Taking Collective Action to Ensure Health Access
A Collaboration Toolkit for Community Health Organizations
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Since the implementation of the Patient Protection and Affordable Care Act (ACA), over 3 million California residents now have affordable health care coverage through Medi-Cal and Covered California’s health insurance marketplace. Despite the increase in coverage and available health insurance options, there are an estimated 3-4 million Californians who remain without health insurance. The highest numbers of remaining uninsured are shown to be low-income communities and communities of color. Thus, collaborations to coordinate and enhance efforts are needed by those who are concerned for the health and well-being of underserved communities, such as community health centers, free clinics, and other safety net providers and community-based organizations, in order to keep pace and address barriers to care.

Through funding from The California Wellness Foundation (TCWF), Health Outreach Partners (HOP) created this collaboration toolkit to support health centers, other safety net providers, and community-based organizations in ensuring health access for the remaining uninsured in California. The purpose of this toolkit is to provide the user with guidance and practical tools on engaging in collaborations to increase their collective impact. This toolkit is grounded in the concept of collective impact in “that large-scale social change comes from better cross-sector coordination rather than from the isolated interventions of individual organizations.” In essence, by working together and maximizing resources, organizations can not only have a much broader reach, but also make considerably better progress in addressing many of the most prevalent issues adversely affecting access to health care.

Collaborations can signify a variety of relationships, spanning from informal agreements between two partners to large-scale coalitions with dedicated funding and their own employees. HOP designed this toolkit to include a broad application of the term collaboration. We recognize that the type of collaboration that best fits your needs will vary depending on target population, geographic location, available resources, and much more. While there are many structures that one may consider for a collaboration, for the purposes of this toolkit the term “collaboration” is used to encompass a broader definition that includes: 1) coalitions, 2) partnerships, and 3) referral networks. HOP recognizes that the three areas of collaboration identified here are not mutually exclusive, but we hope that the toolkit can support you in finding one approach or a combination of approaches that best fits your needs.

This toolkit has been created as a guide for the steps of initiating, creating, and sustaining collaborations, and is organized into four sections. The first section provides the concepts and principles around collaborations, and includes various tools, such as worksheets and templates, to apply these concepts. Then, the next three sections are organized by the specific categories of 1) coalitions, 2) partnerships, and 3) referral networks. Each section includes an overview, tools, and a case study. Whether you are starting from scratch to build relationships with

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individuals or groups, or are looking for strategies to expand your current partnerships, this toolkit can be referenced as one comprehensive resource or any section can be used on its own. If you would like further assistance with any of the topics in this toolkit, please contact HOP by visiting our website at www.outreach-partners.org or call us at (510) 268-0091.

HEALTH OUTREACH PARTNERS

Who we are

Health Outreach Partners (HOP) is a national organization providing training and support to community-based organizations striving to improve the quality of life of low-income, vulnerable, and underserved populations. HOP has over 40 years of experience in the field of outreach, and offers support to organizations interested in exploring a more customized application of these ideas.

Why outreach

Outreach plays a critical role in facilitating access to primary care, case management, health promotion, disease prevention, and social services for underserved communities. HOP’s mission is to build strong, effective, and sustainable grassroots health models with a particular focus on health outreach programs.
COLLECTIVE IMPACT

“There is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business.”

There is no one root cause to the host of social problems facing society today. Rather, a complex set of factors influences the health and well-being of individuals and communities. Thus, finding solutions to ensure enrollment into health insurance or access to health care services cannot be undertaken by one individual or organization, but requires a comprehensive approach and coordinated response from a range of different stakeholders. Collaborations can be an effective way to address these complex sets of factors, yet the type of collaboration matters too. A helpful way to think of how to structure collaborations is to use the framework of “collective impact”.

Introduced in 2011 in an article in the Stanford Social Innovation Review, the concept of “collective impact” is based on the idea that traditional approaches to health and social challenges are not effective in solving all problems, and too many organizations are working in isolation of each other. No one solution or individual person or organization can solve all problems related to improving access to care and the overall health of a community. For example, there is a need to involve non-traditional partners, such as the economic development and legal sectors, just as much as traditional health partners. The concept of collective impact highlights the importance of bringing together people from across different sectors in a structured way in order to achieve large scale, fundamental change.

There are five basic components of a collective impact project:

1. **Common agenda**: Organizations involved in the project should have a shared vision with the same goals.
2. **Common progress measures**: Organizations should share similar data collection tools and measurement indicators.
3. **Mutually reinforcing activities**: Organizations should engage in activities that are supportive and coordinated.

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4. **Communications**: Organizations should have a clear communication structure and work to develop and build trust with one another.

5. **Backbone organization**: One core organization should be responsible for planning, managing, and supporting the activities of the larger collaborative.

Building and sustaining collaborations is not easy. A collective impact framework can provide guidance to more effectively bring different sectors to work together in order to achieve lasting transformation of our health care system and improve the overall health of our communities.

For more information about collective impact, please see the following resources:

- "**Collective Impact Resources**": The Results Leadership Group (RLG) has an extensive list of resources available on its website at: [http://resultsleadership.org/fsg-collective-impact-resources/](http://resultsleadership.org/fsg-collective-impact-resources/)
COLLABORATIONS

Section Outline:

• What is a Collaboration?
• Principles of Collaborations
• Elements of Collaborations
• Maintaining Collaborations
• Collaboration Tools
A collaboration is a collective action taken by a group of individuals and/or organizations that work together towards a common goal, and is mutually beneficial for all parties. Collaborations may form in response to gaps in services, limited resources, and/or to avoid duplication and increase the effectiveness of efforts. The types of collaborations vary and can look very different, ranging from informal arrangements to formal, fully structured partnerships or networks. This toolkit focuses on three types of collaborations often used to address issues of health access for underserved communities, with special attention being paid to the remaining uninsured: 1) Coalitions, 2) Partnerships, and 3) Referral networks.

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Purpose</th>
<th>Structure</th>
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<tbody>
<tr>
<td>COALITION</td>
<td>An alliance for increasing the influence or leverage of groups and individuals. The objective is to have a greater impact on an issue collectively rather than what each is capable of doing on its own.</td>
<td>Coalitions often focus on policy or large-scale community changes that require the collaboration of multiple organizations and sectors.</td>
<td>Coalitions involve members that include all stakeholders—those affected by the work of the coalition and by the issue it addresses—as well as community opinion leaders, policy makers, and community members at large. Coalitions can be on-going or have an end point, depending on the goal of its efforts.</td>
</tr>
<tr>
<td>PARTNERSHIP</td>
<td>A mutually beneficial relationship in which two or more organizations complement each other’s work toward a common goal. Often, one organization with a certain specialization or resource fills a need that another organization may lack, and vice-versa.</td>
<td>Organizations that engage in a partnership often rally around a specific goal such as a project, event, or other clear purpose.</td>
<td>Some partnerships are formalized with a Memorandum of Understanding (MOU) signed by the leader of each organization. MOUs establish the partnership purpose and the specific roles and responsibilities of each organization. Other partnerships may be less formal and not involve the use of MOUs, as they are based on individual relationships. Partnerships can be both on-going or have an end point.</td>
</tr>
<tr>
<td>REFERRAL NETWORK</td>
<td>A network of service providers that provides mutual support and establishes a system of referrals for services.</td>
<td>Referral networks avoid duplication of services and reduce gaps in services by ensuring a cohesive network of providers.</td>
<td>Referral networks may range from service providers informally agreeing to refer clients to each other for services to formalizing and maintaining referral systems among a network of providers. Referral networks are usually set up to be on-going, and need periodic monitoring to ensure that referrals occur as well as to address any issues that might be affecting the referral process.</td>
</tr>
</tbody>
</table>
PRINCIPLES OF COLLABORATIONS

“Many hands make the load lighter. *(Men anpil chay pa lou.*)”
-Haitian Proverb

One of the benefits of collaborations is that it brings together a diverse group of people and organizations that can offer various knowledge and expertise to achieve a common goal. Together, collaborations can be used to effectively work on tackling an issue that may have seemed insurmountable alone. Yet a diversity of backgrounds can also present challenges, as differences in things such as working style, approach, and decision-making can make it harder to work together.

One way to address the challenges of collaborations is to identify and agree upon a common set of principles that underlie everyone’s collective effort. Some examples of principles of collaborations are as follows:

1. All members want to work together for a common goal
2. All members are a valuable part of the team
3. All members have something to contribute
4. All members have a unique knowledge and perspective
5. Collaboration is grounded in trust and shared responsibility
6. All members are guided by a strong sense of purpose
7. Together, members can make a stronger impact
8. All members are taking action collectively but respect and retain individual identities
9. All members have a voice in making decisions, but ultimately decisions must be made for the common good
10. All members depend on each other to reach their common goal
ELEMENTS OF COLLABORATIONS

Determining the type of collaboration to form will depend on your specific need or interest. Collaborations will vary and can look different ranging from informal arrangements to formal, fully structured partnerships or networks. Further, it is possible to have many different types of collaborations concurrently. To ensure the effectiveness of your collective effort(s), there are some key elements to be considered to provide a solid foundation for your collaboration.

