

Sinclair Community College, Division of Allied Health Technologies

ALH 210 – Introduction to Community Health Advocacy

CLASS #12 REFERRALS AND LINKS TO SERVICES

Course Objective:

Identify specific community resources related to identified client needs and the process to obtain the services.

Class/Learning Objectives: Students will be able to

Summarize the overall process of receiving and making a referral

Describe the process for identifying needs, and linking client to appropriate services

Identify the role of follow-up when making a referral and working with clients

Participants:

Instructors

Students

Materials/Resources Needed:

None

Equipment Needed:

Newsprint and Easel

Plan for the Class

- I. Questions, comments from previous class—Role Based Functioning and Practice Limitations**

- II Receiving Referrals and Setting Priorities**
 - A. Faculty begins with a mini-lecture reviewing the role of the Community Health Advocates as working to identify appropriate resources to link clients to services.
 - B. Faculty invites students to consider the various ways clients are typically referred to Community Health Advocates, and underscores correct answers including:
 - people call in on their own;
 - people stop in;
 - health fairs;
 - people pick up a flier at another community resource;
 - another community resource sends the referral (Portal Questionnaire, FAX, snail mail);
 - hospitals send a Medicaid application.
 - C. Faculty reviews the concept of the “presenting concern”, the need identified by the referring agency when a client is sent to the Community Health

Advocate, or the thing the client asks for first when talking with a Community Health Advocate.

- D. Faculty reviews the importance of exploring a bit beyond the presenting concern helping the client identify all related needs and then working with the client to prioritize and decide which will be the first referral, the second, and so forth. Faculty distributes several case studies (see below), and asks each student on their own to read the cases, pick out the presenting concern and rank order the issues raised by the client—so if there are three things the client needs, which is the most important, the next most important, etc., and write these down.

BREAK (10 minutes)

- E. Faculty invites students to report back to the class. (The expectation here is that different students will have prioritized things differently, and the faculty can use this to demonstrate that what the Community Health Advocate may think is top priority is not necessarily what the client will want to focus on first, and frequently, the presenting concern is not the top priority for the client).

(60 minutes)

III Follow up and the Feedback Loop

- A. Faculty introduces the concepts of follow-up and the feedback loop distinguishing that following up is what the CHA does and closing the feedback loop is what the client does.

The CHA follows up to be sure the client has all the information they need to get linked to the identified resource, to check in with the client to see if there were any unforeseen barriers to accessing the resource, to check in to see how the client is doing in general. But the CHA is not intrusive, doesn't press for information the client doesn't want to give, and doesn't give advice, telling the client what to do, or offering suggestions to the client unrelated to what the client has requested and what the CHA and the client jointly determine are the priority areas of need where resources would be helpful.

The client closes the feedback loop when the CHA requests that the client call the CHA back with some information, or when the CHA requests that the client phone back to tell them how things went with trying to access the identified resources. In this case, if the CHA does not get the requested call back from the client, the CHA may make a call herself, but would not keep pressing if there was no further contact from the client.

- B. Faculty then invites the students, in pairs, to return to the case studies and determine what kinds of either follow-up or closing the feedback loop they would recommend for each of the clients.
- C. Students report back to the group.

D. Faculty summarizes by emphasizing the collaborative role of the CHA in identifying needs, determining appropriate resources for referral and demonstrating consideration for the autonomy of the client in the follow-up and feedback processes.

(45 minutes)

IV Conclusion

A. Faculty invites students to identify a key learning/take home item from the class.

a. Assignment: Give students Community Agency Assignment – due on March 8.

B. Faculty previews the next class-Health Care Financing

(10 minutes)

Cases

Client #1: Referred by Vic Cassano Health Center on a Portal Questionnaire because she doesn't have any health insurance or the money to pay for her prescriptions. When the Community Health Advocate interviews the woman she explains that she's really here because she needs help with her heating bill. As the interview continues the Community Health Advocate learns the woman has two children, both of whom need school uniforms, the woman is concerned because she will not have any presents for her children this Christmas, and the medicine she was prescribed at Cassano's was for high BP, but she doesn't know why she has to take it because she feels fine.

Case #2: Referred by Montgomery County Children's Services for Healthy Start/Healthy Families application because the client is not the child's legal guardian. When the Community Health Advocate interviews the client she tells the CHA that her daughter is a crack user and occasionally comes back to the house looking for money, but that the children have been in the client's care for the last several years. The client reports shortness of breath and worries about her sugar, but needs help getting the kids re-enrolled in Medicaid because some deadline has lapsed and they have been disenrolled, and the client can't pay for the required school physical or for glasses for one of the children.

Client #3 Call in client—picked up a flier at a health fair and called the Community Health Advocate because they need prescription assistance. In the course of the telephone interview, the CHA also learns that the client recently got a new job and hasn't yet figured out what to do with her two small children while she is at work. Additionally the client reports one of her children has been suspended for fighting, and she hasn't been able to get into talk to the principle so the child can go back to school. Also, the client reports that her phone was shut off even though she thought she had paid the bills, so now she is concerned about whether or not she paid her heating bill.