

TOOLKIT



COMMUNITY CONNECTIONS
TOOLKIT

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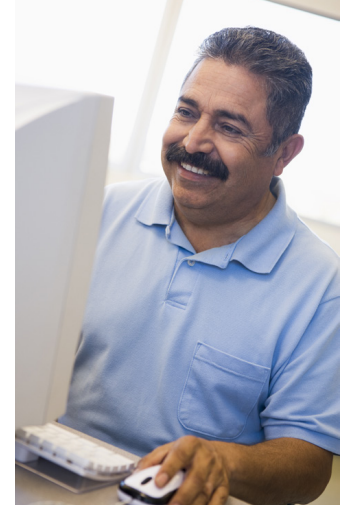


TABLE OF CONTENTS

I. Introduction	3
II. How to Use the Community Connections Toolkit	4
III. What is a Referral Network?	5
IV. Phase I: Strategy Development	
A. Guiding Program Philosophy	6
B. Assessing Prioritized Needs of Students and Clients	7-8
C. Assessing Capacities of School and Partner Agencies	9
V. Phase II: Program Planning and Implementation	
A. Developing Shared SMART Measures of Success	10
B. Formal Agreements	11
C. Establishing Referral Protocols	12
D. One-on-One Student/Client Needs Assessments	13
E. Promoting Collaboration Amongst Community Partners	13-14
VI. Phase III: Program Monitoring, Evaluation, and Outcomes Measurement	
A. Monitoring the Referral System	15
B. Designing an Evaluation Plan	15
VII. Case Study: CACE Pilot	
A. Pilot Overview	16
B. Pilot Goals	16
C. Community Partners	16
D. Pilot Design	17
E. Featured Successful Practice: Health Insurance Campaign	18
F. Key Outcomes	19
G. Tools	19
VIII. Resource Library	20

I. INTRODUCTION

Students at adult schools often come from the most marginalized corners of the community, bringing a diverse range of challenges that directly impacts their ability to excel in school and beyond. As a result, there is an urgent need to refer students to outside agencies for high quality support services, from health care to employment assistance. While many adult schools already have a long history of collaborating with community agencies in a variety of sectors, many of these partnerships are informal in nature and were built upon relationships between individuals, as opposed to official agreements between agencies. The passage of AB 2098, which adds immigrant integration to CAEP reporting, has precipitated a renewed sense of urgency for adult education providers to offer more comprehensive support services for immigrants and refugees in a systematic and holistic manner.

In June 2018, the South Bay Consortium for Adult Education (SBCAE) partnered with the Alliance for Language Learners' Integration (ALLIES) to study more effective ways to connect students with community resources. Previously, the SBCAE had collaborated with ALLIES to develop the Immigrant Integration Framework (IIF), a high-level system map

that outlines eight goal areas related to three domains of immigrant integration: linguistic integration, economic integration, and social integration. In an effort to build upon this work, SBCAE engaged ALLIES to pilot the Community Connections (CC) Program with Campbell Adult and Community Education (CACE). This project established a formal mechanism for referring students to community partners in order to help them address personal barriers and become more integrated into their communities. The overarching goal of this project was to provide students with a stronger foundation to persist in school and thus achieve greater academic and employment success.

The Community Connections (CC) Toolkit is the culmination of the pilot at CACE, which ended in June 2019. Leveraging the lessons learned and promising practices from the project, it seeks to provide a practical roadmap for establishing and maintaining a high functioning referral network. The Toolkit contains hands-on resources, ready-to-use tools, and basic implementation guidance. The primary audience for the Toolkit is the adult schools in SBCAE, as well as other adult education consortia.





II. HOW TO USE THE COMMUNITY CONNECTIONS TOOLKIT

The Community Connections Toolkit is organized by three development phases that correspond to different levels of maturity in the referral network. The phases are as follows:



PHASE I

Strategy
Development

This is the initial phase of developing a referral network. It is where the foundation of the project is laid, including developing the overarching mission and principles. It is also where resources and potential partners are identified.



PHASE II

Program Planning
& Implementation

This phase begins once the Community Partners have been recruited and the referral network has officially kicked off. It focuses on developing SMART goals and objectives for the referral network, as well as the protocols and processes to implement the system.



PHASE III

Program Monitoring,
Evaluation, and Outcomes
Measurement

The final phase of developing a referral network focuses on collecting and analysing data to determine what is working well and what needs to be modified. This is also where results from the evaluation are communicated with stakeholders.

In each of the sections above, the Toolkit provides a description of suggested activities for that phase, as well as guidance on successful implementation of these activities. Sample tools and templates are provided for practitioners at the end of the Toolkit in the Resource Library.

