

Connecting More Children and Teens to Coordinated Healthcare

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Improving the Children's Health Home referral process at Sheltering Arms

Sheltering Arms Children and Family Services offers a comprehensive Children's Health Home program to eligible children and teens. The program has capacity to serve additional clients but unfortunately has not been receiving enough referrals from other child, youth, and family programs at Sheltering Arms to fill this capacity. Program staff suspected this was due to a complicated and at times ambiguous referral process. They partnered with ideas42's Behavioral Design Center to identify behavioral strategies to make the Children's Health Home program more salient to referring staff and simplify the referral process so that more young people can benefit from the program.

Summary

Sheltering Arms Children and Family Services is a non-profit dedicated to addressing the effects of social inequity in the most challenged communities in New York City. Their innovative programs and compassionate services measurably enhance the education, well-being, and development of children, families, and communities. As part of their services, Sheltering Arms offers eligible families who have Medicaid health insurance the option to enroll their children in the Children's Health Home program.

A Children's Health Home (CHH) is a community-based care management service model in which all of an individual's caregivers communicate with one another so that all social, physical, and behavioral health needs are addressed in a comprehensive manner. Health Home programming was created as part of the federal Affordable Care Act reform process. Sheltering Arms' CHH program is designed for children and teens living with multiple chronic conditions. In order to qualify for the CHH program, a child or adolescent must meet certain medical and insurance eligibility requirements, and be referred to the program by a medical or social service provider. Once enrolled, a dedicated Care Manager helps the family obtain and coordinate all the services a child or adolescent needs to manage their health, get effective care and support services, and avoid serious medical events that could lead to the emergency room or hospitalization.

When Sheltering Arms came to ideas42's Behavioral Design Center (BDC), the CHH program had the capacity to accept more families than were being served, but was not receiving enough referrals. Additionally, CHH staff were aware of a number of eligible children and families receiving services through other Sheltering Arms programs who were not connected with the program. The Sheltering Arms CHH director had a hunch that its outreach and referral process was creating bottlenecks to enrolling families, because there are many varied eligibility criteria and the referral process involves multiple steps: First, staff

Highlights

- ▶ The Children's Health Homes program had capacity to support more young people, but not enough referrals to reach them.
- ▶ One key difficulty in enrolling clients in the CHH program is the significant hurdle of determining and documenting eligibility.
- ▶ Simplifying the referral process and increasing the visibility and salience of the program's benefits can help increase uptake of services.

of other programs (whether at Sheltering Arms, or other service providers) must recognize a potentially eligible child or adolescent, and introduce their parent/guardian to the CHH program. If the family is interested, staff must then complete the referral paperwork—fill out detailed forms, gather documentation, and send this information to CHH staff to confirm eligibility and enroll the client(s).

However, the program directors weren't sure where exactly the kinks in the process were occurring, or how to redesign the steps and materials. So they partnered with the BDC to examine the referral process through a behavioral lens, with the goal of simplifying and improving the process to boost CHH referrals and enrollment—and ultimately help more children and teens get the comprehensive health services they need.

Identifying Barriers to Referrals

BDC staff focused their investigation on the Sheltering Arms program that had the lowest referral rates to CHH: the [Family Preservation Program](#), a program that provides support services to families whose children are at risk of going into foster care. To learn about the processes of making a referral and enrolling in the service, BDC staff:

- ▶ Researched the Medicaid program and eligibility requirements,
- ▶ Visited the Family Preservation Program site to speak with staff about their experience making referrals, and to gather existing communication materials and forms,
- ▶ Interviewed CHH program staff, including Care Managers, Supervisors, and Directors.

Through this diagnosis work, the BDC found that a key difficulty in enrolling clients in the CHH program is the significant hurdle of determining and documenting eligibility, which includes medical and Medicaid enrollment criteria.

First, many eligible families in the Family Preservation Program were not being referred to CHH because it wasn't clear to referring staff how to determine whether a family was enrolled in Medicaid. A number of supervisors and staff were not aware that Medicaid Managed Care—a type of Medicaid insurance issued and managed by a private insurance provider rather than the state—is Medicaid. Although families insured through Medicaid Managed Care indeed qualify for the CHH, one site supervisor told us that because most families are “on Medicaid Managed Care they do not qualify.” A Case Manager reported that “many of our clients are on private insurance and don't qualify,” though it is very likely that many of them, including all of those participating in the Family Preservation Program, were in fact on Medicaid Managed Care.

