

## ENROLLMENT, ENGAGEMENT AND RETENTION (Revised-October 2020)

<b>Title:</b> Governor’s Office of Early Childhood Development—Maternal, Infant and Early Childhood Home Visiting (MIECHV) Enrollment, Engagement and Retention	Date Effective: October 26, 2020	Number:
<b>Area:</b> Enrollment, Engagement and Retention	Date Issued: October 26, 2020	Page:
	Updated: October 26, 2020	

### POLICY

It is the policy of the MIECHV home visiting program that local implementing agencies (LIAs) and Coordinated Intake staff will use a defined criteria and process that has been agreed to by all parties to determine the home visiting program that best meets the needs of the family and assign to waitlist, if needed.

In the event that a family who was previously served but services were terminated wishes to re-enroll, this process should be allowed on the premise of the family’s relocation into another area where MIECHV home visiting services are rendered, the mother becomes pregnant or has another target child if the former has aged out, or simply, the family wishes to re-engage after termination based on new availability or scheduling changes that allow for full engagement.

To ensure disengagement is not a factor for retention, LIAs should hire culturally and linguistically appropriate staff with not only a background in early childhood education but also a competency in family dynamics, service delivery and the ability to establish and maintain rapport.

*Reenrollment.* Participants may wish to re-enroll in home visiting services after they have been administratively or voluntarily disengaged from home visiting services. Administrative disengagement may occur due to program completion or inability to establish or maintain participant contact. Families may voluntarily disengage from services for a variety of reasons, including relocation.

*Policy to Avoid Dual Enrollment.* In Illinois, families may **not** be dually enrolled in more than one intensive evidence-based (or supported) home visiting program at the same time, regardless of home visiting program funding source or home visiting model. Intensive home visiting models in Illinois include Baby Talk, Early Head Start-Home Based, Healthy Families America, HIPPPY, Nurse-Family Partnership, and Parents as Teachers.

There are limited numbers of home visiting slots in Illinois, and this policy allows home visiting to reach the largest possible pool of eligible families. However, there are circumstances where a planned brief overlap in intensive home visiting programs may occur as the family transitions from one program to another (see Transition policy—<http://www.igrowillinois.org/home-visiting-and-coordinated-intake-administrative-resources/>). Also, during the COVID-19 pandemic, some center-based programs are temporarily offering home visits in order to maintain contact with families. It is allowable for families to receive such visits from center-based programs while enrolled in an intensive home visiting program.

Additionally, there are universal, short term home visiting models/programs that families may engage with while simultaneously being enrolled in intensive home visiting. These include programs such as Family Connects and Newborn Encounters.

It is the policy of GOECD and all MIECHV funded programs that referral information for all families recruited by home visiting programs be communicated to the Coordinated Intake worker through a defined process and timeline that has been agreed to by all parties. This includes referral information on families that the home

visiting program is able to enroll and referral information on families that the home visiting program is not able to enroll, due to eligibility requirements, caseload capacity or other factors.

The Coordinated Intake worker will enter information outlining demographics, homeless status, referring program and contact information for each family in the Visit Tracker Data system (or another MIECHV approved data system such as IRIS). The system will allow the Coordinated Intake workers to search for current or past involvement in MIECHV home visiting services as a way to avoid dual enrollment. In situations where the referral originates from recruitment completed by the Coordinated Intake worker or from an outside community agency that does not offer home visiting services, the Coordinated Intake worker will undergo the same data entry process to verify the family is not already receiving home visiting services. The Coordinated Intake worker also maintains a waitlist in Visit Tracker (or another approved data system) to ensure a steady flow of enrollments is occurring based on level of risk and family slot availability.

Once the family is enrolled in home visiting services, a home visitor is required to assign the target child(ren) with a MIECHV designation through an identifying fund code within the data system as another effort to reduce dual enrollment and avoid duplication of services. LIAs must develop and implement policies and procedures to seamlessly transfer enrolled families to alternate MIECHV-supported home visiting models if it best meets the interests and needs of the family and considers risks to disrupting an existing positive relationship between home visitor and family.

*Voluntary Basis.* Home visiting services through MIECHV are offered on a voluntary basis. Each LIA is responsible for the development and implementation of enrollment policies, which indicate participation is voluntary. No family should be excluded from services if eligibility requirements are met. As programs exercise fidelity to the home visiting model their program utilizes, they will acknowledge and adhere to the voluntary basis of participation and cannot exclude or terminate based on selective program preferences such as low attendance, transience, or personality conflicts. This ensures fair and standardized retention.

*Retention.* It is the policy of GOECD and all MIECHV funded programs that every effort is made to retain a family in home visiting services until successful completion per the model guidelines. MIECHV recognizes that the relationship between the home visitors and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program. Programs are expected to comprehensively analyze acceptance and retention rates of participants at least annually. Programs also address how they might increase their acceptance rate based on the analysis of those refusing services in comparison to those accepting services. Programs should track trends and changes in their target population and adjust their program plans as indicated.

## **PURPOSE**

To provide home visiting services on a voluntary basis and to retain families until they successfully complete the program. To establish a process of addressing disengagement and re-enrollment, for the ultimate goal of ensuring delivery of MIECHV services to families that demonstrate the greatest need. To avoid dual enrollment in home visiting programs.

## **PROCEDURE**

### **1. Coordinated Intake Workers and Home Visitors**

The CI staff and home visitors will examine the waiting list when enrollment slots are available. If a previously served family is present, they should consider the family's needs, location and availability in assigning a MIECHV program that would readdress their needs. Additional risk factors will be assessed as determinants of prior closure and when possible, these variables will be discussed to ensure they no

longer present a barrier to participation. Home visitors will be assigned in consideration of the family's cultural and linguistic needs to ensure rapport can be established and service delivered in an effective and ethical manner.

## **2. Coordinated Intake**

The CI staff will do the following: communicate changes regarding the waiting list; maintain the waiting list and add referrals as needed; and complete the CIAT and enrollment piece prior to transitioning the family to the home visiting staff. CI staff should address any potential barriers to service and work with the family to find a resolution so the services can be meaningful and uninterrupted.

## **SCOPE**

MIECHV Home Visiting and Coordinated Intake programs

*October 2020*