✓ Leadership
  o Foster culture of collaboration and drive results
  o Coordinate activities and keep on track
  o Solicit institutional support and buy-in
    *(See Tool #4 on page 18 on facilitation skills)*

✓ Trust
  o Foster relationships where people rely on each other
  o Cultivate belief that everyone will look out for the best interest
  o Create common understanding of the overall goal, roles, and responsibilities
  o Build trust from the start

✓ Shared goals
  o Clearly identify the problem or issue
  o Determine what type of collaboration needed
  o Establish a common goal
    *(See Tools #1 thru 3 on pages 15 to 17 for more on goals and planning)*

✓ Membership
  o Engage and involve the right people, such as partners, experts, champions, etc.

✓ Structure and Accountability
  o Determine the group structure, including leadership, shared responsibility, individual accountability, and decision-making
  o Develop formal agreements, if needed
  o Determine the type of decision-making process that works for the group
  o Develop monitoring and evaluation system to assess the impact of efforts
    *(See Tool #5 on page 19 on models of group decision-making)*

✓ Taking Action
  o Develop collectively an action plan that includes strategies, short and long term

✓ Sharing Information and Communications
  o Develop effective systems of communication, including meeting regularly, taking meeting notes, and ensuring sufficient representation during meetings
    *(See Tool #6 on page 21 on effective communication)*
MAINTAINING COLLABORATIONS

Establishing collaborations, developing a plan, and accomplishing objectives are just the beginning. **Collaborations need to be maintained.**

Starting a collective process can be difficult. It takes skill, sensitivity, timing, persistence, and commitment. Although challenging, collaborating is only half the battle. Your collaboration needs to move toward its goal and objectives. To ensure its success, it is imperative your collaboration institute sustainability measures and maintain effective functioning.

Below are some specific examples of key structures, functions, and relationships all needed to maintain collaborations. Please note that not all examples will be relevant for every collaboration.

- Vision, goals, and objectives
- The basic governance and operating rules
- Leadership or champions
- Partners
- The division of labor within and among those involved
- Strategic and action plans, both short and long term
- Actions and results for accomplishing goals and objectives
- Visibility in the larger community
- Public support
- The spirit of the collaboration: the good feelings and relationships among all involved are a fundamental precondition for the collaboration’s continued existence

<table>
<thead>
<tr>
<th>Steps to Maintain a Collaboration</th>
<th>Alternatives to Maintenance</th>
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<tr>
<td>1. Develop the awareness that maintenance is necessary.</td>
<td>• Grow</td>
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<tr>
<td>2. Make a decision to engage in maintenance.</td>
<td>• Spin off new programs</td>
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<tr>
<td>3. Design a maintenance plan.</td>
<td>• Change focus</td>
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<td>4. Implement your maintenance plan.</td>
<td>• Cut back</td>
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<td></td>
<td>• End the collaboration</td>
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Information adapted from:

COLLABORATION TOOLS *

1. Establishing a Goal and Objectives
2. Work Plan Example
3. Work Plan Template
4. Facilitator Roles and Responsibilities
5. Group Decision-Making Models
6. Effective Communication

*Please note that the tools in this section are applicable for all three sections: coalitions, partnerships, and referral networks.
TOOL #1: ESTABLISHING A GOAL AND OBJECTIVES

At the start of a collaboration, it is important to ensure that everyone is on the same page and has a clear understanding of what they are trying to achieve collectively. Establishing an overarching goal and corresponding objectives is the first step in the process.

To establish an overarching goal:
1. Develop a list of priorities.
2. Share what problems or needs are already being addressed by each organization.
3. Identify a collective goal, which includes identifying new problems to address or ways to enhance existing work. A collective goal can be a blend of individual goals. It is vital that everyone participates in goal development.
4. Develop objectives, which break the overarching goal into manageable chunks. They will provide parameters for designing your activities. Each objective should directly support your overall goal, and be SMART (Specific, Measurable, Attainable, Relevant, and Time-Bound).

Establishing a goal and objectives collectively will:
- Help meet members’ needs and interests
- Show how individual action can contribute to a common mission
- Stimulate cooperation and commitment

In this process, it is important to:
- Draw on each other’s strengths. Allow each member to demonstrate his or her identity and specialties.
- Not allow hidden agendas to jeopardize the work. Everyone needs to be honest, up-front, and willing to modify his or her ideas for the goals of the collaboration.
- Recognize and acknowledge everyone for his or her involvement. As the collaboration is a cooperative effort to address a problem, providing recognition is a cooperative effort to maintain morale and energy towards the issue at-hand.

TURNING GOALS INTO ACTION

It is vital for the members of collaborations to formalize the group’s goal and objectives in writing. Written goal and objectives are what turn a dream into a commitment. A goal and objectives are turned into action by working from the long term to the short term.

Decide what must be done and in what order. Next, decide what steps will be taken during specific periods of time. Design small, “bite-size” programs and activities that support the short-term objectives. If order is important, decide a sequence for your activities.

These guiding questions will help your group take action:
- Where does the group want to be in one year? Six months?
- What “bite-size” activities will move the collaboration toward this position?
- Which of these activities should be addressed at the next meeting?
**GOAL:** West County’s Homeless Coalition aims to reduce food insecurity among individuals and families experiencing homelessness.

**OBJECTIVE #1:** By the end of December, West County Homeless Coalition will increase public awareness about food insecurity among the homeless population by using at least two different media outreach strategies.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Resources</th>
<th>Responsibility</th>
<th>Timeline</th>
<th>Evaluation method/indicators</th>
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</table>
| 1. Pitch news stories to local print and broadcast media. | • Coalition spokesperson  
• Food bank representative to provide specific stats and figures on food insecurity in the homeless community.  
• Speaking points, messages re: those experiencing homelessness and food insecurity problem. | Coalition Media Subcommittee | Spring thru December | • At least two published news stories in the local paper.  
• One news segment on the Spanish television station. |
### TOOL #3: WORK PLAN TEMPLATE

**GOAL:**

**OBJECTIVE:**

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<th>Responsibility</th>
<th>Timeline</th>
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Additional comments/considerations:
TOOL #4: FACILITATOR ROLES AND RESPONSIBILITIES

**Foster Trust and Respect:** The most important job of any facilitator is to continually build trust and create an environment that upholds respect. In all likelihood, your collaboration will be comprised of individuals from various cultures and backgrounds. Consider creative icebreakers or strategies to relieve the anxiety of members, especially if they are new to the collaboration.

**Conduct the Meeting:** A successful facilitator will skillfully lead meetings, ensuring that all topics of the agenda are covered in the time allotted. Having an agenda for each meeting will allow everyone to know what is to be done.

**Teach and Reinforce Knowledge:** The sign of a successful meeting is one where all participants feel as though they have progressed toward reaching the established goals. Often, this requires the facilitator to impart knowledge specific to the issue at hand.

**Lead Brainstorming Sessions:** When all partners are asked to share their thoughts and ideas, provide a structure to do so. The facilitator’s job is to assure that all voices are heard, all ideas captured, and redundancy is avoided. Halt side conversations and help the group to stay on the topic. Also, trainers should not let themselves become the focus.

**Connect Ideas:** Meetings can be vibrant and exciting. When thoughts and questions are flowing, the facilitator should be responsible for connecting each idea to the collaboration’s common goals. Clarify what others have said, when appropriate, by adding examples, illustrations, or explanations.

**Keep Partners Motivated and Involved:** Partners should not feel they must attend meetings out of obligation; they should want to be there. The facilitator needs to be aware of any members who seem disengaged, shy, or quiet. Remember, everyone’s voice should be heard. Do not allow one member to dominate the discussions.

**Diffuse Conflict:** Inevitably, there will be instances when the group has difficulty reaching a consensus. When disagreements escalate, the facilitator should be prepared to resolve the dispute and offer a resolution and/or compromise.

**Maintain Focus on Goals and Objectives:** Remember the primary goals of the collaboration. The facilitator should constantly strive to build trust among partners so that the collaboration will be successful in reaching its overall objectives.

