Tips to Link Your Practice to Community Resources

Taking full advantage of the resources in your community may enable you to provide a wider range of services to your patients. Many communities have agencies and organizations that can extend the reach of the primary care provider by supporting extended counseling, offering extensive follow-up for patients who are more complex, and providing targeted services for routine patients. A practice is most effective when it identifies the needs and strengths of the individual child and family, works within its own limitations, and maximizes community supports to address the wide range of issues patients face.

Following are several key changes that practices can undertake to more effectively link with their community:

- Identifying an individual or team who is responsible for coordinating with the community
- Identifying the most frequent community referrals for patients in your practice
- Determining the resources in the community that offer services and support that will meet the needs of your infancy and early childhood population
- Identifying specific people at agencies that can provide your practice with information and support referred patients
- Creating a list of relevant community resources and agencies and making it available to patients and staff
- Developing simple systems to track patient care among agencies and the practice (eg, non-carbon referral forms, school nurse contact information, obtaining eligibility criteria from agencies, and uniform "release of information" forms)
- Gathering information from these community resources
- Documenting the use of community services in patients’ charts
- Ensuring a mechanism for continuously or periodically updating information about community resources

START SMALL

Creating effective partnerships with your community is an ongoing, evolving process. It can be daunting to identify all the community resources that your practice might want to refer patients to and to set up systems to support coordination with those resources. Lack of time, knowledge, and staff resources are among the challenges that may limit practices’ use of community resources to their full potential. To avoid having the task seem insurmountable, narrow your focus initially to 1 or 2 services your patients need most frequently and 1 or 2 strategies for linking to those agencies. Learn as much as you can about community resources for those topics and then develop good systems for working with the organizations that provide relevant services. What you learn by fully developing 1 or 2 links at a time will translate into knowledge that your practice can use in the future.

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting brightfutures.aap.org.
IMPLEMENTING A COMMUNITY RESOURCES SYSTEM

Careful preparation and planning will increase the likelihood you will successfully plan, implement, and monitor a new or enhanced system for linking with your local community. Your community may have systems that are outside what is suggested here. Because so much variability exists among communities, it is not feasible to inventory all the possible strategies your practice might eventually employ to become more connected to your community.

1. **Form your improvement team.**
   - Involve families as you plan your community resources system. Involving families in your planning about linking with the community will help ensure that your efforts reflect families' needs and experiences. Parents' perspectives of community services will provide you with information you will not likely get from the agencies or programs themselves. Understanding parents' perspectives of services will enable you to make more informed referrals.
     - Find out what families say about their experience of care. Ask, "What programs or services have you found helpful? What should we tell families whom we refer to this agency?"
   - Clarify your team's goals. Discuss the challenges the team anticipates and some of the possible benefits to your practice.
   - Seek ideas and input from your staff.
     - Ask staff to share their experiences in coordinating with community agencies.

2. **Define community resources for your office.**
   - Systems to link with community resources can range from very simple to more complex. It often is easier to start with a narrow focus and build on that system as you go, rather than starting efforts without a clear focus.
     - Determine the needs of your patient population. When developing a system for improving coordination with community resources, start by identifying the areas most needed by your patient population. This will provide a focus to your efforts. You can expand your systems as you identify new needs.
     - What resources do your patients need most frequently or urgently?
     - For example, how many of your patients use tobacco, alcohol, or other drugs?
     - Consider reaching out to child care facilities and public clinics.
     - Identify local agencies and groups in your community.
       - If your office is in a fairly large community (more than 50,000 residents), it is likely that a local agency has developed a resource list (such as a community hospital). Start by determining whether such a resource list exists and how to make it available in your office.
       - The Community Resources Assessment tool described on page 5 may be helpful in focusing your efforts.

3. **Test new ideas.**
   - Evaluate strategies for your practice to link with the community. What strategy or strategies make the most sense for your practice? After you have a clearer picture of your patient population's needs, your office capacity, and community resources, you will be better able to prioritize what strategies to pursue. Several questions to help you get the biggest benefit from your efforts include the following:
     - What are the systems your practice already has in place for supporting patients who need community services?
Tips to Link Your Practice to Community Resources

- What systems do you have in place for communicating with community services?
- Do you have established contacts in the community already?
- How can you build on the success of existing connections and partnerships?

- Assign responsibility for coordinating community resources. Identify someone in your practice to oversee and coordinate your efforts. Consider creating a team to undertake this responsibility (2 or 3 hours per month focused on this activity will produce measurable improvements). Some questions to consider are
  - What, specifically, is expected of this person or team?
  - Are there teams or individuals within your office who could assist with creating links with the community (eg, nurse who coordinates with the local health department)?
  - Where and how will contact information about community agencies be organized?
  - What space is available for displaying information about community services?
  - How often will you update information? How can this task be shared among staff (eg, rotate calling 6 agencies monthly)?
  - Is there a way for community resources to contact and communicate with your office? Is there a contact person?