It should be noted that the Toolkit is not intended to be a prescriptive manual. Each adult education provider is starting at a different place with respect to its development of a referral network and brings to bear unique strengths and weaknesses. Furthermore, each school serves a different population and employs staff with varying skills, expertise, and talents. Hence, the Toolkit is meant to be a flexible and practical resource that can be tailored to the unique needs of each agency. Users of this Toolkit are encouraged to pull out sections that are most relevant to their situation and modify the resources as they see fit.

III. WHAT IS A REFERRAL NETWORK?

A referral network is comprised of a group of service providers that refer clients to one another. The purpose of referral networks is to enable providers to work closely together to share information about their programs and to connect their clients with the best possible services. Referral networks are commonly confined to a small geographic location to make it easy for clients to receive services.

An effective referral system can ensure:

- Clients receive high quality services at the appropriate level
- Clients who most need services can access them in a timely and cost-effective manner
- Services within the referral network are well utilized
- Services offered to clients are enhanced for optimal use

- Clients and service providers coordinate resources effectively, reducing barriers across systems

To support its vision of a “No Wrong Door Policy,” the SBCAE has prioritized establishing referral networks of service providers across multiple sectors to meet students’ diverse needs, from health care to employment. While many adult education providers are accustomed to working closely with community partners, few schools have formalized relationships with outside organizations. The referral network is an opportunity to formalize and deepen existing relationships between adult education providers and community partners, create clear systems and protocols for sending and receiving referrals, and provide a framework for expanding partnerships in the future.



The purpose of referral networks is to enable providers to work closely together to share information about their programs and to connect their clients with the best possible services.

IV. PHASE 1: STRATEGY DEVELOPMENT

The Strategy Development phase in the CC Program is the initial phase of developing a referral network. This is the phase where the foundation of the project is laid through a guiding program philosophy that is described below. This phase is also characterized by conducting research to assess student needs and partner capacities, which will ultimately lead to the formation of the referral network. Hence, all of the activities in the Strategy Development phase occur before the referral network has been officially launched and prior to the recruitment of the Community Partners.

A. Guiding Program Philosophy

The CC program is built upon six fundamental tenets that are foundations for success:

- a. **Mutual benefit** - It is fundamental to acknowledge that every partner is driven to a significant degree by self-interest. Thus, entering into partnership is valued only to the extent that it advances each agency's internal priorities. All the members of the partnership must individually and collectively ensure that each partner's self-interests are met in measurable ways. This in turn creates relationships in which the self-interests of each partner become the "shared interests" of all partners.
- b. **Shared authority, leadership & responsibilities** - Since the partnership is built on mutual interests, it follows that the obligations and decision-making must in turn be shared. One consequence of this tenet is that there be no single "lead agency" within the partnership in order to avoid a rigid hierarchy with power vested in a single agency. In order to avoid this, the organizational structures, protocols and processes must be built and documented in nonhierarchical formats, and leadership must be shared between all partners.
- c. **Reciprocal referrals** - Although initially the pilot project at CACE was designed to facilitate referrals between the adult school and its partners, a finding from the pilot is that there is increased benefit for students/clients that could be achieved through a multidirectional referral program in which referrals could flow in and out of all agencies in a reciprocal manner.
- d. **Human Centered Design (HCD) processes** - The SBCAE is committed to using HCD processes to plan and evaluate a broad range of initiatives. This is an advantage for the replication of the Community Connections programs as our efforts are based on trusting relations and dialogue with students/clients. One of the fundamental uses of HCD is to learn directly from students about the highest priority support services they seek by allowing them to define their own needs. Furthermore, in order to evaluate the effectiveness of our programs, we must understand students' perceptions of the quality services they receive. Finally, the feedback loop with students is an ever-evolving, iterative process that must continually be renewed using HCD principles and methodologies.
- e. **Data** - Determining the outcomes and short, mid and long-term impacts of the referral network requires the ongoing collection of data to guide the continual evolution of the work and tell the story of our effort. Furthermore, California's Adult Education Consortia (CAEP) may want to demonstrate its effectiveness

by reporting its impact on promoting immigrant integration.

- f. **Memorandum of Understanding (MOU)** - The guiding tenets above must be enforced through trusting relationships between partnership staff and through enforceable agreements in writing. In the CACE experience, this was accomplished through a non-binding MOU between all partners. If the partners agree to the transfer of funding between agencies, however, then a legal contract would be necessary. MOUs must clearly describe the obligations and authorities of each partner, while also remaining flexible enough to accommodate revisions and the expansion of the partnership membership.

B. Assessing Prioritized Needs of Students and Clients

Soliciting input from key stakeholders in order to clearly identify the most pressing needs of students/clients is required. The primary stakeholders to hear from are the students/clients themselves. Secondary input solicited from school/agency staff is also valuable as it can corroborate student/client findings as well as identify other priorities that are best discerned from a staff perspective.

