DEVELOPING COORDINATED INTAKE FOR YOUR COMMUNITY

WHAT IS IT AND HOW TO START OR MAINTAIN A STRONG SYSTEM

the Ounce

Early Start, Bright Future
igrow
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AUGUST 2020

TABLE OF CONTENTS

Acknowledgements

Input and expertise of individuals and organizations that make up the coordinated intake agencies and communities working in Illinois to improve outcomes for the state's children informed the content and development of this toolkit. The author thanks them for their dedication and for their ongoing contributions to building our state's home visiting system.

The author gratefully acknowledges the following individuals and organizations for contributing considerable time and expertise throughout the development of this Issue Brief:

Introduction

The purpose of this toolkit is to provide background on coordinated intake (CI) for home visiting, outline how communities can start systems in their own area, and offer strategies for existing CI communities to make quality improvements, regardless of funding stream.

This toolkit is organized into two main parts. **Section One** (pages 3 – 10) provides foundational knowledge on the CI system by defining it, identifying roles and responsibilities of primary participants, reviewing major processes and enumerating benefits.

Section Two (pages 11 – 19) describes the components of a strong CI system – using the CI Elements of Quality Framework (see Appendix A on page 22) as a guide – and lays out steps communities can take for implementing or refining the identified quality components. This section is intended to be applicable to the actual work of setting up CI, references resources communities can use and highlights innovative practices of current Illinois communities.

Areas looking to initiate CI are encouraged to begin with **Section One** to gain baseline knowledge of the system. Communities already implementing CI can (but are not required to) skip ahead to **Section Two** to guide their quality improvement efforts.

Experiences of the Illinois MIECHV Family Recruitment Specialist – with the Ounce of Prevention, who has spent two years in CI communities across the state – informed the content and guidance included in this toolkit. The Family Recruitment Specialist's charge is to provide Technical Assistance (TA) support to Illinois CI communities. Traveling across the state has helped identify the major pieces of CI and how they should fit together for the system to truly work for families, programs and the community. Observations and recommendations of the Family Recruitment Specialist also build off the experiences of communities that have been successfully implementing CI systems for years and the efforts of past Technical Assistance workers, who had previously been situated out of the Governor's Office of Early Childhood Development.

SECTION ONE:
UNDERSTANDING THE CI SYSTEM

CI is a system for processing, monitoring and tracking enrollment into home visiting programs within a community. Through outreach with families and relationship-building with community partners, CI focuses on the identification and recruitment of families who would most benefit from home visiting services. With knowledge of program capacity at the community level, CI facilitates enrollment in a home visiting program to best meet the needs of each family. When CI is working well, families are seamlessly connected with home visiting services, all agencies in the community area are at 100% caseload capacity, and families are not dually enrolled in multiple home visiting programs.

Benefits

CI for home visiting can produce positive impacts at the community, individual, program and systems levels.

Community

Perhaps the most significant role for CI is within the local early childhood system. As the main point of contact for home visiting referrals, CI serves as a lever facilitating referrals to home visiting from community partners. CI simplifies the process for community partners in two major ways:

1. Community partners have one point of contact for all home visiting referrals.
2. Community partners do not have to remember complicated eligibility criteria for local programs – this is something CI monitors, as well.

The CI's positioning as the main point of contact, along with their dedicated time for outreach and recruitment, strengthens community awareness of home visiting and bolsters the CI's credibility as an expert on the system. Because CIs stay informed on program capacity and eligibility criteria, they are trusted to connect families with programs that best meet their needs. Meanwhile, CI has an opportunity to engage with families and the community at-large, expanding their knowledge of home visiting and its benefits and boosting the likelihood that parents and/or pregnant people will take advantage of this resource.

Individual

CI also improves family experience with the home visiting system. Families are linked with one resource (the CI) who holds expertise on home visiting program capacity, eligibility criteria, additional services and staff specializations offered by an agency. In this way, families do not shoulder the burden of navigating enrollment on their own; the whole process is also completed in fewer steps.

In addition to streamlining enrollment, the CI's understanding of program specialties and services ensures the family is connected with a program most-situated to comprehensively address their needs and goals.

By tracking which families are currently receiving services, CIs neutrally manage dual enrollment situations in a way that prioritizes family choice. In a well-functioning CI system, home visiting programs share enrollment information on all families they recruit – both those they enroll and those who do not fit their eligibility criteria – and have established procedures for addressing dual enrollment. This ensures that when CI identifies a dually enrolled family, there is a consistent method for handling these situations that has been agreed-upon by all home visiting programs and is clearly communicated to the family.

Program

At the program level, CI supports full enrollment for all agencies within their community area. One of CI's main responsibilities is recruiting families and developing partnerships to bolster enrollment. CI success is defined by high enrollment numbers of their home visiting partner programs (i.e., if CI is functioning well, individual agencies reap the rewards).

Furthermore, with a staff person devoted to recruitment efforts – hopefully boosting agency caseloads – home visiting programs are not forced to do their own outreach activities. Programs and their home visitors can devote more time to what they love and do best – engaging young children and families.

Systems

Finally, CI supports functioning of early childhood systems, locally and statewide. At the community level, CI serves as a representative of home visiting and the CI system at early childhood tables and ensures activities and priorities of CI are aligned and supportive of broader early childhood systems goals.

Statewide, CI is a data source for policymakers and funders. CI maintains records of what programs are consistently at capacity, what programs have waitlists and what programs have larger numbers of open slots. These data can and should inform funder-level decisions around where to direct dollars and which models to use.

Major Players in the CI System

There are three entities contributing to CI at the community level – the CI worker, home visiting programs and community partners. Each entity has their own associated roles and responsibilities for making the system work.

CI Worker

The CI worker is the face of home visiting within a community and the glue holding the system together. To fulfil this role, the CI worker holds a wide-ranging list of responsibilities, as follows:

- Monitoring home visiting program capacity and social service resources for their community
- Facilitating regular meetings of the home visiting collaborative
- Screening referrals to identify the home visiting program best fit for a family
- Communicating status of home visiting referrals to home visiting partners in a transparent manner
- Organizing outreach and social media campaigns to recruit families and increase community awareness of home visiting services
- Developing and maintaining relationships with community partners so that CI and home visiting is connected to the local social service and early childhood system

Home Visiting Programs

The second key entity in a CI system – home visiting programs – plays the unique part of enrolling and engaging families in services. In addition to this important responsibility, home visiting programs fulfill the following roles:

- Participating in and informing content and process for meetings of the home visiting collaborative
- Reaching out to and enrolling families referred by CI; and communicating referral status back to the CI worker within agreed upon time frame
- Sharing information with CI on families that a program cannot enroll
- Sharing information with CI on families that a program has enrolled
- Supporting family recruitment strategies and initiatives
- Collecting and reporting on referral and home visiting program data to inform and improve outreach strategies and referral processes

While having a full-time employee to serve as a CI worker is the desired goal, it should be noted that some communities are initiating their systems without a designated staffed position. In this situation, home visiting programs complete the previously identified responsibilities, while also collectively sharing the CI role.

Community Spotlight: Champaign County

After an influx of slots in Champaign County, home visiting programs in the area recognized the need to come together to coordinate recruitment and enrollment. With the support of Community Statewide Systems Supports, the state's TA provider for early childhood collaborations, programs began meeting monthly and decided to start a CI system. One challenge immediately arose: funding for the position did not exist in the present or foreseeable future. The group chose to move forward anyway, establishing a system where programs referred families who they were unable to serve to another partner.

Participating programs knew where to direct referrals because they had jointly created a decision tree tool, which incorporated all agencies' eligibility criteria, to structure their decisions. If multiple partners could still serve a family, agency representatives shared with families a program highlights document that communicated services and strengths of each program to help each family make their own choice. Finally, the collaborative decided to use their monthly meetings to relay the status of pending referrals, with the co-chairs responsible for entering outcomes in a shared tracking document.

