LPHA-CBO Referrals: Factors for Decision-making

September 2020



Purpose: LPHAs, through case investigations, gather detailed information from COVID-19 cases and contacts about the individual and their circumstances. For COVID-19, LPHAs use this information to determine whether the individual will be referred to a CBO for contact tracing and/or wraparound services.

This document lists some of the factors that an LPHA may use to determine when to make referrals for contact tracing and wraparound services, and which organization to refer to¹.

Information an LPHA may collect through case investigation	Information an LPHA needs to make referrals
Linguistic and Cultural Factors	
 Is the person's primary language a language other than English? Is the person affiliated with a group or do they have cultural preferences? For example, is the person an agricultural worker, a member of a religious organization or a tribal member? Does the individual prefer to work with a CBO or the LPHA? 	 In what language can the CBO provide services? What is the CBO's target population? Who do they serve? LPHA should hear from the individual about their preferences.
Wraparound Service Needs	
1. What wraparound service needs has the individual identified through the case investigation?	 Which wraparound services and connections to safety net services can the CBO provide?

¹ If an LPHA does not have an MOU with a CBO that can meet the needs of an individual with a COVID-19 diagnosis or exposure, the LPHA can work with an OHA Community Engagement Coordinator to identify a CBO to serve the individual.

- 2. Has the individual identified safety net needs beyond COVID wraparound services? For example, does the individual experience housing insecurity or require wage replacement?
- 3. Where does the person live within the county?
- Where does the CBO physically provide services within the county?

Caseworkers and Established Relationships with CBOs

- Is the individual connected to a caseworker through a DHS Program (Community Developmental Disabilities Program, Aging and People with Disabilities, Child Welfare) or a CCO?
- 2. Is the individual already connected with a CBO?
- LPHA needs to have points of contact identified within local DHS programs and with the CCO².

CBO Scope of Work and Capacity

- 1. Which CBOs are funded for contact tracing, wraparound services, or both?
- 2. What is the CBO's current capacity to accept new referrals?
- LPHA needs to know which CBOs are funded for contact tracing, wraparound services, or both.
- LPHA and CBO should maintain regular communication to monitor how many referrals a CBO can accept, and when a CBO may be getting close to capacity.

² Contact lists are provided and maintained by OHA.