

Purpose of Coordinated Intake (CI)

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 (HV) and with knowledge of program capacity at the community level, facilitates enrollment in HV program best meeting the needs of the family.

Inputs	Activities- CI	Outputs	Outcomes-Short
<ul style="list-style-type: none"> -CI -CI Supervisor, who provides reflective supervision -MIECHV supports (CQI, TA, trainings, communities of practice) -Home visiting programs participating in CI system -Data system -Structures/tools that support implementation (policies and procedures, workflows, decision tree, intake form, reporting templates) 	<ul style="list-style-type: none"> -Meet with community partners, includes planning -Participation at community partner meetings -Process referrals—different depending on structure. CIs do brief screen or detailed intake (CIAT) -Refer to HV program and/or community resources -Manage waitlist, if applicable -Enter and track referral data -Communicate referral outcomes to HV program/ community partners -Monitor HV program capacity -Attend CQI calls, learning community, TA calls -Complete data collection and analysis 	<ul style="list-style-type: none"> -Number of HV collaborative meetings -Number of community partner meetings/recruitment events -Number of MOUs -Number of families referred to CI -Number of families referred to HV (CIAT or brief screen completed) -Number of families enrolled in HV -Number of enrollment outcomes recorded and tracked by CI 	<ul style="list-style-type: none"> -CI has accurate knowledge of home visiting enrollment capacity for their community -Families are not dually enrolled -Families are quickly connected with a HV program best meeting their needs in a seamless manner
Constraints	Activities- HV		Outcomes- Medium
<ul style="list-style-type: none"> -CI turnover -HV turnover -All programs don't use the same data system -Non-MIECHV programs not required to participate in CI -Participation in CI takes time and commitment on HV program side -Lack data on how CI is working as a system -The job of CI used to be done by two people -Trust challenges for CIs operating out of HV agency 	<ul style="list-style-type: none"> -Communicate to CI on referral outcomes, both CI recruits and families recruited by HV program 		<ul style="list-style-type: none"> -Priority populations are enrolled in HV -Programs participating in HV collaborative are at 100% capacity and there are no waitlists
	Activities- Both		Outcomes- Long
	<ul style="list-style-type: none"> -Attend meetings of HV collaborative (group composed of CI, HV programs in area), includes planning - Direct outreach and recruitment, includes planning -Analysis of HV enrollment trends -Monitor community resources 		<ul style="list-style-type: none"> -Programs and families in a community are aware of HV and CI -CI is connected to local early childhood system in the community -Funders make informed decisions around where to (re)direct home visiting slots -Children have improved health, developmental and social-emotional outcomes and are ready for kindergarten