- Create a list of contacts and eligibility information for staff and patients. It will be helpful to decide how to organize and display printed materials from community agencies. Consider integrating these materials with standard patient education handouts and information.

- Assign staff to participate in existing coalitions or community meetings. This could be a rotating responsibility. The key is to have a practice representative present at meetings so that your office is informed about community activities. Being present in person also promotes relationship building and enhances communication. Participation also provides an opportunity for the practice to represent your office needs.

4. Solicit parent and staff feedback about the system.

- Provide different opportunities for parents to provide input. Several suggestions for gathering parent input include the following:
  - Set up a comments section in your community resources area where parents can submit feedback about different services or agencies with which they are familiar. Create a simple form for families to complete. Post the feedback for others to review. (Review the comments before they are posted publicly.)
  - Consider asking parents to be available to speak with other parents from the practice. This could be done at an informational session organized in your office, or, if the parent is willing, you could provide contact information (eg, email address).
  - During routine well-child visits, periodically ask 5 to 10 families about their experiences with community services. What would they recommend you tell other parents about this agency or service?
  - Include questions on parent surveys to elicit information about community programs.

- Track how often you link with community agencies. Keeping track of how many referrals you make could be informative. Follow up with agencies to determine how to improve your coordination and communication as well as patient compliance with referral.
STRAATEGIES FOR LINKING TO COMMUNITY RESOURCES

Linking with your community resources often requires multiple strategies. The following suggestions are divided into those strategies that are internal to your office and those that are more externally focused. Limit your efforts initially by selecting strategies listed. Choose an approach that builds on existing routines or expertise within your office.

1. Office-based Strategies

Create a “Community Resources” area in your practice for patients.

Select an area in your office that will be dedicated to information about community programs and resources in your practice.

Include materials, such as

- List of local community agencies contact information
- Information about financial assistance for services
- Pamphlets and brochures from local community programs and service providers
- Marketing collateral (eg, magnets, business cards, posters) from local agencies
- Parenting education information
- Feedback forms for parent input about community resources and topics of interest

Other features that might be helpful in your Community Resources area are

- A telephone parents can use to call agencies
- A private area to place a call
- Pen, paper, maps, and public transit schedules
- Computer terminal with online access

Identify tools to support staff improvements in linking to the community.

Creating new links with your community often introduces new forms and responsibilities into your practice. Suggestions to streamline staff efforts include

- Stock standard referrals forms for local community agencies.
- Orient staff to referral forms from local agencies.
- Assign a staff person to be a “referral specialist” who is responsible for completing and processing forms and following up on referrals.

- Determine how to exchange forms with local agencies. For example, should your office email or fax referral information or give it to the patient?
- Determine where to store completed copies of referral forms (eg, in patient medical record).

Consider co-locating agency staff at your practice.

- Offer space to both medical and nonclinical staff.
- Identify or hire an in-house community referral specialist to handle coordination of referrals and to act as a practice-patient community resource.
- Encourage Medicaid, the State Children’s Health Insurance Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, or other services to enroll patients in your office.

2. Community-based Strategies

Participate in centrally coordinated community services efforts.

Centralized systems for identifying and referring families typically use a standard community-wide eligibility screening mechanism. Such efforts are usually coordinated by the public health department. Steps to becoming involved may include the following:

- Identify the agency or group responsible for “central triage” in the community.
- Evaluate the pros and cons of participating in the system for your practice.
- Participate in training to use the system. (Staff from the lead agency may come to your practice and provide training to your health care professionals and staff.)
- Understand criteria and language for referral and enrollment to various services.
- Maintain an ongoing relationship with the system coordinator.
- Evaluate regularly the costs and benefits of participating in the system.

Capitalize on existing coalitions and coordinated efforts.

In some communities, a central agency or organization (eg, United Way) may have published a resource guide that provides some or all of the information your practice needs to connect to local resources. There also may be an organized group of providers or agencies that has
Tips to Link Your Practice to Community Resources

developed mechanisms where information about services can be shared. If a coordinated effort is organized, some of the questions you may want to answer include the following:

- Is there a network of providers collaborating and coordinating needed services?
- Are there regular meetings someone from your practice can attend to learn more about services being coordinated? Could you obtain meeting summaries if you cannot send a practice representative?
- Is there a newsletter, website, or email list you can access to remain informed about the full range of community resources and services?
- Are there information materials (e.g., brochures, pamphlets) about community resources and services for families that your practice can provide to patients?
- What referral systems exist? How do they work?
- Is there a community resources guide? How can your practice become listed in it? How can you get copies? How can you get updated versions?
- Consider assigning health care professionals/staff to see patients at a satellite or community clinic where other service providers are practicing.

