

## ***Referrals and Intakes: - description of the whole process***

Office staff members are responsible to complete new referrals for potential children entering our program. These referrals may come from several sources such as doctors' offices, hospitals, DCFS (The Division of Child and Family Services), word-of-mouth, or the Up-to-3 website. Either parents will call in to our office after being referred to our program or the office staff will call parents to complete a referral.

### *Referral Qualifications:*

In order to be referred to our program the following qualifications have to be met:

1. BTOTS only accepts intakes that have at least 45 days left until the child turns 3 years old (i.e are under 34.5 months). A helpful age calculator can be found at <http://www.users.med.cornell.edu/~spon/picu/calc/agecalc.htm>. After this age, parents must contact the school districts directly about their developmental concerns.
2. The family must live in either Cache, Box Elder, or Rich counties. If they live outside these areas, the families must contact the Early Intervention program that covers their area (a list of all Utah EI programs and their phone numbers can be found at <https://health.utah.gov/cshcn/programs/babywatch.html>).

When office staff begin an intake by phone, they briefly explain it will take about 10 minutes and ask if the parent has time. Before completing the phone call, office staff review the spelling of the name is correct, phone number and address are accurate, and local school district information is right. To ensure accuracy of information, the paper referral form is completed first and then information is entered into BTOTS after the phone call is ended.

The intake staff will also enter the child's information into Wellsky and schedule a BDI (unless BDI's are not being completed as in COVID)

### *Necessary Referral Information:*

The following items are required for each referral:

1. Contact/additional information:
  - a. Child name
  - b. Birth date
  - c. Prematurity (at least 4 weeks premature or more)
  - d. The contact information of at least one parent or guardian
    - i. Address
    - ii. Phone number
    - iii. Email (optional)
  - e. School district (if families are not sure what their school district is, you can look it up on <http://transdata.ccsdut.org/smap.html>)

- f. Referral source (i.e doctor, hospital, word of mouth, website etc.)
  - g. Primary Care Physician
  - h. If the child has Medicaid or CHIP, there is the option to get their number over the phone or have the service coordinators get the number later on in the eligibility/IFSP process
  - i. Primary language spoken in the home
  - j. Race and Ethnicity
  - k. Description of parent concerns
  - l. Risk areas (as determined by the ASQ)
  - m. Best times to contact family and to do an evaluation
  - n. Whether or not parent needs childcare for BDI evaluation
  - o. Preferred evaluation **and instruction** language if their primary language is not English
2. Ages and Stages Questionnaire (ASQ)/Ages and Stages Questionnaire-Social/Emotional (ASQ-SE)— Additionally, an ASQ must be filled out for a child who is 2 months or older. This is a questionnaire that lets service coordinators know where the child is at in their overall development. An ASQ-SE is a more specific questionnaire that has questions relating more to behavioral concerns or ASD. **If the parent answers yes to either of the referral questions at the end of the ASQ, “Have you or anyone who knows your child been concerned about Autism?” and “Does either parent have a family history of Autism” then the ASQ-SE must be completed by the office staff.** In these cases, BOTH the ASQ and ASQ-SE should be completed.
    - a. There are different ASQ/ASQ-SE for each age group (typically every 2-3 months)
    - b. If the child is considered premature, there must be an adjustment to the ASQ based on their prematurity. For example, if a child is 17 months old but 4 weeks premature, the office staff will complete a 16-month ASQ for the child. This adjustment is done up until a child is at least 24 months.
  3. Questionnaire Location—All questionnaires are located in the file cabinets labelled ASQ beneath the data entry submission cubby. There are ASQ and ASQ-SE in both Spanish and English. There is also a electronic version located in the Up-to-3 staff shared drive in the folder titled, “ASQ”
  4. Once all information is gathered, it should be entered into BTOTS after which the referral form should be printed off, attached to the questionnaire and put in the referral folder located in the “A” drawer. Every Tuesday morning, all referrals are removed from this folder and placed on the table to be reviewed by Up-to-3.

### ***Professional Procedures***

When conducting referrals, and in all other phone interactions, office staff members should be professional at all times. Furthermore, in order to facilitate the professional nature of every phone interaction the following practices should be used:

1. Use open-ended questions.
  - a. Race and Ethnicity
    - i. For example, when asking about race and ethnicity it is important to ask, "What is your child's race and ethnicity?" If clarification is needed by parents on either race or ethnicity, office staff may say, "So your child's race is Caucasian, but is his/her ethnicity Hispanic or Non-Hispanic?" instead of saying, "Is he/she Hispanic?"
  - b. Primary Language
    - i. For example, the office staff could ask, "What is the primary language spoken in the home?" instead of "Is English your primary language?"
2. Verify that accurate information has been recorded by repeating it back to the parent/guardian
  - a. This is especially important regarding contact information. When office staff ask for the address, it is important to ensure that it is accurate since not being able to find the residence can affect the 45-day IFSP limit. **The apartment number and any special instructions are critical to the address (such as "basement apartment", Apartment A, behind another house, etc.) should be listed on the referral.**

### *CAPTA Referrals*

A common type of referral is a CAPTA referral. These referrals are sent to us through BTOTS from DCFS. These referrals appear every Monday on the BTOTS home page under the section titled, "Pending Child Protection (CAPTA) Electronic Notifications of referrals". Ideally, these referrals should be processed within 7 days of being received. All contact attempts should be logged by selecting the "process" button to the far right of every referral. A window will appear with a section titled "Contact Attempt Notes" where the notes can be updated with contact day and any other notes (i.e left message, line was busy, etc.). The CAPTA referrals can also be processed, deactivated or transferred from this same window.

Processing or completing a CAPTA referral can be done by selecting the "Create New Child Referral" under "Processing Action" in the window that populates from the "Process" link. A processed CAPTA referral is treated like any other referral once completed. The referral can also be deactivated from this same section if the family is not interested or we are unable to contact the family. Typically, office staff members will try to contact a CAPTA referral at least three times before deactivating for being unable to contact.

When deactivating referrals, office staff members will deactivate the referral in BTOTS and print the referral sheet off. A case disposition is attached to this referral sheet and filed in the red DCFS referral folder located in the perm file rotating cabinet. **This folder is also used to store any other referrals that we are unable to contact.** If the referral was deactivated due to

being unable to contact family, a letter is sent to the family's physical address provided by DCFS with an Up-to-3 pamphlet. **A template for this letter is found on the Up-to-3 shared drive in the folder titles, "Dr's letters & No Contact Letters".** A copy of this letter is also attached to the referral print out and case disposition that is placed in the rotating cabinet.

#### *Hospital Referrals*

Hospitals will fax the Up-to-3 program referrals with the medical records of the child being referred. These referrals are handled the same way that any other referral is handled except the medical records are attached to the referral packet that is placed in the new referral folder in the "A" cabinet. When hospital referrals are deactivated due to unable to contact or family not interested, a letter is sent to the family in a similar fashion as the DCFS referrals. A template for hospital referral letters is found in the same folder on the Up-to-3 shared drive as the DCFS letter template. A permanent file should also be created to store the medical records and filed with the other exited child files in the same exit year.