The Call Center, Resource Inventory and Data Collection / General Guidance:

A. Establishing a Call Center:

The *HMG* experience has shown that, on average, it takes approximately 12 phone calls to connect a family with concerns about a child's behavior to the needed service. That kind of burdensome process can be an impediment to getting children the help they need—an impediment that a toll-free number can eliminate.

Telephone services are cost-effective, easy to promote, efficient in identifying needs, and effective in supporting callers and triaging to appropriate services. They also can be used to collect data on both resources and callers. If call centers in your area are already serving families and children, partnering with those centers is the most efficient way to create access to services.

B. Identifying who will serve as the HMG call center:

The first step is to convene a workgroup to assess the various *HMG* call center options. The group will need to look at existing call centers in your community/state. Examples include: 2-1-1, child care resource and referral services, maternal and child health (MCH) hotlines, intake lines for early intervention and early childhood special education, and parenting help lines.

Questions to consider, include:

1. What is the target population of each call center? Note: The goal of *HMG* is to serve as a universal resource.

2. What is the capacity of each call center? What kind of training and support is provided to the direct-service staff? What is the staff turnover rate? Can existing staff handle an increase in volume? Is there funding, resources, and space available to support an increase in staff?

The Call Center, Resource Inventory and Data Collection / The Connecticut Experience:

A. <u>Child Development Infoline</u> (CDI), formerly known as Birth to Three Infoline, was selected to serve as the access point for *HMG* in 2002. The decision to expand Birth to Three Infoline, the single point of entry to Connecticut's early intervention program, to serve as the access point for *Help Me Grow*, Early Childhood Special Education (ECSE), and the Children and Youth with Special Health Care Needs (CYSHCN) program, was based on its capacity to offer "one-stop shopping" for families seeking services.

CDI is staffed by care coordinators, who are skilled in determining a child's and her/his family's needs in order to share accurate information, make a timely referral(s), and, if necessary advocate on behalf of the family.

As a specialized call center within the 2-1-1 system, a number of supports are available to assist the care coordinators in finding appropriate resources in a timely manner. CDI staff have access to REFER, a searchable computerized database that consists of a comprehensive inventory of Connecticut's health and human services. REFER maintains information on 4,795 providers, 47,200 service sites and 1,900 support groups.

CDI staff also use the knowledge and expertise available from the other call centers of the 2-1-1 system, including the comprehensive 2-1-1 center and other centers such as Child Care 2-1-1, which helps parents find child care and related services, and HUSKY 2-1-1, which informs families about health coverage eligibility and benefits of the state's HUSKY program. Having access to and the support of the other 2-1-1 call centers ensures that CDI is able to meet families' full range of needs.

B. CDI has the following features:

- Staffing:
  - 5 FTE Care Coordinators

4. How and by whom is the database of resources maintained? Is the database easily accessible to families and providers? Does the database include resources to address needs of *HMG* callers on learning, behavior and development?

6. Is the data collected consistent? How is the information being used? Are there other uses for this information? Can additional fields be added to the database? Does a separate database for *HMG* client tracking need to be created?

7. What is the funding and sustainability of each participating organization? (Is there an ongoing secure source of funding?)

C. Staffing a Call Center

The staff who answer the phones are crucial to a successful system. Callers must feel safe, respected, and heard. The center must be adequately staffed with individuals who are trained in telephone casework and cultural sensitivity and who have backgrounds in child development.

In phone interviews there is no eye contact or observation of body language and no opportunity to provide feedback or encouragement by nodding or smiling. However, seasoned and well-trained telephone caseworkers have honed their listening skills—How does the caller sound? Are there background noises, such as a baby crying?—as well as their telephone interviewing techniques.

Part of the role of the call center staff is to provide education and support to families around specific developmental or behavioral concerns or questions. This can be accomplished by helping the family to understand what is typical for a child at a given age; exploring what has been tried before and what has and has not worked; discussing new strategies; sending topic-specific information; suggesting the family enroll their child in a developmental monitoring program, such as the Ages and Stages Child Monitoring Program; providing referrals to parenting and support programs; and providing follow-up and advocacy as needed.

