CSA Waitlist Guidelines (12/17/09)

Referral/Intake Screening:

- Within 24hrs of receipt of referral, the CSA screens referral for appropriateness of service (via referral source and/or direct youth/family contact).
- If the youth/family is appropriate for, and in need of a behavioral health intervention, the CSA refers the youth/family to the most appropriate behavioral health service (including but not limited to OP/IHT/CSP)* or MCE Care Management such as ICM (OP and IHT can co-occur with MCE Care Management).
- If the youth/family and CSA agree that the needs can be met by IHT or OP Hub, CSA helps the family connect to one of those Hub providers. The youth/family is provided a comprehensive list of agencies that provide Hub services (consisting of complete regional list and neighboring cities and towns - reflective of lists posted on MCE web site) from which the family can choose.
- The provider of IHT or OP* and the youth/family are informed that if youth needs ICC at a later date, the Hub will refer the youth/family to the CSA.
- The family and youth are removed from the ICC referral list.
- If the youth/family and ICC agree that ICC is needed, the family is informed of the waitlist and given the option to be placed on the waitlist or to be connected with an alternate CSA and informed of all nearby CSAs that do not have waitlist.

If the youth/family chooses to be put on waitlist for ICC services:

- The Family Partner or ICC makes contact with the youth/family and provides the family with information regarding community resources, services, and providers. (When the FP is identified as contact, s/he will consult with a senior care coordinator or program director to consider whether further assessment or immediate services are necessary.)*
- The Family Partner or ICC will maintain regular telephone contact with the family to assess safety concerns and the family’s interest in remaining on the waitlist.

* MCI can be accessed at any time for assessment of acute crisis.

Additional Considerations:

An ICC enrolled Youth in acute/other 24hr LOC with no foreseeable disposition back to the community – consider closing ICC and referral to MCE ICM Program.

DCF referrals of Non-emancipated youth with no family/or other person in the community to return to – refer to MCE ICM Program.