

# IRIS Community Standards Winnebago and Boone Counties

This document reflects shared expectations of use developed through discussion with partnering organizations. These community standards are to be agreed upon prior to adding your program and organization to our IRIS network for Winnebago and Boone Counties.

## **Our Community Vision**

Organizations will collaborate to connect youth and their families quickly and efficiently to needed services and then follow up to ensure that services are received.

#### **IRIS** Use

Organizations using IRIS will commit to sending referrals through IRIS unless the family (i.e. client) does not consent, or an alternative system is required by a governing body. IRIS does not replace funder-required systems.

## Capacity Bar

Referral decisions will be informed by information provided in the Capacity Bar. Organizations will be prompted to update this on a weekly basis. This may be adjusted as needed by utilizing the sliding color indicator and within the open text field.

**Green Capacity Bar:** accepting referrals.

Yellow Capacity Bar: wait time for acceptance and initial contact.

Orange Capacity Bar: situational capacity (i.e., waitlist or conditional enrollment).

**Red Capacity Bar:** do not currently have the capacity to accept referrals.

Organizations and programs are asked to include specific information about current capacity (i.e., number of Spanish-speaking slots available or wait list length in days, weeks, or months) in the Capacity Notes Field.

## **Additional Comments:** If a profile:

- Has multiple programs represented, program-specific information should be shared in the Capacity Notes Field. For example, the Capacity Notes Field for youth services might contain the following: Peer Support Group: Full-Not accepting referrals, Individual counseling: Can accept 10 new clients.
- Serves Winnebago and Boone Counties, county-specific information should be shared in the Capacity Notes Field. For example, the Capacity Notes Field for a home visiting program might contain the following: Winnebago County: Full- Not accepting referrals. Boone County: Can accept 2 new families.

# Organizations that do not accept referrals

There is no way to "turn off" the "make a referral to" function for organizations that do not accept referrals/provide services. Organizations that do not accept referrals/provide service are asked to keep their capacity bar red at all times and make note in the capacity bar details. For

example, "We do not accept referrals via IRIS due -specific reason-. If you have additional questions, please -specific staff name- at -specific contact information- for support."

# **Family Profile**

To avoid duplicate client profiles, users will use the "Search for a family" feature to search for name and date of birth (in case of misspellings) before creating a new client profile. When referring an individual under the age of 18, create a profile for the individual and list guardian's information in referral. Reminder: Family profile = individual client profile.

#### Consent

The method of consent for referrals made through IRIS will be decided by each organization. It is the expectation that each IRIS user obtains appropriate client consent before initiating a referral. Organizations are responsible for updating their current consent methods to include language explaining the use of IRIS. For additional support, view Client Consent Development Guide, Client Consent: Considerations, Client Consent Template, IRIS Data Privacy Information, or contact Systems of Care Coordinator (\_\_\_\_\_\_) directly.

## **Referral Information Fields**

- **Guardian's First and Last Name:** Include this information for individuals being referred that are under the age of 18.
- Residing Zip Code
- Pronouns: Why do we include this?
- **Preferred Method of Contact:** Make a selection based on client's preference.
- Contact Information
- Preferred Days / Times for Initial Contact: Make suggestions for agencies receiving referral to improve likelihood that the client is contacted.
- Primary Language: Make selection based on client's needs.
- Additional Referral Information: Include pertinent details regarding why referral is being made.
- **Related Documents:** Attach supplemental referral forms and assessments when available on the referred agencies profile.

## Referral Status - Definitions and Expectations for Comments

For a visual overview, view Referral Lifespan Visual.

**ACCEPTED** = Got it. We will try to engage the family. Additional Comments can include the name of the staff person assigned to contact the family.

**COMPLETED** = We did the work. A decision has been made and the loop is closed. The organization receiving the referral has fulfilled their role in processing the referral, including contacting, or attempting to contact the family.

- **Enrolled in services:** The organization contacted the client, and the client scheduled an appointment, was enrolled in a program, or otherwise had needs met.
- **Declined services:** The organization contacted the client and the client declined services.
- **Could not contact:** The organization attempted to contact the client on 3 separate occasions. The referral has remained open up to 10 business days. The client did not

respond. Staff person assigned the referral must document each attempt in comments. For example, "Attempt 1", "Attempt 2", and "Attempt 3" so agencies can better coordinate on behalf of individuals.

• Other: The organization received and processed the referral. The outcome does not reflect any of the listed completion reasons. Additional comments can provide the result of referral, if appropriate.

Due to client confidentiality, some organizations may not be able to communicate details about the outcome of a referral. In this instance, organizations will select "Other" as the completion reason and include a note indicating that the outcome of the referral cannot be provided.

**REJECTED** = Sorry, we cannot serve this family. The organization determines the client is not a good fit for their services, such as they are outside the program's specified age range, etc.

- **Does not meet eligibility:** Client does not meet eligibility for your services due to residency, age, income, pregnancy status, etc.
- No capacity: Client is eligible for services; however, the organization is at capacity.
- Requested service not provided: The service requested is not provided at this
  organization.
- Already enrolled: Client is already enrolled or has an appointment in your organization's services.
- Other: The client is not a good fit for the organization for a reason other than what is listed. Additional comments can specify reasons for rejection.

