



General Information

What is the universal referral form? This universal referral form developed out of a work group with the Safe and Sound Task Force. The universal referral is an initial form that is submitted to private PRTF or CRF providers in Virginia for localities seeking admission. The universal referral does not make acceptance determinations but seeks to assist guardians and others seeking certain levels of care and seeks to assist potential providers in determining if they may be able to serve a youth. It aims to cut down on current administrative barriers and streamline processes between localities and providers, and better align the needs of the youth with the provider's capabilities, programming, and licensing requirements.

What is the target population? The primary population related to the Safe and Sound Task Force remains youth in foster care and that is who has spurred this work group and development of a universal referral form. However, the universal referral form is here for all kids, not just kids in foster care.

Is the universal referral form to be used only in emergency placement situations? No, the intent is that it would be completed and submitted whether the locality is seeking an emergency placement or a planned placement change.

Who can use this form? All localities, PRTF providers, CRF providers, and others who find it useful.

Where will the form be housed? For now it will be available on FUSION (a VDSS internal site) and on the Office of Children's Services website (OCS). OCS is a public site.

Is use of the form required/mandatory? No. It also does not replace any of the required local or state forms or processes required by regulation or other means, and it does not need to replace any of the current practices that you may be using such as calling facilities to follow up on referral submissions.

Who owns this form/process? The goal of having a universal referral was an action item that was presented to the Safe and Sound Task Force. Development of a universal referral has been a collaborative project by a Task Force work group (state, local, private partners). The form is considered co-owned and as we learn more about what is working and what needs to be improved, it may eventually come to "live" with a specific agency or agencies.

How will we know if this effort is a success or not? The project was to develop a universal referral that could more efficiently and expeditiously assist localities/guardians and PRTF and CRF providers in the referral process. The objective is to gauge the experiences from locality and provider perspectives with using the universal referral. Therefore "success" would be defined as an improvement upon the current experience. The ad hoc work group that worked on the form will aim to support the delivery and review of a short survey ~90 days after the launch of the universal referral to specific pilot sites that have volunteered to participate in a survey. More broadly there will be ways for users to provide comments and feedback.

Where can we provide comments and feedback on the form once we start using it? The following groups were represented in the work group and will be able to solicit and accept comments and feedback. Find the most appropriate venue to share your feedback:

- Through the CSA Committee for the League. Meets monthly. Rebecca Vinroot, rebecca.vinroot@jamescitycountyva.gov
- Through the League or League's Child and Family Services Committee. Meets generally monthly. Rebecca Morgan rebecca.morgan@dss.virginia.gov and Kim Ayers kimberly.ayers@dss.virginia.gov
- Through the Virginia CSA Statewide Coordinators Network. Julie Payne, julie.payne@roanokeva.gov
- Through VCOPPA. Michael Triggs, President: Michael.triggs@uhsinc.com
- For questions about the work group or Safe and Sound Task Force: Mira Signer at mira.signer@governor.virginia.gov

For Localities

What should I do with the referral? Complete the referral according to the directions. There are areas where you are asked to provide concise descriptions and some questions are drop down boxes. Once you have completed the referral submit it to the provider for their review the way you normally would.



Universal Referral Common Questions

What will happen when I submit the referral to a provider? The provider would review the referral and based on the information, make an initial consideration if there is an admission opportunity (e.g. immediate or delayed admission) or if there is no opportunity to admit the youth. The provider would get in touch with the referral source to indicate their consideration/response so that the referral source knows. If the youth is a potential fit for their program and an admission opportunity may be available, the provider would most likely request additional information (i.e. they would ask you to send clinical or medical information or complete an application etc.), or might request a phone call to discuss.

What are the responses I could get from the providers when I send the referral? Providers should respond with:

- Admission opportunity may be available (e.g. immediate or wait list). Provider would likely request additional information such as clinical, medical, education, etc.
- Not appropriate for admission

When will I get a response to my referral? Through this pilot project, providers have been strongly encouraged to respond to the referral source within 24-48 hours letting them know the initial consideration (e.g. potential admission opportunity, no potential admission opportunity, etc.). However, the task force does not have a mechanism or authority to force or require providers to respond within that or any other timeframe. Improved responsiveness with all who are using the referral is an intended impact of the universal referral.

Where can I find additional help finding the right placement for a youth with high needs? Various VDSS Broadcasts on high acuity youth outline several resources that may be available to local departments of social services. Please refer to the Broadcasts for those processes. Additionally, to assess your local Referral and Response protocol refer to the [Virginia Heals Referral and Response Protocol](#) as one example of best practices in Virginia.

Where can I send the referral? The work group specifically focused on in state PRTFs and CRFs in developing the form. However, there may be other levels of care (i.e. therapeutic group home) for which the referral form is helpful.

For Providers

What should I do with the referral? Receive the referral and review according to your program's capabilities, programming, and licensing requirements. Use the referral form to assist you in considering if you can serve the youth, including additional information that may be needed. The referral form is to be used to cut down on administrative barriers between localities and providers and better align needs of the youth with the provider and is not intended to be used to make acceptable determinations solely. However, the intent is to assist the provider in expediently considering if they can serve the youth.

What should we do if we determine there may be an admission opportunity? If the provider has made an initial consideration that there may be an admission opportunity, please notify the referral source within 24-48 preferably. Let them know any additional information you are requesting (i.e., medical, clinical, educational, application packet), or request a follow up phone call.

What should we do if we determine there is not a potential admission opportunity? If the provider has made an initial consideration that there is potentially not an admission opportunity, please notify the referral source within 24-48 hours preferably.

Is it a requirement to respond to the referral source within 24-48 hours? Through this pilot project, providers have been strongly encouraged to respond to the referral source within 24-48 hours. However, the task force does not have a mechanism or authority to force or require providers to respond within that or any other timeframe. Improved responsiveness with all who are using the referral is an intended impact of the universal referral. To assess your Referral and Response protocol refer to the [Virginia Heals Referral and Response Protocol](#) as one example of best practices in Virginia.