Community Partners

The final important entity in the CI system is the community partners. Representing all the external entities engaged to maintain the CI system, community partners serve the following primary functions:

- Referring families to CI and home visiting
- Supporting community wide recruitment efforts
- Receiving referrals from CI for services families may also need
- Participating in meetings of the home visiting collaborative and/or involving a CI representative in broader community level meetings
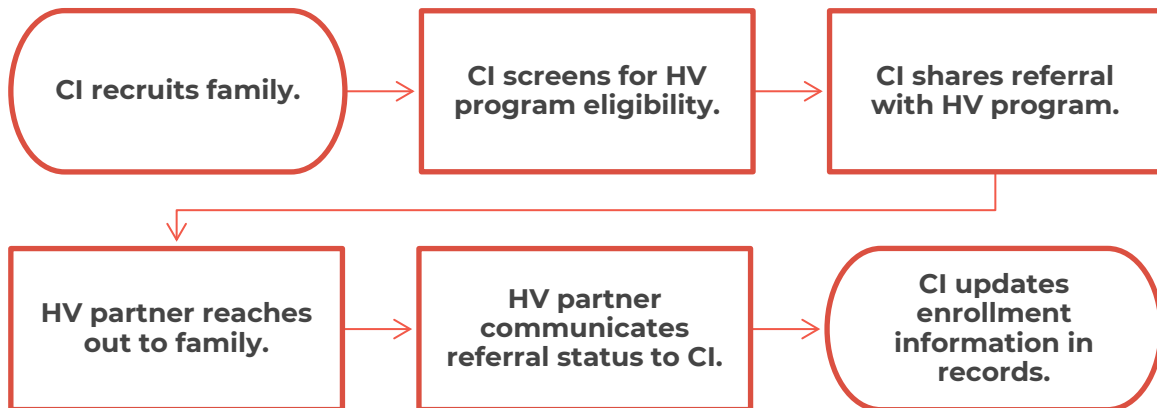
Referral Workflows

Families enter the CI system through the following three major channels:

- From the CI worker through their own individual recruitment efforts
- Community referral sources
- Partner home visiting programs

The origin of a referral determines the workflow. While each community uses their own established method, at a high level, the workflow follows the same general
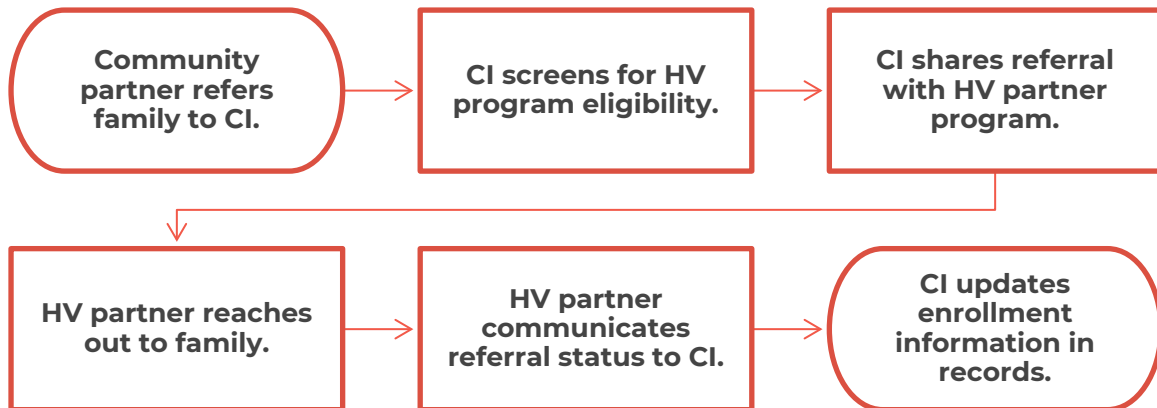
sequence of steps for each referral source. The following workflow diagrams represent the general process by referral source.

CI Recruit Referral Process

```
CI recruits family.  →  CI screens for HV        →  CI shares referral
                         program eligibility.         with HV program.

HV partner reaches   →  HV partner               →  CI updates
out to family.          communicates                 enrollment
                        referral status to CI.        information in
                                                       records.
```

The CI recruit process illustrated above is the simplest workflow of the three, but additional details still need to be agreed upon by the CI worker and their home visiting partners.

Community Partner Organization Referral Process

```
Community            →  CI screens for HV        →  CI shares referral
partner refers          program eligibility.         with HV partner
family to CI.                                         program.

HV partner reaches   →  HV partner               →  CI updates
out to family.          communicates                 enrollment
                        referral status to CI.        information in
                                                       records.
```

The community partner organization referral workflow illustrated above – like Early Intervention (EI), childcare and medical providers – looks very similar to that of the CI recruit. As with all workflows presented in this section, these represent a general process. Discussion structured around these workflows will create a more expansive and detailed workflow. For example, the action point, "CI screens for HV program eligibility" can yield multiple unique pathways based on the level of information the CI worker has obtained on the family from the community partner. In some situations, the CI, having received enough information on the family, can screen for program fit and refer the appropriate home visiting partner program without additional outreach to the family. In other situations, the CI may need to connect with the family to obtain more details to guide the referral decision.

Home Visiting Partner Program Referral Process

HV partner program recruits family.

Can HV partner enroll family?

YES → HV partner schedules initial appointment.

NO → HV partner shares family information with CI.

CI checks if family is enrolled in another HV program.

Is family already enrolled?

YES → CI communicates dual enrollment to HV partner(s). Dual enrollment protocol is followed. → If needed, CI updates enrollment information records.

NO → CI completes screen and refers to different HV partner.

HV partner reaches out to family.

HV partner shares enrollment information with CI.

CI updates enrollment information with records.

Referrals from home visiting partner programs are more complex. A CI can receive a referral for a family the program would like to enroll or for a family that the program cannot enroll. In a scenario where the program would like to enroll the family, the CI verifies the family is not already receiving services from another agency and then adds the family to CI records for tracking purposes. For families who home visiting programs cannot enroll, the CI completes the same agreed-upon process for referrals originating from CI recruitment and from community partner organizations.

Data System

In a perfect world, all home visiting programs in a collaborative and the CI worker would be connected with the same data system. In this situation, home visiting programs and the CI worker would have an automated process for sharing referrals and communicating on their outcomes. A data system also enables the CI to track individual program enrollment to avoid instances where families are being dually served by multiple home visiting programs. If the data system has the capability, it can also be utilized to record family demographic data and as a means of monitoring referral trends and processes for quality improvement purposes.

Centralized Intake vs. Coordinated Intake

Although the terms are used interchangeably, centralized and coordinated intake refer to two different structures. The distinction is most relevant for how families recruited by home visiting partner programs move through the system.

In **centralized intake**, all home visiting referrals within a community area must be first processed through the CI worker, who checks for duplicates and screens for program fit before sending the referral out to a home visiting agency. In this arrangement, home visiting programs must first send referrals to CI before moving forward with enrollment and CI makes the decision around what program should serve the family. Usually, the home visiting program that recruited the family ends up receiving the original referral – if they have the capacity to do so.

In a **coordinated intake** set-up, home visiting programs can initiate the enrollment process for families they recruit while sharing family information with the CI worker. Upon receiving the referral, the CI checks for duplicates and updates their enrollment records. If the family is already enrolled in another home visiting program, the CI and the home visiting collaborative follow the agreed-upon dual enrollment protocol. The CI worker does not play a role in deciding where to enroll families recruited by home visiting programs.