It is an expectation that organizations provide the referring organization with suggested alternate resources, if known, and include reasons why the client did not meet eligibility criteria to inform the referring organization for the future.

## Incoming Referral Timeframe

The agreed upon timeframe for accepting or rejecting a referral is two to three business days. Organizations that have specific personnel responsible for responding to incoming referrals that are out of the office for extended periods of time are required to update the organization's capacity bar to red and make note in capacity bar details. For example, "Staff responsible for responding to incoming referrals are out of the office until -specific date-. Please submit a referral and, if urgent, contact -specific staff name- at -specific contact information- for prompt assistance regarding your referral."

#### **Comments**

This feature should be used to keep the referral partner informed of updates until the referral is completed. It is an expectation to utilize the Comments feature to update the organization on status of the family while processing the referral, when appropriate, or if additional information is to be expected AND update referral every one week until the referral is marked complete.

#### Wait List

When a referral is added to an organization's waitlist, the referral remains in the accepted status until the client either joins the services or becomes unreachable, at which point the referral process should be finalized with "accepted" or "rejected". If there is another organization capable of assisting a waitlisted family who prefers not to wait, the organization managing the

waitlist should mark the referral as "complete - declined services/other due to waitlist time." The referring organization must then initiate a new referral to an alternative organization.

# **Community Documents**

Network resources deemed beneficial may be housed on the Community Documen	ts screen at
the request of organizations to Systems of Care Coordinator at	

## **Post-Implementation Review**

Organizations will meet quarterly to review referral data and discuss successes and challenges. Both primary contacts and IRIS users are encouraged to attend. Annually this meeting will include a discussion about revisions to Community Standards and Referral Information Fields. IRIS Oversight Team will schedule quarterly meetings, prepare agendas, and send meeting notifications.

## **Identifying and Adding New Partner Organizations**

Organizations interested in learning more about IRIS should complete the <a href="IRIS Partner">IRIS Partner</a>
<a href="Interest/Recommendation Form">Interest/Recommendation Form</a>. Organizations will be contacted by Systems of Care
<a href="Coordinator">Coordinator</a> for an IRIS orientation and overview. Organizations ready to begin internal implementation will use the <a href="IRIS Onboarding Checklist">IRIS Onboarding Checklist</a> and the Systems of Care Coordinator will oversee onboarding activities. Systems of Care Coordinator (\_\_\_\_\_\_\_) will communicate with primary contacts at existing organizations to share additions to the referral network.

## **New User Training**

Your organization's Trainer is responsible for orienting new IRIS users/staff to the community's vision for IRIS. Prior to gaining access to IRIS, staff are required to participate in an online IRIS New User Training <a href="https://example.com/here">here</a> and demonstrate an understanding of our <a href="https://example.com/here">Community Standards</a>.

## Adding New Users

The organization's Accountability Champion will invite users to the Training Environment (for support, view Requesting IRIS Access) and ensure all staff are trained regarding the use of IRIS in a timely manner.

## **Removing Users**

Organizations will be responsible for reviewing users with access to their organization profile on a quarterly basis by removing users due to staff turnover or responsibility changes.

## Data Use

**IRIS Users** can access referral data for their organization for the purpose of understanding strengths and needs related to the referral process within their own organization and to report aggregated referral information to relevant parties, such as granters/funders. PAs will request permission from an organization's Primary Contact before using any aggregate referral information that identifies that specific organization.

**Community Data Managers** (Region 1 Planning Council) can access community-wide referral data for the purpose of providing technical assistance to network partners and summarizing

data for partners to measure impact and refine processes. All community referral data shared within the network will be aggregated by organization and/or the network as a whole. The Community Data Managers will request permission from the Primary Contact at partnering organizations before using any aggregate referral information that identifies that specific organization outside of the network (grants, publications, etc.).

Data Type	Expectations for interacting and sharing
Community Level Data Community-wide information available to all IRIS users within the community.  For example: Total number of referrals, community-wide acceptance/ rejection/completion rates, number of referrals to an organization.	Community Data Managers (Region 1 Planning Council) will request permission from the Primary Contact at partnering organizations before using any aggregate referral information that identifies that specific organization (grants, publications, etc.). Signed Data Manager Agreements are available for review under 'Community Documents' in the Training and Live Environment.  IRIS Users may share aggregate community level data with relevant parties, such as potential partners, community stakeholders, granters/funders, state-level stakeholders.
Organization Level Data Data related to a specific organization.  For example: Capacity bar history, number of referrals sent/received, a partnering organization's acceptance/rejection/ completion rates.	Community Data Managers must explain intent and be granted permission by the partnering organizations before sharing organization level data beyond Post-Review Implementation meetings (i.e. grant reporting, publications, etc.).
Client Level Data Data related directly to the family served.  For example: Number of referrals a client has received, outcomes of those referrals, basic demographic information.	Should only be presented or shared after being de-identified.

# **Service Area Filters**

We recognize that some service areas are harder to define than others so we have created <u>Service Area Definitions</u>.