

Referral Protocol SBHC's and Oral Health Services

Definition of Referral:

The term “referral” is used to describe a process of assisting students in obtaining preventive health services through a variety of activities, including, but not limited to, connecting students to adolescent-friendly providers on the basis of an identified need.

The goal of creating a referral protocol is to create a standardized approach for school staff to use in identifying students' need, selecting appropriate services and providers, making referrals, following up after referrals, and documenting information about referrals and follow-up. The protocol should be designed to include referrals to oral health services. By using a standardized and comprehensive approach, school staff can successfully connect students to appropriate oral health care treatment and prevention services and ensure students receive needed services.

The referral protocol deliverable should provide a written referral protocol and supporting materials for school staff that include a clear description of the steps they should follow when making referrals. The protocol and supporting materials should address the key elements of a referral protocol and clearly incorporate information related to the key considerations.

A referral protocol. This referral protocol should include, at a minimum, the following key elements:

- **Identifying student need** – In order to make an appropriate referral, it is important for staff to identify a student's need. To do that successfully, it is important to provide guidance to staff on how to:
 - Understand the students' needs; the Risk Assessment and visual oral screening will aid in this
 - Determine which of a student's needs should be prioritized when making referrals
- **Selecting the appropriate service and provider**—In order to connect a student successfully to a service, it is important that the school staff select the appropriate services and providers to meet students' needs. For example, if a student needs a certain dental treatment, it is important that the staff refers to an organization that actually offers this treatment. The referral protocol should include guidance on how to:
 - Use the referral guide to ensure the service needed is offered by the selected provider
 - Use the referral guide to ensure that the provider will be an appropriate match for the student. (This includes finding an appropriate match in terms of the provider's ages of population served, youth-friendliness, geographic location, cost for services, hours, etc.)
- **Ensuring confidentiality and consent**—Ethical and legal requirements impact the extent to which student information can be shared with other school staff, service providers, and family members. For example, federal regulations, particularly FERPA and HIPAA, provide guidance related to exchange of information. Confidentiality assurances and procedures should be well-understood by the student and rigorously adhered to by the staff. To ensure that staff are acting in accordance with requirements, the protocol should outline:
 - What FERPA, HIPAA, or other requirements impact the exchange of information
 - What types of paperwork or forms should be completed (e.g., a consent to share information with the provider) to allow information exchange
 - What steps should be taken to maintain a student's confidentiality
- **Making the referral** – When it comes to making the referrals, the protocol should outline the steps staff should take and the information they need to provide to students. To do this, staff will need guidance on:

- What information about the service should be provided to the student (e.g., what to expect, what the process might be like)
- What information about the provider should be provided to the student (e.g., names of staff, location of provider, level of confidentiality that can be provided)
- What other information or assistance should be provided (e.g., travel directions, cost for transportation, help making an appointment)
- What type of follow up the student can expect from the staff member (e.g., a reminder text the day of the appointment, a phone call to see how it went, a scheduled meeting to discuss the experience)
- **Following up after the referral** – Another key aspect of the referral protocol is building in a standardized approach to following up after referrals have been made. Specific follow-up protocols or processes should guide staff in:
 - Whether follow up should occur with the student, the provider, or both
 - What communication methods (e.g., phone, text, e-mail, face-to-face meetings) should be used for follow up and under which circumstances different communication methods are most appropriate to convey certain types of information and protect students' privacy
 - The specific pieces of information to be gathered through the follow up process (e.g., was the service received, did the student have a good experience, were there certain barriers to receiving the service that the staff can help address?)
 - Documenting information about the referral accurately and completely
- **Documenting information about the referral and follow-up**—The referral protocol should include clearly articulated guidance on the information about the referral and follow-up that should be gathered and documented. Staff should receive guidance on:
 - What pieces of information should be gathered and documented (e.g., date the referral was made, date follow up occurred, provider to which the student was referred, whether or not the service was received); what types of information should *not* be documented in order to protect the student's confidentiality (if applicable)
 - How information should be documented (e.g., through paper and pencil forms, an electronic database, or incorporated into student information systems)
 - When information should be documented
 - What type of consent (if any) is necessary to document a student's information
 - Who has responsibility for overseeing, compiling, or analyzing the information
- **Tools, forms or templates** to be used in the referral process. These could include, but should not be limited to:
 - Student referral form
 - Student risk assessment tool
 - Authorization for release of information form
 - Consent for services form
 - Referral tracking form or template
 - Student record documentation

Key Considerations

- What other documents or resources are available to inform the development of a referral system?
- How do FERPA and/or HIPAA regulations impact the ideal referral protocol? What (if any) information can be shared between staff or between the school and the providers? What necessary permissions or authorizations do staff need in order to share information?

- What modes of communication can and/or should be used when making a referral or following-up (e.g. face-to-face conversations, e-mails, text messages)? Are there special requirements for using any of those modes (e.g., are there rules about communicating with students via text, emails or through other types of social networks?)
- What materials need to be developed in order to support referrals and follow-up? Examples include:
 - Written consent to allow school staff to share information with providers
 - Information on how to get to providers' locations (e.g., flyers or e-mails with directions from the school)
 - Sample language to be used in reminders for appointments or other follow up communication
 - Cards to be turned in at the providers' office/location to help track referral success
- What type of training will staff need in order to be able to effectively make referrals and follow-up on them? (Note: This links directly to the content of the professional development plan created as a deliverable for the current cooperative agreement year.)
- Who will be the primary point of contact responsible for ensuring the referral protocol is being used, that it is being used as intended, and that staff have the information they need to make referrals and follow up on those referrals successfully?
- What type of updates will be necessary for the referral protocol? How often should updates be made and who should be responsible for making them? How will updates be communicated with school staff using the protocol?