SECTION TWO:
COMPONENTS OF A STRONG SYSTEM

Although CI exists within a unique community context, the elements of a strong system are the same. Across the board, all well-functioning CI communities have achieved the following qualities:

- Strong home visiting collaborative that has an agreed-upon vision with policies and procedures that contribute to that vision
- Connected and embedded in the early childhood and social service system of their community
- Uses data to support functioning of a CI and home visiting system and to inform outreach and quality improvement strategies
- Promotes community knowledge of home visiting and uses various outreach strategies to inform families about home visiting
- Has knowledge of the home visiting and social service landscape for their community and ways of accessing these services

Reaching this desired state takes patience and commitment, but communities and programs do not need to start from scratch. This section walks through each quality element, providing detail on major considerations for development and adoption. When available, the guide cites tools—which can be found in the appendix, and innovative practices in use in existing CI communities. Although each element is necessary for a strong system, certain elements should be prioritized. As such, elements are presented in terms of priority.

Strong Home Visiting Collaborative

CI has a strong home visiting collaborative that has an agreed-upon vision with policies and procedures that contribute to that vision.

This is the foundation of the CI system. Once the CI's catchment geography has been determined, all programs serving families within an area, regardless of funding stream, need to be engaged and active participants in CI. Buy-in from all programs within a given community area ensures there is a single point of contact for community partners and families to connect with home visiting programs, creating clarity in the referral and enrollment process. Recruitment and promotional materials should also reference one telephone number, website or email, as well.

Initiating a home visiting collaborative for CI is difficult. Partners must agree to a new way of working together, which may sometimes conflict with internal agency practice and goals and obligations to funders. However, focusing on the positive impacts of improved collaboration can unite previously separate groups.

Once identified, all partners must commit to meeting on a regular basis – most existing home visiting collaboratives meet monthly – in order to cultivate trust and manage implementation. Membership of a home visiting collaborative must, at a minimum, include all home visiting programs in the area, but can also include community partners, as well. Newly formed collaboratives will need to build their system by developing policies and procedures to define their ways of working. At a minimum, the policies and procedures should cover the following:

- **Confidentiality and consent.** How is information on the family protected and shared and who has access?
- **Referrals.** How are referrals processed through CI, for each referral source? How is referral information shared, both forms used and method of sharing? Within what timeframe must actions take place? How are instances of dual enrollment handled? How does CI make referral decisions? What is the policy for families who do not qualify for home visiting programs? What is the policy for managing program waitlists?
- **Data tracking and sharing.** How is family and referral data tracked and stored? How and with whom are aggregate-level referral data shared?

In addition to clarifying ways of working, it is equally important to coalesce around the *why*, the larger vision for what the group is trying to achieve. Articulating overall purpose provides meaning to the collaborative's work and can be a guiding star during difficult times.

Associated Resources

- **Developing Referral Policies and Procedures. Appendix B, page 23.** This guide shows the three major referral workflows at a high level and outlines the questions collaboratives need to answer to adapt the general structure to their context.
- **Developing CI Policy and Procedure Manuals – Points for Consideration. Appendix C, page 29.** This reviews the topics collaboratives should address in their policy and procedure manuals and the questions to be answered.
- **Developing your Decision Tree. Appendix D, page 34.** A decision tree creates accountability for how CI makes their referral decisions and can be used as a tool when the CI is assessing program fit. This guide outlines the steps for creating a decision tree for your collaborative.

Community Partnerships

CI is connected and embedded in the early childhood and social service system of their community.

Moving outside the home visiting collaborative, connections with local social service agencies and early childhood systems are another pillar of CI. Community partners interact with children and families who may qualify for home visiting and can serve as a source of referrals. Local community agencies who recognize the power of home visiting act as fellow recruiters, augmenting outreach of CI and the collaborative. The entire range of social service systems within a community should be engaged and, at a minimum, include the following:

- Child care providers and Child Care Resource and Referral agencies
- Early Intervention services
- Head Start and Early Head Start programs
- Medical providers – hospitals, local health departments, Federally Qualified Health Centers, pediatricians, OBGYNs and mental health providers
- Homeless services providers and housing agencies
- Child welfare services
- Domestic violence shelters
- Local Family Community Resource Centers administering Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program
- Women, infants and children clinics
- Health insurance and managed care organizations

In addition to entities administering public benefits and social services, there are other, equally important and influential community members and groups that could serve as partners, as follows:

- Religious and faith-based institutions
- Local government officials
- Small businesses
- Community centers and nonprofit organizations/agencies
- Local early childhood collaborations

Local early childhood collaborations, if established, are especially important partners. Representing home visiting and the CI system at those tables, a CI connects their work to initiatives of local early childhood collaboratives.

Similarly, a CI can invite representatives from community collaborations to attend home visiting collaborative meetings. The goals of the home visiting collaborative and the local early childhood collaborative are distinct but should also be aligned, and a CI serves as a link facilitating coordination in activities and priorities between both groups.

Community Spotlight: Kane County

Kane County's CI uses innovative practices to continue relationships with community partners. The CI worker maintains their accountability by using monthly follow up reports to communicate with community partners on the status of their referrals to home visiting. Status reports share aggregate data on the number of families enrolled from each referral source.

Recently, the CI worker has amplified their follow-up communication by sharing success stories of families enrolled in home visiting programs. Identifying information on families is removed to protect confidentiality, but highlighting a positive example reminds community partners that making the referral makes a difference.

When engaging community agencies, it is important to consider the relationship from the partner's perspective – how will this connection benefit them and/or the children and families they engage on a day-to-day basis? Especially when establishing the connection, framing the relationship as something in their best interest can serve as motivation to "try out" the partnership. With community partners, the pitch can reference both the benefits of home visiting and how CI facilitates referrals – not only will families benefit but CI makes the process incredibly easy. Hopefully, after programs refer families and observe the positive effects of home visiting, they will be more motivated to become advocates for home visiting.

The work does not end once the partnership has been established. It is important to continue to remind programs about the power and purpose of home visiting and the process for making referrals. Ongoing engagement maintains the connection during times of turnover at the partner organization and offers the opportunity to troubleshoot barriers in making referrals, which ensures no families fall through the cracks due to confusion in the referral process.

Once the partnership has been established, a Memoranda of Understanding (MOUs) can serve as a means of solidifying the relationship. MOUs clarify the expectations and working relationship between two entities by putting the terms to paper. However, having an MOU should not represent the main indicator determining a relationship's strength. CIs can have a thriving relationship with a community agency without an MOU in place and conversely, a poor partnership even with something in writing.

- **Talking with Parents and Partners About Home Visiting.** **Appendix E, page 37.** This resource reviews points to emphasize when engaging families and potential community partners about home visiting. Tips on how to develop your own talking points are also included.
- **Developing MOU with Partner Organization.** **Appendix F, page 41.** This tool explains the purpose behind developing MOUs and the process of creating

Data

CI uses data to support functioning of CI and home visiting system and to inform outreach strategies.

To develop a CI system that is both well-defined while also nimble and adaptive to changing community conditions, collecting, monitoring and analyzing data is critical. Data can inform all aspects of a CI's work – from internal policies of the home visiting collaborative to external strategies for engaging new partners and families. Furthermore, CI-collected data can drive community-wide conversations around resource allocation and advocacy for increases or changes in services. Examples of data that could be potentially collected include:

- De-identified family demographic information
- Partner program caseload capacity
- Waitlist numbers
- Turnaround times for recruiting and enrolling families
- Referral outcomes
- Qualitative themes gleaned from conversations with families

The CI and home visiting collaborative's priorities and goals should drive what is gathered and prioritized for analysis. For example, if the home visiting collaborative wants to focus on improving recruitment and enrollment, the collaborative could consider tracking referral processing time, messages or techniques more successful in motivating families to enroll, and even individual home visitor enrollment rates. It is important to remember the overarching purpose when analyzing data – strengthening outreach and enrollment strategies and practices – which should guide conversations around trouble-shooting challenges and developing solutions. The purpose is not to shame or pinpoint the negative, but to identify areas for improvement to achieve the goal of enrolling more families into home visiting programs.

> **Referral Spreadsheet Analysis Question Guide. Appendix G, page 43.** This outlines the process and questions for consideration for collaboratives looking to analyze their referral trends and patterns.

