

## **Continuum of Implementing Coordination Strategies**

Illinois State Board of Education and The Illinois Governor's Office of Early Childhood Development

The Illinois State Board of Education Prevention Initiative and the Governor's Office of Early Childhood Development embraces the State's early childhood vision of every child entering kindergarten safe, healthy, ready to succeed, and eager to learn. The Illinois home visiting system recognizes the home as the most influential learning environment in which to strengthen the parent-child relationship and help reach the child's full potential. The overall goals of Illinois home visiting are to promote positive parenting and healthy child growth and development, and to prepare young children for school success. Home visiting is an integral part of a continuum of services for families that is well-coordinated and integrated, and begins prenatally.

Ways of coordinating across programs and sectors include, but are not limited to:

- Shared or mutual referrals: Participating programs use a shared set of protocols and/or a shared form to refer families to each other's services.
- Coordinated Intake: A collaborative process that provides families with a shared screening process and coordinated points of entry for programs serving young children and their families within a defined community. The main components include:
  - Coordinated and joint outreach;
  - A shared form and shared procedures for intake or eligibility screening that are used by all participating programs;
  - Coordination of that can come from different entities. Often one entity is identified as a coordinating entity that will collect all intake forms, track, and (when applicable) assign referrals and follow-up; and
  - Regular meetings of the participating programs to review progress and to trouble-shoot and improve the referral system.
- Referral pipeline: Connects children and families with the highest needs to high-quality early childhood programs, social service providers, medical and dental services, job training programs, and other community resources to meet family needs. These connections are made possible by strong collaboration among community partners, leveraging a shared vision and the places and spaces where families already connect. An effective pipeline may include talking points, tracking systems, and small experiments to engage strong communication and referral linkages between non-Early Childhood programs and Early Childhood programs. Pipelines should be "bi-directional," meaning that non-Early Childhood partners should refer to Early Childhood partners, and Early Childhood partners should refer to non-Early Childhood partners.
- Continuous early childhood services: Smooth transitions between early childhood programs (e.g., from 0-3 to 3-5 to kindergarten, etc.) and aligned, high-quality programming in all those settings, resulting in children's readiness for school and for life. Children with the highest needs are identified and enrolled in appropriate services as early as possible and continue in high-quality early education through third grade via enrollment pipelines into continuous early childhood services.

- Memorandums of Understanding/Shared Agreements: Program's should have a detailed written coordinated intake plan that has been co-created and agreed upon by all community partners (signatures and dates) that describes the responsibilities of each agency participating and of the lead entity (if applicable). The main components of the MOU/Shared Agreement include:
  - Clear policy and procedure for referral and follow-up
  - Defined service areas and priority populations of each entity.
  - Coordinated and joint outreach to families clearly outlined in the agreement.
  - A shared form and shared procedures for intake or eligibility screening that are used by all participating programs.
  - A plan for reducing duplication of services.
  - Authorized entities names, program names (if applicable), names/signatures of Authorized Officials of the participating entities and the dates the agreement was signed.

### **Illinois Home Visiting Expectations for Coordinated Intake (CI)**

#### The State's Vision for Home Visiting Coordinated Intake (CI)

- Coordinated Intake should serve as a hub that links families with home visiting services. If there are two entities within a community with designated CI positions, a single point of entry/contact needs to be determined.
- The Coordinated Intake process is dedicated to helping families, from the moment they contact the central location, to the time they are referred, and/or after screening.
- Coordinated intake must provide fair and equitable services inclusive and supportive of all agencies and school districts participating. The designated coordinated intake service provider must not favor any one agency or school district, not even the agency they are employed under.
- Transparency of referrals is vital to assure fair and equitable services and to establish trust between and among partners.
- Coordination can come from different entities, however often one entity is identified as a coordinating entity (lead) that will collect all intake forms, track, and assign referrals and follow-up. If one entity is not designated as the lead, then a clear plan needs to be agreed upon that describes the responsibilities of each coordinating agency.
- ***CI should be inclusive, not separatist: the long-term goal is for Coordinated Intake to act as the single point of entry for 100% of home visiting programs statewide regardless of model and/or funding stream.***

#### Coordinated Intake and the Home Visiting (HV) Referral Process

- CI serves as the repository for all home visiting intakes, and tracks what happens to each referral.
- Referrals to home visiting can be generated from CI workers, from home visiting providers, and from other community resources.

- Agency self-referrals are allowed: a home visiting program may generate a referral to its own program, if the program coordinated directly with coordinated intake and follows the agreed upon policies and procedure (i.e. HV program completes the Coordinated Intake Assessment Tool (CIAT) and sends the CIAT to CI for processing).
- ***Regardless of the originating source, ALL REFERRALS must go through Coordinated Intake.***
- All referrals received by CI workers will be sent to the appropriate home visiting program within 48 business hours.

#### Role of CI Workers

- The role of CI workers is to assist families by determining the services and supports that are best suited for the family's particular needs, based on self-referrals and referrals from other professionals such as primary care providers, hospitals, child care providers, and other social service agencies.
- CI will convene regular meetings of the collaborative to discuss challenges, barriers, and successes of Coordinated Intake including providing regular transparency reports to the collaborative.
- A level of trust must be inherent for the CI to develop and promote their roles within the community and home visiting system. While input into their roles should be discussed by the collaborative, day-to-day functions of both positions are overseen by their chain of command, not by the collaborative.
- The coordinated intake service provider must be able to provide fair and equitable services inclusive and supportive of all agencies and school districts participating. The CI coordinating agency or school district must not put the CI in uncomfortable or unethical situations.

#### Coordinated Outreach Materials

- Any document advertising home visiting should include all the community's home visiting agencies.
- Publications promoting home visiting will direct families and referral sources to contact Coordinated Intake to serve as a single point of entry for family support services in the community.

#### Expectation of All Participating Agencies or School Districts

- To be successful, the Coordinated Intake process must have full support from all levels of management within all participating agencies and school districts.
- Agencies and school districts are expected to support families that are already enrolled in another home visiting program by not making attempts to enroll them in their own home visiting programs.
- Agencies and school districts should take an active role in local community systems development and early childhood collaborative efforts by participating in local collaborations and initiatives, including, but not limited to, participating in locally driven data collection efforts and participating in the local efforts to minimize barriers to services for families with children from birth to five.

Programs should share available relevant program-level aggregated data that contributes to community needs assessment, problem identification, and setting a common agenda.

- **All agencies and school districts must act in the spirit of full and transparent collaboration, with no bullying, holding back of referrals, or unfairly distributing cases across agencies. If funders hear of any unfair practices taking place, funders may intervene.**

Figure 1: Should Community Funding be allocated toward Home Visiting Coordinated Intake?

### CI Decision Tree