- a. **Student/client input** - Soliciting input from students/clients needs to be embraced as an ongoing endeavor that is grounded in Human Centered Design (HCD) principles. Designing programs that directly address the priorities of students/clients is the best way to ensure that programs align directly with the needs of our “customers”.
- i. ***Start-up and Biennial Input Processes*** - The first year that a CC program is launched at a new site provides the first opportunity to engage students/clients in group processes to identify the non-academic

support services they most need and value. Additionally, if there is staff capacity, every other year, staff can re-engage students/clients when there is substantial turnover of students/clients from year to year. Both opportunities should use similar methodologies to ensure consistency in how input is solicited so that the data can be interpreted across multiple years. Tools for these processes are attached in [Soliciting Student Input](#). In addition to Human Centered Design (HCD) tools, schools can also utilize any existing student feedback data that may have resulted from strategic planning processes, student leadership groups or even input from parent groups that may have been organized by an adult school's sponsoring school district.

- ii. ***Ongoing HCD Listening*** - The second approach to identifying student/client highest priority needs occurs during one-on-one time that any school/agency staff have with students/clients throughout the year. The more consistent and intentional staff are in listening to students, the more targeted will be the non-academic referral options that will be offered. The data from these one-on-one inquiries can be compared to the data revealed in the Start-up and Biennial student/client input processes in order to continually hone the non-academic referral options made available over time to students/clients. In the case of the SBCAE, this ongoing HCD listening will be conducted primarily by Transition Specialists though it is likely that faculty and front office staff may also contribute to this effort. Methodologies for this will be further covered in Section 10 (Individual, One-on-One Student/Client Needs Assessments) of this toolkit.

b. Staff input - The other critical stakeholders to provide input on the types of support services that are needed are the organizational staff members that work directly with students. Their input provides an invaluable complement to the input received from students/clients. In particular, staff work with large enough numbers of students over time that they can perceive trends across entire student bodies and clientele. Such perspective is rarely accessible to students/clients. Processes to solicit staff input should be used during the start-up phase of a new CC program and every two years thereafter.

The IPL-12 survey was developed by researchers from Stanford University and ETH Zurich. It is able to capture immigrant integration levels along six dimensions: linguistic, social, navigational, psychological, political and economic. The survey is available in 15 languages.

c. Stanford Immigrant Policy Lab (IPL) Survey - One example of how Community Connections programs can connect with academic research on immigrant integration is a partnership with the Immigration Policy Lab (IPL) at Stanford University to test possible uses of the IPL Integration Index. The IPL Integration Index, developed by researchers at IPL and ETH Zurich, captures six dimensions of integration: psychological, political, economic, linguistic, social, and navigational. Psychological integration refers to identification with or attachment to the United States. Economic integration is about aspects like employment status and household income, among other financial indicators. Political integration is related to engagement with, and the capacity to participate in the American political system. Social integration refers to interactions with Americans. The linguistic section measures English language skills. Finally, navigational integration is about the ability to navigate through common or necessary aspects of life, such as seeing a doctor, addressing legal problems, and searching for jobs.

The IPL survey is available in two forms -- the short form, [Standard IPL-12](#), which consists of two standardized questions for each dimension, and the long form, IPL-24, which is comprised of four standardized questions for each dimension. Possible scores range from 0 (least integrated) to 1 (most integrated). It is important to emphasize that the survey is not a complete measure of integration. It is purposefully designed to be general in order to facilitate comparisons across studies with different immigrant populations and across time.



C. Assessing Capacities of School and Partner Agencies

Prior to launching a CC program, critical attention must be paid to thorough assessments of the capacities of all partners. Objectively assessing prospective partners' capacities must be coupled with an unwavering commitment to use the assessment findings to guide the final selection of CC partners.

The following is a list of criteria that has guided the institutionalization of CC at CACE. These same criteria are recommended for any additional SBCAE schools considering replication of the CC program. Keep in mind that these criteria apply equally to all schools and community-based partners:

