

53. What challenges do you personally experience when verifying whether your clients were successfully linked to providers or resources you referred them to?

Answered: 71 Skipped: 39

1. Lack of informed consent/viewability in Provide. .
2. When creating a referral in Provide they might be times when the provider doesn't acknowledge the referral and no notes are added to confirm if services were provided or connected.
3. Transportation becomes a barrier if there is not a provider in the local area and insurance transportation will not approve a ride that is more than 50 miles.
4. None at this time
5. the delay response from outside providers
6. NA
7. Call backs and Emails
8. One of the main challenges I have experienced when verifying whether clients were successfully linked to providers and community resources is that the follow-up process can be very time-consuming. In some cases, referrals are closed without the client actually receiving the requested service, and I am not always notified that the referral was unsuccessful. This can delay the client's connection to care because I may not know that another referral or additional follow-up is needed. A more consistent notification or feedback process when referrals are closed or unsuccessful would help me take the next appropriate step quickly and improve successful linkage to services.
9. I don't have any challenges linking providers or resources,
10. Getting in contact with someone to F/U with whether the client is in service.
11. The provider does not return any calls. or the provider attempt to contact the client and the client does not answer any calls or check their email.
12. the client following through
13. I would say my challenges are not being able to get a hold of the client.
14. Clients failure to communicate feedback from referral including barriers to completing appointments
15. One of the main barriers I face when referring my clients to another agency is getting in contact with providers to ensure that the client was contacted. Some agencies take several days to accept a referral and take longer to contact the client which delays services that the client may need. As a case manager, it's frustrating when I would be trying to follow up on a referral and no one is returning calls or provided an update on the status of the referral either to the client or to myself.
16. no follow up directly with ICM who sent in ref.
17. N/A
18. The providers do not always respond in a timely manner. I have also experienced lack of reasoning for denials from other providers.
19. I am a Peer. We don't handle referrals.
20. Communication from the person I did the referral to.
21. None
22. Referral source not documenting
23. lack follow up contact
24. Sometimes lack of communication, some resources will not reply to your emails or phone calls to myself or the client. (Experience this with housing and mental health.)
25. short staff
26. no communication. no available resource.
27. not applicable
28. Sometimes referrals are closed or rejected and we do not receive notification. So client is left in limbo
29. Returned calls
30. none
31. Waiting for referrals to be Acknowledged and closed
32. Providers often will take 2-3 weeks to send progress notes following a visit. Sometimes they will schedule a return visit without notifying case managers or agency which creates a compliance issue.
33. I do not always receive a callback from the providers that I have referred the client's to for assistance.

34. None
35. I believe that the greatest barriers to accessing resources and referrals at this time are related to housing and food assistance services. There is a high demand for housing resources, while the availability of these services is limited. As a result, clients often have to wait for extended periods of time before receiving assistance. This is one of the main concerns and challenges that clients commonly report. Clients have also shared that the food card assistance was an important resource for them, as the \$50 benefit provided at least some financial relief and helped them meet their immediate food needs.
36. Sometimes the client doesn't answer calls frequently.
37. The client does not respond to my calls after being referred to other agencies.
38. Housing case managers are difficult to connect with, due to their case load. Lake County needs dentists in Lake County.
39. none
40. n/a
41. There are no follow up behind a referral. Which leaves me hanging waiting for an update.
42. no return phone call from the provider.
43. communication sometimes.
44. Getting a call back from providers or clients missing appointments
45. One of the main challenges is that it can be difficult to obtain confirmation from providers or community resources after a referral has been made. Clients may also have difficulty answering calls, returning messages, keeping appointments, or remembering which provider or agency they were referred to. Another challenge is that referrals may have long waitlists, or services may become unavailable due to limited funding or eligibility requirements. In some cases, the client may report that they contacted the provider and the provider has not contacted the client for months, leaving the client clueless as to what the status is.
46. Many times, the referred agency does not follow up or made aware of problems happening with the client. Often clients will reach out to the RS and speak as if the RS is aware of what happened between them and the referred agency. When notes are reviewed, they are not as detailed and many times are missing context helpful to the RS
47. Long wait times for referrals to be acknowledged, clients getting the run around, and communication. It would be amazing to have our own case management in house.
48. lack of response from some providers and sometimes lack of response from clients once referred.
49. It is difficult to get some other agencies over the phone.
50. Communication, timely updates in the Clients file for labs and medical appointments.
51. Challenges: The follow up process ensuring that the receives services etc.
52. No communication
53. Provider not wanting to provide information without release. EIS workers are trying to locate clients, make contact and get back into care so can be challenging. Providers or ICM/RS not returning calls or emails.
54. none
55. Providers either not having access to or not utilizing networking programs
56. providers not having access to shared programs (computer networking)
57. Lack of funding in community resources
58. Lack of communications
59. Clients not answering the calls of the referred providers. Client go to the appointments, but providers or resources do not provide feedback or notes.
60. The provider
61. I have none.
62. Clients say they never got a response and no one responds to me.
63. No commitment.
64. Lack of client commitment
65. n/a
66. He is unable to obtain information because calls are not being answered.
67. the referral source is at capacity or no one ever called them.
68. follow up with referrals or prescriptions
69. Patient do not follow up with scheduled appt.

70. None

71. Not always being able to see the continuation of care (Informed consent needed).