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<th>Facilitator Qualities</th>
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<tr>
<td>Positive Attitude</td>
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<td>Commitment</td>
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<td>Flexibility</td>
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<tr>
<td>Sound Listening Ability</td>
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<tr>
<td>Neutral</td>
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<tr>
<td>Intuitiveness</td>
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<tr>
<td>Balance of Facilitating vs. Participating</td>
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<tr>
<td>Solid Communication and Interpersonal Skills</td>
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<tr>
<td>Non-Competitiveness</td>
</tr>
<tr>
<td>Non-Threatening or Intimidating</td>
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<tr>
<td>Experienced</td>
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### TOOL #5: GROUP DECISION-MAKING MODELS

<table>
<thead>
<tr>
<th>Model Definition</th>
<th>Strengths</th>
<th>Weaknesses</th>
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| **UNANIMITY:** requires everyone to agree on a given course of action. | • Everyone is invested in the decision | • Very time consuming  
  • Often unanimity cannot be reached |
| **CONSENSUS:** majority approves a given course of action, but the minority agrees to go along with that course of action; i.e., if the minority opposes the course of action, consensus requires it be modified to remove objectionable features. | • Avoids “winners” and “losers”  
• All team members express thoughts and feelings  
• Process attempts to resolve or mitigate the objections of the minority to achieve the most agreeable decision | • Can be very time consuming  
• Requires a high degree of team member skill  
• Minority may have to concede on certain parts of the final decision |
| **MAJORITY VOTE:** requires support from more than 50% of the group. | • Useful when there is insufficient time to make a decision by consensus  
• Useful when complete team member commitment is unnecessary for implementing decision | • Taken for granted as the natural or only way to make decisions  
• Minority opinion may not be discussed or valued  
• May aggravate unaddressed or unresolved conflict  
• Creates “winners” and “losers” |
| **RANGE-VOTING:** each person with voting privileges rates each decision option with a number within a specified range, such as 0 to 99 or 1 to 5. The scores for each option are summed, and the one with the highest sum becomes the decision for the group. | • Allows voters to express their preferences by varying strengths, not just “yes” or “no” voting  
• Encourages honesty, not strategy | • Requires coordination  
• More time-consuming than other decision-making options |
<table>
<thead>
<tr>
<th>COLLABORATIONS</th>
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<tr>
<td><strong>PLURALITY:</strong> the largest voting block in a group makes the decision, even if the option chosen falls short of a majority (support from more than 50% of the group). This can only be used when three or more options are under consideration.</td>
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<tr>
<td><strong>EXPERT:</strong> made by a designated expert who has been given the authority to make the decision.</td>
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<tr>
<td>• Good for highly-specific or complex decisions</td>
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<tr>
<td>• Can be seen as objective</td>
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<tr>
<td>• Members can be those most affected by issue or neutral</td>
</tr>
<tr>
<td>• Can be seen as objective</td>
</tr>
<tr>
<td>• Those not impacted by decision may still have valid concerns or information to consider in the decision-making process</td>
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A key element of effective collaborations is communication. In the simplest form, true communication is the dual process of exchanging and interpreting meanings. Healthy communication is often dependent on clear expression of ideas and listening. Ideally, the message someone sends is the same message someone else receives. Any successful collaboration must engage in effective communication in order to achieve their goal.

TECHNIQUES TO IMPROVE COMMUNICATION

Be Considerate of Language: Do not assume English is the primary language for all of your partners. Some may be more comfortable communicating in a language other than English. Be sensitive to non-English speakers, and explore options (such as interpreters) to ensure every member feels comfortable.

Consistently Seek Clarification: Avoid misinterpretations by making sure that you interpret what others are saying correctly and everyone is on the same page. One way to do this in a meeting is to stop and repeat back what you heard when a speaker has made a point to be sure that the message was not misconstrued or misunderstood. Another way to ensure clear interpretation is to put things in writing and offer opportunities for corrections in case the information is not accurate.

Maintain Respectful Interactions: In order to foster an open environment everyone must display mutual respect. Do not put down other’s ideas. Communicate in a manner that demonstrates honesty, integrity, tact, and openness.

Be Trustworthy: Trust comes from creating and fortifying relationships over a period of time. Remember to continually strive to work on strengthening your relationships with other members by being reliable and consistent.

Participate and Provide Constructive Feedback: Everyone has opinions and ideas. Do not be bashful in sharing yours and allow space for others to share theirs. Do not criticize the person if you do not like an opinion or idea expressed. Make sure that your feedback is constructive and has a positive purpose for the overall improvement of your collective efforts.

Be Flexible: Remember that everyone at the table is there for a similar purpose and should be working toward a shared goal. Sometimes your ideas will be accepted and acted upon, and sometimes they may not be. It is a collective process that should be group driven. It takes everyone at the table to make the collaboration a success.
COALITIONS

Section Outline:

• What is a Coalition?
• Elements of a Successful Coalition
• Coalition Structure
• Sustaining a Coalition
• Coalition Case Study
• Coalition Tools
WHAT IS A COALITION?

A coalition is an alliance for increasing the influence or leverage of groups and individuals. The objective is to have a greater impact on a specific issue as a collective group than each is capable of on their own. Coalitions often focus on policy or large-scale community changes that require the collaboration of multiple organizations and sectors. Coalitions can be on-going or have an end point, depending on the goal of its efforts.

Ideally, the members of a coalition include stakeholders across all facets of the issue being addressed: those who are directly affected by this issue, community leaders, policy makers, organizations that serve those affected, and community members at large.

WHY FORM A COALITION?

Coalitions may form in response to:

- Significant or disturbing community events
- New information
- Changes in circumstances or regulations
- The availability of funding
- An outside threat to the community
- The need to create significant change in the community

There are many possible goals for forming a coalition. Below are a few of the most common coalition goals:

- To obtain funding for a specific intervention
- To build a healthy community
- To influence or develop public policy, usually around a specific issue
- To change people's behavior (for example: reducing smoking, drug use, or domestic violence)
ELEMENTS OF A SUCCESSFUL COALITION

**Common Goals:** Build group consensus for desired changes or priorities within your community. In other words, decide collectively what the group wants to accomplish that will benefit your priority populations.

**Communication:** Be sure to agree on a language in which everyone in your coalition is comfortable working. Be clear and concise. Avoid using professional jargon—everyone should understand what is being said and you do not want to seem as though you are speaking down to anyone. If you have people who speak a different language than the majority of the group (such as Spanish, Tagalog, Mixteco, Chinese, American Sign Language, etc.), try to provide translation or bilingual materials.

**Each Member Is Important to the Coalition:** Every member should feel like they are contributing to improving the lives of the communities you serve and the mission of all members and partners. See tool #7 on page 30 for information on member recruitment.

**Opportunity to Participate:** Remember to provide every member of your coalition with a chance to share their ideas, goals, questions, and concerns about how to help the community you serve. The forum should be a discussion where all voices are heard. Create a welcoming atmosphere to encourage participation.

**Ownership:** All members of your coalition come together with the goal of creating positive change. Everyone should take pride in their accomplishments and believe that their efforts contribute to the health and wellbeing of many.

**Delegation:** A coalition cannot effectively exist without contribution from its members. By assigning individual tasks, goals become more manageable and attainable.

**Efficient and Effective Meetings:** Time is precious, especially if you have individuals with outside occupations in your coalition. Remember to adhere to your meeting agenda. You are working toward resolving objectives and reaching common goals with your fellow members so make sure your meeting continually moves in this direction. By the end of each meeting, everyone involved should be able to recognize what has been accomplished and what are the next steps to be taken.

**Process and Pattern:** As you develop your coalition, it is important to agree upon certain formats for your meetings. This includes meeting length, location, decision-making processes, and specific roles (i.e. moderator, note taker, etc.).

**Shared Leadership Responsibilities:** While there may be natural leaders in your coalition who want to constantly contribute, be sure to share the workload and leadership responsibilities. Such efforts curb feelings of burnout and facilitate increased investment from more members of the group.
COALITION STRUCTURE

There are several possible structures that a coalition can adopt depending on the needs, resources, and goals of each individual coalition.

Coalitions can be:
- Loose associations in which members work for a short time to achieve a specific goal, and then disband
- Full organizations in themselves with governing bodies, particular community responsibilities, funding, and permanence
- Drawn from a community, a region, a state, or even the nation as a whole

Regardless of their size and structure, coalitions exist to create and/or support efforts to reach a particular set of goals.

To establish your structure, begin by analyzing the problem:
- What do you want to achieve?
- Who can help (or hurt) your efforts?
- What are the rewards for becoming part of a coalition?
- What action is needed to meet the objectives?

A coalition should be structured to:
- Involve all key players
- Choose a realistic strategy
- Establish a shared vision
- Agree to disagree in the process
- Make promises that can be kept
- Build ownership at all levels
- Institutionalize change
- Publicize successes

Information adapted from:
SUSTAINING A COALITION

Sustaining a coalition takes intention. Use the following strategies to help sustain your coalition.

**Engagement:** It is sometimes hard to keep coalition partners engaged over time, especially during busy times of the year. When in-person meetings are not possible, use alternative meeting methods such as conference calls, video calls, or even a simple email to keep everyone engaged.

**Effective Communication:** Set clear agendas for meetings and always follow up with notes that include next steps or action items that state who is responsible for each action. Things do not always go as planned and some efforts are not as successful as they were imagined. When this happens, it is important to foster open communication among partners to determine lessons learned.

