

Guidance for MIECHV for Continued Community Collaboration Efforts

While the Illinois Maternal and Infant Early Childhood Home Visiting (MIECHV) Program has supported Community Systems Development in MIECHV Communities in prior years, the FFY16 MIECHV grant mandates that Community System Development is no longer a priority of the grant. Illinois MIECHV's hope is that communities will take what they have learned and leverage other resources to continue this important work. Given this shift, Illinois MIECHV would like to provide communities with guidance on how to proceed without a specific CSD position.

Moving forward, MIECHV Community Collaboratives should continue to meet regularly. Collaborative goals should continue to include:

- Increasing the awareness and support of home visiting in communities as a resource for children and families;
- Ensuring Home Visiting caseloads are full;
- Strengthening the communities' early childhood systems;
- Identifying service gaps that need to be addressed; and
- Enhancing relationships with referral sources for improved services for all early childhood programs.

As a starting point, MIECHV Collaboratives should:

- Assess whether other early care and learning collaboratives exist in the community (i.e. Innovation Zone (IZ), All Our Kids (AOK) Networks, or other formalized Early Childhood collaboratives). If another body exists, the MIECHV Community Collaborative should contact appropriate entities and bring them together to discuss how the two collaboratives could work together to forward the goals of the MIECHV collaboratives (see above) If a collaborative focusing specifically on early care and learning does not exist in the community, are there more general collaboratives the MIECHV collaborative could contact to discuss working together?
- If another collaborative does not exist or is not able to work with the MIECHV collaborative, the Governor's Office will provide community-specific guidance as the MIECHV collaborative plans its way forward.
- Assess the responsibilities of the CSD role.
 - You can do this by reviewing the plan of action that was submitted by your previous CSD on behalf of your community. Please contact the Governor's Office if you need assistance locating this document.
 - The CSDs should have left files/records on the collaborative's history and operations. If possible, review and distribute these as appropriate.
- Prioritize and reassign the responsibilities/goals of the CSD.
 - Divide the previous duties of the CSD into categories.

- Bring in other collaboratives or community groups when possible.
- It may be necessary to put some duties on a rotating schedule.
- Also keep in mind, each MIECHV Home Visiting agency has some funding in their grant to help support costs such as printing, etc.

Policy and Procedure Recommendations:

- If the collaborative has not developed a formalized structure with a chairman, secretary, and other roles, Illinois MIECHV strongly suggests that this process occur.
- Individuals and agencies that are assigned responsibilities that were previously assigned to the CSD should plan on attending and participating in the collaborative meetings and the agency's upper management meetings.
- [The CI Monthly Referral Tracking Form](#) should be regularly reviewed during collaborative meetings and analyzed for areas that could be improved.
- Specific protocol should be put into place to determine the process by which Home Visiting Agencies send referrals to coordinated intake if this process does not already exist.
- The Coordinated Intake Monthly Tracking Form (available here: <http://www.igrowillinois.org/miechv-providers/forms/>) should be completed by the Coordinated Intake Worker and regularly reviewed/analyzed during collaborative meetings to identify areas that could be improved for more referrals.
- Home visiting agencies should continue public awareness efforts to increase awareness of home visiting services. Home visiting agencies in a community should be presented as a system of coordinated programs as opposed to promoting individual programs.
- Planning and representation at community events such as health fairs should be done by committee.
- It is recommended that Coordinated Intake workers allocate regular time to outreach activities (i.e. the equivalent of one day per week). Difficult to reach referral sources should be brought back to the collaborative to determine if a member has a connection and can help foster the relationship.

Illinois MIECHV understands that the end of CSD programming presents communities with many challenges and opportunities and is happy to provide additional, community-specific guidance as needed. Any MIECHV Collaborative member should feel free to contact Teresa Kelly or Lesley Schwartz with questions or concerns.