Your practice can take 2 approaches in developing a community resources inventory. One approach is to use this assessment to create an exhaustive list of all community resources in the area that might be useful for your practice and prioritize based on your knowledge of the patient population. The other approach is to assess the community resources that are needed by your practice by making a list, over the next 2 weeks, of all community resources to which you refer patients or from which you need more information. You could then prioritize this list by working on setting up those links first. Consult page 7 for a more complete list of services for which your practice might want links.

To evaluate whether your practice's link with a particular organization is satisfactory, ask, “Do we know what programs and services are offered through this organization? Do we know how to refer our patients? Do we know how to find out the status of our referrals?”

SUGGESTED TOOLS

Community Resources Assessment

- The purpose of the Bright Futures Community Resources Check Sheet on page 7 is to structure an approach to identifying community resources that may enhance your practice’s ability to serve your patients. The tool will allow you to evaluate which organizations you would like to develop or improve links with as well as to prioritize which links are most important to establish immediately. The tool is organized around specific categories of services. Under each category are examples of resources in your community that might provide these services.
### Bright Futures Community Resources Check Sheet

<table>
<thead>
<tr>
<th>Services and Potential Community Resources</th>
<th>Satisfactory Link in This Area?</th>
<th>Priority to Develop This Link</th>
<th>Made Information About Organization or Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title V Services for Children/Youth with Special Health Care Needs (CYSHCN)</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>State Children’s Health Insurance Program</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Child and Family Health Plus Providers</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical specialty care</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Public health nursing</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical assistance programs</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Home care</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Respite care</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental health resources</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance use treatment</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Environmental health units</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Health literacy resources</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Physical activity resources</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Start and Early Head Start</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Early intervention programs</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Early education and child care programs</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>School-based or school-linked programs</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Recreation programs</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Playgroups</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Family Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Department of Agriculture (USDA) Women, Infants, and Children (WIC) nutrition program</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Social service agencies and child protection services</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Parenting programs/support groups</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Home visiting services</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Intimate partner violence resources</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Bereavement and related supports (due to child death)</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Food banks</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Child care resource and referral agencies</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Child care health consultants</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Parents Helping Parents organizations for CYSHCN</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Adult Assistance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult education and literacy resources</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Job training resources</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Adult education for English-language instruction</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Legal Aid Society</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Immigration services</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Racial/ethnic-specific support and community development organizations</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Volunteering opportunities</td>
<td>Yes</td>
<td>High</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Tips to Link Your Practice to Community Resources

COMMUNITY RESOURCES LIST

1. American Red Cross
2. Behavior evaluation and treatment
3. Car seats
4. Child abuse and neglect prevention and treatment
5. Child care resource and referral (financial assistance with child care)
6. Child services coordination or case management
7. Child support enforcement
8. Civic, community-service groups (eg, Ruritan, Elks)
9. Community-based social service agencies
10. Community colleges
11. Department of Mental Health
12. Department of Public Health
13. Department of Social Services
14. Developmental delay assessment and early intervention programs
15. Intimate partner violence hotlines and safe houses
16. Early childhood development programs
17. Faith-based organizations (eg, mosques, synagogues, churches)
18. Family-to-Family Health Information Centers
19. Fire prevention services (eg, free smoke detectors)
20. Food banks
21. Food kitchens
22. Health insurance (Medicaid, State Children’s Health Insurance Program)
23. Hearing or auditory referrals
24. Home visiting programs
25. Housing authority
26. Housing services, shelters
27. Issue-specific family support groups (eg, Children and Adults with Attention-Deficit/Hyperactivity Disorder [CHADD], 12-step programs, Parents Without Partners)
28. Job training and placement
29. Legal Aid Society
30. Licensed counselors and social workers
31. March of Dimes
32. National Suicide Prevention Lifeline
33. Neighborhood associations
34. Parenting training and education
35. Poison prevention services (lead poisoning detection)
36. Smoking cessation services
37. Speech evaluation
38. Substance use treatment programs
39. Temporary Aid to Needy Families
40. United Way
41. USDA WIC and SNAP nutrition programs
42. Work First programs
43. YMCA

Contact us by email or telephone at:
brightfutures@aap.org  |  630/626-6783

Content for this Tip Sheet has been adapted from
Last updated: April 2019
Downloaded from: http://brightfutures.aap.org

The recommendations contained in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Any websites, brand names, products, or manufacturers are mentioned for informational and identification purposes only and do not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication. The AAP does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.