provides complete and accurate information about the services available. All OhioKAN staff can edit the information in the OhioKAN Information Hub and keeping the Information Hub updated is everyone's responsibility.

Referral Considerations

The Navigator suggests service referrals that are responsive to the parent or caregiver's priority concerns and informed by the BASICS and Support Plan. If the family needs additional or different referrals, these should be chosen in collaboration and partnership with the parent or caregiver taking the family's Support Plan into consideration. The following are things to consider when making referrals:

- Refer to organizations near where the OhioKAN Family lives and/or works
- Take into consideration the participant's past experiences, whether positive or negative, with organizations in their area. If an OhioKAN Family has concerns about a referral or organization, accommodate those concerns by suggesting an alternative.
- Consider transportation access (e.g., if the participant is traveling on public transportation, select an organization that is easily accessible via public transit)
- If a warm hand-off by phone, email, or in-person is needed, ensure there is a plan or scheduled time to do so and document this in the SACWIS and in the Support Plan.
- If the family has multiple needs, provide referrals to address these needs. Then, as appropriate, build out a plan with them of when and how they will access those referrals and what support they will need (e.g., reminders, assistance filling out forms, language or transportation support). Record this all in the Support Plan, specifically in the Support Plan Table.

- Use the Support Plan to prioritize and sequence support for the most urgent referral needs first. Sequencing does not mean the referrals themselves are withheld until a later date. All referrals should be provided as soon as the need emerges. However, the advocacy support related to referrals may include a plan to target one or two referrals at a time so that the number of initial engagements with service providers does not overwhelm the family.

Referral Conversation: Service Information and Connection

- Provide the organization name, address, phone number, and website verbally as well as documenting the organization name in the Support Plan.
- If referring to multiple organizations, pause and ask the OhioKAN Participant if they have any questions or anticipate any barriers.
    - If there are anticipated barriers, document them in the OhioKAN Information Hub and ask about them during the follow up call.
- Ask if the OhioKAN parent or caregiver would prefer to receive their referral packet via email or physical mail.
- If the referral is for a brochure or other written informational resources, be sure to specifically state that you have heard the need and will be sending information for the OhioKAN parent or caregiver to read through.
- Work with the parent or caregiver to develop a plan for how and when they can access the service taking any barriers like transportation or language into consideration.

Services Gaps

A written procedure guides the documentation of service gaps. A service gap is when a referral is needed, but no provider is available to the family. If a family identifies a need on the BASICS as "Somewhat Challenging" or "Very Challenging," but OhioKAN staff are unable to identify an appropriate provider to meet the family's current situation, this gap is documented in the data system. This information is used to identify all a family's needs and what service gaps exist in the community. This information is used to inform Regional Advisory Council and Continuous Quality Improvement efforts.

The OhioKAN staff member can document this at the same time they document other case services provided in a binder or at any time when a referral is requested, but a provider is not available or accessible.

When a family has requested a service, but the services are not available or accessible to the family, a Case Service can be added in the data system to document the need. This may also be used when a referral was provided to the family, but the Case Service had to be ended because the family could not use the provider (i.e., ineligible, provider closed)

Sometimes a service may be available, but not accessible. These instances are documented. For example:

- The available provider does not offer services in the language the family speaks.
- The person has mobility challenges, but the available provider's facility is not ADA compliant.
- The person is part of the LGBTQIA+ community and the available provider is not affirming.
- The provider is not willing or able to provide services to a child with behavioral health needs.
- This list is not exhaustive, if you are unsure about a situation where a service seems inaccessible, talk with your coach.