**Facilitation:** It is good to have someone who has facilitation skills because your coalition will bring together people from various backgrounds who work for organizations with different missions and who may come from organizational cultures different from the one you are creating in the coalition. Sometimes it is difficult to find a good way to relate and communicate with each other effectively. For instance, it may be challenging if someone is coming from an organization with a strong hierarchical structure and your coalition makes decisions by consensus. Having a good facilitator is especially important.

**Shared Leadership:** It is very important to think about how much work it takes to keep a coalition going and strong. It is important that someone is charged with paying attention to how the coalition is working. Simple questions like, “Do we have everyone’s contact information? Does everyone use email? Does everyone have the ability to attend the next meeting?” Sustaining a coalition requires willingness to take on the administrative/managerial responsibilities of the coalition and the resources to make sure this can take place.

Be deliberate about creating a shared leadership among partners. Some coalitions rotate where meetings are held and who facilitates so that partners share “ownership” of the coalition. See tool #8 on page 32 for more on leadership in coalitions.

**Evaluation:** Make an effort to evaluate the progress of the coalition—not just the progress towards achieving its goals, but also how well the coalition is functioning. Conduct meetings with partners to identify strengths of the coalition as well as opportunities for improvement. Make changes based on the feedback.
FARMWORKER ADVOCACY NETWORK

Location: Durham, NC
Website: http://www.ncfan.org

Description
Farmworker Advocacy Network (FAN) is a coalition of legal, labor, health, faith, advocacy, and immigrant assistance groups that work together to advance justice for farmworkers and their families. The coalition began in 2003 to fill a need in North Carolina for more widespread farmworker advocacy. Student Action with Farmworkers (SAF) decided to pursue the idea of a coalition and contacted various organizations serving farmworkers about getting together to learn about what resources and advantages each organization could bring to the table. SAF learned that each organization had been doing some individual advocacy but little in the way of strategic policy-level advocacy work. Thus, they decided to form a coalition in order to collectively influence and guide statewide policy initiatives that affected farmworkers.

Membership
FAN is made up of a variety of about 20 organizations that bring different skills and voices to the coalition. For instance, this is a platform for groups such as legal services organizations to work closely with programs with direct access to the community to ensure their services are relevant and serving the needs of farmworkers. In addition to coalition members, some organizations play a collaborating or advisory role. Collaborating organizations do not directly participate or endorse legislative work. Advisory organizations do not fully participate in the coalition due to time constraints.

Goals and Objectives
Early in the formation of the coalition, the members convened to decide how to best work together, create policies and procedures, and establish specific goals and objectives. The majority of these objectives have turned into specific campaigns to address factors that contribute to the health and well being of farmworkers, such as housing and working conditions. The current campaign is Harvest of Dignity, which calls for safer places to live, safer places to work, and better enforcement of current laws. For example, FAN has been fighting since 2010 to raise the minimum age that children can work in the fields from 12 to 14.

Funding
The coalition received several grants that have covered some of the costs for the administrative and management of FAN in the past. The coalition also had a grant to provide funds to members with less available resources so that they could attend meetings. Currently, FAN has no comprehensive funding for the overhead cost of the coalition; however, FAN has received program specific funding that allowed FAN members to do Deferred Action for Childhood
Arrivals (DACA) trainings targeting farmworker youth, a FAN assessment, and a retreat for strategic planning. FAN has now shifted its focus to tapping into existing resources among its members to balance the costs of running the coalition.

**Structure**
Meeting are on a quarterly schedule and members are divided into three teams that work in between meetings: research/advocacy, farmworker organizing/outreach, and communications. The committees are led by conveners who also serve together on a separate leadership team, allowing for updates on each team’s work in between meetings.

SAF serves in a leadership capacity for the coalition by bottom-lining the leadership team that coordinates quarterly meetings and annual retreats, updating policies and procedures, and maintaining an archive of the coalition history and minutes.

Nadeen Bir of SAF serves in a facilitator’s role for the coalition to keep communications among committees flowing, as well as oversee the general management and administrative work of FAN. Melinda Wiggins of SAF is a founding member of the coalition and is the key fundraiser for the coalition.

**Communication with the Public**
The coalition has a team that is dedicated to communication with the public through social media; specifically, Facebook, a website, weekly blogs, and monthly listservs updates. The communications team also takes on events to raise awareness of farmworker issues. In regards to campaigns, the communications team communicates with the research and advocacy team to create materials such as postcards or factsheets and decide on a member of the coalition to be designated as the media spokesperson for that specific campaign. The farmworker outreach/organizing team helps to bring workers to speak at events.

**Coalition’s Successes to Date**
In 2007, FAN got part of a bill passed that requires mattresses in farmworker housing. In 2008, FAN was able to secure better protection of workers in regards to pesticide safety and reporting. In 2010 and every legislature long session since, SAF has introduced the Harvest of Dignity campaign to fight for improved conditions for farmworkers in North Carolina. FAN also works in regulatory rule making such as improving the EPA’s Worker Protection Standards.

**Case Study Reflection Questions**
1) Who was involved in this coalition?

2) What was successful about the coalition?

3) How could (or does) a coalition look within our context?
COALITION TOOLS

7. Membership and Recruitment
8. Leadership in Coalitions
In general, the broader the membership of any coalition, the better, but there are certain people and groups whose representation on a coalition is absolutely essential.

**Stakeholders:** These are the people who have a stake in the success of the coalition’s efforts. They can include those most affected by the issue such as participants in a particular program, or, for broader issues like environmental or public health concerns, those who lack basic services (e.g., the uninsured). In some cases, the whole community may be affected if the issue is widespread. Other stakeholders may be those charged with carrying out community functions related to the issue and others affected by what the coalition might do. This could include health and human service providers, representatives from community organizations, police, school personnel, local employers, etc.

**Community opinion leaders:** Clergy, business or civic leaders, and people with high credibility in the community.

**Policy makers:** Local political leaders, state representatives, and others in policy-making positions. This will add credibility to your endeavors and increase the chance that your coalition can actually influence policy in your area of interest.

Coalitions begin with the selection of people who have experience in dealing with the particular issue and understand the common goal. They have the authority and power to influence change and the energy and enthusiasm for keeping the momentum alive.

Traits like patience, persistence, initiative, flexibility, risk-taking, empathy, self-assurance, and self-realization are critical to working in a collaborative relationship with others.

**HOW TO RECRUIT COALITION MEMBERS**

Begin by determining all the natural allies—individuals or groups who share your concern and support a similar position. Continue by seeking all types of persons, groups, and social structures likely to be affected either positively or negatively by the issue or position taken. Do not forget to include all potentially interested and civic-minded groups who might stand to gain indirectly by supporting the issue or constituents.

**Steps to recruit members**

1. Once you have a few interested members, establish a Membership Committee.
2. Find one member willing to act as the Membership Chairperson.
3. Establish (and continue to add to) your “Coalition Dream Team” list (*learn more below*).
4. Choose when to begin your recruitment campaign.
5. Decide how to contact potential members (*see a few helpful hints below*). What will be your response to their interest?
6. Determine benefits/incentives for members (e.g. food, special events, parties, etc.).
7. Create a membership welcome package.
8. Continue to maintain your coalition!

YOUR COALITION DREAM TEAM: KEY CONSIDERATIONS

Think of all the stakeholders involved serving your target population or specific issue. Once you have your “Coalition Dream Team” list, contact the people on it. You can add to your contact or membership list in the following ways:

1. Start with people you know. Ask those involved in the initial efforts to compile a list of colleagues, friends, and acquaintances who may be interested, then obtain their contact information.
2. Make announcements and/or circulate a sign-up sheet at community meetings, school board meetings, etc.
3. Post fliers in public areas and at events such as health fairs, festivals, clinics, etc. or share your information on a local listserv.

Once you have contact information, the coalition leadership should schedule personal meetings with potential members to build one-on-one relationships. Email membership letters and meeting reminders, and follow up with phone calls.

Information adapted from the following sources:

TOOL #8: LEADERSHIP IN COALITIONS

Coalitions need to have a clearly identified leadership structure and disperse leadership as broadly as possible. Within coalitions, the most effective leadership is that which focuses on facilitation and coordination so as to invite broad participation and greater engagement of members.

Building up and coming leadership is a crucial role for coalitions. Often there are leaders of coalitions who feel overloaded with the responsibilities of committees and projects, on top of their day jobs. It takes an intentional plan to identify and nurture others in the coalition with interests and abilities for assuming increased responsibilities.

STRUCTURE

The structure and definition of leadership in coalitions varies greatly. They are often influenced by the goal and objectives of the coalition. In some coalitions, leadership might be focused solely on one person while others may involve shared responsibilities among several individuals. Since many coalitions are focused on pooling together various resources to become more effective, a collaborative leadership model can be most effective. In addition, involvement of existing community leaders and development of new leadership are critical to the overall success of a coalition and should be adopted as goals. Existing leaders can serve as role models, mentors or trainers for new leaders.

