



IRIS in Action: Public Health as a Trusted Connector

Responses to Participant Questions

Below are answers to participant questions asked during the [IRIS in Action: Public Health as a Trusted Connector for Families](#) session.

How does IRIS compare with other closed-loop referral systems you may have used or encountered?

Mandi LaRue, Social Worker, Johnson County Department of Health and Environment (KS): IRIS is championed by community staff who already have an investment in their local community. They aren't recruiters hired by a company to recruit organizations. Community shapes the IRIS [network]. If you want your [network] to focus solely on early education or medical care, [it] can look that way. The entire IRIS system is customizable for each community using it!

Molly Peters, Public Health Administrator, Greene County Health Department (IL): The visual processes and ease of use were what was most impressive about this system. Very simple, clean, and user-friendly. It meets [our] needs and [allows us] to utilize tools, forms, and documents that were already successful, but at the same time we could make the process our own.

Kim Peterson, Director for Community Health, Kane County Health Department (IL): Most other referral systems are updated by database managers that work for the corporation powering the system, not the organizations themselves. These database managers usually have zero knowledge of the communities or services they are managing, leading to inaccuracies in programming, eligibility requirements, availability/capacity, and more. Having organizations manage their own profiles and updates is a key factor differentiating IRIS from other referral systems.

What does ongoing collaboration with your IRIS network partners look like? How often do you convene, and what types of conversations occur during those meetings?

Mandi LaRue: We [host] community conversations three times a year where we invite [IRIS Organization] Primary Contacts to discuss updates to the system, report progress on community goals, and help develop goals for the year. We also send out monthly newsletters to all active IRIS users with updates on new partners. Lastly, our Leadership Team hosts a monthly Lunch and Learn that gives community partners the opportunity to share information about their organization to facilitate referrals.

Molly Peters: We are in the starting phase of [creating a quarterly meeting]. Currently, as we are adding new users, we are announcing them via email to our partners. Our next phase is to increase engagement in referral processes, so network collaboration meetings will be essential.

Kim Peterson: We host quarterly meetings [for all] IRIS users. Topics vary but are mostly data-driven and address emerging issues, such as quarterly data review, recently onboarded IRIS organizations, partner spotlights, and community standards review (especially if response times or referral completion rates are lagging). We also reach out directly to organizations deactivated [due to inactivity] to ask if they want more training or assistance.

When language barriers exist, what resources or approaches have helped organizations communicate effectively and better understand the needs of the communities they serve?

Mandi LaRue: One of the ways IRIS is customizable is to include language as a referral field for the client as well as an agency detail. Organizations can provide information to the community about the languages they have access to. We have had organizations use IRIS data to justify hiring additional bilingual staff or to purchase items such as Pocketalk to facilitate communication.

Molly Peters: Our population generally has limited alternative language needs, but this is where we could utilize partners that have multilingual services to help engage and ensure needs are met.

Kim Peterson: We host IRIS user trainings in Spanish and provide organizations with a Spanish version of consent [forms]. In response to elevated fear from the immigrant community about their information being entered into a system, we created the Kane County Protocol for Protecting Personally Identifiable Information for Vulnerable Populations that outlines best practices when referring these populations through IRIS.

Have you encountered community organizations that are hesitant to participate in shared referral systems because of concerns that referrals may connect people with services that do not align with their mission, values, or beliefs? If so, how has your community navigated those conversations?

Mandi LaRue: Organizations such as domestic violence service providers or substance abuse treatment providers [require alternate IRIS workflows] due to confidentiality issues. They can neither confirm nor deny a client has accessed services with their organization resulting in an inability to close the loop on referrals.

Molly Peters: Yes, this is generally a complex system to ensure they know we won't be taking referrals away from them but allowing access to services. We are still working on understanding because a regional approach to this is needed.

Kim Peterson: We added an organization filter for LGBTQ+ services so that organizations that are LGBTQ friendly can self-identify to help avoid referring folks to organizations that could potentially refuse them and/or provide non-affirming care.