

Connecting Clients to Services through Linkages and Referrals

Developed by the AED Center on AIDS & Community Health with support from the ConnectHIV Initiative.

INTRODUCTION

Linkages and collaboration among HIV service providers afford the opportunity to access a larger system and continuum of prevention, care, treatment, and support services for people living with HIV/AIDS (PLWHA). Referrals are often the mechanism by which clients with immediate needs are connected to services to best address identified needs. Most organizations, regardless of mission or scope of services provided, need to refer clients to other agencies to address specific needs. Establishing and creating a successful referral system is essential and requires thoughtful planning and effort.

It is important to understand that the cornerstone of any referral system is “relationships” or “linkages.” Service providers are accustomed to using relationships/linkages to connect their clients to services; however, these relationships are often informal in nature. To create and maintain a referral system that successfully links clients to needed services, organizations must: establish formal linkages, assess and strengthen their infrastructure, and institute key policies and protocols to support referrals and linkages.

KEY STEPS TO DEVELOPING A REFERRAL SYSTEM

- I. Shifting from informal relationships to formal linkages
- II. Assessing and strengthening organizational infrastructure
- III. Developing and implementing referral-specific policies and protocols

I. SHIFTING FROM INFORMAL RELATIONSHIPS TO FORMAL LINKAGES

What is the difference between informal relationships and formal linkages?

Informal relationships occur naturally in the course of providing services. Such relationships are often the result of personal relationships between staff at agencies and may lack institutional support. Informal relationships can be very effective in connect-

ing clients with other services; however, the informal nature of these relationships does not lend itself to system-wide coordination and monitoring.

Formal linkages are created when agreements are developed between agencies as institutions, not as staff. Establishing a partnership between providers creates an atmosphere for improved service coordination, accountability, continuity, and ultimately, improved care for consumers. Formal linkage agreements create the expectation and opportunity for the referral process to be sustainable despite staff turnover.

What role does the MOU play in formalizing linkages?

The memorandum of understanding (MOU) is an official document that outlines the formal agreement between two or more consenting parties. An MOU should delineate specific actions to be performed and services to be exchanged within a specified time-frame for a designated period of time. The MOU should describe protocols for communication, maintaining confidentiality, and modifying or terminating the agreement.

See Page 5 for a sample MOU.

IDENTIFYING POTENTIAL REFERRAL PARTNERS

Think about the following:

- What resources does the organization offer?
- Whom do they serve (target population)?
- How can your organization benefit from linkages with the organization?
- Does the organization's mission complement yours?
- Where is the organization located?
- Do you have a contact person there?
- Who is the appropriate contact person to formalize the linkage?

COMPONENTS OF AN MOU

When developing an MOU, consider including the following information:

- Names of organizations signing MOU
- Mission statement of each organization
- Proposed linkage activities
- Scope of work/responsibilities of each party
- Timeline for activities

II. ASSESSING AND STRENGTHENING ORGANIZATIONAL INFRASTRUCTURE

Developing a comprehensive referral system is no small undertaking, requiring numerous agency resources including, but not limited to, staff, time, supplies, and technology. The following are some issues to consider before you establish your referral system.

Establishing and Maintaining Linkages

- Who will be responsible for identifying potential linkage partners?
- Who is authorized within the agency to negotiate and sign the MOU?

- Who will be responsible for nurturing and maintaining the partnership?

Training

- Who will be responsible for training staff (both within your own agency and the partner agency) to adhere to specific referral policies and procedures?
- Who will be responsible for assessing ongoing staff training needs related to referrals and linking clients to services?

Supervision

- Who will be responsible for supervising/monitoring staff accountable for making referrals?
- Who will monitor adherence to internal referral processes?
- Who will ensure that adequate resources (e.g., time, staff to accommodate referred clients, ability to follow-up on referrals, etc.) are allocated to supporting a system-wide referral system?
- Are supervisors ensuring that appropriate referrals are made, that clients are truly linked to services, and that referrals are documented?

Tracking & Monitoring

- How will the partnership be monitored?
- Who will be responsible for tracking referrals, data collection and analysis, and obtaining feedback from consumers?
- Who will create any necessary forms?
- How will this information be used to inform service delivery?

Technology/Software

- What technology, including software, will be implemented to assist in the documentation and tracking of referrals and linkages?
- How is confidentiality of records protected?

III. DEVELOPING AND IMPLEMENTING REFERRAL-SPECIFIC POLICIES AND PROTOCOLS

What policies and protocols need to be in place to support your referral system?

- **Referral Protocol:** A standard referral process should be used across the program or organization for maximum effectiveness. The referral protocol should provide guidelines for making referrals, explaining how and when referrals are made, the steps to be taken when making a referral, following-up on a referral, and the documentation or forms required to complete the referral.

A referral form should accompany the protocol. The referral form should be standardized for use throughout the referral system and ensure that basic information is recorded whenever a referral is initiated. At a minimum, the referral form should capture: client information; date and time of the referral appointment; problem or need identified; services to be provided; name of the provider receiving the referral, as well as their contact information and location; and date and time the referral appointment was verified.

