



Centralized Intake Best Practices Guide



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1. What is a Centralized Intake?

A centralized intake for family support programs provides one single point of entry for access, assessment and referral in a local area to family support services. The central intake gathers a brief screen from the family regarding their needs and strengths as well as the information necessary for referral. This enables the centralized intake to process the intake and refer the family to the most appropriate family support service based on the needs of the family and the availability and requirements of the service.

2. The purpose of a Central Intake process

The key to central intake is accessibility for consumers and the need for a central location in order to access services for themselves or family members. A central intake process is dedicated to helping people, from the moment they contact the central location, from the time they are referred, and/or after screening. The role of the central intake staff is to assist families by determining the services and supports that are best suited for the family's particular needs based on self referrals and referrals from other professionals such as primary care providers, hospitals, child care providers, and other social service agencies.

A secondary consideration for implementing a centralized intake process is to enable other professionals to make referrals confidently to family support services. Professionals find it challenging to be informed and up to date on what family support services are available for families in their community and which service will best meet the needs of the family. Centralized intake eliminates this challenge.

3. The benefits of a Centralized Intake process

- Allows maximum usage of family support program services.
- Focuses on a single point of entry for families with all the family support programs.
- Assures that families will be linked to the most appropriate services available for them based on the family's needs.
- Allows for uniformity across the programs- one release of information, uniform screening process and a uniform mechanism for referral follow- up.
- Creates a streamlined process for recruitment and allows family support workers to focus all efforts on the priority of providing direct services to families.
- Promotes collaboration and prohibits turfism between programs.
- Eliminates duplication by creating a single point of entry for families.

4. Cautions of a Central Intake

- Typically funding is tied directly to the number of families served by the program. Giving up control of one's program referrals is similar to giving up control of one's checkbook. This is not an easy task; therefore, trust is essential.
- Relationships between all programs involved in the central intake process is key to the success of the process.
- It takes time to develop the process and to have buy-in from all stakeholders. Regular meetings are needed when first implementing a centralized intake for regular communication.
- One organization needs to take the lead in convening the stakeholders and to keep the process moving.
- A common release of information that all programs can use is challenging to achieve. Organizations will want their own legal counsel to review the release of information and there

may need to be some modifications based on each organization's legal review. It is a time consuming process that should not be underestimated.

5. Barriers in Developing a Central Intake and Overcoming Barriers

The hardest barrier to overcome in developing a central intake is to create trusting and open relationships among programs and services.

It is extremely important to show funders that duplication of services is being prevented by the central intake process. If funders do not see the need for family support services, then they will find other programs and services to fund. It must be clear that the central intake process provides a mechanism to identify the families' needs and match the family to the program that best addresses their needs.

It is crucial to central intake development and implementation that service representatives:

- meet regularly
- remain honest – discuss concerns and problems as they occur
- be as open minded as possible
- keep moving forward
- be able to see the bigger picture of how this system helps the entire community even if some decisions may not benefit your program
- keep the best interest of the families' needs services in mind at all times
- have the support of from all levels (manager, direct service provider) within the participating organizations

A central intake process may start without funding and focus on improved coordination and collaboration as the main goal to accomplish.

An example of the central intake process is Partners for Parenting Families.

An agency serves as the lead entity and works with several other family support agencies in their local area. It has been essential for the central intake process to have a lead agency. The lead agency organizes and facilitates the meetings and follows up on any items from the meeting. The lead agency may be an organization that provides family support services or it may be a neutral party.

The partnering family support agencies worked together collaborating to ensure families received the best option for services and reduced duplications. Each family support program's involvement is extremely important. It is important to recognize that most communities can only serve approximately ten percent of all families in their community when combining the capacity of all of the existing family support programs. If family support programs in your local area do not participate in the beginning of implementation, keep encouraging them to be part of the process.

Partners for Parenting Families fund their central intake screening process through their local Early Childhood Area. It took years to evolve to the current funding levels.

Participation of partnering family support programs is solely on a voluntary basis. The family support programs do not have to participate, but hopefully by continually inviting them, they will see the benefits.

The Partners for Parenting Families program also provides cross training to all participating family support programs based on the families' needs and emerging issues.

6. The cost for setting up a Centralized Intake Process

As mentioned before, it is essential to identify a lead agency to oversee the central intake process. Dedicated staff is critical to the success of the central intake process. Dedicated staff will be dependent on the size of the community involved in the central intake process.

Examples of Staffing within local central intake processes:

- Visiting Nurse Services has two staff persons that are dedicated to central intake process and complete all the screenings and intakes. Funding for the staff come from Early Childhood Iowa and Title V sources. There are 8 programs and 7 contracted agencies with Healthy Start that participate in the VNS central intake.

- Black Hawk Lutheran Social Services has one staff person that is paid by the local Early Childhood Area and is dedicated to the central intake screenings. The staff person logs approximately 300 hours per year. The current funding process is estimated to cost \$21,000. Black Hawk Lutheran Social Services in Iowa provides training for staff through HOPES Healthy Families Iowa screening training. There is also training on various programs that are part of the central intake process. This would include basic information about programs and criterion of the various programs.