SKILLS AND STYLES

Coalition leaders should bring energy and hope to coalitions with their skills and styles. Key skills necessary for leadership in a coalition are:

- Communication
- Group facilitation
- Conflict resolution
- Trust building

An advantage of a shared leadership model is that it calls upon the skills of multiple individuals as compared to finding one individual that encompasses all the skills listed above. This also minimizes the risks of relying on a single leader to be the initiator of all coalition activities.

KEY ISSUES AND CHALLENGES OF COALITION LEADERSHIP

**Delegation:** Coalition leaders should serve as catalysts for actions by fostering delegation and consequently developing new leadership. Leaders must support the active engagement of all members and seek the support for themselves from others in the coalition.
**Balance:** Leaders should be able to juggle responsibilities, roles, and times. It is essential not to make too many commitments and spread themselves, and the coalition, too thin.

**Action-Oriented:** Do not become bogged down by lengthy action planning processes or cautiously avoiding controversial issues. Coalition leaders must move the coalition forward towards action and accomplishments.

**Criticism:** Being able to constructively deal with criticism is key. Coalition leaders are often the target of criticism and at times jealousy because they are the most visible and central figures in the coalition. Good listening skills and non–defensive responses are necessary to avoid negative reactions and inappropriate behavior on the part of the leader(s).

Information was adapted from:

PARTNERSHIPS

Section Outline:

• What is a Partnership?
• Building Partnerships
• Engaging Partners
• Legal Considerations for Partnerships
• Partnerships Case Study
• Partnerships Tools
WHAT IS A PARTNERSHIP?

A partnership is a mutually beneficial relationship in which two or more organizations complement each other’s work toward a common goal. Often, one organization with a certain specialization or resource fills a need that another may lack, and vice-versa. Organizations that engage in a partnership often rally around a specific goal such as a project, event, or other objective with a clear end point, though they may also be on-going.

Partnerships can be as informal as a verbal agreement or a brief collaboration based on personal relationships. Other partnerships may be much more formal and are sometimes formalized with a Memorandum of Understanding (MOU) signed by the leader of each organization. MOUs establish the partnership purpose and the specific roles and responsibilities of each organization. However, an MOU is not necessary for all partnerships and may even be more arduous to establish than the work itself, depending on the magnitude of the project. See tool #13 on page 50 for a sample MOU.

WHY FORM A PARTNERSHIP?

Partnerships are created for any number of reasons, including:

- Increasing access to your priority population, or reaching out to a new community and promoting your organization
- Stimulating fresh ideas and new energy
- Sharing resources and maximizing efficiency
- Providing in-kind support (such as meeting rooms, volunteers, transportation, food, networking, etc.)

The following are some potential strong candidates for creating a community health partnership:

- Community health centers
- Schools
- Businesses
- State and local government
- Community centers
- Faith-based organizations
- Head Start programs
BUILDING PARTNERSHIPS

Making initial contact with an organization is the first step in developing partnerships. See tool #9 on page 44 and tool #10 on page 46 for a worksheet to help you think through potential partnerships.

Reach Out: Reaching out and establishing good relationships is one of the most important ways to set up your partnership for success. Some will be obvious choices as potential partners. Get involved with these potential partners by calling, emailing, or meeting with them. Let them know who you are, what you do, what you are asking for, and how it may benefit them.

Leverage personal relationships: When making contact with new partners, utilize the personal connections around you. Ask staff members if they have a friend, family member, or working relationship with an individual or organization that would be a good fit. Consider using the “warm hand-off” approach by asking staff members to facilitate an introduction to potential partners.

Connect with potential partners during outreach: Outreach programs have many opportunities through their daily work to engage potential partners. For example, health fairs are a great way to meet, learn about, and begin a relationship with another organization. Staff can also outreach to business owners while conducting outreach to priority populations who frequent their businesses. Bring extra materials and information about your organization to share with potential partners.

Invite potential partners to relevant meetings and events: Invite potential partners to community meetings you may attend. Consider hosting a networking event or your own meeting to include potential partners from schools, the media, businesses, health centers, and other groups in addition to community-based organizations. Collaborations are more likely if potential partners feel welcomed and important.

TALKING POINTS FOR ENGAGING POTENTIAL PARTNERS

It is recommended to review possible talking points before you contact those with whom you would like to collaborate. Questions are bound to arise during this initial conversation, and surely a lot of clarification will be required. If you can anticipate these questions or points of interest and prepare some responses in advance, you will alleviate some of the potential confusion or doubt that may come when beginning this collaboration.

When formulating these talking points, ask yourself certain questions that will be important to the conversation. The more talking points you develop for each question, the better prepared you will be and the more likely your potential partner will be to get involved. See tool #11 on page 48 and tool #12 on page 49 for more on creating engaging partner talking points.
ENGAGING PARTNERS

STRENGTHENING PARTNERSHIPS THROUGH MUTUAL UNDERSTANDING

You can strengthen your partnership by clearly defining your shared goals and objectives as well as outlining your respective roles and responsibilities. Strengthening partnerships can lead to more efficient information sharing, planning, communication, and referral systems.

Consider using a Memorandum of Understanding (MOU) to explicitly state the responsibilities and time commitments of each partner. Whatever you agree upon, make sure you consider the limitations and strengths of your organization or program. Holding each other accountable can increase dedication, helping you reach your goals.

SHARING RESOURCES

A partnership entails helping each other out. Make sure you share valuable and useful resources with your partners. For example, some resources you may want to share with a community-based organization, health center, local Head Start, or like partners:

Space: Offer to host meetings or trainings if your organization or health center has a large conference room. If the training that your partner is hosting would be useful for your organization, ask your partner if staff from your organization can attend.

Staffing: Commit staff time as a resource to your partner. For example, ask staff to work at a community health fair on behalf of a partnering organization in addition to your organization.

Tools: Share valuable online resources you find or tools that have been helpful to your organization. Partner organizations may also have tools that prove useful to your organization as well. This is a great way to initiate the exchange of information.

These are only a few of many potential resources your organization may share. By sharing with your partner whenever possible, you foster a positive and respectful relationship.

KEEPING THE PARTNERS YOU HAVE

Maintaining relationships can be just as difficult (and equally as important) as initially forming connections. Make sure to do the following to ensure lasting relationships:

Stay in Touch: Keep your partner updated and informed on relevant matters. Make sure information requests are dealt with in a timely manner. Create systems to ensure that you and your partners are staying in touch (i.e. listserv, regularly scheduled phone calls, networking events, etc.)
Show Appreciation: Make sure to show how much you appreciate your partners. Consider sending formal thank you letters and/or highlighting your partner in newsletters or other press.

Understand Your Partner: Make sure your partner knows you understand their concerns, limitations, and viewpoint. Try to:

- Designate someone to act as the key contact to ensure partner inquiries and requests are addressed in a time-sensitive manner
- When working with your partner, ask what works for them based on their resources and divide labor proportional to you and your partners’ resources
- Maintain flexibility with your partner and the commitments they are able to make

Source: Information from Insurekidsnow.gov Children’s Health Insurance Toolkit: Partner Recruitment and Activation supplemented the creation of this section. Specific strategies were combined with existing HOP material and strategies obtained through observation and work with outreach and enrollment programs. For more information about the InsureKidsNow toolkit, visit: www.insurekidsnow.gov.¹

LEGAL CONSIDERATIONS FOR PARTNERSHIPS

It is important to understand that a Memorandum of Understanding (MOU) is not a contract and is therefore not legally binding. This section includes information on legal considerations for partnerships. *Please note that this information does not substitute for legal advice.*

INTELLECTUAL PROPERTY RIGHTS

It is important to note that MOUs do not address concerns related to intellectual property. If your organization is concerned about intellectual property rights regarding resources developed during collaborations, a contract may be more appropriate than an MOU. You can seek advice from a legal professional on developing a contract to outline ownership rights.

LIABILITY

Due to the non-legal nature of MOUs, each organization is liable for their own actions and employees or representatives.

CONFIDENTIALITY

In the event that client information is exchanged, it is important that both organizations follow the confidentiality protocols of each organization. These protocols can be addressed when establishing a partnership and can also be explicitly stated in the MOU.

Sample Language: [Organization X] and [Organization Y] agree not to use or release any reports, data, or other information identifying individuals served, except with the approval of such applicant or person served and in accordance with the rules and regulations of [Organization X] and [Organization Y] and, where applicable, federal laws and regulations.

ANTICIPATING DISPUTES

While few organizations anticipate disputes with their partners, it is beneficial to have conversations during MOU negotiations regarding what would happen in the event of a disagreement. This can be resolved by including the dispute process in an MOU.