1. **Alignment with Student/Client Needs** - Does each partner/school offer supportive services that are directly aligned with client/student priority needs?
2. **Student Eligibility** - Can students/clients meet the eligibility requirements of the partner agency? Issues such as geographic service areas, income requirements, immigration status often affect eligibility.
3. **Data** - Has authority been granted to someone in each partner agency/school to lead data gathering, analysis and reporting in alignment with the protocols and goals that are established among the partnership? Does the partner track and report on data that aligns with WIOA/CAEP outcomes?
4. **Leadership Commitment** - Does deep, long-term commitment exist among leadership staff of each partner/school to provide adequate support and supervision?
5. **CC Coordinator** - Does each agency/school assign and authorize someone to co-manage the CC program at each agency/school?
6. **Relationship Building** - Does each agency/school commit to developing deep, intimate knowledge of each other's programs and personnel? Can each partner/agency ensure they can fully capitalize on all programs and personnel within their own respective agencies?
7. **History of Referral Practices** - While the partnership may make some exceptions to this criteria, preference will be given to potential partners that have a history of conducting referrals with other agencies and thus have systems in place for this.
8. **Complying with Partnership Standards** - Can each partner/agency comply with the standards for what "successful referral" means to the partnership and be held accountable to meeting those standards?
9. **Outreach & Recruitment Standards** - Will each partner/school commit to being well prepared and culturally competent to conduct outreach and recruitment activities that are tailored to the specific needs of each partner's clientele?
10. **Long Term Commitment to CC** - Will each partner/school adequately resource their respective programs to ensure long-term sustainability of the CC program?

Below are tools that can be used to assess an organization's capacity to join the referral network.

[Background Research on Potential Community Partners](#)

[Rubric to Assess the Capacity of Partner Agencies](#)

V. PHASE II: PROGRAM PLANNING AND IMPLEMENTATION

The Program Planning and Implementation phase of the CC Program begins once the Community Partners have been recruited and the referral network has officially launched. This phase focuses on working collaboratively with all members of the referral network to develop SMART goals and objectives, as well as creating the protocols and processes to implement the system. Once this groundwork has been established, reciprocal referrals can begin to occur across the network to all partners.

A. *Developing Shared SMART Measures of Success*

Once student/client needs are prioritized and strategically-aligned partnerships have been formed, the new partnership team is charged with articulating its own unique Vision and Measures of Success. The vision and goals must reflect the opportunities that this specific partnership will aim for and is uniquely suited to address. From these, the specific, measurable, attainable, relevant and timely (SMART) measures of success must be defined. These will determine the metrics by which the partnership's success will be measured.

1. Developing Vision - A strategic partnership holds a Vision for the purpose of their work; the Vision answers the long-term question of why a group of agencies are joining in partnership. Vision statements provide ongoing direction to a partnership and articulate how its success can be measured in the long-term (2-4 years). Long-term visions of success often are encapsulated in terms such as students/clients achieving *self-sufficiency, stabilizing crisis, stable employment and increased household income*.

2. Setting SMART Measures of Progress - Having set its Vision, the Community Connections Partnership (CCP) will then define the measurable indicators of program success. These SMART measures answer the question of what is to be accomplished in the long, mid and

short-term through the Partnership's honoring of its Vision.

a. Long-Term - The power of a vision statement is derived from its call to action to achieve a future that captures people's imagination and can be measured. For instance, from the perspective of the SBCE, long-term (2-4 years) measures of success are:

- i. Measurable correlations between student/client referral success and their retention/persistence rates in school and partner programming;
- ii. Measurable correlations between student/client referral success and their success in school (academic, career and immigrant integration) or partner programming.

b. Mid-Term - At CACE, the duration of mid-term SMART measures were collectively agreed to be the school year. In other partnerships, alternative measures of time can be used, such as the calendar year. Based on our experiences in the CACE pilot, mid-term measures at another site may look like the following:

- i. % and # of students/clients whose referrals were made in a timely and seamless manner;

- ii. % and # of students/clients who had successful referrals (met their self-defined, short-term referrals goals);
- iii. Did each member agency register an adequate number of referrals (made and received) and successful referrals to meet their needs of their respective agencies' missions?

c. Short-Term - The short-term goals generally are set for approximately six-months in duration. This was the anticipated time that would be expected for a student/client's needs to be identified, short-term goals defined, a referral made and the referral to be 100% completed. Thus short-term goals for Community Connections programs may look like:

- i. Were the student/client needs assessment and referrals made in a timely manner?
- ii. Was the student/client attended to within 7 days of the referral being made?
- iii. Did the client receive the service(s) that they requested?

Tools for developing your own group Vision and SMART Measures of Success can be found in [Developing SMART Tools](#).

B. Formal Agreements

Once the foundations of the partnership have been built through the previous-stated activities, the partnership must codify its operating agreement through a Memorandum of Understanding (MOU) or a contract. Generally MOUs suffice in cases where no funding is exchanged between partners. Formal contract agreements are required in cases where funding is jointly pursued, exchanged or shared.

MOUs benefit all partners in that they define the operating agreements upon which all work is organized, the roles and expectations of each respective partner and collective partner group, data sharing agreements and responsibilities, the agreed upon accountability measures and the mechanisms for expanding and exiting the partnership. These MOUs ideally shall be signed by the Chief Executive Officer of each partner agency and any third party that may be relevant (i.e. data systems partners). Here is a sample MOU [Memorandum of Understanding \(MOU\) Template](#).

