Toward a True Single Point of ACCESS for Families

Virtual Poster Presentation

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History/Background

- New York State Mental Health mandate for all counties to have a Single Point of Access (SPOA) process for families seeking mental health services for their child/youth
- SPOAs serve as clearinghouses and/or gateways to both community-based and residential programs/services
- Prior to 2011, Onondaga County (Syracuse, NY) utilized a two-fold process for determining fit for lower-level community-based services and higher-level (case management and waiver) services plus out-of-home placements
- Families, therapists, or others completed a 22-page referral form and endured a long wait for a community provider meeting to review their case and determine eligibility and fit for services
- Family's story shared at a large table of relative strangers looking to fill empty slots in their programs

Guiding Principles

- All our children/youth (as opposed to "that's a mental health kid" of "that's a Juvenile Justice (JJ) youth")
- Parents/caregivers as "experts" in what child/youth needs and what will work for them
- Family-driven and youth-guided planning
- Family-initiated requests for help
- "Community table" to "kitchen table" (move away from the intimidating, large table of strangers in suits to the intimacy and privacy of the family's home)
- "No Wrong Door" (regardless of need or issue, respond with help and assistance, or at least a referral to right place)

When Should ACCESS Be Called?

- Concerns about a child/youth with emotional and/or behavioral difficulties
- Child/youth has high needs and is at-risk of needing an out-of-home placement
- Multiple systems are involved and coordination of care is desired
- Current plan is not working or there are barriers to implementing the plan

ACCESS Team Components and Process

- Creation of an interdisciplinary team comprised of staff from mental health, child welfare, and juvenile justice
- Utilization of family care planners, who are parents who have raised or are raising children involved in one or more of the above systems
- Creation of a 24/7 designated phone line for intakes entered into database, instead of lengthy paper/pencil referral forms
- Utilization of calls from primary caretaker of identified child/youth; strong preference for this as it minimizes chasing families when referred by concerned third parties and supports families taking responsibility for child's care
- Completion of home visits following the intake call to engage, complete assessment, and begin discussion of services and supports

ACCESS Team Components/Process

- Use of a crisis team (now internal) to respond to cases that present with a degree of urgency and/or safety needs that demand an “eyes on” response within 48 hours
- All other cases assigned to either 10-days Plan-in-Place or 30-days Plan-in-Place, response levels based on coordinator’s review of intake
- ACCESS team meetings to determine eligibility and/or fit for community-based and out-of-home services
- Follow-up family meetings with prospective service providers to facilitate a soft hand-off for youth/family
- Contact with family is maintained until the primary provider has enrolled youth/family in services

Additional Team Functions

- Provide phone screening of calls to probation department from families requesting Persons in Need of Supervision (PINS) for a youth
- Facilitate Level of Care and Step Down meetings about youth needing waiver re-certification, those needing a higher level of care, and those transitioning back to the community from residential placement to secure appropriate services
- Monitor youth in out-of-home placements to address barriers to returning to home/community and facilitate shorter lengths of stay via meetings with provider agencies
- Assist Office of Children and Family Services staff with planning for PINS and juvenile offenders who are transitioning back to home/community
- Facilitate referrals for various OnCare-funded projects (e.g., skill-building, planned respite, educational consulting, etc.)
- Assist with the development of a new community service (crisis respite) and serve as point of entry and referral
- Review/revise process for admission to day treatment programs and serve on committee to monitor lengths of stay/discharges to home schools

Results/Outcomes to Date
(March 2011 to June 2013)

- 98% of calls coming from primary caretakers of child/youth
- Seeing 48 to 227 calls per month, with an average of 142 calls
- Primary Call Categories:

Intakes = 30%	Information and referral = 32%
PINS = 30%	Crisis team = 9%

- Average time from call to face-to-face contact = 7.35 Days
- Cases designated with goal of having a plan-in-place within 30 Days from call to average time to plan completion = 25.5 days
- 2012 Satisfaction Survey Results yielded an overall 3.95 score (1 to 5 scale) from families calling ACCESS for assistance
- Getting to families earlier and having more lower-level services to refer to has resulted in significant reductions in wait lists for higher-level services (case management, waiver, etc.)