How the data tracked is an equally important consideration, which may be limited by the existing systems in use within an agency and program budgets. Some communities use data systems that have been especially created for sharing and tracking referrals. Emerging CI communities have started with free data tracking solutions like Microsoft Excel or Google Sheets. Communities do not need a data management system for CI to be successful; what is more important is having defined policies and procedures for how referrals are processed and tracked.

Finally, CI can expand analysis outside the home visiting collaborative to the community more broadly. Collecting and evaluating local demographic information is vital for outreach and assessing effectiveness of connecting with "harder-to-reach" families. Awareness of population-level data, coupled with knowledge of demographic characteristics of families currently enrolled, can drive targeted outreach strategy responsive to unique community contexts by clarifying who lives within the area, their corresponding needs and what messages resonate with these populations.

Outreach / Public Awareness

CI promotes community knowledge of home visiting and uses various outreach strategies to inform families about home visiting.

Outreach refers to efforts to build public awareness for home visiting at the community and individual family levels. This quality component is related but distinct from one relating to community partnerships. Outreach involves

engagement with entities outside of the home visiting collaborative and includes strategic consideration as to how the messaging is framed, who the audience is, and how the means of communication is different. In this case, people who could enroll in home visiting, or know people who could enroll, are the target population.

Community Spotlight: Cicero

The town of Cicero has taken a tried and true approach to educating the community about home visiting and other early childhood services by harnessing the power of neighborhood connections through Parent Ambassadors. Paid a stipend for their work, Parent Ambassadors go door-to-door to talk about importance of early childhood services, like home visiting. Many Parent Ambassadors have participated in the programs themselves and speak about the topic personally. In addition to their own lived experience, they are also required to complete training on early childhood and engagement approaches. Parent Ambassadors are connected to the CI system, too; any family interested in receiving home visiting is referred to the CI worker through an established process.

At a high level, engagement with families emphasizes the goals and benefits of home visiting. Messaging is also paired with the importance of the early childhood years and the parent's significant role in promoting child development as their child's first teacher. Home visiting is positioned as a resource to empower families to be the best parents and caregivers for their children. While the broad strokes of the message are similar – the specific content, the points emphasized and the language used, will be different from community to community. As families are the intended audience, they should represent key stakeholders in developing and refining the message.

The methods used to maintain community presence can occur through direct recruitment with families, advertisement or through social media. Direct recruitment includes participating in community events, such as health fairs, outreach at locations frequented by families and community members, like libraries and public aid offices and door-to-door canvassing. Advertisements can be placed in local newspapers or public transportation. The normal range of social media outlets – such as Facebook, Twitter, YouTube or Instagram – can be used, while emerging mediums popular with younger generations, like TikTok, should also be considered.

Community Knowledge

CI has knowledge of the home visiting and social service landscape for their community and ways of accessing these services.

CIs must maintain awareness of home visiting programs in their area to be a credible steward of the service and efficiently process referrals. Knowledge should include what home visiting programs exist; their caseload capacity and eligibility criteria and changes in ability to serve families. The last consideration is associated with the staffing and staff skills within an agency. For example, programs with staff vacancies cannot receive new referrals and agencies that lack bilingual home visitors cannot as effectively serve a family presenting with different language needs.

It is also important for CIs to monitor the broader social service landscape to effectively serve families and maintain standing within the community. Families may, and often do, require more supports than home visiting. Knowing additional services and supports, such as health care, mental health, public benefits and shelters, can help the CI comprehensively address all the needs of the family.

Furthermore, this also helps situate the CI as a resource for the community partners looking to connect families they individually engage with other services.
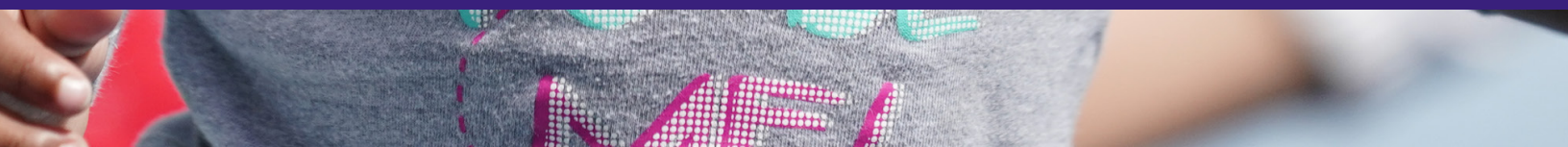
Final Thoughts

Building and sustaining a robust CI system is difficult work, but the positive impacts – families smoothly connected with home visiting programs – validate the effort. It is hoped that this guide and its corresponding resources and tools will be sources of support for CIs and communities as they engage in this challenging but truly important work.

APPENDICES

Appendix A: CI Elements of Quality Framework

Coordinated Intake (CI) Elements of Quality				
CI is a system for processing, monitoring and tracking enrollment into home visiting programs within a community. Through outreach with families and relationship building with community partners CI focuses on the identification and recruitment of families who would most benefit from home visiting services and, with knowledge of program capacity at the community level, facilitates enrollment in a home visiting program best meeting the needs of the family. When CI is working well, families are seamlessly connected with home visiting, all agencies in the community area are at 100% caseload capacity and families are not dually enrolled in multiple home visiting programs.				

|	Strong Home Visiting Collaborative	Strong Community Partnerships	Use of Data	Effective Outreach & Public Awareness	Community Knowledge
Quality pillars	1. CI has a strong home visiting collaborative that has an agreed-upon vision with policies and procedures that contribute to that vision.	2. CI is connected and embedded in early childhood and social service system of their community.	3. CI uses data to support functioning of CI and home visiting system and to inform outreach strategies.	4. CI maintains strong community presence and uses various outreach strategies to inform families about home visiting.	5. CI has knowledge of home visiting and social service landscape for their community and ways of accessing these services.
Quality elements	The collaborative meets on a regular basis, with core partners regularly in attendance.	CI has relationships with community partners that facilitate the identification and enrollment of families into home visiting programs.	CI maintains accurate count of home visiting program capacity in community area.	CI oversees outreach initiatives to recruit families and increase public awareness of home visiting. Outreach should incorporate a variety of methods and strategies.	CI knows home visiting programs, both existing and new, for their community.
	The collaborative has an agreed-upon mission statement and agreed-upon policies, procedures and activities to support this mission.	CI regularly meets with community partners to maintain relationships.	CI is a source of data for community building and informs funding applications for home visiting programs and other services. .	CI is able to engage with families and community members about home visiting in a compelling manner. This may involve refining talking points, along with developing targeted messages for certain populations.	CI knows eligibility criteria for home visiting programs in their community.
	The collaborative has established processes for managing referrals.	CI participates and/or facilitates meetings of community partners.	CI monitors community area changes and trends in population demographics for their impact on home visiting recruitment and enrollment.		CI knows resources available in their community, along with their eligibility criteria and intake procedures.
	CI has an established process for communicating agreggate referral data to home visiting collaborative.	CI identifies and engages with new community partners that could serve as referral sources. CI tailors engagement to the unique needs and preferences of community partner.	CI enters referral outcomes in data management system.		CI makes referrals to community resources.
	CI uses standardized screening tool for assessing program eligibility and making referral decisions.	CI is a source of information on home visiting and CI for community partners.			
	CI manages conflict and issues as they arise within the collaborative.				

Guide for Developing Coordinated Intake (CI) Referral Policies and Procedures

Each referral source – CI recruit, home visiting partner program and community partner—has its own unique referral pathway. To ensure families do not fall through the cracks and enrollment is as smooth as possible, the CI worker and their home visiting collaborative need to clearly articulate expectations for each step in the referral process.