The core elements of an MOU include the following:

1. Vision, goals, SMART measures of progress (short, mid and long-term);
2. Shared responsibilities (including partnership management agreements);
3. Unique responsibilities of respective partners;
4. Communication & decision-making authorities and protocols;
5. Data tracking and reporting requirements;
6. Accountability mechanisms;
7. Expansion and termination clauses.

C. Establishing Referral Protocols

For referral systems to work optimally, there should be a clear system of procedures and protocols that all members agree to follow, starting from the point of initiating the referral to completion of the referral. Ideally, these protocols should be designed with input from all of the referral network stakeholders in order to achieve maximum buy-in across the members. Additionally, all relevant staff members should receive appropriate training on the protocols that have been developed.

To establish referral system protocols, please see the tool in [Key Questions for Setting Up a Referral System](#).

Design of the referral protocols should address the following key areas:

1. **[Common language for describing the referral system](#)**: From the outset, the referral network should develop a clear understanding of the terms used by the service providers to describe their activities, including the concept of warm hand off and successful referral. A shared definition of terms will help set expectations for referrals and facilitate data collection.
2. **[Processes for outbound referrals](#)**: Service providers should agree upon a standard procedure for making a referral. These procedures should include how to optimally prepare clients for the referral, information required by the receiving agency to process the referral, and how to make a warm hand-off, among other actions. The referral process will vary across organizations and systems. [For a sample, see [Community Partners - Referral Process](#)]
3. **[Referral form](#)**: The referral network should decide if they would like to document the referral through a standardized form, and if so, the preferred format of this form. A referral form is highly recommended in order to facilitate communication between the initiating and receiving agencies and to ensure that all of the essential information about a client is shared with the receiving agency in a systematic manner. Furthermore, a referral form will facilitate data tracking and collection. At CACE, the Community Partners submitted referrals to each other using a Google form [see [CACE Pilot - Common Referral Form](#)]. After the Pilot year, however, they began sending referrals to each other via Community Pro, an online referral management and reporting tool.
4. **[Resource directory/guide](#)**: Referral networks will benefit from having a directory or guide of all of the resources offered through the various service providers. This inventory should include a description of all the programs and services available, eligibility requirements, location and hours of operation, and point of contact at each organization. Depending on the goals of the referral network, other information may also be necessary to include about each of the resources and agencies. [For a sample, see [Community Partners Matrix](#)]
5. **[Follow-up and tracking](#)**: Each referral network should have a system to follow-up and track client progress after the referral has been made. The follow-up and tracking system should facilitate communication between network members and provide an efficient way for the receiving agency to provide feedback to the initiating agency about the referral. Such a system will enable agencies to confirm whether their client received a service and the outcome of the service. Furthermore, the tracking system can be used to examine referral patterns and trends. For a sample list of referral data to track, see [Referral Data to Track](#). The Community Partners at CACE used a Google spreadsheet to track and manage referrals during the pilot year. Following this, CACE and the Partners made the transition to Community Pro, an online referral management and reporting tool. It should be noted that the tracking system should be HIPAA and FERPA compliant.

D. One-on-One Student/Client Needs Assessments

Section 5 of this toolkit provided guidance for how to solicit input from cross sections of entire student bodies/agency clientele on an annual or biennial basis. In this section we highlight the need to also conduct one-on-one needs assessments with individual students/clients on a continual basis. The input heard from students/clients in their one-on-one meetings with Transition Specialist/agency staff will result in deeper understandings of the priority needs of students/clients at each site. The more time that is given to listening deeply to students/clients in these one-on-one sessions, the more will be learned. In order to give this listening and learning the highest chances for success, a systematic approach will have to be implemented across partner sites. This approach will consist of:

1. Generating a high rate of one-on-one individual student/client needs assessments throughout the year;
2. Ensuring that sites consistently reach a broad spectrum of clientele at each site;
3. Systematically adopting consistent methods for conducting one-on-one needs assessments.

In our experience, partners in Community Connections programs each utilize needs assessment tools unique to their own agency. If an agency/school has strong confidence in their own needs assessment tools and procedures, the only challenge is to ensure that they are used systematically across the agency/school. By “systematically” we mean:

1. Using tools and procedures with an inclusive cross section of students/clients;
2. Ensuring that the tools and procedures follow consistent, high-quality protocols by all staff.

In cases where any single partner does not have confidence in its existing tools and procedures, a quick solution can be to adopt tools and procedures from another member of the partnership. In other cases, partnerships can develop their own unified tools and procedures that are a blending of each partner’s respective tools and procedures.

