



Presents

CHW Documentation and Referral Systems

March 24, 2022

We Will Begin Shortly





welcome

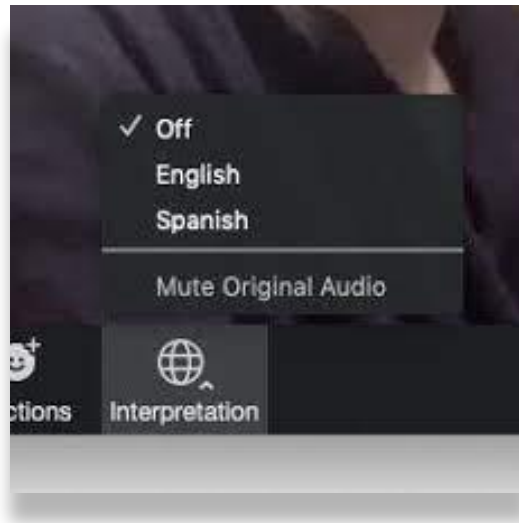
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In your meeting/webinar controls, click Interpretation

Click the language that you would like to hear.

(Optional)

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Para traducción al español:

Haz clic en "Interpretación" en la configuración/controles de la reunión

Elija su idioma preferido

(Opcional)

Para escuchar solo el idioma interpretado, haga clic en "mute original audio (silenciar audio original)"



welcome





Operating Agreements

- **Complexity:** A truth is not the same as The Truth
- **Curiosity:** Struggle together
- **Voice:** Participate thoughtfully, make space
- **Non-Closure:** Allow things to be unfinished, “first drafts”
- **Zoom**
 - Stay on mute when you’re not talking
 - When talking, say your name
 - Turn video on, if possible and comfortable (no judging!)
 - Use chat box for questions
 - Do what you need to take care of yourself



Today's Agenda

- **Overview of Envision**
- **Common Indicator Presentation**
- **CHW Documentation**
- **Breakouts to explore CHW Documentation and Referral Approaches**
- **Wrap-Up**

Envision equitable healthy communities.



who is envision?

- collaboration of CHWs & allies working with CDC to elevate the role of CHWs
- supports CDC recipients to address CCR
- collective experience spans decades
- commitment to equity



WISCONSIN DEPARTMENT
of HEALTH SERVICES



Mobilizing Action Toward
Community Health (MATCH)
University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH



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NEW ORLEANS

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CHW Common Indicators Project: Indicator #3: CHW-Facilitated Referrals

Keara Rodela & Noelle Wiggins
March 24, 2022

History and Purpose of CI Project

- **History:** In 2015 CHWs and researchers from 5 states formed the national CHW CI Project.
- **Purpose:** To contribute to the integrity, sustainability, and viability of CHW programs through the collaborative development and adoption of a set of common process and outcome constructs and indicators for CHW practice.

Activities of CI Project

- **Activities**

- Developed consensus list of 10 process and 10 outcome constructs
- Built diverse national constituency (230+ individuals from 35 states)
- Conducted 2 pre-conference meetings at APHA annual meetings
- Conducted 2 national Summits
- Produced 3 peer-reviewed publications and 2 blog posts
- With CDC funding, developed indicators for 11 priority constructs.

- **Centering CHW leadership**

- CHWs involved in all aspects of the project since its inception
- The Leadership Team is 50/50 CHW/Ally.
- 4-person CHW Council provides additional input into decision-making.

Priority Indicators

1. CHWs' level of compensation, benefits, and promotion
2. CHW enactment of the 10 core roles
3. CHW-facilitated referrals
4. CHWs' involvement in policy making
5. Extent to which CHWs are integrated into teams
6. Participant self-reported physical, mental and emotional health
7. Participant health and social needs
8. Participant social support
9. Participant empowerment
10. Policy and systems change (program and state level)
11. CHW supportive and reflective supervision

Brainstorm

Respond to this question:

What do we already know or
imagine about the CHW
Common Indicators (CI) Project?



Indicator #3: CHW-facilitated referrals

CHWs record the answers to the following questions *in every individual encounter*:

1. Did you make a referral? Yes/No
2. If the answer was “yes,” what type of referral? (Include appropriate response options, which may differ depending on the setting.)
3. Did the participant receive what was needed? Yes/No
4. If the answer was “no,” why? (The answer can be in the form of response options or a free response.)

A referral is deemed “complete” when a CHW facilitates the referral and receives confirmation that the participant connected to the referred service or activity either from (a) participant self-report, (b) the agency that received the referral, or (c) the electronic information system.

Performance Measure CB6/IR7

CB6/IR7 Measure (Required): # of patients referred for individual, specific named health and social conditions that increase the risk for COVID-19 for patients at highest risk for poor health outcomes, within clinical and/or community settings.

Document referrals for any of the following specific named conditions: housing and shelter; food; healthcare; mental health and addictions; employment and income; clothing and household; childcare and parenting; government and legal.

CHW DOCUMENTATION, REFERRAL TRACKING AND IMPORTANT CONSIDERATIONS

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MANY OPTIONS

- Internal databases
- Excel spreadsheets
- Electronic Medical Records (EMRs)
- Case Management systems
- Social Service Resource Locators (SSRLs)
- Others



Indicator #3: CHW-facilitated referrals

Definition: Completed referrals facilitated by the CHW, through which the participant successfully receives attention, care, and/or resources from a clinic, other healthcare or social service agency or public service.

