

Detroit Long Term Care System Change Task Force

ACCESS Subcommittee

GRID

Members/ Agencies	Population/ Sub-Population	Access process used by your agency	Timeframe for accessing your systems (programs or services)	Describe access issues/ barriers experienced by your agency	Source of Technology used by your agency (databases or spreadsheets)	How does your agency handle back door access?	Please list any Access questions you may have for the Focus Group	Please identify any gaps in services
Tene Ramsey & Alicia Buggs/ Detroit Senior Citizens Department	City of Detroit Residents 60 +, disabled persons 55+	Agency is located within residential community allowing for a greater number of face-to-face interactions between clients and caregivers	Immediate during regular business hours and 12-48 hours for concerns occurring after hours and/or weekends	Only one location that serves the entire population and sub- population	Information & Assistance database/ Customer Service Request database and various computer programs	We service all clients in same manner, unless in case of an emergency	None at this time	Decreases in funding various programs and agencies
Gwendolyn Cook-Jones/ City of Detroit Human Rights Department	Detroit residents and employers (870,000)	Complaint Process	Initial acknowledgment 24 to 48 hours and 30 to 60 days for services	Accessing city services, programs and facilities	Excel Spreadsheets	N/A	None at this time	Coordination of services between departments and agencies
Edward D'Angelo/ The Information Center	Out-Wayne and Monroe Counties/ Care Mgmt Dept – 16 Downriver Communities/ Waiver Program – 34 Communities of southern and western Wayne County	By phone to Accredited Information and Referral Dept Staff (AIRS), then a state mandated referral process is followed in which callers receive Information and Referral assistance.	Operating Hours are 9:00 a.m. – 5:00 p.m., Monday through Friday for immediate access. Turnaround timeframes vary.	Ability to absorb the cost of new program participants needs AND limited staff's ability to balance workloads.	Refer Database and Internet (used by the AIRS) Microsoft Access (used to maintain program waiting lists) MICIS and PICK (used to maintain program participant data)	Same referral process (The staff member or whomever receives first contact may complete the referral form) All referrals are processed in chronological order regardless of where they began	None at this time	The ability to identify and coordinate Medicaid reimbursement transportation
Earlene Traylor Neal, Judy Joyce & Alice Sevonty/ Detroit Wayne County Long Term Care Connection	Older adults, persons with disabilities, caregivers, families ad support persons and the public who are in need of long term care Information & Assistance, long term care options counseling and assistance with Medicaid eligibility determination	Referrals from DAAA Regional Call Center (after hours, by way of United Way 2-1-1 Call Center Staff)	Contracted hours with the RCC are 8:00 a.m. – 5:30 p.m. weekdays, inclusive of an additional 20 hours extended coverage each month. United Way 211 is contracted to handle after hours, weekend and holiday calls. Follow-up generally within one business day.	Clarity of services Confusion with DAAA Prompt answering by the Call Center resulting in voicemail forwards Scarcity of Medicaid program	ServicePoint software by Bowman Systems: Users can access the software through a Web browser from any location with Internet access or via an air card. This software includes client tracking, case management documentation and a centralized resource directory.	Internal, non Call Center staff encountering consumers with I&A needs make a referral or request the consumer to call the Call Center and ask for I&A. Field Options Counselors often assist members of a household currently being served and add them to the system	<ul style="list-style-type: none"> ▪ How do you go about looking for Long Term Care Services? ▪ Where do you start? ▪ Are you able to find what you are looking for? ▪ What is your greatest frustration? ▪ What ideas do you have for communicating the availability of Long 	<ul style="list-style-type: none"> ▪ Lack of a shared resource database and collective directory in the community for the public to access. ▪ Cultural competency training and foreign language skills to communicate effectively with long term care consumers. ▪ Keeping current of changes in the Health

Detroit Long Term Care System Change Task Force

ACCESS Subcommittee

GRID

Members/ Agencies	Population/ Sub-Population	Access process used by your agency	Timeframe for accessing your systems (programs or services)	Describe access issues/ barriers experienced by your agency	Source of Technology used by your agency (databases or spreadsheets)	How does your agency handle back door access?	Please list any Access questions you may have for the Focus Group	Please identify any gaps in services
						directly from the field.	Term Care Information, Assistance and Resources to the public? <ul style="list-style-type: none"> ▪ What organizations do you identify as having Long Term Care information and resources? ▪ What kind of long-term care information is most important to you (top 5 things)? 	and Human services system (updates, legislation) <ul style="list-style-type: none"> ▪ Interagency training ▪ Consumer needs intensifying, but funding sources for Human Services are diminishing.
Michael Moore/ Adult Well-Being Services	Older Adults in the areas of health, mental health and developmental disabilities/ AWBS also provides Guardianship services for court appointed wards of the Probate Court.	Built around the various funding vehicles we have for services	Older Adults: Immediate/ MH, DD, Guardianship Services typically processing consumers within 24-48 hours	None at this time	Current technology of the industry	This would be unusual for AWBS because of the method used for requesting reimbursement. Every consumer within out programs are supported by financial systems which creates billing for services.	None at this time	We currently operate within a system, which is based on systematic silos. This system creates fragmentation within our service delivery system, which when filtered develops gaps in service for our service populations. The development of a central/-integrated process would reduce delays in service, reduce redundancy and create cost efficiencies.
Sheilah Clay, Susan Sacarro & LaNiece Jones/ Neighborhood Service Organization	Older Adults with Serious and Persistent Mental Illness in Wayne & Oakland Counties;	Centralized Intake and Access Department defines admission, readmission and	Depending on level of urgency: 3 hours to 1 business day/ 14 calendar days for face-to-face meeting	Transportation is a barrier to access Psychiatric Services.	Electronic Record; Spreadsheets etc.	After Hours Emergency number. 1-800-811-4211	None at this time	Availability for non-SPMI consumers