E. Promoting Collaboration amongst Community Partners

Collaboration is the cornerstone of an effective referral system. When service providers do not have a strong relationship with one another and fail to work together, fragmentation in services can occur. This may result in clients not receiving adequate information about services and failing to connect with the appropriate contact person at the receiving agency. This could then lead to unsuccessful referral outcomes and, ultimately, losing the client altogether. Only when service providers work together in an interconnected manner can they achieve successful referral outcomes.

Below are tips for fostering strong relationships and creating authentic connections between members of the referral network.

■ Regularly scheduled meetings:

It is recommended that service providers meet in-person at regularly scheduled times. Face-to-face meetings help foster relationships between staff at the organizations, which facilitates warm-hand offs and ultimately, the success of referrals. In addition, regular meetings enable service providers to review the referral data as a group, analyze trends, and make improvements to the overall system. The pilot evaluation at CACE found that monthly in-person meetings were one of the most impactful elements of the referral network.

■ Coordinated case management:

Coordinated case management refers to a practice in which the participants involved in a client’s care come together

as a team to organize the delivery of services. Participants of the client's case management team may come from various departments within a system or across systems. Activities involved include exchanging information among team members, ensuring warm hand-offs between agencies, arranging services on behalf of the client, monitoring that services are delivered in a timely and cost-effective manner, and following up with the client as needed. The case management team may also come together for regular, in-person meetings to discuss progress of the client's service plan and make adjustments, as needed, to ensure smooth service delivery.

For the CACE pilot, the referral network members integrated a light-touch version of case management into their monthly meetings. During these sessions, they set aside time as a group to review client challenges and successes, resolve conflicts, and identify solutions.

■ **Cross-training of programs:**

Since service providers in a referral network come from different agencies and different disciplines, it is important to cross-train staff in each of their programs to build awareness of the resources that each agency provides and, equally important, how to optimize their use. These trainings are essential to building the capacity of referral network members to make appropriate referrals and support their clients to achieve their goals. With the CACE pilot, cross-training was integrated into the monthly meetings of the referral network. Each meeting began with a presentation from one of the agencies and included relevant information about services and resources for clients. The evaluation of the CACE pilot found that the referral network members highly valued the presentations from their colleagues as a means of learning about each other's work and how to better connect their clients to each other's services.

Only when service providers work together in an interconnected manner can they achieve successful referral outcomes.



VI. PHASE III: PROGRAM MONITORING, EVALUATION, AND OUTCOMES MEASUREMENT

The final phase of the CC program focuses on collecting and analysing data to determine what is working well and what needs to be modified. This is also where results from the evaluation are communicated to stakeholders.

A. Monitoring the Referral System

Once a referral system and follow-up methodology has been implemented and is being utilized by the referral network, it is important to develop a monitoring system to track the data. The purpose of monitoring the referrals is to generate routine data on the frequency and success of referrals across the service providers. Further, this data will assist in identifying problems in the system, such as providers who are not referring patients or services that are being under or over-utilized.

Below are key metrics to consider tracking:

- Number of referrals that have been made
- Number of successful referrals
- Number of referrals by program/resource
- Number of referrals made to each organization
- Number of referrals initiated by each organization
- Academic progress of students at 6 month and 1-year intervals (for education organizations)
- Other metrics specific to the needs of each referral network.

It is recommended that referral network members designate one person to be in charge of monitoring and analyzing referral data at each respective site. This person would be responsible for ensuring that all referrals are being documented properly and in a timely fashion. In addition, this person would create a report of the key metrics above to share with the referral network partners at regular intervals, such as monthly or quarterly.

To guide the creation of a data monitoring system, please see the tool in [Key Questions for](#)

[Setting up a Data Monitoring System.](#)

B. Designing an Evaluation Plan

The purpose of an evaluation plan is to obtain an in-depth understanding of how well the referral processes and mechanisms are functioning. Specifically, the plan should examine:

- The effectiveness of current protocols and guidelines
- How well referrals are tracked and followed up
- Barriers to referral initiation and referral completion
- Level and type of resources needed to sustain the referral network (staff capacity, roles, funding, etc.)
- Recommendations from referral network members to improve the system
- Client satisfaction with the referral system

The instruments for assessing the referral system can be in the form of a focus group, interview, or survey. Once completed, the data system can be analyzed for its strengths and weaknesses. The referral network should then come together to discuss the findings from the evaluation and develop new goals based on the areas it would like to prioritize to improve the system.

Below are sample evaluation tools from the CACE pilot.