7. How to develop and implement a central intake step-by step

- Meet with interested stakeholders/partners and come to agreement on a common goal.
 - Programs will not necessarily volunteer to participate as the central intake process may appear threatening. Programs need to sign an agreement that outlines their responsibilities and the benefits their program will acquire. Organizations have found it beneficial to have all partners complete a Memorandum of Understanding or a Declaration of Partnership.

- Identify a lead organization to convene stakeholders and be responsible for keeping the momentum moving forward.

- Assemble an organizing group (decision makers) to discuss developing a central intake. The group needs to discuss the challenges and benefits of development and implementation.

- The organizing group will need to meet frequently to develop a local plan and to ensure the central intake process is off to a good start. This group will eventually taper off to meeting as needed and finally, one annual meeting in order to review the process.

- Develop an agreement among service providers. This may be a Memorandum of Understanding or a Declaration of Partnership. The key element is to ensure that roles and responsibilities are clearly outlined in writing.
 - Service providers must agree to:
 - Designate a representative to attend planning team/central intake meetings
 - Designate representatives to attend referral meetings
 - Share responsibility of taking compete/accurate meeting notes and distributing them
 - Participate in the referral process
 - Remain confidential

- Understand the basis for referrals
- Develop a universal screening tool all service providers can agree upon and understand. Many of the current central intake processes use the Healthy Families America Screening tool.
- Discuss referral processes and procedures and come to agreements on the exchanging information, timeliness parameters and consistent messaging to clients.
- Discuss the central intake process with funders to get buy-in.
- Discuss the process and begin work on the common release of information/ referral form. (Several examples of Releases of Information are included in Appendix). Beginning with one of the sample releases as a template, will put agencies several steps ahead.
- Determine which organization has the capacity or the potential of capacity to serve as the centralized intake. Reinforce that all referral distributions will go through a central intake Resource Team -a group comprised of representatives from each of the agencies. Contingency plans will need to be made for referrals that need immediate service and cannot wait a week for the distribution group to meet or worker assignments to be arranged. The contingency plan needs to be included in the Memorandum of Understanding or the Declaration of Partnership.
- Typically, a central intake would need to have at least normal business hours if not extended hours. They need to have fax, voice mail, and email capacity to receive referrals at anytime. It is helpful (not necessary) to have a toll free number to make it easier to make referrals including self referrals.
- All programs need to be in agreement regarding which types of families will benefit most from their particular service as well as which service is most appropriate. The best interest of families is to be kept in mind and considered with every referral, rather not what is in the best interest of the program. Be aware as to what research has demonstrated concerning the effectiveness of the program model when dealing with certain populations and striving to achieve certain outcomes.
- It will be important to develop marketing pieces for the referral sources to understand the new process and buy into it. Because some referral sources may feel uncomfortable making referrals to someone they don't know, marketing strategies will help inform referral sources of unknown services and ease their caution. It is helpful for the coalition of family support providers to have a name so they have an identity as a coalition. (Some marketing examples are located in the Appendix).

8. Meetings Process for Central Intake

- The Intake Resource Team will need to come up with a meeting schedule that meets the needs of their community. The meeting schedule may be determined by the population of the area they are serving and the number of programs involved in the central intake process. It may take six month to a year to determine what works best. The meeting structure may also have to be revisited if new partners join the central intake process.
- Group members must understand and accept that referrals must be processed regardless if some group members are unable to attend every meeting. Those unable to attend must take responsibility in getting their referrals to group members to process.
- At referral meetings, begin with referrals of highest risk level. Whoever is in charge of the intake process will continue with the assessment.

9. Handling situations as they arise

How to handle when a referral comes straight to the program versus central intake or if someone refers a family to a specific service through centralized intake; however, the assessment shows they would be a better match for another service?

The program needs to agree to route these referrals to the central intake. Any variance to this arrangement needs to be clearly outlined in the Agreement (MOU or Declaration of Partnership). Families may have requests as to which services they would like to participate in. It is important to take note of these requests; however, the family must be screened, regardless of the service they request. After screening, inform the family of best matched services. All attempts should be made to direct family to best suited service. If they prefer a certain service over another one, allow them to go with the service they prefer. If there is a wait for this service, inform client of wait. If they prefer to wait, inform them of other services available to them and/ or allow them to wait. However, if the service they requested is not the best suited service for the family, then that service should not be an option. Likewise, if a family is not eligible for a certain service due to income guidelines or for other reasons, do not offer this service to them. Keep in mind that the central intake's purpose is to match families with the service "best suited" for them.

Although the family's choice is of importance, the best use of funds takes precedence. It is important to direct the family to the service most appropriate for their needs. It should be noted what objections that the family expressed toward the family support program and attempt made to address any concerns. Repeated concerns should be addressed to the program management by the central intake agency.

Handling a situation in which it is felt a partner is offering less than high quality services

This has to be dealt with directly and swiftly or it can derail the entire process. Remember, not all programs are created equally. Typically, it is not the entire program; rather, it is an individual worker within the program. To keep the trust in the partnership, it is important that agencies deal with personnel matters directly. Remain confidential and sensitive to personnel matters. Other members of the partnership may not know (and probably shouldn't) the details of what the personnel issue is or how the organization is working on resolution. It is vital that group members share their concerns with the organization directly. The organization needs to acknowledge the concerns without breaching confidentiality. They may acknowledge the concern by agreeing that no additional referrals will go to the worker for a period of time. They may agree to provide additional supervision to the worker.