

## **Best Practices for Timely Access to ICC Services: Tips From CSAs on Promoting Timely Access to ICC Services**

### **The initial call to the family and offering the first available appointment:**

- The Sr. ICCs keep a running tab of who is closing and who has openings up on a white board. All ICCs and FS&Ts have their schedule available to staff and supervisors. Only seniors and the CSA Program Director process referrals and once completed they are assigned to the ICC/FP with the initial auth completed by the Senior. If the worker is not in the office (day off) to offer the appointment, the Senior will check the ICC's/FP's schedule and offer the family an appointment with that worker within the three days.
- The Senior FP and Senior ICC give intake coordinator their schedule for the week and reserve specific intake times in their schedule. When a call comes in, the intake coordinator looks at their schedules and offers the first available time. If, for some reason, she doesn't see any available times in the next 72 hours, she goes to the Program Director who offers a time or the PD looks at ICCs' availability and finds an ICC who can accommodate the appointment time. After the intake, the Seniors or whoever does the intake determines with the Seniors which available ICC/FP are best fit and they are assigned the family.
- Once the referral is received, PD will assign it right away, and staff calls the family within 24 hours of receiving the referral although it is generally expected that they will call the staff that day; staff is expected to be available between 8 a.m. and 8 p.m. in order to make those calls – that does not mean they are working 12 hours, but that they are able to call the family during that time - possibly evening or morning. The FP reaches out to the family and offers the appointment. The FP coordinates with the ICC around the scheduling - ICCs are expected to attend the scheduled appointment and know that this is prioritized when they are assigned a family (family is not always able to meet within the three days but always offer the appointment within that time).
- We have been setting the expectation that staff call the day they get the assignment, so that we are meeting timelines. We are revamping our referral process to include admin person checking eligibility when the call comes in and then giving the message to the supervisor to call family and assign to an ICC.
- A referral call comes in, our Office Manager gathers referral and demographic information, and he/she immediately runs insurance and eligibility report. Upon insurance verification, the call is transferred to a Senior ICC. If a Senior ICC is not available at the time, the parent/guardian is informed that a Senior ICC will contact the family within the next 24 hours (usually the same day). If we reach a parent/guardian, the Senior ICC will triage the referral for MNC, explain the CSA service, discuss the commitment involved with Wraparound, and move forward with the discussion. We then make the parent/guardian aware that we will offer them a face-to-face appointment within the next three calendar days. If we reach an answering machine, we explain who we are, that we are returning their call from the Community Service Agency, and that we can offer them a face-to-face appointment within the next three calendar days.

- Upon assigning a referral, the Care Coordinator makes contact within 24 hours. In preparing for the phone call, the Care Coordinator reviews their schedule to identify an appointment (or two) to be able to offer in that first contact (that falls within three days).
- The family is immediately assigned to an ICC. The ICC receives the referral and by protocol attempts to connect with the family same day. S/he offers the parent/guardian the first face-to-face meeting within the next three calendar days. If they reach an answering machine, they explain who they are, that they can offer them a face-to-face appointment within the next three calendar days, and to please return our call. If the assigned ICC is not available to offer a face-to-face appointment within the next three calendar days of the referral (due to scheduling conflicts, time off, etc.), one of two Senior ICCs will make themselves available.
- Lastly, it is simply the expectation that when a family is assigned, the staff will call within 48 hours and **offer** to meet with the family within three days. The majority of the time the family says no, but the staff has to offer. We tell the staff that it is a priority over everything else except for Care Plans.

#### **Documenting first available appointment in the CSA Monthly Workbook:**

- Once the ICC has been assigned, they need to document when the appointment was offered, and the seniors will check in with them.
- If the family can't accept that appointment offered (through FV&C), then the Care Coordinator tries to accommodate. A note to that effect, explaining why the appointment is falling outside of the three-day window, is included on the authorization form and entered into the CSA database.

#### **Trigger for starting the hiring process:**

- Once we have only a few openings left - 6 or so - and no one scheduled to graduate soon, we start interviewing for more staff.
- Have prioritized not having a waitlist and have had permission to hire. Hiring, having a lot of staff, have staff availability to take the referral and so they are able to assign right away.
- One of the keys for us is flexibility in expanding and hiring. We have made a strong commitment to this program. We (CSA Program Director and Director of the Child and Adolescent Division) have a process and practice to analyze referral flow over caseload lists over productivity. We expand when clearly needed, keep productivity high, and meet the demand. Moving quick in hiring is the key to not back log referrals. When a staff resigns, or the current staff is almost full, i.e., there are only 10 slots left amongst all the staff, we (CSA PD) sends a staff requisition in to our HR department. We also examine the referral rate. So for example, say we have three coming in a week. That would mean between the three-a-week and that there are only 10 slots left I need to fill that position within three weeks, and that new person could be full within four weeks of starting with a target of 12! The training time for the new staff almost makes it a wash with the issue that the current staff will be transitioning some families out and taking new ones. If the referrals slow down, we may keep an open position available so we can hire quicker when either a staff leaves or so we can just call people in for interviews when needed. Lastly, when we do a round of interviews, if we have more applicants

that we liked than open positions, we will mention to them that we expect we might be hiring again within a certain time frame and ask if they would like to be considered for that. We then would not do the whole interview process for that person when the next position becomes available. In regards to our pool of applicants, we tend to receive between 8-15 resumes when we have an open position. We do not advertise in the paper, but on a local website and internal postings at our organization. We get a mix of both master's- and bachelor's-level applicants. We hire staff that have the ability, reflection, and insight needed to grow into the job.

### **Creating a Culture of Timely Access to Care:**

- Take the mandates very seriously, stress them to staff, and make sure staff are aware of the mandates/expectations and comply with them.
- All fidelity dates, programmatic requirements, and mandates are discussed during new staff training. These topics are reviewed from time to time during coaching, group supervision and staff meetings. We look at the fidelity continuum as a process; however, we also view date-to-date compliance between fidelity indicators to fine tune the progression in order to support staff for more directed coaching. Our authorization form is proactive in its design, requiring certain fields to be filled in, including fidelity dates. Our internal weekly report includes fidelity data for referrals that week. It is another transparent check and balance. As with all of our projects, this response is a collaborative effort with our CSA Leadership Team. This combined and integrated leadership process is so important; it illustrates their combined efforts and recognizes their continued and sustained commitment to quality.