- [Evaluation interviews](#)
- [Client Satisfaction Survey](#)
- [Analysis of Interviews - Template](#)

VII. CASE STUDY: CACE PILOT

A. Pilot Overview

Moving the needle on immigrant integration cannot and should not be achieved by agencies operating in isolation, but rather through cross-sectional collaboration. As part of the effort to build deeper community connections, Campbell Adult and Community Education (CACE) piloted a reciprocal referral network with four community based organizations. The pilot studied how the needs for student referrals were identified, how referrals were made, and how data was captured on both referrals and their outcomes. In addition, the pilot looked specifically at the goals and objectives of the Immigrant Integration Framework, and also at the infrastructure, personnel and distribution of resources to assure equitable access to needed supports. The pilot ran from October 2018 to June 2019.

B. Pilot Goals

The overarching goals of the pilot were to:

- Build deeper partnerships with community-based organizations that address student needs
- Serve the whole student by providing equitable access to high quality support services
- Generate referral data that would inform decision-making
- Develop productive community connections that would provide support to a group of students with similar needs within a school term (and, in doing so, build system capacity to address individual student’s needs in the future)

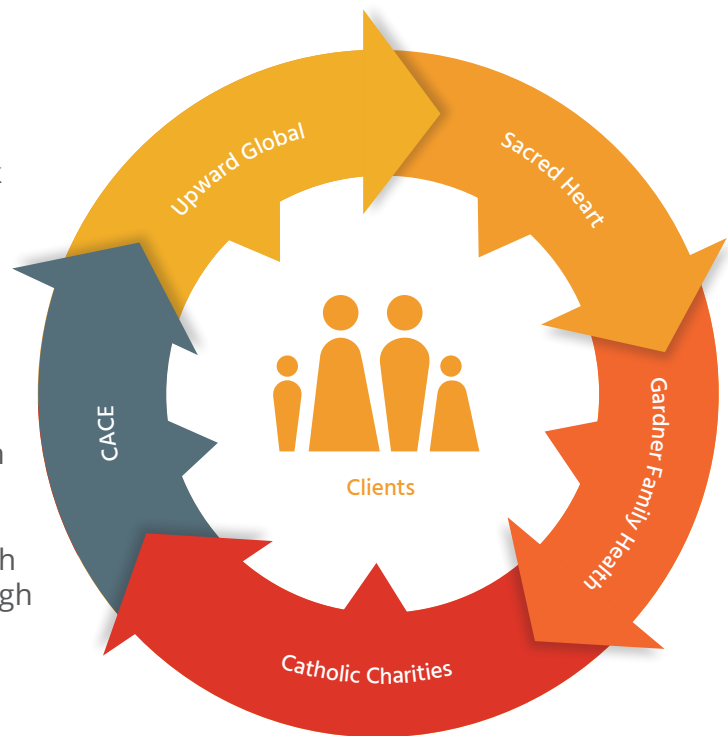
C. Community Partners

CACE worked with 4 community based organizations that could provide support services in a variety of priority areas of student needs that were identified through focus group sessions with school staff. The Community Partners are outlined below.

CBO PARTNER	PROGRAMS	CACE STAFF: TOP PRIORITIES OF STUDENT NEEDS	IIF FRAMEWORK ALIGNMENT
Catholic Charities SCC	Home sharing, public benefits, immigration	Employment & Income, Family	Economic Security, Children & Family
Sacred Heart Community Service	Financial Literacy, job search, public benefits	Employment & Income, Family	Economic Security, Children & Family
Gardner Family Health Network	Health insurance enrollment, medical services, family resource center	Health	Health & Wellbeing
Upwardly Global	Immigrant & refugee professional career services	Employment & Income	Economic Security

D. Pilot Design

The partners operated according to a distributive leadership model in which the purpose and direction of the referral network were co-designed by all members. Through this model, the partners came up with their own vision and goals for working together in a mutually beneficial way. This collaborative leadership model established by the referral network gave all partners a sense of buy-in and ownership over their work, and allowed the group to tap into each other's expertise in an equitable manner. The Partners solidified their relationship by signing a non-binding Memorandum of Understanding (MOU), which outlined their roles and responsibilities through the end of the Pilot term.



Below are the major operating principles and key elements of the program.

- **Distributive leadership:** Leadership for the referral network is shared amongst all of the Community Partners in order to create buy-in and develop accountability. Similarly, all major strategic decisions are made with equal input from all of the partners for the collective benefit of the group.
- **Shared vision and goals:** At the beginning of the pilot, the Community Partners developed a shared vision of what they hoped to achieve in the long-term through the referral network, as well as targeted goals for generating referrals through the end of the pilot.
- **Regular meetings to exchange information and build trust:** Community Partners meet monthly to foster their relationship with one another, discuss strategic priorities, and stay informed of each other's programs.
- **Coordinated case management:** Community Partners review referrals at each of their meetings to discuss successes and challenges with specific clients. This keeps Partners informed of the outcome of their referrals.
- **Group facilitator/coordinator:** A coordinator was essential in helping the Community Partners set strategic priorities, facilitate monthly meetings, coordinate the implementation of the targeted campaign, and track/analyzing referral data. ALLIES performed this role during the duration of the Pilot.

