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| **Information and Referral Initiative** |
| **Initiative #:** | 3 | **Initiative Title:** | ***Information and Referral*** |
| **Initiative Description:**  | (Community name) has a systematic process for making available services known to families and providers as well as a process for referring families to services they want, need, and for which they are eligible. |
| **Overall Result Desired:** | (Community name) AOK Network has strategies in place to identify, update, track, and disseminate information about available services and supports and follow-up procedures to assure that families receive the services they want and need. |

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| **Objective** |
| **Objective #:** | 1 | **Objective Name:** | ***System Assessment*** |
| **Objective Statement:** | ***By -------- , Network partners will identify strengths and recognize the challenges of current local information and referral processes and practices as a result of conducting surveys and connecting with local referral services to map referral workflows.*** |
| **Projected date objective will be accomplished:**  |       |

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| **Approach** |
| **Approach #:** | **1.1** | **Approach Name:**  | **Information and Referral Survey (Required)** |
| **Approach Description:** | AOK Network partners will identify potential referral partners and plan for partner outreach to gather responses to the Information and Referral survey. AOK Network partners will analyze the responses to increase their understanding of current local referral practices.  |
| **Projected Measurable Outputs:** | *
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| **Projected Measurable Outcomes:** | *
 |
| **Evidence of Success: Relative to your outputs and outcomes noted above, indicate how you will track your efforts in the AOK Connect Database.** |
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| **Projected date approach will be accomplished:** |       |
| **If approach is an ongoing effort, when will the efforts be completed for this fiscal year?** | **Is or will a workgroup be established to support this approach?** |
| **☐** Monthly**☐** Quarterly☐ Semi-annually ☐ Annually | ☐ Yes, a workgroup is currently established |
| **Workgroup Name:**  |  |
| ☐ Yes, a workgroup will be established☐ No |
| **Action Steps** |
| **#** | **Action** | **Projected Timeline** |
| 1 |       |       |
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| **Approach** |
| **Approach #:** | **1.2** | **Approach Name:**  | ***Collective Definition of a referral (Required)*** |
| **Approach Description:** | Network partners will discuss organization-level definitions of referrals and develop a collective definition.  |
| **Projected Measurable Outputs:** | *
 |
| **Projected Measurable Outcomes:** | *
 |
| **Evidence of Success: Relative to your outputs and outcomes noted above, indicate how you will track your efforts in the AOK Connect Database.** |
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| **Projected date approach will be accomplished:** |  |
| **If approach is an ongoing effort, when will the efforts be completed for this fiscal year?** | **Is or will a workgroup be established to support this approach?** |
| **☐** Monthly**☐** Quarterly☐ Semi-annually ☐ Annually | ☐ Yes, a workgroup is currently established |
| **Workgroup Name:**  |  |
| ☐ Yes, a workgroup will be established☐ No |
| **Action Steps** |
| **#** | **Action** | **Projected Timeline** |
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| **Approach** |
| **Approach #:** | **1.3** | **Approach Name:**  | ***Family’s Perspective (Required)*** |
| **Approach Description:** | ***Network partners will create a Fast Five Referral Survey and gather responses to survey questions from families through direct service touches or intake process.*** |
| **Projected Measurable Outputs:** | *
 |
| **Projected Measurable Outcomes:** | *
 |
| **Evidence of Success: Relative to your outputs and outcomes noted above, indicate how you will track your efforts in the AOK Connect Database.** |
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| **Projected date approach will be accomplished:** |       |
| **If approach is an ongoing effort, when will the efforts be completed for this fiscal year?** | **Is or will a workgroup be established to support this approach?** |
| **☐** Monthly**☐** Quarterly☐ Semi-annually ☐ Annually | ☐ Yes, a workgroup is currently established |
| **Workgroup Name:**  |  |
| ☐ Yes, a workgroup will be established☐ No |
| **Action Steps** |
| **#** | **Action** | **Projected Timeline** |
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| **Approach** |
| **Approach #:** | **1.4** | **Approach Name:**  | ***Referral Workflow\**** |
| **Approach Description:** | Network partners will lead conversations to identify current referral processes and practices strengths and opportunities with specific programs such as: Home Visiting Program, Early Intervention, Preschool/Child Care programs and other program clusters specific to the child/family outcome initiative.  |
| **Projected Measurable Outputs:** | *
 |
| **Projected Measurable Outcomes:** | *
 |
| **Evidence of Success: Relative to your outputs and outcomes noted above, indicate how you will track your efforts in the AOK Connect Database.** |
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| **Projected date approach will be accomplished:** |       |
| **If approach is an ongoing effort, when will the efforts be completed for this fiscal year?** | **Is or will a workgroup be established to support this approach?** |
| **☐** Monthly**☐** Quarterly☐ Semi-annually ☐ Annually | ☐ Yes, a workgroup is currently established |
| **Workgroup Name:**  |  |
| ☐ Yes, a workgroup will be established☐ No |
| **Action Steps** |
| **#** | **Action** | **Projected Timeline** |
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| **Approach** |
| **Approach #:** | **1.5** | **Approach Name:**  | ***Identifying Community Level Referral Services and Tools\**** |
| **Approach Description:** | Network partners will identify and understand utilization and follow up practices of local referring services/tools such as, 211, services directories systems, i.e. DCFS: SPIDER.  |
| **Projected Measurable Outputs:** | *
 |
| **Projected Measurable Outcomes:** | *
 |
| **Evidence of Success: Relative to your outputs and outcomes noted above, indicate how you will track your efforts in the AOK Connect Database.** |
| *
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| **Projected date approach will be accomplished:** |       |
| **If approach is an ongoing effort, when will the efforts be completed for this fiscal year?** | **Is or will a workgroup be established to support this approach?** |
| **☐** Monthly**☐** Quarterly☐ Semi-annually ☐ Annually | ☐ Yes, a workgroup is currently established |
| **Workgroup Name:**  |  |
| ☐ Yes, a workgroup will be established☐ No |
| **Action Steps** |
| **#** | **Action** | **Projected Timeline** |
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