Organized by referral source, this guide lays out the questions that should be addressed, connecting them with a specific step in the referral process. Your answers will form the basis for policies and procedures that you develop with your home visiting collaborative. It is recommended that you address your referral workflows in the order structured below, as they are organized from least to most complex. *Some question blocks will apply to multiple workflows – once you define the process for one, they can be applied to others – and are indicated with a blue asterisk.*

CI Recruit Referral Process
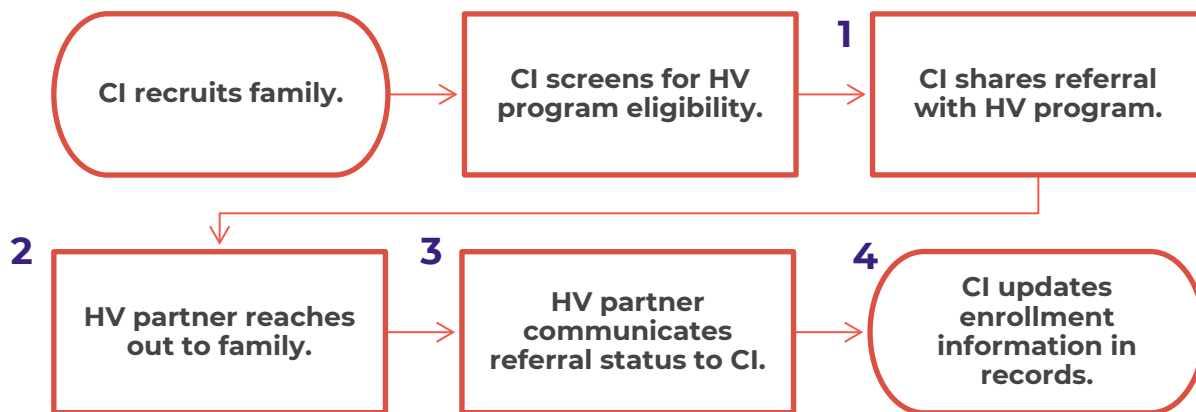
Questions for Consideration

1. **CI shares referral with HV program.**
   - Upon recruiting the family, within what timeframe should CI share referral with partner HV program?
   - What tools or resources does CI use to make referral decision?
   - How is consent obtained from family to share information between partners and funders?
   - Does the CI use the same process for sharing referrals with each partner agency?
   - For each agency, how is referral made (e.g., email, fax, data system)?

- For each agency, what form does CI use, if any, to share information on the family?
- For each agency, who receives the referral?
- Does the home visiting partner program do anything to confirm receipt of the referral?

2. **HV partner reaches out to family.**
   - After receiving the referral, within what timeframe should home visiting programs begin reaching out to the family?
   - How long can a family be in recruit status (pending)?
   - Is the definition of pending the same across all home visiting partner programs? If not, what are the policies by program?

3. **HV partner communicates referral status to CI.**
   - How do partner programs relay referral status back to CI (e.g., email, fax, data system)?
   - Is there a timeframe that programs are expected to do this?

4. **CI updates enrollment information in records.**
   - Where is enrollment data kept?
   - Who oversees updating enrollment?
   - Within what timeframe should this be updated?
   - How is referral and enrollment information shared with the collaborative?

Community Partner Organization Referral Process

1 Community partner refs family to CI.

CI screens for HV program eligibility.

2 CI shares referral with HV partner program.

3 HV partner reaches out to family.

4 HV partner communicates referral status to CI.

5, 6 CI updates enrollment information in records.
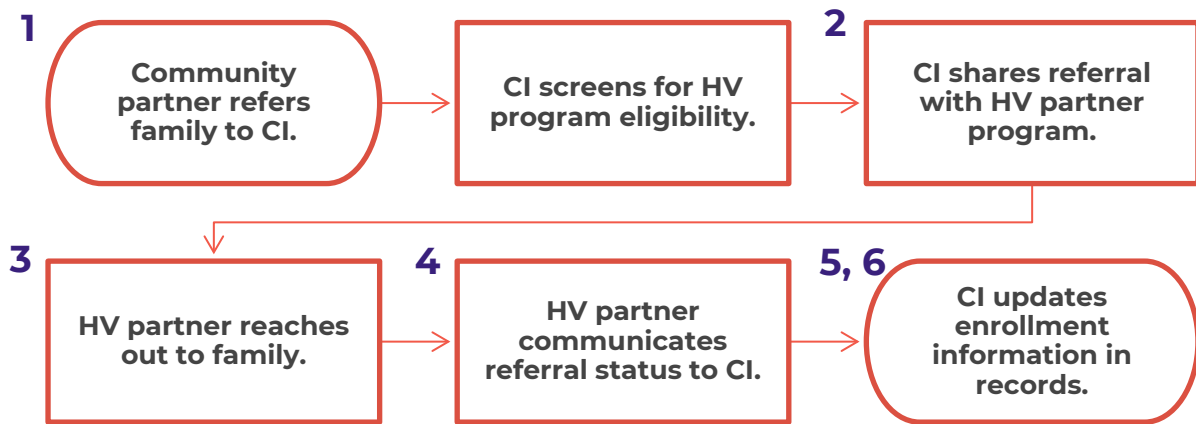
Questions for Consideration

1. **Community partner refers family to CI.**
   - What form does community partner use to share family information with CI?
   - How does community partner share referral information with CI?

- How does community partner obtain consent from the family to share family information with CI?
  Note, the process may be different by partner. Also, the terms of the referral relationship should dictate language in MOUs developed with each community partner.

2. **CI Shares referral with HV partner program.** *Answers from the previous section can be inserted here.*
   - Upon receiving referral, within what timeframe should CI share referral with partner HV program? *
   - What tools or resources does CI use to make referral decision? *
   - How is consent obtained from family to share information between partners and funders? *
   - Does the CI use the same process for sharing referrals with each partner agency? *
   - For each agency, how is referral made (e.g., email, fax, data system)? *
   - For each agency, what form does CI use, if any, to share information on the family? *
   - For each agency, who receives the referral? Does the home visiting partner program do anything to confirm receipt of the referral? *

3. **HV partner outreaches family.** *Answers from the previous section can be inserted here.*
   - After receiving the referral, within what timeframe should home visiting programs begin reaching out to the family? *
   - How long can a family be in recruit status (pending)? *
   - Is the definition of pending the same across all home visiting partner programs? If not, what are the policies by program? *

4. **HV partner communicates referral status to CI.** *Answers from the previous section can be inserted here.*
   - How do partner programs relay referral status back to CI (e.g., email, fax, data system)? *
   - Is there a timeframe that programs are expected to do this? *

5. **CI updates enrollment information in records.** *Answers from the previous section can be inserted here.*
   - Where is enrollment data kept? *
   - Who oversees updating enrollment? Within what timeframe should this be updated? *
   - How is referral and enrollment information shared with the collaborative? *

6. **CI updates enrollment information in records**
   - Is there a process for sharing referral outcomes with community partners? If yes, how is information shared and how often?

Home Visiting Partner Program Referral Process

Can HV partner enroll family?

HV partner program recruits family.

YES → HV partner schedules initial appointment.

NO

1 HV partner shares family information with CI.

2 CI checks if family is enrolled in another HV program.

Is family already enrolled?

YES → **3** CI communicates dual enrollment to HV partner(s). Dual enrollment protocol is followed.

→ If needed, CI updates enrollment information records.

NO

4 CI completes screen and refers to different HV partner.

5 HV partner reaches out to family.

6 HV partner shares enrollment information with CI.

7 CI updates enrollment information with records.

Questions for Consideration

1. **HV partner shares family information with CI.**
   - How do home visiting partner programs share enrollment information with CI?
   - If there are differences across programs, specify process for each.
   - Is there a required timeframe for when the home visiting program reaches out to the family?
   - What form do home visiting programs use to share referral information?
   - How do home visiting programs obtain consent from family to share referral information with CI?

2. **CI checks if family enrolled in another HV program.**
   - Within what timeframe should CI check for duplicates?
   - If the family is already enrolled, within what timeframe will CI communicate back to the home visiting agencies about dual enrollment?