Misunderstandings about the Medicaid program and the misconception that most clients have private insurance were preventing some supervisors from encouraging staff to make referrals to CHH. It was evident that making a CHH referral was not a norm. In addition, potential clients, as well as referring staff, face a significant paperwork burden. Many staff submitted referral forms that did not include the client's Medicaid number—an eligibility requirement. They often provided some other medical account numbers instead.

Finally, the BDC team found that the CHH program wasn't salient or top of mind in the referring staff's day-to-day work or in their understanding of their responsibilities. Many Family Preservation Program staff were unaware of how the CHH program could make their jobs easier by reducing the effort required to connect their clients to health care services, or its potential benefits to their clients. During our interviews, several referring staff cited negative experiences interacting with CHH staff, the referral process itself, or the coordination of client cases. If these stories are the only—or most salient—information they have about CHH, referring staff may deem the program unworthy of their or their client's time to make a referral and enroll.

Recommendations

To address the above barriers, the Behavioral Design Center offered behaviorally informed recommendations to improve the referral process, internal communication and collaboration between departments, and the staff's understanding of Medicaid insurance. The BDC also designed a prototype for a simplified referral form.

► ***Make it easy—simplify the referral process and form for potential referrers***

Each step of the referral process, especially the Medicaid insurance number requirement, offers opportunities for the referral intention or action to be derailed. To streamline the process, the BDC redesigned the referral form to make it easier for referring staff to provide the required insurance information. The need for the referrer to determine Medicaid eligibility was eliminated. Instead they are encouraged to write down the information from the child's medical insurance card (regardless of insurer type) and take a picture of the insurance card so CHH staff can confirm eligibility.

In addition to the simplified referral form, the BDC recommended that the Sheltering Arms CHH program simplify the referral process into three key action steps:

Action Step 1. Prime potential referrers to recognize signs that the family may benefit from CHH. Provide them with rules of thumb for indicators to look out for, such as:

- ▶ A parent or guardian mentions that they don't have time or energy to keep up with their child's care.
- ▶ The parent or guardian expresses concerns about their child's health, or mentions confirmed medical diagnoses.
- ▶ The child exhibits or talks about relevant symptoms or medical diagnoses.

Action Step 2. Once the referring staff member senses that the client has a medical need, they should clearly describe the CHH program, highlighting benefits to the client and testimonials from other clients. Sheltering Arms should train referring staff and provide talking points on how to frame the program to clients.

Action Step 3. Fill out the newly designed form and submit it online, via email, or in hard copy to the designated CHH contact.

Make Children’s Health Homes program salient to all program staff

To reduce the impact of occasional negative experiences, impressions, or second-hand reports with CHH, the BDC recommended:

- ▶ informing potential referring staff on a regular basis about positive experiences with CHH and its benefits to families. This could be done via video conferencing, email updates, or at staff meetings.
- ▶ collecting client testimonials, stories, and photographs (if the client is willing), to build a narrative and social proof of the program’s beneficial impact. These testimonials can be shared with referring staff to enhance the program’s credibility and help them, and potential clients, visualize and understand the program’s benefits.
- ▶ making referrals to the program more visible to program staff throughout the organization. For instance, CHH could periodically send an email blast or present at team meetings, highlighting the number of referrals made throughout the organization, and perhaps specifying the numbers made by each site, program, and/or individual staff members, in order to create a positive social norm regarding use of CHH. This could be supplemented with an overview or examples of the benefits experienced by the families, children and adolescents served.

What’s Next

Sheltering Arms CHH is beginning to implement a number of these behaviorally informed recommendations. For example, the team plans to begin regularly attending meetings of other programs at the organization to increase the visibility of CHH, explain its benefits, and address questions about eligibility, the referral process, and services provided. At these meetings, CHH staff will also provide guidance on how to identify families who are likely enrolled in Medicaid.

The CHH program also plans to incorporate the BDC’s referral form redesign into a Google form that referring staff can readily “click” to submit so the potential client’s information gets tracked on a spreadsheet and CHH staff can send email reminders with a link to the referral form. CHH plans to keep the information requested simple and minimal.

Longer term, CHH plans to increase the visibility and salience of the program’s benefits to children, teens, and their families through client testimonial videos. They are also considering developing other promotional materials for the program, such as palm cards, stickers, or posters, that emphasize the services and value of the program to clients.

Simplifying the referral process for staff of other programs and making the benefits of the Children’s Health Home salient can enable the program to reach more children and teens in need of comprehensive care—boosting the impact of this essential service.

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