

## **Developing CI Policy and Procedure Manuals—Points for Consideration**

Use this template when developing and/or revising Coordinated Intake (CI) policies and procedures. A detailed manual will address the items listed below.

### **Outreach to families**

Describe the role of CI in recruiting families and creating community awareness of home visiting.

- a) Where does CI conduct outreach?
- b) Which external agencies and community organizations does CI partner with?
- c) How is outreach coordinated with community partners and home visiting programs?
- d) What materials does CI use in outreach? Include in the appendix.
- e) How are outreach activities tracked and documented?
- f) How are outreach initiatives shared out with the home visiting collaborative?
- g) How is family voice incorporated into outreach messaging and activities?
- h) How does CI adapt outreach to engage priority populations, like homeless families, teen parents and families in the child welfare system, etc.?

### **Referral Process**

Describe the process for sending and receiving referrals. Include visual representations (i.e. flow chart) of referral processes in the appendix. Clarify the process by referral source (CI recruit, HV recruit, community partner).

- a) For each referral source identify who is responsible for what at each stage of the referral process.
- b) When applicable, what forms are used to guide decision making/actions? Include forms in the appendix.
- c) When applicable, within what timeframe are partners responsible for completing identified actions?
- d) When applicable, how does communication between partners occur? (phone, data management system, fax). For each partner, identify how communication occurs.
- e) How is the referral status tracked? How is the referral outcome tracked? Within what timeframe is the CI responsible for entering outcomes into designated tracking system?
- f) How are aggregate referral outcomes shared out with home visiting programs?
- g) What is the process for families who aren't eligible for any program?
- h) How are instances of dual enrollment handled?

### **CI Decision Making Process**

Describe the CI process for making referral decisions.

- a) What tools/screening forms are used? Share in the appendix.
- b) How does CI stay informed of home visiting program changes that impact their ability to enroll and serve families (eg, capacity, language capabilities of home visitors, home visitor turnover)?
- c) What is the process for completing the screening tool/form?
- d) How and where are screening forms stored? How long are forms stored?

- e) What protocol is used for instances when more than one program is able to serve a family?
- f) Include chart with eligibility criteria for each program model (eg, Baby Talk, HFI, PAT, EHS, NFP) represented in your community.
- g) Does CI make referrals to resources in addition to home visiting? If yes, describe process for making referrals. Does CI follow up on the status of referrals?

### **Community Collaborations**

Describe CI processes for developing and maintaining community partnerships.

- a) What local early childhood community collaborations exist? Who organizes the collaborative meetings? How often does the group meet? What is the collaborative mission statement?
- b) How does CI initiate contact with new community partners?
- c) What is the process for completing Memoranda of Understanding (MOUs)? How are MOUs tracked and stored? How is MOU adherence monitored? Include MOU template in appendix.
- d) How does CI maintain relationships with existing partners?
- e) How are outreach activities tracked and documented? How are MOUs and points of contact documented?

### **Home Visiting Collaborative**

Describe CI role in meetings with home visiting partner programs.

- a) How often does the home visiting collaborative meet?
- b) What is the CI's role in home visiting collaborative meetings? Do home visiting program participants also have identified roles?
- c) What is the purpose/mission statement of the collaborative?
- d) What topics are covered in meetings? How does CI solicit input from home visiting partner programs on meeting agendas?
- e) Does the home visiting collaborative have an established process for managing disagreements?

### **CI Training and Supervision**

Describe internal and external supports provided to CI.

- a) Provide CI worker job description.
- b) What trainings are CIs required to complete? What is the timeline for completing? How is completion documented? Please provide training log, if applicable.
- c) What ongoing professional development, trainings or learning opportunities are required and/or optional for CIs?
- d) How often and for how long does CI worker receive supervision? Is reflective supervision provided? How is supervision documented? Include log in the appendix.
- e) How is employee performance monitored and evaluated?
- f) What other resources or supports are CIs able to receive?

### **Waitlist**

Describe process for families that are waitlisted for home visiting services.

- a) What is the process for putting families on a waitlist for home visiting? What sort of

- initial communication does family receive informing them of their waitlist status? Are families referred to other community services? How frequently does CI outreach family to confirm continued interest in home visiting?
- b) When home visiting slots become available, how are families prioritized for enrollment?
  - c) How long can a family stay on a waitlist?
  - d) How does CI maintain waitlist records?

### **Emergency Referrals**

Describe process for assessing for emergency needs and connecting with necessary services.

- a) How are emergency situations defined? Possible situations can include but are not limited to Intimate Partner Violence (IPV), mental health, homelessness and child abuse and neglect.
- b) Is program supervisor or senior staff member on call for emergency situations if support is needed? What is process for informing supervisor of emergency situations?
- c) Does CI maintain a list of community resources including emergency numbers such as police, domestic violence, child abuse and suicide prevention hotlines, that can be referenced in addressing emergency situations? How often is this list updated?
- d) How are referrals for emergency services tracked?

### **Confidentiality and Consent for Information Sharing**

Describe precautions for ensuring confidentiality and obtaining consent.

- a) How long does CI maintain family records and where are records stored?
- b) How does CI obtain consent for sharing family information with referral partners? What type of information does consent cover? Does consent cover communication from home visiting program to CI on family? Include consent language in appendix. Where is consent documented?
- c) How is consent obtained and documented when obtained by phone?
- d) What documentation (eg, MOU) does CI have in place before family information is shared with home visiting and community partners?
- e) How will confidentiality be safeguarded and HIPPA and FERPA (if applicable) protocols be followed?
- f) What is the process for when a family would like to revoke their consent for information sharing?

### **CI Back-Up**

Describe processes for when CI is out of the office for short-term and extended periods of time.

- a) When will the CI Back-Up policy be instituted?
- b) How is CI absence and return communicated to home visiting and community partners?
- c) Who will stand in as point of contact for CI?
- d) How will referrals be processed during CI's absence?
- e) How will CI ensure access to necessary data systems and tracking documents for CI

- back-up to use in their absence?
- f) What other responsibilities will CI stand-in prioritize for completion while CI is out?

### **Data and Reporting**

Describe how CI tracks, reports and utilizes data.

- a) What data system(s) and or forms are used? Include forms in the appendix.
- b) What data is tracked? Where is data stored? How long does CI maintain data records? Specifically indicate how referral status and outcome data is tracked and stored.
- c) How is data used to inform outreach strategies and improvements to processing of referrals?
- d) What data and data analysis are shared with home visiting and community partners? How is information presented? How often is information shared?

### **Continuous Quality Improvement (CQI)**

Describe CI participation in the CQI process/agency quality improvement activities.

- a) Who participates on MIECHV CQI team, on monthly calls and in CQI plan activities?
- b) What CQI tools are used? How are they used?
- c) How will CI project planning, activities and results be shared with home visiting and community partners?