3. **CI communicates dual enrollment to HV partners. Dual enrollment protocol is followed.**
   - How will duplicates be handled?
   - Who communicates dual enrollment to family?
   - What decision points will drive the program a family is ultimately enrolled in?

4. **CI completes screen and refers to different HV partner.** *Questions with asterisks have already been answered.*
   - If the referral from the home visiting program to CI is for a family that the program cannot enroll, what information does CI need in order to make referral to a different partner program?
   - Upon receiving referral, within what timeframe should CI share referral with partner HV program? *
   - What tools or resources does CI use to make referral decision? *
   - How is consent obtained from family to share information between partners and funders? *
   - Does the CI use the same process for sharing referrals with each partner agency? *
   - For each agency, how is referral made (e.g., email, fax, data system)? *
   - For each agency, what form does CI use, if any, to share information on the family? *
   - For each agency, who receives the referral? Does the home visiting partner program do anything to confirm receipt of the referral? *

5. **HV partner outreaches family.** *Answers from previous section can be inserted here.*

- After receiving the referral, within what timeframe should home visiting programs begin reaching out to the family? *
- How long can a family be in recruit status (pending)? *
- Is the definition of pending the same across all home visiting partner programs? If not, what are the policies by program? *

6. **HV partner shares enrollment information with CI.** *Answers from the previous section can be inserted here.*
   - How do partner programs relay referral status back to CI (e.g., email, fax, data system)? *
   - Is there a timeframe that programs are expected to do this? *

7. **CI updates enrollment information in records.** *Answers from previous section can be inserted here.*
   - Where is enrollment data kept? *
   - Who oversees updating enrollment? *
   - Within what timeframe should this be updated? *
   - How is referral and enrollment information shared with the collaborative? *

Developing and Implementing the Policies

Creating policies and procedures should be a collaborative process whereby the CI and home visiting programs agree to the expectations and formalize them in writing. Policies should be reviewed and approved annually at a minimum. While creating a formal system helps create structure, it should not prevent recruitment and enrollment of families from running smoothly.

Therefore, if a policy – once established – is not working in practice, the group is encouraged to reconvene to make changes.

Developing CI Policy and Procedure Manuals – Points for Consideration

Use this template when developing and/or revising Coordinated Intake (CI) policies and procedures. A detailed manual will address the items listed below.

Outreach to Families

Describe the role of CI in recruiting families and creating community awareness of home visiting.

- Where does CI conduct outreach?
- Which external agencies and community organizations does CI partner with?
- How is outreach coordinated with community partners and home visiting programs?
- What materials does CI use in outreach? Include in the appendix.
- How are outreach activities tracked and documented?
- How are outreach initiatives shared out with the home visiting collaborative?
- How is family voice incorporated into outreach messaging and activities?
- How does CI adapt outreach to engage priority populations, like homeless families, teen parents and families in the child welfare system, etc.?

Referral Process

Describe the process for sending and receiving referrals. Include visual representations (e.g., flow chart) of referral processes in the appendix. Clarify the process by referral source (e.g., CI recruit, HV recruit, community partner).

- For each referral source, identify who is responsible for what at each stage of the referral process.
- When applicable, what forms are used to guide decision making/actions? Include forms in the appendix.
- When applicable, within what timeframe are partners responsible for completing identified actions?
- When applicable, how does communication between partners occur? (phone, data management system, fax). For each partner, identify how communication occurs.
- How is the referral status tracked? How is the referral outcome tracked? Within what timeframe is the CI responsible for entering outcomes into designated tracking system?

- How are aggregate referral outcomes shared out with home visiting programs?
- What is the process for families who aren't eligible for any program?
- How are instances of dual enrollment handled?

CI Decision Making Process

Describe the CI process for making referral decisions.

- What tools/screening forms are used? Share in the appendix.
- How does CI stay informed of home visiting program changes that impact their ability to enroll and serve families (e.g., capacity, language capabilities of home visitors, home visitor turnover)?
- What is the process for completing the screening tool/form?
- How and where are screening forms stored? How long are forms stored?
- What protocol is used for instances when more than one program is able to serve a family?
- Include chart with eligibility criteria for each program model (e.g., Baby Talk, HFI, PAT, EHS, NFP) represented in your community.
- Does CI make referrals to resources in addition to home visiting? If yes, describe process for making referrals. Does CI follow up on the status of referrals?

Community Collaborations

Describe CI processes for developing and maintaining community partnerships.

- What local early childhood community collaborations exist? Who organizes the collaborative meetings? How often does the group meet? What is the collaborative mission statement?
- How does CI initiate contact with new community partners?
- What is the process for completing Memoranda of Understanding (MOUs)? How are MOUs tracked and stored? How is MOU adherence monitored? Include MOU template in appendix.
- How does CI maintain relationships with existing partners?
- How are outreach activities tracked and documented? How are MOUs and points of contact documented?

Home Visiting Collaborative

Describe CI role in meetings with home visiting partner programs.

- How often does the home visiting collaborative meet?
- What is the CI's role in home visiting collaborative meetings? Do home visiting program participants also have identified roles?
- What is the purpose/mission statement of the collaborative?

- What topics are covered in meetings? How does CI solicit input from home visiting partner programs on meeting agendas?
- Does the home visiting collaborative have an established process for managing disagreements?

CI Training and Supervision

Describe internal and external supports provided to CI.

- Provide CI worker job description.
- What trainings are CIs required to complete? What is the timeline for completing? How is completion documented? Please provide training log, if applicable.
- What ongoing professional development, trainings or learning opportunities are required and/or optional for CIs?
- How often and for how long does CI worker receive supervision? Is reflective supervision provided? How is supervision documented? Include log in the appendix.
- How is employee performance monitored and evaluated?
- What other resources or supports are CIs able to receive?

Waitlist

Describe process for families that are waitlisted for home visiting services.

- What is the process for putting families on a waitlist for home visiting? What sort of initial communication does family receive informing them of their waitlist status? Are families referred to other community services? How frequently does CI outreach family to confirm continued interest in home visiting?
- When home visiting slots become available, how are families prioritized for enrollment?
- How long can a family stay on a waitlist?
- How does CI maintain waitlist records?

Emergency Referrals

Describe process for assessing for emergency needs and connecting with necessary services.

- How are emergency situations defined? Possible situations can include. but are not limited, to Intimate Partner Violence (IPV), mental health, homelessness and child abuse and neglect.
- Is program supervisor or senior staff member on call for emergency situations if support is needed? What is the process for informing supervisor of emergency situations?

- Does CI maintain a list of community resources, including emergency numbers such as police, domestic violence, child abuse and suicide prevention hotlines, that can be referenced in addressing emergency situations? How often is this list updated?
- How are referrals for emergency services tracked?

Confidentiality and Consent for Information Sharing

Describe precautions for ensuring confidentiality and obtaining consent.

- How long does CI maintain family records and where are records stored?
- How does CI obtain consent for sharing family information with referral partners? What type of information does consent cover? Does consent cover communication from home visiting program to CI on family? Where is consent documented? Include consent language in appendix.
- How is consent obtained and documented when obtained by phone?
- What documentation (e.g., MOU) does CI have in place before family information is shared with home visiting and community partners?
- How will confidentiality be safeguarded and HIPPA and FERPA (if applicable) protocols be followed?
- What is the process for when a family would like to revoke their consent for information sharing?

CI Back-Up

Describe processes for when CI is out of the office for short-term and extended periods of time.

- When will the CI back-up policy be instituted?
- How is CI absence and return communicated to home visiting and community partners?
- Who will stand in as point of contact for CI?
- How will referrals be processed during CI's absence?
- How will CI ensure access to necessary data systems and tracking documents for CI back-up to use in their absence?
- What other responsibilities will CI stand-in prioritize for completion while CI is out?

Data and Reporting

Describe how CI tracks, reports and utilizes data.

