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ACBHCS ACCESS Assessment **Summary**

The assessment was administered during the month of November 2021 as a mechanism to receive feedback from ACCESS staff regarding strategies to enhance service delivery.

Methodology

The assessment consisted of the following:

- 1:1 meeting with ACBHCS Deputy Director
- 1:1 meeting with ACCESS staff (including management)-participants were all clinical staff including manager and interim Director and 1 clerical staff (supervisor)
- Group meeting with ACCESS staff during their staff meeting
- Option to email feedback directly to assessor
- Questions asked in all 1:1 meeting with staff:
 1. What works well in ACCESS?
 2. What are areas of growth/focus in ACCESS?
 3. Recommendations to enhance service delivery.

Staff Feedback

What works well:

- Staff collaboration within ACCESS
- Working from home
- On-boarding and training of new staff
- Clinical expertise of staff





- Willingness of Clinical leadership to pitch in wherever needed
- ACCESS staff responsiveness to community which expands beyond purpose of ACCESS (numerous times ACCESS was referred to as 411 for community)
- Collaboration with Health Plan staff

Areas of growth/improvement:

- Antiquated data base-still functioning off of paper/fax
- Limited number of providers-including specialty providers (language, eating disorders, autism). In the midst of the pandemic there was a time period where they had no providers
- Training across Adults and Children
- Low staffing
- Collaboration with clerical staff-referenced the relationship was much better prior now everything is centralized through the supervisor
- New provider outreach-Who is responsible for this role
- Having clinical staff doing clerical functions within the working from home model
- Tracking process for provider openings
- Process of communication across clinical staff regarding clients on waiting list-right now there is a first come first serve whenever a provider becomes available vs. a process of assignment based on client need.
- Collaboration with crisis
- Communication with ACBHCS leadership -regarding what works well in ACCESS, areas of concern, and strategies for change. There was a request for transparency and inclusion in discussion regarding strategies for change.
- Lack of understanding across ACBHCS systems and Community partners of ACCESS' role, complexity, and function.
- Preventive and case management services (integrated/holistic care) to address needs prior to clients needing higher levels of care-examples of individuals not meeting necessity but having no other services or community partners attempting to force necessity.

Observations/Recommendations:

ACCESS staff across the board emphasized how well they collaborated and the clinical expertise of the staff. There was a commitment to the “working from home” model and a concern regarding safety and training if required to work in the community. In addition, several staff mentioned, intentionally, taking the ACCESS job because they had already worked in the community for years and wanted “call center” employment. There were a few individuals who could see the benefit of working in clinics where the volume of referrals was most intense.





Recommendations for improvement from staff were: database, staffing, providers, and inclusivity in decision making with leadership regarding how to improve the system

Recommendations:

1. Establish a time-limited workgroup with membership from ACCESS, Community providers, Health plan staff, Crisis, and other key stakeholders. This workgroup would identify challenges and propose recommendations to meet community needs. The workgroup will not include any leadership (both ACCESS and overall BH) with the exception of the BH Deputy Director who will be responsible to establish the workgroup and ensure staff are able to effectively participate.
2. Establish a process to memorialize the work completed by the workgroup including outcomes.
3. Establish a communication process where updates are provided directly to the ACCESS staff on a monthly basis.