Rationale for measuring: Making and facilitating referrals for community members to needed and appropriate services is directly connected to at least 7 of the 10 core roles of a CHW as defined by the C3 project.

How to operationalize: CHW Encounter Forms or other forms used to track CHW interactions with individuals and groups (paper or digital).

IMPORTANT CONSIDERATIONS FOR CHW WORK

- The system needs to be easy and relatively quick- many demands on time
- Important to document all of a CHW's work—referrals, yes; but also advocacy, community meetings, relationship building, individual education, etc
- CHWs need to be able to see the results of our work

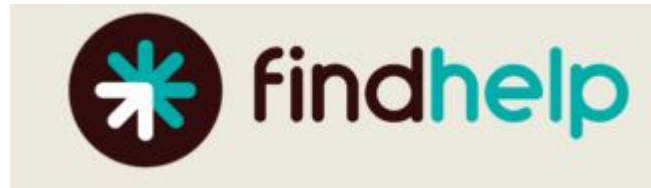


SOCIAL SERVICE RESOURCE LOCATORS-SSRLS



POTENTIAL PROS

- Can be an easy way to directly find and refer individuals to resources that they need in their local communities, and track your referrals
- Can be a way to communicate between community-based organizations and other institutions about resources and referrals
- Some allow people to manage their own referrals and sign up for eligibility programs



powered by Aunt Bertha



POTENTIAL CHALLENGES

- Closed-loop referrals only possible if other organizations use the system too
 - Can be expensive
- Some depend on others to populate the system—they're only as good as how much info is in them and how often it's updated
- System integration with existing data management platforms
- May not capture the rest of CHW work

PASOS CHWS USE SOCIAL SOLUTIONS - APRICOT

Collecting our Data – Where PASOs started:

- Paper documentation
- Spreadsheets
- Practice management software

Apricot is a case-management software for non-profit and public sector social service organizations worldwide, created by social workers. We like this software because:

- Easy to use
- We can create our own forms to collect the data we need

APRICOT IS CLIENT DRIVEN -WHAT THE SYSTEM HELPS US TRACK

- **Program progress and work with participants** - based on our promise to funders and partners
- **Resource connections and goal attainment** (closed-loop referrals)
- **Outcomes** – trend analysis and beyond
- **Communications and management of our relationships** between the statewide team, our collaborators and partners, and funders
- **Our professional growth**



APRICOT'S LIMITATIONS

- **Cost** per user can get expensive
- **Time consuming** – sometimes CHWs don't understand why it is important to keep track of so much
- **Technology limitations** can be an issue when some data entry sets will not produce a report
 - Glitches in system occur
 - Some reports mix-match in results
 - Some CHWs have difficulty using technology
- Data collected is only as good as how you design your forms and how people enter their data – **set protocols for data entry so that there is a standard**



HOW WE USE APRICOT: PASOS CONNECTIONS FOR CHILD DEVELOPMENT PROGRAM EXAMPLE

PASOs Connections for Child Development Program

- 0-5yr old child ASQ-3 and SE screenings and reviewing results with families
- Parent/Care Giver Child Development Education and Parent/Care Giver toolkits and setting goals for family/child
- Based on results from screenings early childhood and health service referrals are made as needed

Recording our Activity in Apricot – Participant (including Child) Records

- CCD Pathway – close loop referral and goal attainment
- Other Pathways based on child and family needs (for example Health Connection pathways addressing social determinants of health and access to care)

We help affiliate organizations understand the depth and width of our interventions with participants which leads to wholistic care of the families we serve



HOW USING APRICOT HAS HELPED US BETTER UNDERSTAND OUR WORK

Apricot additional tools and forms for CHWs-How they enhance our work

- Partner Organizations – meeting forms
- Events and Workshop Entries
- Resources Search
- Agency Feedback Form

CHW Supervisors and Mentors

- Daily reports on program progress
- Supervision Forms
- Volunteers profile and folder
- Community Leadership Meetings
- Internal Meetings Notes for Sites
- Professional Development
- Celebrating the great work CHWs do and recognizing their success



GENERAL RECOMMENDATIONS WHEN CHOOSING A METHOD:

- Find out what community and other organizations are already using to document and refer by engaging community partners early
- Try to avoid duplication
- List out all your goals and needs first (time, process, results, user-friendliness)
- Think about how the system you choose fits into your overall evaluation plan
- Ask questions of the developers!
- No system is perfect! But you can find one that meets the most needs
- Know that building a system takes time



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<https://www.scpasos.org/>

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Learning Collaboratives

Please choose a breakout room

- Common Indicators: Further explore Indicator 3
- Apricot: CCHA - Apricot System
- Data from CCS documentation system
- Unite Us

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Learning Collaboratives

Please choose a breakout room

- Documentation/Options Reflection: “Understanding CHW referral processes”
- Evaluative practice: (General) ASU
- Spanish language considerations for CHW documentation and referral systems (en español)

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Learning Collaboratives: All Options

- **Common Indicator Number Three**
- **Apricot System**
- **Data from CCS Documentation System**
- **Unite Us**
- **Understanding CHW Referral Processes**
- **Evaluative Practice**
- **En español - Spanish Language Considerations for CHW Documentation and Referral Systems**

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wrap up

- Satisfaction poll instructions
- [TA requests for 2109 recipients AMP](#)
- [Opt into Envision Listserv](#)
- Materials will be sent out in a follow-up

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thank you

