





# **Command Team Training**

## **OPR: AF/A1Z**







## **Session Expectations**

#### **In-Person Expectations:**

- Come prepared to engage speak so everyone in the room can hear you
- Respect and support each other
- Put your cell phone on silent
- If you must leave the room at any point, please quietly exit and return as soon as you can

#### Virtual Expectations:

- Please remain on mute unless you are speaking
- Use the hand raise function if you have a question
- Keep your cameras on





## Agenda

Introduction

Components of the Connect to Care Approach Toolkit

#### **Connect to Care Process**

- Overview of the Connect to Care Process
- Methods for Conducting a Connection

Metrics Action Officer Role and Responsibilities







## Introduction Connect to Care Approach Training







## Introduction

### You will learn:

- High-level Connect to Care process
- Responsibilities of Metrics Action Officer

Training materials and resources are part of Connect to Care Approach Toolkit







## Learning Objectives Overview

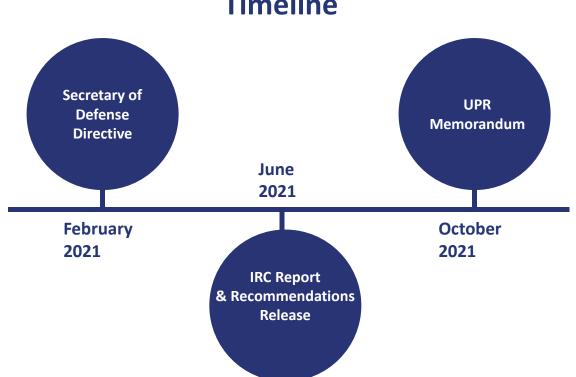
- Importance of Connect to Care Process
- Reporting responsibilities of Metrics Action Officer
- Familiarity with Toolkit Resources







# Background



**Timeline** 





## Training Target Audiences

COMMAND TEAM



- One time training
- New staff trained during New Member Orientation to CAT/CAB
- Squadron staff (civilian and military)
- First Sergeants
- Medical and non-medical service providers

## Training Strategy

- Cross-functional
- Break down silos
- Consistency of implementation
- Share best practices







## Components of Connect to Care Approach Toolkit Training Materials





# Training Materials

Toolkit contains a PowerPoint Presentation and Facilitator Guide for:

- Installation/Base Command Teams
- Providers

Additional Material:

• Helping Agency Factsheets









## Components of Connect to Care Approach Toolkit Field Resources







X

X

## **Field Resources**

Servi

**Connect to Care Guidelines** 

Instructions: Specific actions are required to ensure an individual can make informed decisions about the support or care services they are seeking. The guidelines below are split into four sections representing the different engagement stages with an individual. Perform the listed actions in each section

and mark "Complete." If an instruction is not applicable, mark it accordingly before moving to the next section. These guidelines are a reminder of Connect

W

Alcoh Anxiet Child

Dome Educa Financ Grief/ Homic Hostil Interp Legal Marria New F Nutriti

PCS / Proble

Sexua Sexua Sleep Specia Suicid Work \* Chapla TOC

Connect to Care Guidelines	Complete	N/A
nitial Contact		
When an individual seeking care approached me, I informed them of my reporting requirements for th ollowing situations before they shared their presenting concern: sexual assault, harm to self/others, domestic abuse/violence, child maltreatment, and workplace violence.	ne	
l informed the individual if I can maintain confidentiality or take a restricted report for one or more of tl above situations.	he	
Determine Correct Service Provider		
If I was unable to maintain confidentiality for the individual's presenting concern, I used the mandatory reporting guide to identify other options to maintain confidentiality.	,	
If the individual sought support or services for a sexual assault, sexual harassment, or family violence, I offered an in-person, virtual, or telephonic connection to the appropriate service provider.		
If I was not the correct service provider for the individual, I referenced the installation service provider matrix and eligibility matrix to identify the appropriate service provider.		
Determine Connection Preference		
After determining the correct service provider, I identified the individual's preferred method of connection following AF/A1Z guidance on conducting the Connect to Care Process.		
Before performing a connection, I explained the pros and cons to conducting the individual's preferre method of connection and how they compare to each other.	d	
Conduct Connect to Care Process		
After I determined the individual's connection preference, I conducted the connection.		
If the individual chose not to have a connection, I explained they can still seek care from the providers identified for their presenting concern.		
After completing the connection, I documented the connection in the Connect to Care Approach Metrics Excel File.		

