

## 2.2 System Navigation

### Level at which the system helps connect families to the services and supports they need

#### Purpose

This measure tries to capture the idea that there should be “no wrong door” for families needing services and supports; no matter where and how a need is first identified, the family will be helped to connect to a place that can help meet it. To understand how well they are carrying out this intention, systems can examine the ways in which families and children who have had a need identified are connected to services that can meet that need. The measure assesses the service providers’ perception of how well they are connected to different organizations and agencies, which is an important precursor to more deliberate work to increase cooperation and coordination. Expanding the assessment to include parent perspectives offers an opportunity to assess whether families feel their needs are being met and whether provider perceptions differ from parent perceptions.

#### Definition

The System Navigation measure examines the ways in which families and children who have had a need identified are connected to services that can meet that need and the system’s level of success at getting them to the right place(s). This standard is particularly related to 2.3 *Working Together* (the level at which system stakeholders work together when multiple service providers are involved with the same family), and the assessment tools for these two measures can be used together.

To assess performance on this measure, the tool provided helps communities assess how their system responds:

- ▶ When screening suggests a need for services;
- ▶ When a family requests a service, and contacts a provider who is unable to provide the service;
- ▶ When an assessment made by a service provider suggests a need that can’t be met by that provider;
- ▶ When a service no longer meets a child or family’s needs, but they have a continuing need for a different service (perhaps more or less intensive, or targeted to a different age group) that can’t be met by the same provider.

In examining the *referral pathways* that connect providers to one another and help families connect to providers, communities can take into account:

- ▶ Formal connections, e.g., whether there is a centralized referral resource like Help Me Grow, and other agreements between providers;
- ▶ Informal connections, e.g., the extent to which staff in different organizations know one another and use their relationships to help families get to the right place;
- ▶ Referral practices, e.g., the extent to which families are offered “warm hand-offs” in which workers accompany them to a new service or call ahead to help make arrangements for them, rather than simply providing information to the family.

Because pediatric care is the one near-universal service for families with young children, having a “medical home” – a doctor or medical practice that a patient or family sees on a regular basis – is an essential component of this standard. Strong referral pathways are much more likely to be used consistently when most families in a community have a medical home.

It is important to note that the tool is not currently designed to address what happens if a family cannot be connected to a needed service because the service isn’t available or there are other barriers to access, such as lack of transportation, language barriers, or long waiting lists. This is identified in the Opportunities section as an area a community could explore further.

#### Implementation

The following guidelines provide the tools to gather and analyze data about how well a community is doing with regard to this measure and a summary of the recommended steps and stakeholders needed. Communities can modify and customize as needed.

#### Tool or Survey

Communities are invited to use the model questions at the end of this section as a starting point for their own customized tool to solicit the level of input they are seeking. The model describes common scenarios and asks respondents to consider what happens in the scenario. It then asks for feedback on specific sectors within the early childhood system. Two agencies that piloted the tools have provided the surveys they created as a resource below.

#### Summary of Steps

- 1. Set intention:** Determine which questions matter to you and your community, and how much each matters. This will vary by stakeholder type. Also consider your aspirations associated with each question. Perhaps you only aspire to reach a low or moderate level of maturity for some assessment questions based on community goals and priorities.
- 2. Identify stakeholders:** The lead agency should consider the system stakeholders that should be sought for participation, such as pediatric practices, medical homes, mental health agencies, etc. See Stakeholders section below for considerations regarding stakeholder engagement. Confirm and refine intentions/goals with stakeholders.
- 3. Outreach:** Either through a convening of sector leaders or one-on-one outreach to sector leaders, describe the assessment process and goals. Share the model survey tool or one of the online samples provided. Solicit commitments to participate and request front-line staff to respond to the survey. If possible, also solicit commitment to participate in next steps after the survey is complete.
- 4. Gather contextual information (recommended):** In addition to using the tool, communities are encouraged to collect and review additional information relevant to this measure. Examples include: percentage of families that have a medical home and the trend over time; data concerning how often any existing centralized resources (such as Help Me Grow or 2-1-1) are used and by whom, the trend over time, and any data concerning quality (e.g., how often referrals of different types are successful); and formal agreements between systems and/or providers and any prior evaluations of how well these agreements work in practice. These data will help with interpreting survey results and crafting responses.
- 5. Develop survey:** Communities may wish to use the sample surveys provided within the toolkit or customize the model survey to best meet their research interests.