Detroit Long Term Care System Change Task Force

ACCESS Subcommittee

GRID

Members/ Agencies	Population/ Sub-Population	Access process used by your agency	Timeframe for accessing your systems (programs or services)	Describe access issues/ barriers experienced by your agency	Source of Technology used by your agency (databases or spreadsheets)	How does your agency handle back door access?	Please list any Access questions you may have for the Focus Group	Please identify any gaps in services
	services for nursing home residents with mental illness (MI) and/or developmental disability (DD), 18 years & older + community MI/DD, age 60 & older	exclusionary criteria to facilitate an efficient admission process.	with professional for non-emergency requests.					
Carol Smith/ United Way of Southeastern Michigan (2-1-1)	We provide services to residents of Wayne, Oakland, Macomb, Washtenaw, and Monroe Counties. We serve as generalist in the information and referral industry, servicing no special population.	Callers may contact 2-1-1 (24 hours per day 7 days per week)	Immediate/ In terms of the amount of time it takes for the caller to receive the services they are requesting, each agency/program has its own eligibility requirements and guidelines. The caller must then contact the agencies/programs directly to obtain detailed information about the application process and timeframes.	Lack of knowledge about 2-1-1, All cell phone providers have not made access available to their customers if the caller does not know our toll free number. Educating the public about 2-1-1 is crucial for eliminating access issues/barriers.	We use Refer as our database to provide information and referrals to our callers. We use Zoomerang survey tools (web based) for our special programs and initiatives.	1) Generally reach someone in another department at United Way or 2) Comes in to our general number after hours instead of directly to the 2-1-1 number. These calls are forwarded to the 2-1-1 call center supervisor, who then assigns the call to a specialist for a callback.	Are other agencies facing similar access issues/concerns?	<ul style="list-style-type: none"> ▪ A lack of resources ▪ Transportation deficits (which causes some callers to be unable to get to specific locations), ▪ Services being limited in certain geographic areas
LaTonya Wallace-Hardiman/ City of Detroit – Mayor’s Office	City of Detroit, Metro areas	Informational	2-5 minutes approximate wait time if call volume is high	Seniors may not be able to operate phone or have access to a phone	Motorola CSR (Customer Service Request)	Not Applicable	How can 3-1-1 be of assistance? (Listing programs, information, etc.)	
Marian Banks-Nickleberry, Anthony Mertic & Arthur Caldwell/ Detroit Area Agency on Aging	Seniors 60 years of age or older and persons 18 and older with physical disabilities, Care providers, Agencies and students within the areas of Detroit,	Telephone, Walk-in, email, U.S. Postal, Fax, Website, United Way 2-1-1 SEM Call Center Staff (after hours), Internal staff referrals, Doctor’s office, Social Workers	Initial intake occurs on day of call, for some programs further assessment and intake is necessary. United Way 2-1-1 SEM is contracted to handle all after hours,	For seniors often they are hesitant to provide confidential information, or may not have the information at hand. Customer’s guardians are hesitant at times,	ServicePoint – software application system designed by the Bowman Systems; this is a Web-Based system in which consumers can access through a	Non traditional referrals are followed up discretely, these are people who call in for other people and don’t want them to know that they are seeking assistance for	-What would make understanding the process for getting into programs for seniors easier for you? -How do you currently contact programs for	The largest gap that we hear about is transportation and during the winter services to address utility bills and home repairs immediately without delay. “Lack

Detroit Long Term Care System Change Task Force ACCESS Subcommittee GRID

Members/ Agencies	Population/ Sub-Population	Access process used by your agency	Timeframe for accessing your systems (programs or services)	Describe access issues/ barriers experienced by your agency	Source of Technology used by your agency (databases or spreadsheets)	How does your agency handle back door access?	Please list any Access questions you may have for the Focus Group	Please identify any gaps in services
	the Five Grosse Pointes, Hamtramck, Harper Woods and Highland Park.		weekend and scheduled holiday calls.	Seniors will not answer any questions unless family members give them the okay. Seniors living alone have hearing impairment, Consumers having to leave voicemail messages because all I&A staff telephones are busy – calls are bounced back to the Receptionist.	Web browser from locations that are Internet accessible or by using an Air Card, MI-CHOICE Information System (MICIS).	them.	services? -Do you rely on assistance in getting help or do it yourself? -What frustrates you most when you are trying to seek assistance? -What can agencies like DAAA do to assist you more?	of a shared resource database and collective directory in the community for the public to access.” Not enough or identified funding sources available for providing the much needed Human Services.