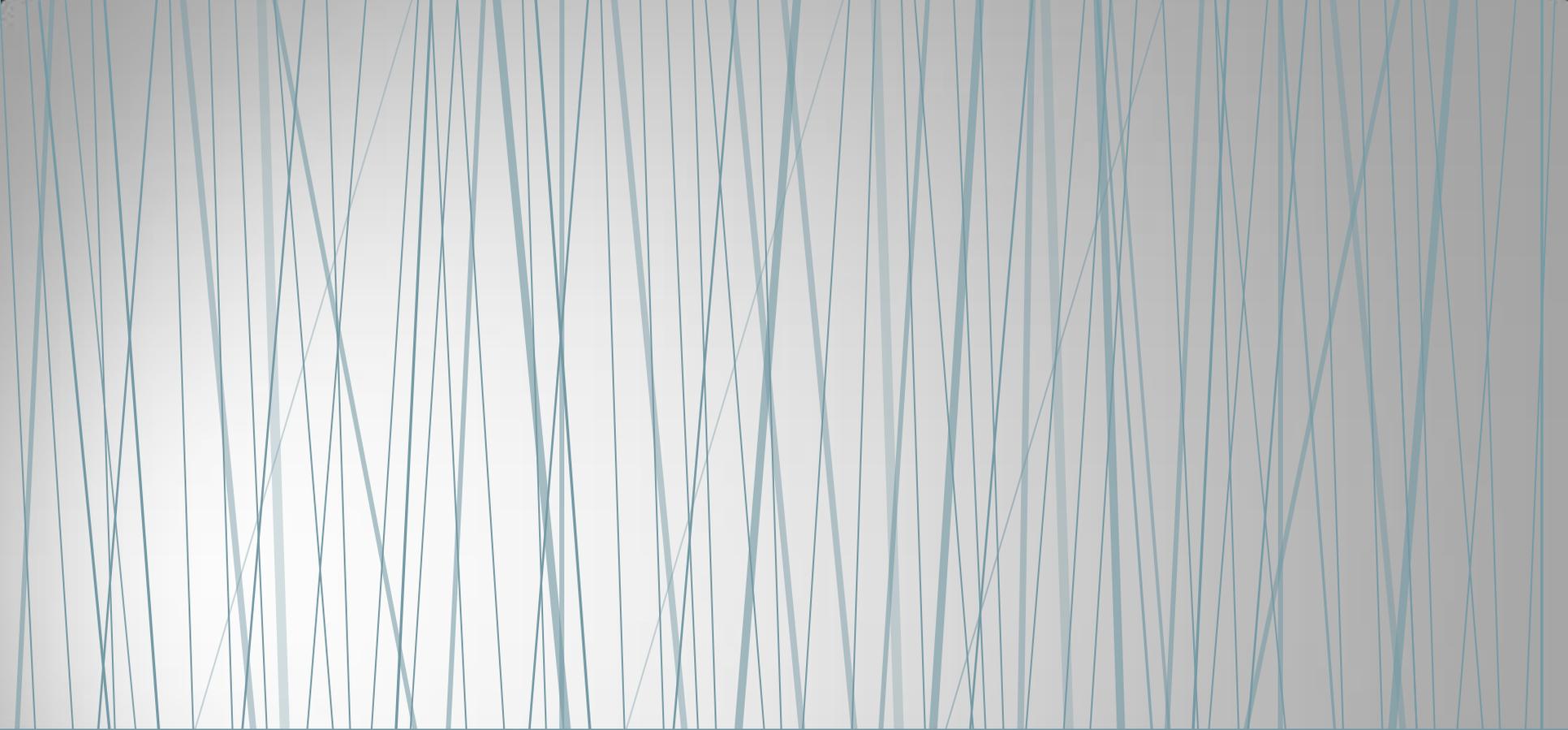# Access to Service & Screening

August 26, 2021

1:00-2:00

Standard 1: Access to Service

Services are available to help families maintain or strengthen child, individual, and family functioning.

Intake Versus Screening

Standard 1 – INTAKE

- Think Recruitment

Standard 2 – SCREENING

- Think Eligibility

1.01

The organization collaborates with other providers or conducts community outreach to identify families who are potentially in need of service and inform them about the program.

Interpretation: The organization can partner with other organizations or agencies where families seek services, such as hospitals and health departments, or provide outreach directly to families. When the organization provides outreach directly to families, efforts should be respectful, non-intrusive, non-stigmatizing, and provided in places where families in the community naturally congregate, such as schools, libraries, and faith-based institutions. Specific strategies can include: telephone calls, mailings, information packets, brochures, announcements at community programs and events, and drop-in visits to the home.