6. **Field survey:** Field the online survey, ideally with front-line staff with direct experience working with families. Leaders involved in the assessment should actively authorize and encourage their staff to participate. The lead agency should consider crafting a template email for stakeholders to send out to their staff with the survey link.
7. **Compile results:** Aggregate and synthesize results across the data sources used.
8. **Rate:** Stakeholders should meet to discuss the results of the survey and to assign an overall level of performance (as described in the definition of this measure). Beyond the assignment of a level, at this convening, stakeholders will want to discuss next steps, such as ongoing work to address weaknesses identified. This may suggest setting a meeting schedule and/or identification of additional information needed. Agency leaders should be encouraged to share the results with front-line staff.
9. **Interpret:** Communities should interpret results using question prompts provided in the Interpreting Results section.
10. **Plan:** Determine what action should be taken as a result of the analysis and record in action planning guide. Use this assessment as an entrée to a larger conversation to support system building efforts.

## Stakeholders

### Target Sectors

Communities will vary in terms of the appropriate sectors to include in the assessment, but pediatric care or medical home providers would be a key sector, as pediatric care is closest to a universal service for families with young children. Home visiting, early care and education, and early intervention are also key sectors to include in this assessment, and other sectors may be included as appropriate for a given community.

### Roles For Different Groups of Stakeholders

**Leadership:** Administrators/leaders in the target sectors should be the first level of engagement. Stakeholders may be an existing inter-agency group, or a new group may need to be formed to complete this assessment. A convening of participating stakeholders, or one-on-one outreach to participating stakeholders by the lead agency, will help build buy-in, increase response rates among front line-staff, and provide a leadership group that can respond to the results of the assessment. Leaders will also have a broad sense of coordination and integration within the system, which will be important context to bring to the assessment. They may also complete the survey, but they are not the primary target of the survey.

**Front-line staff:** The survey tools are designed to solicit front-line staff experience working with families and getting them to the services they need. All levels of staff who work with families should be invited to complete the survey.

**Parents:** Parent input may be sought on how well they feel they have been supported in navigating diverse services within the early childhood system. Parents may be engaged in a variety of ways: through targeted focus groups; by including parent leaders in the workgroup; or by customizing the survey tool to capture parent perspectives. Soliciting parent input across the first three Coordination measures (2.1, 2.2, and 2.3) would be efficient and the results would provide important context for interpreting results from front-line staff.

## Data Sources

In most cases, early childhood communities will collect the data to be reviewed and evaluated. They can do so through any of the following means:

- ▶ Survey results, as completed by early childhood system administrators and front-line service providers. Sample surveys from two participating EC-LINC communities that piloted this measure can be found at the following links: [Ventura County Service Provider Survey](#) and [Central Vermont System Integration Survey](#) (Both surveys capture questions for measures 2.2 and 2.3)
- ▶ Proceedings of leadership workgroup convenings to discuss survey results.
- ▶ Findings from leadership workgroup discussions, if the survey has been used as a set of discussion questions.
- ▶ Findings from front-line service provider focus groups. Sample provider focus group questions used in a pilot of measures 2.2 and 2.3 can be found at the following link: [Ventura County Service Provider Focus Group Protocol](#)
- ▶ Proceedings of parent focus groups or survey results, if the survey is modified to elicit parent input. Sample parent discussion questions used in a pilot of measures 2.2 and 2.3 can be found at the following link: [Ventura County Parent Café Questions](#)

Secondary or administrative data for measures may be sourced from the following:

- ▶ Community health surveys (for proportion of families with a medical home).
- ▶ Centralized resource agencies, such as Help Me Grow or 2-1-1 (for utilization of centralized referral resources).
- ▶ Agency administrative information (for inter-agency agreements to facilitate coordination).
- ▶ Evaluation data (for any existing studies of service integration or coordination efforts).

## Tips For Successful Implementation

See Tips for Successful Implementation under 2.1.