  - 1 FTE Supervisor
  - 1 FTE Director
  - 1 FTE Administrative Assistant
- The unit is open M-F from 8 am- 6 pm, except on holidays. There is an option to leave a message on voicemail.
- Bilingual staff, as well as access to TTY/tele-interpreters.
- On average, staff handle 20,000 incoming calls and about 40,000 outgoing calls annually.
- Data collection/client tracking systems
- Access to 2-1-1's computerized resource inventory and to other 2-1-1 call centers.

C. Telephone care coordinators who staff the CDI unit utilize the United Way of CT / 2-1-1 framework for handling a call
This includes:

- building a relationship with the caller/family;
- conducting an assessment, including gathering information and defining the needs of the caller/family/child;
- educating the caller/family about appropriate resources;
- making referrals as appropriate; and
- conducting follow-up with callers/families.

Care coordinators consider program eligibility requirements, along with the service needs of the caller/family, to help determine the most appropriate referrals for a family. To assist with this process, information from the caller/family is needed, including:

- the age of the child;
- diagnosis or health condition of child;
- concerns about a child's development, including adaptive, cognitive, communication, motor, social- emotional, health, vision, hearing and/or behavioral concerns;
- need for parenting/family support;
- at-risk living conditions;
- health insurance;
- language or culture of the home;
- involvement with other services or agencies;
- involvement of the primary health provider; and/or
- use of a family's own resources and supports.

Collaborating with a call center that is already operating helps to ensure you are working with a staff experienced in telephone casework. However, depending on the call center's target population, additional staff training in child development and early childhood behavior problems may be needed. The following Web sites have information on these topics: DBPeds.org, the Centers for Disease Control's Learn the Signs, Act Early, and Zero to Three.

D. Maintaining Resource Information

For call center staff to make appropriate referrals, resource information must be maintained and updated. Ideally, the inventory of resources should be supplemented with up-to-date information prior to making a referral to ensure that there is no waiting list and that service criteria have not changed. Calling the resource prior to giving the information to the family will ensure that you have the latest information. The care coordinator may also need to obtain very specific information for the family such as times of services, locations, or whether child care or transportation is available. If the family gives permission, the care coordinator may also be able to have the program call the family directly. This can help to ease the burden for overwhelmed families.

The Alliance of Information and Referral Systems (AIRS) and 2-1-1LA County offer support and guidance on developing a "human service taxonomy," defined on the AIRS/2-1-1 LA Taxonomy of Human Services as "a classification system that allows you to index and access community resources based on the services they provide and the target populations they serve, if any. It provides a structure for your information and it tells people what is in your information system and how to find it."

As you research and meet with call centers within your area, keep the following in mind:

- How is resource information collected, maintained, and made available to staff?
- How and how often and by whom are updates made to the system?
- What types of information would you like made available to call center staff and ultimately to families?

Because of the nature of the calls, the care coordinator needs to establish a safe and trusting relationship with that caller/family. Therefore, the care coordinator takes cues from the caller/family to determine how much information can be elicited without overwhelming or disengaging them. Together, with the caller/family, the care coordinator develops a plan of action, which may be a referral to a particular program, sending information to the caller to help with decision making, or giving information to the caller/family so that they may contact a resource on their own. Follow-up is offered to callers/ families to help ensure that they got connected to services or to see if there are additional issues that need to be addressed. (See Intake Sheet).

Staff training:

There are multiple avenues for training a new staff member and for continuously developing skills of the care coordinators They include participating in training modules, reading materials, role playing, job shadowing, peer-to-peer mentoring, call listening, case discussion, participating in workshops and in-services, and meetings with collaborators. (See Case examples and Notes from parents.)

CDI's training modules/topics include:

- Assessment skills
- Attitude survey
- Case studies
- Data systems and Coding
- Developmental questions to ask
- Ecomaps / Questions to ask
- Handling crisis calls
- Handling difficult callers
- Listening skills
- Other 2-1-1 call centers
- Resources for families
- Review of procedures for B-3, *HMG*, ECSE, CYSHCN
- Systems overview

- Be aware of possible legal issues related to referring to for-profit services or practices. If those are important resources for families in your area, think about how that information can be shared.