E. Featured Successful Practice: Health Insurance Campaign

CACE partnered with the Stanford University's Immigration Policy Lab (IPL) to conduct a survey at CACE in September 2018 that sought to measure immigrant integration across six dimensions: psychological, political, economic, linguistic, social, and navigational. Although there were several interesting takeaways from the preliminary analysis of the survey, one finding in particular stood out: almost a third of respondents (30%) reported not having health insurance. CACE decided to address this issue head-on by creating a health insurance enrollment campaign in partnership with Gardner Family Health Network, one of its community-based partners. The health insurance campaign at CACE ran from February to April 2019.

The health insurance campaign coincided with an EL Civics COAAP unit on health, enabling teachers to bring their lessons to life through real-world applications that would provide a direct benefit to students. To support this

unit, the lead Transition Specialist and ESL Program Coordinator at CACE developed a lesson plan for teachers that covered key health care concepts and vocabulary. The lesson was followed by in-class presentations from Gardner staff on health insurance plan options and requirements for enrollment. With the support of CACE teachers and Transition Specialists, Gardner contacted interested students after the presentations to schedule appointments and sign them up for health care.

Overall, 44 CACE students and their family members signed up for health insurance. Approximately 61% of the students who enrolled in a healthcare plan signed up for the Primary Care Access Program (PCAP), which is geared toward residents of Santa Clara County who have a family income of less than 200% of the Federal Poverty Line, many of whom are undocumented. A further 19% signed up for Medi-Cal, California's Medicaid program that serves individuals with incomes 138% below the federal poverty line. Approximately 17% signed up for both Medi-Cal and PCAP.



F. Pilot Outcomes

Pilot Partners tracked referrals on a Google spreadsheet and updated the outcomes on a regular basis. The table below highlights key outcomes from the CACE pilot from December 2018 - June 2019.

KEY OUTCOMES	COUNT	PERCENT OF TOTAL REFERRALS
Total # Referrals (refers to the # of referrals requested by students/clients)	99	100%
Successful Referrals (refers to whether the student/client received the service requested)	69	70%
Total # Individuals Impacted through Referrals (refers to the total number of people who received services as a result of the referral, including family members)	79 (10 additional people served through the clients that were referred)	

In April 2019, the Project 6 Team also conducted surveys to determine student/client satisfaction with the referral process and the quality of the service received. Twenty-nine individuals from CACE and Catholic Charities completed the survey, which is equivalent to approximately 29% of all referrals that were made through the end of the pilot. The survey included ten questions about student/client experience with the referral. The vast majority of respondents had a positive experience with the referral process. Over 75% reported that it was easy to get a referral and over 80% received the service they requested. Furthermore, over 75% reported that the quality of the service they received was excellent, with an additional 10% reporting that it was fair.

G. Tools:

Below are tools used by CACE to develop a targeted referral campaign:

- [Steps for Creating a Targeted Referral Campaign](#)
- [Final Report: CACE Health Insurance Campaign Outcomes](#)
- [Health insurance lesson plan linked to EL Civics COAPP](#)
- [Implementation guide](#)

VIII. RESOURCE LIBRARY

Please click on the links below for each of the tools listed within each section. The tools are organized by the different sections in the report above.

Assessing Prioritized Needs of Students and Clients

- A. [Soliciting Student Input](#)
- B. [Stanford IPL-12 Survey](#)

Assessing Capacities of Schools and Partner Agencies

- A. [Background Research on Potential Community Partners](#)
- B. [Rubric to Assess the Capacity of Partner Agencies](#)

Developing Shared SMART Measures of Success

- A. [Developing SMART Tools](#)

Formal Agreements

- A. [Memorandum of Understanding \(MOU\) Template](#)

Establishing Referral Protocols

- A. [Community Partners - Referral Process](#)
- B. [CACE Pilot - Common Referral Form](#)
- C. [Community Partners Matrix](#)
- D. [Referral Data to Track](#)
- E. [Key Questions for Setting up a Referral System](#)

Monitoring the Referral System

- A. [Key Questions for Setting up a Data Monitoring System](#)

Designing an Evaluation Plan

- A. [Evaluation interviews](#)
- B. [Client Satisfaction Survey](#)
- C. [Analysis of Interviews Template](#)

Case Study: CACE Pilot

- A. [Steps for Creating a Targeted Referral Campaign](#)
- B. [Final Report: CACE Health Insurance Campaign Outcomes](#)
- C. [Health insurance lesson plan linked to EL Civics COAPP](#)
- D. [Implementation guide](#)

Suggested Readings

- A. [Bibliography](#)