- What data system(s) and or forms are used? Include forms in the appendix.
- What data is tracked? Where is data stored? How long does CI maintain data records? Specifically indicate how referral status and outcome data is tracked and stored.

- How is data used to inform outreach strategies and improvements to processing of referrals?
- What data and data analysis are shared with home visiting and community partners? How is information presented? How often is information shared?

Continuous Quality Improvement (CQI)

Describe CI participation in the CQI process/agency quality improvement activities.

- Who participates on CQI team, on monthly calls and in CQI plan activities?
- What CQI tools are used? How are they used?
- How will CI project planning, activities and results be shared with home visiting and community partners?

Developing Your Decision Tree

Why create a decision tree?

The purpose of this project is to create an agreed-upon framework when making referrals to home visiting partner programs. Creating a decision tree can help CI in number of ways, including the following:

- **Supporting your role as a neutral decision-maker for referrals.** As CI, you decide where to send families for home visiting, which impacts a program's caseload and, ultimately, whether they continue to receive funding for those slots. Because of your significant role, it is vital to act – and be perceived as – a neutral decision-maker. This is especially important for CIs who work out of an agency that operates home visiting programs also participating in the collaborative. Your partners need to know you are working for the good of the collaborative, not your own organization. By laying out your referral process, the decision tree is a way of holding yourself and your program accountable to the collaborative.
- **Simplifying your process for making and tracking referrals.** Each of your partner programs have numerous and varied program eligibility requirements that determine whether they can or cannot enroll a family. Keeping track and applying all these requirements is complicated. The decision tree is a tool you can utilize when processing referrals to ensure families are sent to programs best meeting their needs.

Making the Decision Tree

Step 1. Identify program eligibility criteria for all home visiting partner programs in your collaborative. A spreadsheet is a good way of organizing this information. Each agency participating in the collaborative would fill out the eligibility criteria listed below for their program. Each of these fields represent a decision point guiding the ultimate referral decision.

- Home visiting model
- Parent eligibility requirements (does the parent have to be a certain age, first time parent, etc.?)
- Child eligibility requirements (how old does the child have to be, etc.?)
- Geography served
- Does agency have home bilingual home visitors? Identify language spoken.
- Are non-traditional hours offered (e.g., weekends, evenings)? Include days and times.
- Risk factors (are there certain characteristics a family must have in order to be eligible?)
- Extra services available through the agency

Step 2. For each major decision point, create questions that would "eliminate" programs from being able to serve a family. Do this for all eligibility criteria that restricts a program from enrolling a family. See below for an example on how step 2 would work in process.

Agency	Child Eligibility Requirements (i.e., how old does the child have to be?)
Crittenton Centers	Birth to age 3
PCCEO	Max: age 5
Pekin #108	Max: age 3
Good Beginnings	Prenatal to age 5
Good Beginnings, MIECHV	Prenatal to 2 months
Good Beginnings, PPS	Prenatal to 2 months
Good Beginnings, ECP	Prenatal to 2 months
Good Beginnings, Doula	Prenatal only

Let's Review:

Take a look at the child eligibility requirements for the list of programs. The main difference is the age of child, with one program having stricter requirements. You will need to create questions that would eliminate these programs when enrolling a family not meeting these conditions.

Questions
1. Is the child over two months old?
   If yes, eliminate Good Beginnings PPS, Good Beginnings ECP, Good Beginnings MIECHV, Good Beginnings Doula
2. Is the child over three years old?
   If yes, eliminate Crittenton Centers, Pekin #108

Step 3. After creating elimination questions for all eligibility criteria, you will need to create – with your collaborative – decision-making policies when multiple programs could serve a given family. This will be up to you and your collaborative, but some aspects to consider are as follows:

- Past referral decisions
- Number of families a program is currently recruiting
- Family choice
- Current program capacity – whether the program is already full, whether a program has the most open slots compared to others

These decision points are the final pieces of your decision tree and should be included in whatever material you create.

It will also be important for you to develop a means of tracking where families were placed in tie-breaker situations, in case a past referral choice is a factor in future referral decisions.

Step 4. Your decision tree is a living document that will be influenced by several factors including the following:

- Caseload capacity for your partner organization
- Staff turnover (and the type of staff hired as replacements)
- Changes in eligibility criteria
- Increases or decreases in funding to current or new home visiting programs

Creating a process so that you and your collaborative can identify and incorporate eligibility changes on an ongoing basis will ensure that the decision tree continues to be a reliable tool. Again, how this works is up to you and your partners, but strategies to consider include the following:

- Development of a shared document (e.g., Google doc.) that partners can access to make updates pertaining to their ability to enroll families
- Have program eligibility changes as a standing agenda item for collaborative meetings or part of weekly/bi-weekly email check-ins you initiate.

Talking to Parents and Partners About Home Visiting

These example elevator pitches and talking points can help you with home visiting outreach efforts. Each of the elevator pitches shares a similar overall message but is tailored to the audience or emphasizes a certain benefit of home visiting. Content for the elevator pitches was based on data collected from the recently published MIHOPE Implementation Study, which evaluated MIECHV-funded programs in states, including Illinois, through a randomized control trial approach. Feel free to make changes to your pitch if you notice that one point is more persuasive for your audience.

Elevator Speech Examples

To: Parent (focus on parent)
Parents are very receptive to messaging that emphasizes the support they can receive from their home visitor as they navigate the challenges of being a new parent. According to the MIHOPE Implementation Study, 51% of mothers who enrolled in home visiting reported that their decision to participate was based on wanting general advice and support from the evidence-based models.

- Being a parent is stressful. But it can also bring you joy and be your most rewarding job.
- Working with a home visitor can help.
- It is free, voluntary and takes place in the comfort of your own home.
- Home visitors understand the challenges of being a parent and are someone you can talk to about the stresses and joys of this new role.
- Home visitors are a resource you can rely on for support and advice.
- What happens during a home visit is organized around your goals and priorities.
- They will also talk with you about how your baby is growing and what you can do to get your baby off to a healthy, strong start, ready for school and ready for life.
- What questions can I answer for you about home visiting?

To: Parent (focus on child development)
According to the MIHOPE implementation Study, a third of women who enrolled in home visiting services wanted to learn how to be better mothers and get parenting support; one-fourth of women wanted to learn ways to improve their children's health, support their children's development and find good child care.

- Babies do not come with instruction manuals but being a parent can be one of the most rewarding jobs you have.
- Home visiting is free, voluntary and home visitors meet you where you are – in your home and based on your goals.

- Home visitors help you tap into your strengths and love for your baby so you can be the best parent for your baby.
- Home visitors can provide information and support during pregnancy and throughout the child's earliest years – a critical development period.
- They will talk with you about how your baby grows, how to bond with your baby and how to help your baby stay healthy and get off to a strong start.
- What questions can I answer for you about home visiting?

To: Social Service Agency
The messaging for social service agencies is slightly different and should emphasize how they would benefit from referring families to home visiting.

- Being a parent is a tough job, and it is just one of the many things the families you serve are responsible for.
- Every mom could use a little support. This is just what home visiting does.
- It is free, voluntary and takes place in the comfort of a parent's own home.
- Home visiting has been shown to help children get off to a healthier, better start and has also helped parents obtain economic self-sufficiency.
- Home visitors are trained professionals and have received extensive coaching on how to implement their program's evidence-based home visiting model.
- They work together with families to create goals for them and their child.
- Home visitors use a strength-based approach and engage with families on how their babies grow and develop.
- Parents can also get help accessing other supports like child care, health care and food assistance.
- Home visiting can strengthen the impact of the services and supports provided by your agency.
- What families who you currently serve would benefit from home visiting?

Developing Your Own Pitch

Perfecting your pitch takes time and practice. Each conversation you have with families and community partners can serve as data for what points are most compelling and for what audience. When thinking about how your own pitch would look, here are a few things to consider:

- What is your goal? What are you trying to achieve with your pitch?
- Who is your audience?
- What does home visiting offer? How can your audience benefit? What sets home visiting apart from other supports a family can get?
- End with an open-ended question to engage them in conversation.