Steps for resolution:
1. When writing the MOU, agree what the first step to resolution should be when faced with a disagreement regarding the terms or activities of the MOU (Sample Language: “*A resolution should first be attempted during the monthly call between [representative x] and [representative y]”*)
2. Determine who will make the ultimate decision if the recommended steps have failed (Sample Language: “If no decision can be reached during this meeting, the executives of both organizations should reach a joint decision”).

AMENDMENTS

Include a clause about amendments to allow for change (Sample Language: “This MOU may be amended with written approval from both parties”).

TERMINATING A PARTNERSHIP

To acknowledge the ability for either party to terminate the agreement, include a clause in the MOU regarding the notice that is expected before an effective termination date.

Sample Language for MOU: “Upon need for termination, the organization terminating the agreement will provide written notice [x] days prior to effective date.”

Information adapted from:

Location: Petaluma, CA  
Websites: [www.rchc.net](http://www.rchc.net) | [www.healthykidssonomacounty.org](http://www.healthykidssonomacounty.org)

**Description**
Redwood Community Health Coalition (RCHC) is a network of community health centers in the North Bay region of the San Francisco Bay Area serving Napa, Sonoma, Marin, and Yolo Counties. The coalition is made up of 16 health centers, which serve a diverse and multicultural patient population, including a rapidly growing Latino population. To ensure that all children in Sonoma County have access to comprehensive and quality care, RCHC created Healthy Kids Sonoma County, which offers outreach and enrollment services into public insurance plans to the Sonoma area. Since 2005, RCHC and Healthy Kids has increased enrollment for previously uninsured children in Sonoma County. Yet, there remain uninsured children in Sonoma County who are the hardest to reach. To increase enrollment among these children and their families, RCHC initiated a school-based outreach and enrollment project. The project’s first year was successful, and in the second year, one of RCHC’s participating schools increased health insurance coverage among their students from 72% to 100%.

**Partnering with Schools**
To address the gap that still existed for many uninsured children in Sonoma County, RCHC researched existing school-based outreach and enrollment projects in the region and developed a hybrid project that helped eligible children connect to a medical home, health insurance, and CalFresh benefits. RCHC’s school-based outreach and enrollment project was implemented in two schools with the support of the local school district. To start, the district provided RCHC access to emergency card information for every child enrolled in the participating schools. At the beginning of the year, a Healthy Kids’ Certified Application Assistant (CAA) reviewed the emergency cards for every child of both schools to determine 1) if the child had a medical provider and 2) if the child had health insurance. If any children were missing either a provider or health insurance, they were added to a list to be contacted by the CAA. When families were contacted, RCHC set up an appointment with the family to provide application assistance, and to share information about available health insurance for the family and available services for
the child. During the encounter, all family members are screened for eligibility for health insurance and health services.

The implementation of the project required participation of the school district. RCHC approached the superintendent of the local school district about the project, and explained that the project would work at no cost to the district, as well as how it would benefit their students. The school district welcomed the collaboration. Since students’ emergency contact information was needed, the RCHC and the school district created and signed an “Information Sharing Agreement”, which would facilitate the sharing of information and protect the confidentiality of students. The school staff, such as nurses and secretaries, supports RCHC by providing additional or updated information about students and their families, in addition to the Healthy Kids’ CAA, who is dedicated to handling the workload of the school-based outreach project. RCHC’s Program Manager oversees the collaboration and keeps the schools informed of progress.

RCHC evaluated the success of the project by measuring the increase in health insurance enrollment. To accomplish this, RCHC created a tracking system to capture a school’s progress by looking at the number of insured children before and after the project. When RCHC received the emergency cards from the school district, they were able to use the data to determine the baseline number of insured and uninsured children for each school. RCHC’s aim is to reach 100% insured within Sonoma County. Periodically, RCHC will notify the schools of their progress and compare current numbers with their numbers prior to participating in the project. When a school reaches 100% insured, RCHC awards the school with a certificate.

Lessons Learned
Initially, RCHC attempted to work with the entire county district, but found that the smaller, local school districts within the larger county district were more likely to collaborate on the project. For programs interested in implementing a school-based outreach and enrollment project, RCHC recommends finding a supportive school district and superintendent with shared goals. They also recommend ensuring that appropriate staff time is allotted for the project, as the task of contacting and following-up with families can often be time consuming. Finally, RCHC strongly recommends staffing the project with a bi-lingual CAA who can speak the language used by the priority population being reached. They plan on expanding their project in the future to include additional schools. RCHC finances the school-based outreach and enrollment project with in-house funds.

Case Study Reflection Questions

1) Who was involved in this partnership?

2) What was successful about the partnership?

3) How could (or does) a partnership look within our context?
PARTNERSHIPS TOOLS

9. Partner Engagement Worksheet
10. Partner Engagement Worksheet Template
11. Engaging Partners Talking Points
12. Engaging Partners Talking Points Worksheet Template
13. Memorandum of Understanding
**TOOL #9: PARTNER ENGAGEMENT WORKSHEET**

**EXAMPLE: PARTNERING WITH BUSINESSES**

Achieving your goals for the health of your community can be accomplished with a variety of community partners. Potential partners may come from very different backgrounds with diverse interests varying by function, location, size, and many other factors. When engaging new partners, it is important to not only consider ways in which they can support your overarching goals, but also how working together can address issues they care about. The Partner Engagement Worksheet is a tool that poses key questions and considerations to help you effectively engage different types of community partners.

<table>
<thead>
<tr>
<th>Type of partner (e.g. businesses, schools, faith-based, media, etc.)</th>
<th>Businesses</th>
</tr>
</thead>
</table>
| Provide specific examples of partners within the type identified above. (i.e. potential partners who frequently work with the priority population) | • Low-paying industries  
  o Retail  
  o Hospitality  
  o Agriculture  
• Businesses the organization knows/is familiar with  
• Businesses frequented or used by priority populations  
  o Grocery stores  
  o Restaurants  
  o Hair and nail salons  
  o School supplies shops  
  o Utility companies  
  o Banks  
  o Pharmacies  
• Businesses trusted by priority populations |
| What do you want from these partners? | • Access to customers or employees during open enrollment  
• Specifically, the ability to provide fliers or other marketing materials to employees directly and customers indirectly  
• Ideally, to provide education sessions to either staff or customers (or both) and have the ability to offer direct enrollment assistance appointments as needed (especially for staff) |
### How does access to and utilization of affordable health insurance address what these partners care about?

<table>
<thead>
<tr>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees with better access to health care will help create a healthier workforce</td>
</tr>
<tr>
<td>Insuring dependents can decrease stress or worry for employees</td>
</tr>
<tr>
<td>Decrease in parent absenteeism</td>
</tr>
<tr>
<td>Employees feel cared for by employers who help take care of health concerns</td>
</tr>
<tr>
<td>Helps employees get connected to the best low cost, affordable health insurance option for them</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Customers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building relationships with customers by providing helpful information</td>
</tr>
<tr>
<td>Helps customers save money on health care</td>
</tr>
<tr>
<td>Projects a positive image of the business to customers</td>
</tr>
</tbody>
</table>

### What information can be prepared for these partners prior to engagement?

<table>
<thead>
<tr>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informative fliers targeting the interests of businesses</td>
</tr>
<tr>
<td>Fliers and small inserts that businesses can readily use to promote affordable health insurance</td>
</tr>
<tr>
<td>Work with the Chamber of Commerce to include a newsletter article in publications that are sent to businesses to promote the initiative</td>
</tr>
</tbody>
</table>

### What are the limitations of these partners?

<table>
<thead>
<tr>
<th>Employees</th>
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</thead>
<tbody>
<tr>
<td>Businesses are less likely to provide direct enrollment services</td>
</tr>
<tr>
<td>Affordable health insurance outreach may not be a priority</td>
</tr>
<tr>
<td>Access to employees and customers may be limited</td>
</tr>
</tbody>
</table>

### What actual outreach and enrollment activities can you do with these partners?

<table>
<thead>
<tr>
<th>Employees</th>
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<tbody>
<tr>
<td>If the business has an HR department, work with them to integrate information about affordable health insurance into a benefits package</td>
</tr>
<tr>
<td>If they do not provide a benefit package, help them develop a package with information on affordable health insurance.</td>
</tr>
<tr>
<td>Provide payroll stuffers and fliers in employee areas</td>
</tr>
<tr>
<td>Provide presentations to employees</td>
</tr>
<tr>
<td>Set up enrollment appointments to help with enrollment employees before or after work hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Customers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include fliers in bags and bills going to customers</td>
</tr>
<tr>
<td>Signs at the register or business</td>
</tr>
</tbody>
</table>
Achieving your goals for the health of your community can be accomplished with a variety of community partners. Potential partners may come from very different backgrounds with diverse interests varying by function, location, size, and many other factors. When engaging new partners, it is important to not only consider ways in which they can support your overarching goals, but also how working together can address issues they care about. The Partner Engagement Worksheet is a tool that poses key questions and considerations to help you effectively engage different types of community partners.