HO S S

what

ise

an

med

U.S. AIR FORCE SPACE FORCE



12







## **Connect to Care Process**

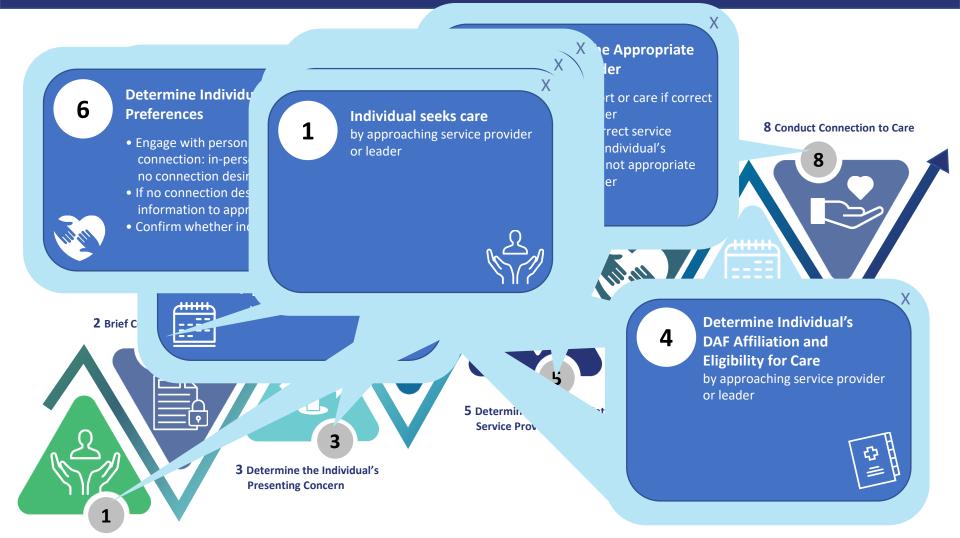
**Process Overview** 







## **Connect to Care Process Overview**



**1** Individual Seeks Care







# Connect to Care Process

Methods







## Methods for Conducting Connections to Care

There are three methods to conducting connections to care:

- 1. In-person
- 2. Virtual face-to-face
- 3. Telephonic



- Schedule in-person meeting with next service provider(s)
- Schedule virtual meeting with next service provider(s)
- Directly call service provider(s) with Airmen/Guardian present







# Tracking a Connection to Care







## Assigning a Metrics Action Officer

- Commanders are responsible to measure the effectiveness of connections to care
- Recommend assigning an action officer to track metrics
  - Collects metrics from across the installation on monthly basis
  - Consolidates data from the metrics excel file and feedback questions







## Metrics Reporting

Report data on the following:

- Total connections across all providers
- Total referrals without a connection that enter or depart a provider's office



- Total Connect to Care codes generated for each helping agency
- Trends in total connections over time (increase/decrease)
- Trends over time in total connections vs. total referrals without connections
- Consolidated data on Connect to Care Process experiences from individuals' feedback forms





## **Metrics Resources**

#### **Metrics Resources:**

- Connect to Care Approach Metrics Excel<sup>®</sup> File
- Connect to Care Referral Form

## Metrics will capture:

- Total number of connections
- Specific agencies that receive those individuals
- Does not capture PII, only date and the agency referred to

*Note*: Detailed instructions to use the Metrics Excel<sup>®</sup> File are included directly in the File



Intake Entry (record when individual enters your office)						
Time Stamp	Referral without a connection	Time Stamp	Referral with a connection to care "record Connect to Care code"			

(record before individual leaves your office)								
Referral given	Time Stamp	Referral given with	Connect to Care Code	Time Stamp	No Further Action	Time Stam		
without connection		connection	Generator		"individual at correct			
					service provider, no			
					connection required"			







# Conclusion







## Key Points

- The AF/A1Z guidance implements Connect to Care Approach.
- A Connection to Care is a *person-to-person* referral
- Conduct a Connection to Care:
  - In-person
  - Virtual face-to-face
  - Telephonic
- The Toolkit contains training materials, field resources, and data collection tools
- Plan to train Providers soon
- Assign a Metrics Action Officer (Metrics AO)





# Thank you!

All Connect to Care Approach Toolkit Resources discussed today can be found at:

https://www.jber.jb.mil//Servi ces-Resources/JBER-Connect-Resources/Connect-to-Care/

Thank you for your time and participation!







## Connect to Care Approach Metrics Excel<sup>®</sup> File

#### There are two scenarios in which you enter data:

# When an individual enters your office or approaches them:

- 1. Record whether individual is a:
  - 1. Walk-in
  - 2. Referral with a connection
  - 3. Referral without a connection
- 2. If a referral with a connection to care, record the Connect to Care code from the form

Note: Detailed instructions to use the Connect to Care Approach Metrics Excel<sup>®</sup> File are included directly in the File.

# When an individual leaves you or your office:

- 1. Record whether individual requires:
  - No further action (i.e., care or support is provided at current location)
  - 2. A referral without a connection
  - 3. A referral with a connection
- 2. If referral with a connection to care, copy the two-letter identifier and code on Connect to Care Referral form
- 3. Provide form to individual





## **Connect to Care Referral Form**

Provide individual with Referral Form, which includes Connect to Care code and QR code

 Referral Form must be provided before individual leaves office or meeting

QR code provides access to individual feedback form

- Contains questions regarding individual's experience
- Entries are anonymous

# Warm Handoff Instructions: It is the Department of the Air Force's goal to provide the assistance our community needs as quickly and courteously as possible. Please keep this referral in an easily accessible place and present it to the service provider you've been referred to. We care about you and want to be in the right place, at the right time for all who need assistance. (Warm Handoff Code) Feedback Form: Image: Description of the transmission of transmission of the transmission of transmis