Components to include in each community’s Coordinated Intake Policy and Procedure Manual

I. Outreach to families

a. Role of CI worker(s) in recruiting families (what kinds of activities, where do they conduct the outreach, which external agencies do they partner with, is this done by phone or in person, etc.)

We, as the coordinated intake site do not do any outside outreach activities. We enroll and see our families when they come in for services such as WIC. We continue to do this every week and we have maintained a waitlist for months. We have created outreach materials to use in case we decide to do any other outreach activities.

b. Role of HV agencies in recruiting families (what kinds of activities, where do they conduct the outreach, which external agencies do they partner with, is this done by phone or in person, etc.)

See II. Referrals to home visiting

Below are other means of agency recruitment that lends itself to recruitment of HV families.

Historically, Rockford’s Head Start program has had tremendous success in recruitment, and outreach to families due to their grassroots efforts. These efforts have included targeted recruitment, door to door, utilizing fliers at various social service agencies, medical homes, stores, retail outlets, day care centers, Laundromats, church bulletins, word of mouth, speaking engagements, etc. Their efforts were not only to recruit, but to raise awareness of the local Head start preschool program in the Rockford area.

LaVos Latina recruits families through various programs in their center, such as GED programs, job skills, English, citizenship classes and programs for youth and family education. LaVos is well known in the Hispanic community as a support agency for individual growth and connection to community resources. The agency serves well over 5,000 individuals and families.

Easter Seals has a Teen Family Support Program (TFS) that support and assists pregnant teens and parenting moms. This long running program supports through one-on-one counseling, doulas and family support workers, etc.
The Rockford Public Schools Early Education program is widely known in the community for its Early Childhood program.

c. Role of CSD worker(s) in recruiting families (what kinds of activities, where do they conduct the outreach, which external agencies do they partner with, is this done by phone or in person, etc.)

The CSD role recruits families non-directly. With agency visits that program explanation and signatures of Memorandums of Understanding (MOU), the CSD will ensure agencies are aware of the MIECHV program, and benefits of home visiting.

II. Referrals to home visiting
a. Process for determining eligibility for home visiting (such as completion of the CIAT)

Currently, most of MIECHV clients are recruited from the Winnebago County Health Department (WCHD) WIC program. Pregnant women will enroll in WIC for prenatal benefits, presumptive eligibility, etc. Once clients are enrolled and assessed through WIC, they are informed about other social service programs as well as MIECHV. If client express interest in MIECHV, we begin to assess further interest, and readiness for home visiting by completing the CIAT. Additionally, two of our home visiting programs have us to complete a ‘weighted priority form’. This form helps determine family ‘risk factors’ and further assess need for immediate home visiting service.

The CIAT and weighted priority form, combined with the following eligibility guidelines are used. Once established, clients are then referred or placed on a waitlist until openings become available.

Below are program eligibility guidelines: (See attached for additional information).

Easter Seals
- Must be 19 years old or under
- Pregnant - or-
- Parenting a child under 3 months old
- Live in Winnebago County

La Voz Latina
- 1st time teen parent -or-
- Pregnant or baby up to 30 days old
- Must be 19 years old or under
- Identify self or father of baby
- as Hispanic/Latino

**Rockford School District**

- Pregnant women
- Children ages 0-3
- Must live in the Rockford School Dist.

**City of Rockford Early Head Start Program**

- Pregnant
- Ages 0-3
- Income guidelines
- Live in Winnebago County

b. **Decision tree or flow chart for making referrals to home visiting: how does the CI determine which program is the best fit for the family?**

Basic demographics are used to determine which program is best for a family. We have two programs that serve young, first time moms. Depending on their ethnicity or other factors, they will be referred to one agency or the other. Another program serves outside Rockford. If the client resides in an outside town, we then use those referrals. If a family resides in Rockford and has a high risk score we refer them to the last program.

See flow chart attached.

c. **If applicable, where in the process does MIHOPE randomization occur?**

N/A

d. **Agreed-upon timeline for CI to enter data into the data system after they have completed or received the CIAT**

Data from CIAT is entered immediately into data system, and placed on the waitlist for services. It is then entered into an excel spreadsheet for backup purposes.

e. **Agreed-upon timeline for HV agencies to respond back to the CI after they receive the referral**

Not applicable at this time.
III. Community collaborations

a. Brief description of the local Early Childhood community collaboration(s) and the CI’s and/or CSD’s participation in the collaboration(s).

-Rockford has a comprehensive community/agency-wide collaboration - Early Learning Council of the Rockford Area (ELCRA). The collaboration is represented by retired teachers, early learning, and preschool directors, Head start personnel, day care directors, health care providers, United Way, educational professionals and other community stakeholders. Its mission - to support quality early learning opportunities for all young children and their parents through the collaboration of educators, service providers and community members.

Role of CSD is to participate in the quarterly meetings as well as assigned subcommittees. The Coordinated Intake worker does not participate in the collaboration at this time.

ELCRA supports efforts of MIECHV and has helped raise community awareness of program benefits.

-Rockford Health Council (RHC) is also a community collaboration that exists to promote better health for Rockford residents. The Council released a 2010 Healthy Community Study composed of key findings related to data analysis of Winnebago and Boone Counties. Results of the study included data relative to Maternal/Prenatal/Early Childhood.

This Council not only has a member organization with a board of twenty-five, but a sub-committee ‘Early Care and Education’ that supports the MIECHV initiative.

Committees of the two collaborations not only serve in an advisory capacity to MIECHV, but are in the process of systems-building to strategically plan for a coordinated, comprehensive early childhood service-capacity for the Rockford community.

b. What is the CI and/or CSD’s role in establishing and maintaining relationships with other community agencies that serve the target population?

The role of the CI and CSD is to reach out to community agencies that serve at-risk and target populations. This is actively being done through meeting with various agencies to help identify target populations; those that may be in need of immediate service. The agency MOU/agreement allows for agencies to meet annually to review programs, and update on service activities.
IV. Supervision and Training
   a. Please provide an organizational chart for the CI agency, including the CI worker(s), CI Supervisor, and the agency’s Executive Director or CEO.

   See Organizational Chart for WCHD attached.

   b. Please provide an organizational chart for the CSD agency, including the CSD worker, CSD Supervisor, and the agency’s Executive Director or CEO.

   See Organizational Chart for WCHD attached.

   c. How often do the CI and CSD workers receive reflective supervision?

   CI and CSD receive reflective supervision on a monthly basis or as needed, under the guidance of the Program Director.

   d. How often do the CI and CSD workers participate in role-specific trainings?

   CI and the CSD worker participate in all trainings as offered by MIECHV in accordance to role/position, and as trainings become available.

V. Monitoring and Problem-Solving

   a. What kind of outreach-related data/reports are shared with the MIECHV partners, and how often?

   WCHD and Partnering agencies hold monthly meetings. The purpose of the meeting is to communicate agency issues/ potential issues, and update on agency activities. Data and/or outreach reports are made available to all agencies at this time.

   b. What kind of referral-related data/reports are shared with the MIECHV partners, and how often?

   The CI worker will share information on waitlist, and current status of home visiting referrals.
c. If issues or problems are identified, what is the mechanism for resolving them among the partners?

Any issues are communicated and discussed at monthly partner meetings. If necessary, follow-up meetings are held individually for resolution, and followed up by Program Director.

d. How do the CI and CSD participate in the MIECHV CQI process?

Both the CI and CSD are members of the CQI team. Members of the team are expected to strategically plan with the CQI Coordinator to identify potential issues, develop an action plan, formulate SMART goals, and identify inputs and resources.

CQI has been useful to assure a quality programming and that new goals are being met.