<table>
<thead>
<tr>
<th>Type of partner (e.g. businesses, schools, faith-based, media, etc.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide specific examples of partners within the type identified above. (i.e. potential partners who frequently work with the priority population)</td>
<td></td>
</tr>
<tr>
<td>What do you want from these partners?</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>How does access to and utilization of affordable health insurance address what these partners care about?</td>
<td></td>
</tr>
<tr>
<td>What information can be prepared for these partners prior to engagement?</td>
<td></td>
</tr>
<tr>
<td>What are the limitations of these partners?</td>
<td></td>
</tr>
<tr>
<td>What actual outreach and enrollment activities can you do with these partners?</td>
<td></td>
</tr>
</tbody>
</table>
TOOL #11: ENGAGING PARTNERS TALKING POINTS

It may be helpful to take the information outlined in the Partner Engagement Worksheet and put it into a format that can be easily accessed and used when reaching out to new partners. Consider asking for feedback from a similar, existing partner or partners to be sure the talking points will resonate with those individuals and organizations you hope to engage. Revise the talking points, as needed, based on the feedback you receive.

EXAMPLE

Why get involved in promoting affordable health insurance options?
- The health care law is making health insurance options available to more people.
- Tax credits and subsidies are available to eligible individuals and families to help lower costs of health insurance.
- Helping working families get connected to the right health insurance option for them is a great way to take care employees.
- Working parents can enjoy peace of mind knowing their families have health insurance coverage.
- Helping employees take care of their health may help create a healthier workforce.
- Providing information to customers helps build positive relationships with the community. It helps communicate that you care about the health and wellness of your customers.

What can {Insert Name of Your Organization} do to help?
- We can provide you with materials to give to customers and/or employees with important information about health insurance options and how to access help.
- We can offer in-person education to you and your staff about health insurance options.
- We can provide one-on-one enrollment assistance to help you, your staff, or your customers get connected with health insurance.
- We are here to help with any questions or concerns you have throughout the process.

What {Insert Name of Your Organization} needs in order to help:
- We need your commitment to partner with us to promote affordable health insurance options.
- We need access to staff members. This could include distributing the information we provide, space and time to offer a brief education session, or space and time to offer one-on-one enrollment assistance.
- We need access to customers. This could include providing information for distribution or display, the ability to talk to customers directly, the space for outreach staff to be present during agreed upon times and/or days of week peak business hours.
TOOL #12: ENGAGING PARTNERS
TALKING POINTS WORKSHEET TEMPLATE

{Insert Partner Type}

Why get involved in {Insert Cause/Issue}?
○ ........................................................................................................
○ ........................................................................................................
○ ........................................................................................................
○ ........................................................................................................

What can {Insert Name of Organization} do to help?
○ ........................................................................................................
○ ........................................................................................................
○ ........................................................................................................

What {Insert Name of Organization} needs in order to help:
○ ........................................................................................................
○ ........................................................................................................
○ ........................................................................................................
Memorandum of Understanding (MOU) is a document delineating the framework of cooperation and partnership between two organizations. Many activities and agreements of a pre-existing partnership can be explicitly stated in an MOU. An MOU can lend credibility to a collaborative process and establish a foundation of accountability. While some MOUs may be informal agreements, others act as a contract, which should be negotiated and completed by the administration of an organization. Regardless of the scope of an agreement, it is important to gain the approval of the administration of an organization before putting anything in writing.

**SAMPLE**

Brookdale Food Pantry and Sunnyside Family Resource Center Collaboration MOU

Recognizing the benefits and challenges of a collaborative partnership between Sunnyside Family Resource Center and Brookdale Food Pantry, we, the undersigned, do hereby agree to engage in the following activities for a period of one year, from __________ to __________, pending adequate organizational resources. We also agree to meet bimonthly/quarterly/semi-annually to review our partnership progress, and will revise and/or renew this agreement, as appropriate, shortly before its end date. Through this partnership, we pledge our commitment to work together to increase enrollment in affordable health insurance.

1. Conduct four community focus groups to gain an understanding of affordable health insurance enrollment challenges and barriers. *(Include Resources Needed, Projected Start Date).*

2. Shared program planning to increase affordable health insurance enrollment. *(Include Resources Needed, Projected Start Date).*

3. Work jointly on creating/updating a parent education manual on enrolling children in affordable health insurance. *(Include Resources, Projected Start Date).*

4. Hold joint trainings on affordable health insurance eligibility requirements. *(Include Resources Needed, Projected Start Date).*

5. Work jointly on creating/updating a community-based resource directory (e.g., food pantry access sites, free legal services, health centers accepting Medicaid and Medicare, etc.). *(Include Resources Needed, Projected Start Date).*

<table>
<thead>
<tr>
<th>Health Center Director</th>
<th>Date</th>
<th>Food Pantry Director</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Center Official</td>
<td>Date</td>
<td>Food Pantry Official</td>
<td>Date</td>
</tr>
</tbody>
</table>
Section Outline:

• What is a Referral Network?
• Key Elements of a Referral Network
• Referral Network Case Study
• Referral Network Tools
WHAT IS A REFERRAL NETWORK?

A referral network is a network of service providers that provide mutual support and establish a system of referrals for services. Referral networks avoid duplication of services and reduce gaps in services by ensuring a cohesive network of providers. Referral networks may range from service providers informally agreeing to refer clients to each other for service to formalizing and maintaining referral systems among a network of providers.

REFERRAL NETWORK MODELS

**Health Center Based Referral Network:** Staff in the health center coordinates referrals between patients and services provided within the health center and by community organizations. The relationship begins in the health center setting. When health center staff provides the patient with a written referral, a record of it goes into the patient’s file.

**Community-Based Referral Network:** In the community-based model, a community-based organization establishes linkages with other agencies within a defined geographic area and takes on maintaining the referral network. The community-based organization develops and maintains referral forms and a directory of referrals. They may also schedule regular meetings with other agencies to identify gaps in services and systems for the referral process.

**Case Management Referral Network:** The case management model is an approach to meeting multiple and complex needs of specific clients. In this model, clients and their friends and family, if appropriate, are actively engaged by a case manager in defining their needs and seeking options for meeting those needs. Case managers may work in a health center or community-based organization setting. See tool # 14 on page 57 and tool # 15 on page 58 for more on case management.

Information adapted from:

KEY ELEMENTS OF A REFERRAL NETWORK

Across all models, there are key elements that make strong referral networks:

Comprehensive Services: When considered together, the agencies that make up the referral network provide comprehensive services to meet the needs of specific population(s) within a defined geographic area. Together, the agencies remove access barriers and effectively refer clients to each other.

Oversight: A body coordinates and oversees the referral network. This body could be an organization within the network or a committee composed of staff from multiple organizations. The body is responsible to organizing meetings, addressing gaps and inefficiencies, maintaining the directory, developing standardized tools and processes, and providing quality assurance.

Regular Meetings: Ongoing communication and information exchange is key to maintaining a referral network. Regular meetings of service providers within the network provide a venue to address challenges and keep the directory up-to-date.

Point People: Each organization within the network designates someone at their organization to be the point person for processing referrals and managing referral tracking.

Directory of Services and Organizations: The directory includes the organizations within a specific geographic area, the types of services provided, the point person, and contact information. The directory must be regularly updated to ensure accuracy.

Standardized Referral Form: A standardized referral form should be agreed upon by the organizations within the network. The referral form ensures the necessary information is provided for each referral. The referral form can be provided to the client, family member, or directly to the receiving organization. The form serves as a way to introduce the client, identify who is providing the referrals, and specify what services are needed. See tool #17 on page 61 for a sample referral form and tool #16 on page 59 for tips on how to provide a successful referral.

Referral Tracking: Once a referral is completed, the referral is documented and evaluated. The referring organization can follow up with the client and with the receiving organization to ensure the client receives the services they were seeking. Both the referring and receiving organizations are responsible for documenting their roles in the process.

Information adapted from:

REFERRAL NETWORK CASE STUDY

STREET LEVEL HEALTH PROJECT

Location: Oakland, CA
Website: http://streetlevelhealth.org

Description
Street Level Health Project (SLHP) is an organization located in Oakland, CA, that serves as an entry point to the health and social services system for those that are uninsured or underinsured and are predominately low-wage immigrant workers. SLHP has three main programs that focus on the health and wellbeing of the community: the Health Access Program, the Wellness and Prevention Program, and the Immigrant Rights and Empowerment Program.

Case Management Referral Network
As part of their case management services, SLHP has established a referral system that consists of an informal network of organizations across the San Francisco Bay Area. SLHP connects community members to resources and services within the network, including legal, health, and shelter services. Volunteers and staff have worked together to create a compendium of organizations and services, which they can use when doing case-management and providing referrals. The compendium is a “living document” on Google Drive, but the staff also maintains a hard copy called the “referral binder.” The referral binder is divided by service type. Each entry includes a detailed description of the services provided, what documentation is needed, the cost, the hours the services are provided, as well as additional notes and how to contact the organization. As SLHP makes new connections with organizations or receives new information, they update the referral binder so that it always has the most up-to-date information.

