<div align="center">**REFERRAL REPOSITORY WORKGROUP**</div>

WORKGROUP PARTICIPANTS & AFFILIATION

Name	Affiliation
Michelle Nunemaker	DHHS
Jill Schubauer	Region 5
Melinda Lowe	Region 4
Kyle Kinney*	Boys Town
Tia Manning	Mental Health Therapist
Jan Fritsch	CHI Behavioral Health
Kenneth McCartney	Behavioral Outpatient Director/ NAMI NE Board President
Michael Downey	Assistant Director of Nursing – Kimball Health Services
Reginald Wallace	Beacon Health Options
Stacy Schenk	DHHS
Emily Kluver	DHHS
Pamela Schwalb	United Way
Mike Phillips	Douglas County
Curt Vincentini	Region 6
Faith Mills	Panhandle Partnership

*Denotes Workgroup Chairs

WORKGROUP REPORT

This workgroup met six times on the following dates:
- 1/19/2022
- 1/27/2022
- 2/07/2022
- 2/14/2022
- 2/28/2022
- 3/14/2022

The following **recommendations** are offered by the group in response to the charges provided to them. **These recommendations are pending DHHS approval.**

1. *Compare existing referral resources to resources, referrals, and linkages delineated by Vibrant Emotional Health.*
   Recommendation 1.1. The referral repository will start with an existing database of 1,600+ agencies already available to Boys Town.
   Recommendation 1.2. The referral repository will be expanded upon as additional linkages are delineated by Vibrant Emotional Health.

2.   *Assess completeness of referral lists and identify referral pathways with partners and the mobile crisis continuum, as necessary.*
      Recommendation 2.1. Additional referral pathways with community navigators should be established over time as connections are built between the Call Center and these organizations.
      Recommendation 2.2. Referral pathways with resources focused on veterans and adults have been established and will be integrated into existing referral repository databases. Resources for these populations should continue to be located and integrated into the referral repository.

3.   *Identify potential metrics for the evaluation of the comprehensiveness of the referral repository.*
      Recommendation 3.1. The comprehensiveness of the referral repository will be evaluated by assessing unmet needs and service gaps.
            Recommendation 3.1a. This will be measured **geographically** by identifying areas where particular services are unavailable or out of reach.
            Recommendation 3.1b. **Types** of services (medical, behavioral health, etc.) that are missing from the repository or unavailable in particular areas will be identified and tracked.
      Recommendation 3.2. The Lifeline National Contact System can identify a lack of services in a particular area. This functionality should be integrated into the 988 contact management system to measure referral repository comprehensiveness.

4.   *Make recommendations regarding preferred audit cycle timelines for updating the referral repository.*
      Recommendation 4.1. The referral repository should be audited on a 12-month (annual) cycle.

5.   *Identify personnel requirements associated with the adoption of the recommended maintenance of the referral repository.*
      Recommendation 5.1. .75 FTE will be hired to maintain and update the referral repository. The need for this FTE will be evaluated at the end of the cooperative agreement.

The following considerations were discussed but are outside of the scope of the current workgroup charges. They reflect potential concerns for future work in this area.
- The relationship between Mobile Crisis Response team activation guidelines and referral pathways should be further delineated and expanded upon by other workgroups.

<u>Reviews</u>

1. Implementation Group (date/recommendations)
   a. Meeting on 4/5/2022
      i. Charge 5
         1. **Recommendation 5.1**
            a. **Discussion:** We should clarify whether the language specifying the .75 FTE in the SAMHSA grant is adequate and update the recommendation appropriately.

2. Stakeholder Advisory Group (date/recommendations)
   a. Meeting on 3/28/2022
      i. Charge 3
         1. **Recommendation 3.1:** Ensure that culturally and linguistically appropriate referral sources are included in the repository.
         2. **Recommendation 3.2**
            a. **Discussion:** We should continue to monitor this assumption to make sure it is accurate and that this functionality can be integrated into the 988 contact management system.
      ii. Charge 4
         1. **Recommendation 4.1**
            a. **Discussion:** If a referral is flagged as inappropriate or non-functional, there should be a way to address this before the annual audit cycle.