## Limitations

The ability to draw conclusions from the data may be limited if there is low agency engagement or there is not cross-sector participation. Additionally, the tool is not currently designed to address what happens if a family cannot be connected to a needed service because the service isn't available or if there are other barriers to access, such as lack of transportation, language barriers, or long waiting lists. The Opportunities section below articulates the possibility for a community or researcher to extend the tool to include assessment of service availability and potential barriers.

## Opportunities

Additional opportunities include the following:

- ▶ Communities are invited to explore the following question to improve the ability to understand system navigation; how can we also ask about current barriers related to potential supports including: lack of support in a service area, waiting times/inability to take new clients, client's willingness to accept support/referral, transportation issues, and/or immigration status concerns?

## 2.2 System Navigation: Survey

Scenario: A family has come to your organization for help, and you have assessed their needs and found that some of them cannot be met by your organization. (Or, for example, a family you have been serving now needs a more or less intensive level of service than you are able to provide, or a family whose child is aging out of a service you provide needs continued help from an organization that works with older children.) Please rate each of the statements numbered 1 through 6 below according to this scale:

- 1—very unlikely to happen / less than a 25% chance of happening
- 2—likely not to happen / a 25-50% chance of happening
- 3—likely to happen / a 50-75% chance of happening
- 4—very likely to happen / a greater than 75% chance of happening
- 0 or NA—you do not know or the question is not applicable to your job

<b>1.</b> You will know which other organizations in the community provide the kind of service the family needs.	1	2	3	4	NA
<b>2.</b> You will help the family decide where to go to get the help they need.	1	2	3	4	NA
<b>3.</b> You will give the family the name of a specific person to contact at the place where they can get the service they need.	1	2	3	4	NA
<b>4.</b> You will contact the organization to which you are making the referral to let them know that you have recommended that the family come to them.	1	2	3	4	NA
<b>5.</b> You will conduct a “warm hand-off,” either by getting on the phone with the family and the new provider at the same time, or by accompanying the family to the provider for their first contact.	1	2	3	4	NA
<b>6.</b> If there is a problem with the referral, you will know whom to contact at the new provider to try to solve the problem.	1	2	3	4	NA

In answering these questions, you have been thinking about your experience with many different sectors. Now please think about those sectors individually, and give your ratings as follows.

My experience in referring people to this sector has been:

- 1—Largely unsatisfactory (I usually encounter problems)
- 2—Somewhat unsatisfactory (I encounter problems fairly often)
- 3—Somewhat satisfactory (I sometimes encounter problems)
- 4—Largely satisfactory (I rarely encounter problems)
- 0—Not applicable (no experience working with this sector or I am part of this sector)

<b>7a.</b> Pediatrics	1	2	3	4	NA	<b>7f.</b> Mental health	1	2	3	4	NA
<b>7b.</b> Early care and education	1	2	3	4	NA	<b>7g.</b> Income support	1	2	3	4	NA
<b>7c.</b> Home visiting	1	2	3	4	NA	<b>7h.</b> Food and nutrition	1	2	3	4	NA
<b>7d.</b> Early intervention	1	2	3	4	NA	<b>7i.</b> Family support / Parenting education	1	2	3	4	NA
<b>7e.</b> Child welfare	1	2	3	4	NA						

## 2.2 System Navigation: Survey (Continued)

After compiling results, communities can collaboratively assess where their system falls according to the following levels:

- Level 1**—There is no formal process to help make these connections (or there is a formal process that is rarely used); informal connections are rarely strong; warm hand-offs are rare. A significant number of families lack a medical home. Many families have trouble getting to the right place for help.
- Level 2**—There are some processes in place and/or stronger informal relationships, but they are generally only for some kinds of connections (e.g., between screening and early intervention providers) and/or they are not used consistently or are not routinely effective when used. Warm hand-offs are rare. Some families lack a medical home. Some families are helped to get to the right place, while others struggle.
- Level 3**—Most but not all services are effectively connected to one another through a combination of formal and informal relationships. Warm hand-offs are common for at least some kinds of referrals. Almost all families have a medical home. Most families are helped to get to the right place, while there are still challenges for some.
- Level 4**—All parts of the early child system are effectively connected with one another, and warm hand-offs are routinely used, at least when there is concern about a family's ability to navigate the referral on their own. It's unusual for a family to lack a medical home or to have trouble getting to the right place.