Referral Process
SLHP’s preference is to do a warm hand-off for their clients by directly introducing them to a specific individual at the referral organization. However, when a warm hand-off is not possible, SLHP calls the receiving organization in order to clarify what services are provided and what the intake process is. SLHP then provides community members with the correct information. These calls are important because SLHP staff note that services reported on a website and the day-to-day services an organization actually provides are sometimes different. SLHP also uses this call as an opportunity to clarify what documentation community members will need when seeking services, the organization’s language capacity, and any other special instructions to make the referral as smooth as possible. By gathering these details, staff and volunteers can be honest and clear with community members about what they can expect from the referral. This referral process includes working with the client to identify and overcome potential barriers in an encouraging and empowering way. In addition, SLHP staff builds trust by being transparent...
about what the unknowns are when providing a referral. If a referral is unsuccessful, trust is not broken.

One common barrier for community members is being turned away when seeking medical services because they do not have valid identification. SLHP has creatively responded to this challenge by creating their own identification cards for clients. To do this, they laminate business cards with a client’s name, address, and picture. Now these identification cards are widely accepted throughout the Alameda County public healthcare system. SLHP stresses that this level of creativity is necessary to ensure people can access the services they deserve.

SLHP encourages community members to return if the referral was unsuccessful and provides further assistance if needed. This process is also an effective way to keep information in the referral binder up-to-date. By following up and learning about community members’ experiences seeking services, SLHP can provide others with more accurate information that helps build transparency and trust with their clients.

Formal Partnerships
While SLHP’s referral network is based on an informal referral system, SLHP has also established more formal partnerships based on the needs of the community. Many partnerships originated through the Oakland Workers’ Collective, the day laborer program run by SLHP. Through the Collective, SLHP won a grant which has established more formalized relationships that include Memorandums of Understanding with Causa Justa::Just Cause, Unity Council, and Centro Legal de la Raza. These organizations provide a wide array of services including legal services, workshops on housing rights, language classes, etc. Access to services for community members at these organizations has increased as a result of these partnerships. SLHP regularly communicate with their partners to stress the importance of certain cases as well as to check-in and provide feedback as needed. This open communication has also increased the understanding of organizational capacity between organizations.

Case Study Reflection Questions
1) Who was involved in this referral network?
2) What was successful about the referral network?
3) How could (or does) a referral network look within our context?
REFERRAL NETWORK TOOLS

14. Case Management Basics
15. Assessing Case Management Needs
16. Referral Tips
17. Sample Referral Form
In essence, case management is:

- The process of attending to the multiple and complex needs of specific clients
- Providing referrals and coordinating with other providers and agencies
- Following up with the client to assist in the referral process

Case management often happens when:

- Clients present with numerous medical and social challenges
- Conducting outreach—you may encounter individuals whose needs cannot be addressed with a single trip to a clinic
- There are concerns that will require working with other health and social service agencies
- Other agencies, providers, or coworkers come to you on behalf of an individual and ask for assistance

Roles and Responsibilities

☑️ Regardless of how it is identified, the person or family receiving case management services should always indicate a desire for assistance. In every instance, the client should be the person requesting case management services.

☑️ The client should clearly understand what to expect from you, including your obligation to uphold confidentiality and the limitations and exceptions to confidentiality as necessary. The client should also clearly understand that your role is to help address the concerns identified by the client as a priority.

☑️ Successfully reaching the prioritized goals will require additional work by the client. Understanding these issues may mean that the person or family chooses not to receive case management assistance. For example, you may offer a referral for assistance with determining Medicaid or other public assistance program eligibility. This may require the individual to make an appointment or visit another office location in person. They may not be willing to do this for a variety of reasons, in which case they may decline your referral on this matter.

A NOTE ON CONFIDENTIALITY

Reference your organization’s policies and procedures regarding confidentiality and how they apply to your activities to be sure you clearly understand and follow the guidelines laid out for you.
TOOL #15: ASSESSING CASE MANAGEMENT NEEDS

Once you know the client is interested and requires case management services, you should discuss the problem and/or concerns and help identify resources. It may help to have a formalized procedure for collecting this information. For example, your organization may use a case management form, or you could create a new one to help document and guide the referral process. It is often useful to carry blank case management forms with you as well.

When discussing the problem or concerns with the client, here are a few tips to remember:

**Learn and Listen:** Allow time to learn about and listen to the client’s concerns. Listening is always an important skill, but never more so than when discussing sensitive and personal topics. Take time to learn about the individual’s needs and issues; this will demonstrate care and respect.

**Discuss and Prioritize Concerns:** What concerns should be acted upon first? Which issues are less urgent? Discuss these questions with the client and write them down by priority.

**Identify Resources:** The client may have resources that can be used to help address the problem or concern. Supportive family members, friends, and other financial or agency resources are important for the case management process. Ask about and record the names of these key individuals or agencies that may have positively impacted some aspect of the client’s situation. These contacts can also provide insight into the client’s informal and formal support network and will become very important when you create and implement a care plan. The client’s own personal strengths or character traits can be another resource for you, such as dependability, enthusiasm, leadership skills, or bilingual language skills.
 TOOL #16: REFERRAL TIPS

It is impossible for one organization to deliver all the services their priority populations may need. For that reason, making referrals within and outside your organization is essential. The following are tips to keep in mind when referring to a provider or another organization:

1. **Take the necessary time to assess the need(s) and determine the appropriate provider or agency that can fulfill that need.** Make sure you understand the client’s needs. Take the time and learn the specifics surrounding their needs, the timeline for addressing the needs, and other pertinent information that could help you make a decision about the appropriate agency or person to whom you could refer them. Allow them to tell you what level of help they want. Some individuals will only need to know where they can access the information or assistance they need, while others will need more specific help.

2. **Explain the function of the agency that will be contacted.** Once you identify the agency, make sure the client has ample information about the role of this agency. For example, if you refer a client to the food bank, explain how the food bank addresses hunger and food insecurity in the community.

3. **Provide the client with agency contact information and discuss specific action steps.** It is important for the client to know how to contact the organization. Provide telephone numbers, the names and titles of the most appropriate agency contact, the agency address, and days/hours of operation. Also, remember to provide details concerning the agency’s ability to provide language interpretation services, if needed.

   Once you have provided the client with appropriate information, make sure he or she understands the next steps for making contact with the referral agency. For example, explain that Mr. Smith at XYZ agency is expecting them to visit their facilities by the end of the week.

4. **Assist with preparing a request for the referral agency.** Sometimes partner agencies have protocols or systems in place for making referrals, which may require you to complete forms in order to request service from a referral agency. If this applies to your community, please make sure to complete the appropriate paperwork and provide copies of this paperwork to the proper parties (i.e. the client and the referral agency). Some agencies require clients to sign consent forms in order to release personal information. Make sure to inquire about referral agencies’ protocols for sharing information and ensuring patient confidentiality.

5. **Involve family members or friends in the process if they plan to accompany the client to the referral agency, if appropriate.** Oftentimes, clients seek the support of friends and family members when accessing health and social services. These individuals may
provide interpretation, transportation, and/or support with navigating an agency. If given permission from the client, provide these family members or friends with information regarding the host agency and the referral.

6. **If multiple agencies are involved, repeat the steps mentioned above for each referral. Make sure that the client has time to ask questions.** Chances are you will need to make referrals to multiple organizations. For each referral you make, it is important for the steps above to be repeated to ensure that the client has a sound understanding of the referral process for each agency to which he or she was referred.

7. **If you do not immediately know where to refer a client, let him or her know that you will find out and get back to them.** Some people may believe you have a wealth of information about community resources and can make appropriate referrals on demand, but this is not always the case. You may be new to an organization, or you may just not have all the answers. That is okay. In instances like these, it is best to get as much information from the client as possible. Then, inform them that you will need to conduct further research and follow-up at a later time. Provide them with a timeline for when you expect to have this information. Obtain contact information to reach them and provide the referral information. If they do not have a reliable way to be contacted, either ask them call you (provide them with your phone number) or ask them to stop by your office at a later date. Alternatively, you can request their address and make a home visit to deliver the information in person. Emphasize that you want to help them and will need to take the time to find out the best way to address their needs. Make sure to follow-up!
TOOL #17: SAMPLE REFERRAL FORM

Today’s Date: ____________________

Client Information

Name: ___________________________ Phone: ___________________________

Referring Provider Information

Agency: __________________________ Phone: ___________________________
Contact Name: ____________________

Referral Information

Client is Being Referred to: __________________________

Reason for Referral:

_____________________________________________________________________
_____________________________________________________________________

Special Considerations (language, transportation, insurance etc.)

_____________________________________________________________________
_____________________________________________________________________

_____________________________________________________________________