IRIS in Action

Responses to Participant Questions

The following are responses to participant questions asked during the IRIS in Action Series, ***Impact of School and Community Collaborations***.

Can both families and adults without children be referred for services through IRIS?

Absolutely! While some IRIS Networks focus on coordinating services for specific populations (such as families with young children), the platform itself is flexible and supports referrals for individuals across the lifespan.

Does IRIS offer a public-facing resource directory?

While public resource directories play a critical role in helping families navigate services, IRIS is not designed for individuals to search for services independently. Instead, IRIS functions as a closed-loop referral system that enables providers to coordinate and track resource connections on behalf of the individuals and families they serve.

At the same time, IRIS includes a network-based resource directory made up of participating partners, which helps increase provider awareness of available services across sectors and supports more informed, connected referrals.

Is there a cost to use IRIS?

Each IRIS Network pays an annual cost that covers platform access, network development, user support, and ongoing data and implementation technical assistance. In most communities, these costs are covered by a lead agency or network sponsor - meaning there is typically no cost for organizations to join their local IRIS network.

How do organizations become partners in IRIS?

Organizations join through their local IRIS network. The first step? Connecting with the IRIS Local Leadership Team in their community. The team guides partners through onboarding, shares network expectations, and ensures they are set up for success. Onboarding steps are outlined **here**; contact IRIS Support to be connected to your IRIS Local Leadership Team.

Are there limitations to the types of organizations that can participate in IRIS? Can private groups or clubs be part of the IRIS network?

Every IRIS Network is unique! Participating partners vary based on each network's vision and the services and resources available in the community. Each network sets its own participation criteria. Most networks include a mix of formal providers and trusted informal community-based groups.

Are programs that serve non-English speakers available in IRIS?

IRIS Networks prioritize partnerships with culturally and linguistically specific organizations, including those serving English language learners. These partners are critical for reaching families effectively.

How does IRIS work in healthcare settings?

Medical providers can participate directly in IRIS as referral partners, allowing them to send and receive referrals with community organizations.

What does training support look like for IRIS users?

IRIS offers a mix of initial onboarding and ongoing support. New users receive role-specific training (live or recorded), plus access to online guides and quick-reference materials. After this initial training, Help Desk support is available to troubleshoot and respond to user questions.

In addition to platform training, IRIS Networks provide guidance on the shared behaviors and accountabilities expected of those using IRIS.

Does the use of other platforms by partners make IRIS implementation complex?

IRIS recognizes that partners interact with multiple systems while serving families (e.g., EMR/EHRs, case management systems, data collection tools), possibly including more than one referral or resource navigation tool. IRIS is designed to complement, not replace, those systems.

Our team works closely with communities to map workflows and clarify IRIS's role. Having a clear, shared vision for how IRIS fits into day-to-day work is key.

How does IRIS comply with information privacy laws, policies, and regulations?

IRIS is designed with privacy in mind and aligns with applicable laws, regulations, and organizational policies (such as HIPAA and FERPA, depending on the setting). Data sharing is permission-based, and users only see information necessary for their role. Communities also establish governance agreements to define how data is shared and protected locally.

What recommendations are there for organizations seeking to improve connection rates with referred caregivers?

We're so glad you asked! Check **on this guidance document** on this exact topic.