E. Data collection

Call centers are in a unique position to collect data that reflect system-level issues—information not only on who calls and why, but on what happens to families seeking help.

All call centers should collect:

- information on how callers heard about the service;
- caller demographics;
- facts about the person in need;
- information on what assistance is being requested;
- records of actions taken to assist callers; and
- outcomes of the contacts with the call center

Many call centers also have the ability to track barriers experienced by families referred for services. Think about what information you would like collected, how the data should be generated, and with whom you would share the data.

The importance of gathering, reviewing, and reporting program data cannot be overemphasized—it will be of use to policy makers, program administers, advocates, families, and funders.

Call center staff also give callers the opportunity to participate in the Ages and Stages Child (ASQ) Monitoring Program. The ASQ offered by *HMG* can help reduce any worries a parent has about their child's development by providing a fun, interactive way to understand the many changes a child goes through.

ASQ questionnaires are available for 4, 8, 12, 16, 20, 24, 27, 30, 33, 36, 42, 48, 54 and 60 months of age. Participation in this program is voluntary and at no cost to the family. To begin the process the family completes the enrollment form and sends it to CDI. At the appropriate age, a questionnaire is sent to the family. After the questionnaire is returned and scored, the family is contacted.

If a completed questionnaire shows that the child is developing on schedule, a letter with the result is sent to the family along with fun activities for the family and child to enjoy. The next age-level questionnaire is mailed to the family at the appropriate time.

If the completed questionnaire leads to a concern about the child's development, a CDI care coordinator will contact the family to discuss the concern. The family may then choose to have their child's development evaluated through the Connecticut Birth to Three System, if the child is under age three, or by the local school district, if the child is between three and five years old.

Results of the questionnaires may also be sent to the child's primary health provider if the parent signs consent.

Quality Assurance:

The supervisor and/or director monitor the quality of services and provide feedback through regular call listening and case audits. Results are discussed in regularly scheduled one-on-one meetings. Training needs may also be identified through the QA process.

D. Resource Inventory:

The 2-1-1 REFER database serves as the foundation for finding information on services for families. This rich resource has been enhanced with information obtained through *Help Me Grow*. There are standards for what type of information can be included in the 2-1-1 database and on how this information is updated are available at http://www.211ct.org/AboutUs/2002is.asp.

Care coordinators often start their by contacting those resources listed in the REFER database to ensure that they will meet that family's particular needs. For example, the coordinator will ask if the service offers child care or transportation, if is there is a fee, if they provide the service in the family's primary language, etc. Depending on the family's wishes, a referral can then be made on the family's behalf, or the information can be given to the family to pursue on their own. In addition, the care coordinators use the relationships they have developed with various programs/groups, as well as co-workers or listservs to assist in finding services, parenting classes or groups or other information for families.

E. Data collection:

CDI has developed an electronic client tracking system to collect information on *HMG*. The client tracking system captures the issues families are experiencing, the actions taken on their behalf, and how well the referrals addressed the identified issues.

The specific information collected on *HMG* calls include the following:

- the date the case is opened;
- child and family demographics;
- confirmation that permission was obtained from a family, when appropriate, allowing the care coordinator to make referrals to specific services/agencies on behalf of the child. (Note: permission is indicated through a check box.)
- medical information on child;
- who called in the referral (via a drop-down listing);
- how the caller heard about *HMG* (via a drop down listing);
- family concerns regarding their child (via a drop-down listing);

	• a case narrative that allows the care coordinator to capture the work being done for the family; • issues addressed during the call and/or by referrals to services (via a drop-down listing); • actions taken by the care coordinator to assist family (via a drop-down listing); • outcomes for the family based on the efforts of the care coordinator (via a drop-down listing); • gaps and barriers experienced by the family as they sought services for their child (via a drop-down listing); and the • final disposition (via a drop down listing) and date when the case is closed. A hard copy of the resources shared with the family via phone is sent to the family and/or the referral source.