Talking Points

Feel free to incorporate some of the talking points on the following page when developing your own elevator pitch during home visiting outreach.

Introduction
- Being a parent is one of the toughest jobs.
- Babies do not come with instruction manuals.
- Parents face lots of new and sometimes unexpected pressure in their new role.
- Every parent could use a little support.

General Information
- It is free, voluntary and happens at home, or wherever is most convenient and comfortable for you.
- Home visitors are here for you.
- Home visitors are trained to engage with pregnant and parenting people.
- Home visitors understand the challenges and joys of being a parent.

Approach to Home Visiting
- Home visiting is organized around you, your goals for yourself and for your baby.
- Home visitors work with you and focus on your strengths and the love you have for your baby.
- Home visitors see you as equal partners and work with you as you move toward your identified goals.
- Your voice drives what happens in a home visit.
- Home visitors can work with the entire family to develop positive social connections with family members.
- A home visitor is a non-judgmental person for you to talk to.
- A home visitors is a resource you can rely on for advice and support.
- Home visitors can connect you with other resources you may need, like child care, health care or other supports.

Benefits of Home Visiting
- Have someone to talk to about the struggles, challenges and joys of being a parent.
- Increase your bond with your baby.
- Get a better understanding of how your baby grows and your role in supporting them.
- Strengthen your relationship with your baby.
- Get ideas for creating a nurturing environment that supports your child's development.
- Feel more comfortable in your role as a parent.
- Learn what activities support healthy development for your baby.
- Deal with the stresses of being a parent.
- Help your baby get off to a better and healthier start, so your baby is ready for school and life.
- Home visitors can help you and your baby stay healthy.
- Home visitors can check that your baby's development is on track.
- Receive help getting a job and accessing services like child care, health care, financial support and other resources.

Want to Know More?

These resources were used in the development of this tool and can be a reference for you as well.

- **MIHOPE Implementation Study.** There's a lot of information in the report, but details on who participates in home visiting and why they decided to enroll starts on page 40 of the study.
- **PEW Home Visiting Messaging Study.** This report presents results from focus groups that were conducted with mothers on what home visiting talking points were most compelling.

Developing MOU with Partner Organization

MOUs formalize a relationship between your organization and a partner organization. They clarify expectations of the partnership by establishing agreed upon roles and responsibilities for each party. How MOUs are organized, and the language used is up to your organization. However, a good MOU should:

1. Clearly lay out its purpose
2. Name who is involved
3. Identify who is responsible for what

CI should have MOUs with home visiting programs that participate in the home visiting collaborative. It is also important to develop MOUs with organizations across the spectrum of the social service landscape. These agencies can both refer families to CI/home visiting services and receive referrals from the CI worker. It is suggested to have MOUs with the following types of agencies:

- Child care providers and Child Care Resource and Referral agencies
- Early Intervention services
- Head Start and Early Head Start programs
- Medical providers – hospitals, local health departments, Federally Qualified Health Centers, pediatricians, OBGYNs and mental health providers
- Homeless services providers and housing agencies
- Child welfare services
- Domestic violence shelters
- Local Family Community Resource Centers administering Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program
- Women, infants and children clinics
- Health insurance and managed care organizations

Now we will walk through the four major sections of an MOU, highlighting keys questions for consideration along the way.

Vision

Background information on the organizations signing the MOU and what the partnership will try to achieve. Questions to answer...

- What is your organization's mission? What is the mission of your program?
- What is the mission of your partner organization?
- What are you trying to achieve through your partnership?

Purpose and Scope

Intended results or outcomes the organizations hope to achieve and the area(s) the specific activities will cover. Questions to answer...

- Why are the organizations forming a collaboration? Benefits for each organization?
- Who is the target population? What is the defined service area for each program?
- How does the target population benefit?

Responsibilities

The foundational / core details of the MOU, where you establish policies and procedures and identify roles and responsibilities for each party. Questions to answer...

- What is the policy and procedure for referral and follow-up?
- What is your plan for coordinated and joint outreach to families?
- Have participating programs all agreed to a shared form and shared procedures for intake or eligibility screening?
- What is your plan for reducing duplication of services?
- Who are the points of contact for each organization?

Terms of Understanding

MOUs should include a start and end date; generally, they encompass a 12-month (one year) period of time. MOUs should be countersigned by both organizations. This is especially important for organizations in your home visiting collaborative. Reviewing and reassessing – then resigning – the MOUs can be an opportunity to adapt the terms of the relationship in response to changes or issues experienced in the previous MOU period. MOUs can also be a tool for maintaining your relationship with other social service agencies in your community Questions to answer...

- What are the start and end dates of the MOU?
- What is the process for terminating the MOU, if needed?
- Who are the signatories?

Referral Analysis Project – Template

Use this template as a starting point for planning your analysis of home visiting referral data. Analysis will depend on what and how you are collecting your data and should be driven by the stated collaborative goals.

The purpose of critically reviewing referral data is to improve outreach and enrollment practices, with an eye toward achieving full caseload capacity for all partner programs. While multiple factors can and do impact enrollment outcomes, drilling down to the specifics will clarify the critical elements facilitating enrollment into home visiting programs. Once you have identified a timeframe, these are some questions to consider and data points to collect.

Demographic Data

Collecting and analyzing population level data could require more planning and effort, as it may not necessarily be tracked alongside referral outcome data. Gaining a clearer understanding of the families served (and not served) can be a significant data point for recruitment and enrollment strategy and can ensure that programs are enrolling priority populations.

Referral Process and Outcome Data

These questions focus on process – how efficiently and effectively you and your collaborative manage referrals – and can also inform outreach and recruitment approaches. Questions to consider:

1. How many referrals has CI received during this period?
    i.   For those referrals, how many was CI able to refer to home visiting?
    ii. For those referrals to home visiting, how many were programs able to successfully enroll?

2. What is your most reliable referral source? How many referrals have you received from this partner? *Note: a reliable source is defined as the one that generates the most referrals that end up enrolling in home visiting.*

3. For each referral source, answer the following questions:
    i.   How many were referred to a home visiting program and enrolled in services?
    ii.   How many were referred to a home visiting program and not enrolled in services?
    iii. How many were referred to a home visiting program and are pending?
    iv.   How many declined a referral to home visiting when contacted by CI?
    v.   What were the reasons for declinations?

4. What are your least reliable referral sources? How many referrals have you received from them?

5. Are there any referral sources that are not on this list that you would currently like to engage to receive referrals? Have there been attempts to engage this referral source in the past? Potential referral sources could include, but are not limited to:
    i. Child care providers and Child Care Resource and Referral agencies
    ii. Early Intervention services
    iii. Head Start and Early Head Start programs
    iv. Medical providers – hospitals, local health departments, Federally Qualified Health Centers, pediatricians, OBGYNs and mental health providers
    v. Homeless services providers and housing agencies
    vi. Child welfare services
    vii. Domestic violence shelters
    viii. Local Family Community Resource Centers administering Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program
    ix. Women, infants and children clinics
    x. Health insurance and managed care organizations

6. What are the enrollment breakdowns by home visiting program?
    i. By program and home visitor, how many families have been enrolled in home visiting?
    ii. For each enrollment, how many contacts were made before the family enrolled? How were those contacts made?
    iii. By program and home visitor, how many families have not been enrolled?
    iv. By program and home visitor, how many referrals are unknown or pending?

Appendix H:

Relevant Acronyms

CI	*Coordinated Intake*
CQI	**Continuous Quality Improvement**
HRSA	**Health Resources and Services Administration**
HHS	**U.S. Department of Health and Human Services**
HV	**Home Visiting**
IPV	**Intimate Partner Violence**
MOU	**Memoranda of Understanding**
TA	**Technical Assistance**