Understanding Standard 1.01

- Collaboration with community partners
  - Who, When, How often
  - Materials/Presentations used
  - Documentation
- How will the peer reviewers know about this collaboration?
  - Log phone calls, brochure drop offs (how many, where, and when), community events participated in
  - Keep community meeting agendas or meeting minutes to show participation there for recruitement

1.02

Families are engaged to participate in the program in a timely manner.

Interpretation: The organization should seek to identify families as early as possible, as appropriate to the type of service offered.

Understanding 1.02

- Policy should focus on:
    - recruiting participants,
    - handle incoming referrals to the program, and
    - documenting initial contact attempts up to the screening for eligibility
- Define timely manner
    - What is the program's goal on recruitment?
    - What is the target service population?
    - Documentation (date of first contact, referral date, enrollment date)
- The focus here should be on engagement of target population

Standard 2: Screening

The organization screens families promptly and responsively to identify needs and direct family members to appropriate services.

NA Another organization is responsible for screening.

N/A of standard 2

- Standard 2 is only N/A if another organization is responsible for screening.

- Coordinated Intake programs COULD be an example of this but it will depend on the structure of the coordinated intake program

- If a program received referrals directly and screens them without sending to a coordinated intake this standard will be applicable.

- The time to discuss if this standard is applicable is in TA. Contact IFSTAN Coordinator if you have questions.

2.01

Prompt, responsive screening practices:

a) ensure equitable treatment;

b) give priority to urgent needs;

c) inform families how well their requests match the organization's services

d) include using all available prior-screening information and does not duplicate recent screening activities,

e) support timely initiation of services; and

f) provide for placement on a waiting list, if desired.

Understanding 2.01(a)

- Ensure equitable treatment
  - Treat all families the same
  - Use universal screening material
  - Documentation
- What does equitable treatment look like in terms of screening?
  - Avoid treating of equitable treatment as an after-thought. Make sure it is explained in policy so they peers can see exactly what it means to the program.

Understanding 2.01(b)

- Give priority to urgent needs
  - Recognize crisis situation
  - Address urgent needs right away
  - Documentation
- If you had to replace all of the family support professionals tomorrow, how would new staff know that an urgent need has presented itself for screening purposes?

Understanding 2.01(c)

- Inform families how well their request matches organization's services
  - How is this done
  - When is this done
  - Documentation

- This should be a purposeful conversation with families. Having this conversation as part of screening can help avoid enrolling a family that really isn't interested or didn't understand the program.

- How would peer reviewers know this has been done for every family screened? Where is this documented?

Understanding 2.01(d)

- Include using all available prior-screening information and does not duplicate recent screening practices
    - What materials were available when the family came to you

- This doesn't mean that during screening contact information couldn't or shouldn't be updated if there is prior-screening for the family.

Understanding 2.01(e)

- Support timely initiation of services
  - Define timely
  - How will peer reviewers know WHEN & HOW a family has been enrolled
  - Documentation
- How will peer reviewers know all of the program's attempts to contact a family?
  - Using a contact log can be a way to document those contacts in-between visits.
  - This helps show why a family wasn't enrolled according to the program's definition of "timely" which could help peers to understand the circumstance. This will help avoid an out of adherence rating.

Understanding 2.01(f)

- Provide for placement on a waiting list, if desired
  - Regardless if your program has ever used a waiting list there must be a PROCESS in place – the standard requires it
- Even if the program hasn't had or doesn't anticipate ever having a waiting list, create a template for what one would look like. Peer reviews will need to see this.

2.02

Families who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

NA The organization: (1) accepts all clients, or (2) only receives clients by referral, and is required by contract to accept all referrals.

Understanding Standard 2.02

- Eligibility
  - How do you determine when a family is eligible
  - How do you determine when a family is <u>not</u> eligible
  - What happens when a family is eligible
  - What happens when a family is <u>not</u> eligible
  - Documentation
- How do you know if a family is eligible?
  - Lives in required county or counties
  - Has a child under a certain age or is prenatal
  - Family income is below a certain level or child has a IFSP
- If two families are on the wait list that has the same eligibility, how would the program decide who to admit?
  - Is there documentation of this process in policy?
  - How do you document this in the client file?
- If a family is not eligible for the program what does the documentation of that look like?
  - Where is that documented?

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