- **Consent for Release of Information:** This policy should outline the steps necessary to obtain permission from the client to release confidential information to another entity. The consent for release should be formalized, time-limited, and agency-specific; this form should accompany the policy. Clients should never be asked to sign blank consent for release forms.
- **Confidentiality:** This policy should determine the standards for all confidential information and data held by the agency. The policy should describe the collection, use, maintenance, and disclosure of confidential information.

Your agency's confidentiality policy should be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which protects the privacy of individually identifiable health information. Organizations not required to comply with HIPAA should develop privacy policies and procedures in accordance with local and state laws.

- **Record-keeping and Documentation:** This should delineate how referrals must be documented in the client's record and/or electronic record or database. Documentation should note the referral agency, purpose, contact, and follow up to ensure successful linkage.

MEMORANDUM OF UNDERSTANDING

Between

(Your organization)

And

(Partner Organization)

This Memorandum of Understanding (MOU) establishes a linkage between _____ and _____
(partner organization) (your organization)

Mission

Brief description of your organization's mission.
Brief description of partner organization's mission.

Together, the parties enter into this MOU to *(describe efforts that this partnership will achieve)*.

Scope

The parties propose to serve _____.
(Who is the target population? What services/benefits will the target population receive?)

Responsibilities

Staff governed by this MOU includes:
(List staff positions responsible for complying with the MOU.)

MOU contact persons will be:
(List contact persons with address, telephone, and e-mail information)

The organizations agree to the following tasks for this MOU:
(List agreed-upon tasks under this MOU)

Sample Memorandum of Understanding (continued)

Timeline and Duration

This MOU shall remain in place from *(date)* until *(date)* unless modified in writing before that date.

Confidentiality

Client names and all other identifiable information shall remain confidential as required by federal, state, and local law.

Communication

(Your organization) and *(partner organization)* will participate in meetings on a *(frequency)* basis. These meetings will be used to assess the linkage agreement, referral data, and propose improvements.

Termination

Either party listed may terminate this MOU without cause by delivering written notice to terminate. The MOU will terminate automatically if: *(clause)*.

Signatures

On behalf of my organization, I wish to sign this MOU and contribute to its further development.

Signature	Date	Signature	Date
_____		_____	
<i>(name)</i>		<i>(name)</i>	
_____		_____	
<i>(title)</i>		<i>(title)</i>	
_____		_____	
<i>(organization)</i>		<i>(organization)</i>	

CONSENT FOR RELEASE OF INFORMATION

I _____, authorize _____ to disclose
(client name) (name of organization disclosing information)

(kind and amount of information to be disclosed)

to _____
(name of individual or organization to which disclosure is to be made)

for the purpose of _____
(reason for the disclosure)

This consent is subject to revocation by me at any time, except to the extent that action already has been taken in reliance thereon. If not otherwise revoked, this consent will terminate on _____.
(specific date)

Client Signature

Date

CONFIDENTIALITY POLICY

Policy:

It is the policy of (*your organization*) that all staff members adhere to rules concerning confidentiality. This policy prohibits confidential information as defined by Federal and State of (*name of your state*) law from being disclosed or released in any format to or by any person that does not have a “need to know” without proper consent of the individual/client involved.

The patient has the right to expect that all aspects of care will be treated as confidential. All individuals are expected to be professional and maintain confidentiality at all times, whether dealing with actual records or conversations, and abide by the obligations of confidentiality agreements. No individual may disclose to a third party information learned from client records, patient accounts, management information systems, or any other confidential sources during the course of his/her work.

Protocols:

- All employees are required to sign a confidentiality statement that acknowledges the policy of likely termination in the event of a breach of confidentiality.
- Charts will be stored in a locked file cabinet, within a separate locked room.
- Computer records are secured from unauthorized access by a series of electronic passwords.
- Written requests are required to release confidential information to the client or to other providers/agencies.
- Confidential documents must be disposed of utilizing locked containers for shredding.

KEY TERMS

Collaboration: To work jointly with others (by sharing resources, exchanging information, providing referrals, etc.) to achieve a common goal.

Confidentiality: Protection of clients' private information from being disclosed to others, unless the client has given valid, informed consent for disclosure of the information.

Linkages: Formal process to ensure that the client has received the services to which he/she was referred and that the client's needs have been addressed.

Memorandum of Understanding (MOU): Sets forth the basic principles and guidelines under which the parties will work together to accomplish the goals of the partnership.

Partnership: An agreed upon relationship between two or more agencies, with each having specific responsibilities in working towards a common goal.

Privacy: The right to control the extent, timing, and circumstances of sharing oneself (physically, behaviorally, or intellectually) and personal information with others.

Referral: A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with assistance in identifying and accessing services.

Relationship: Informal collaboration between individuals; may lack institutional support.



