



Serving Families with Child Welfare Involvement

Guidance for Illinois Home Visiting and Doula Programs



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Introduction

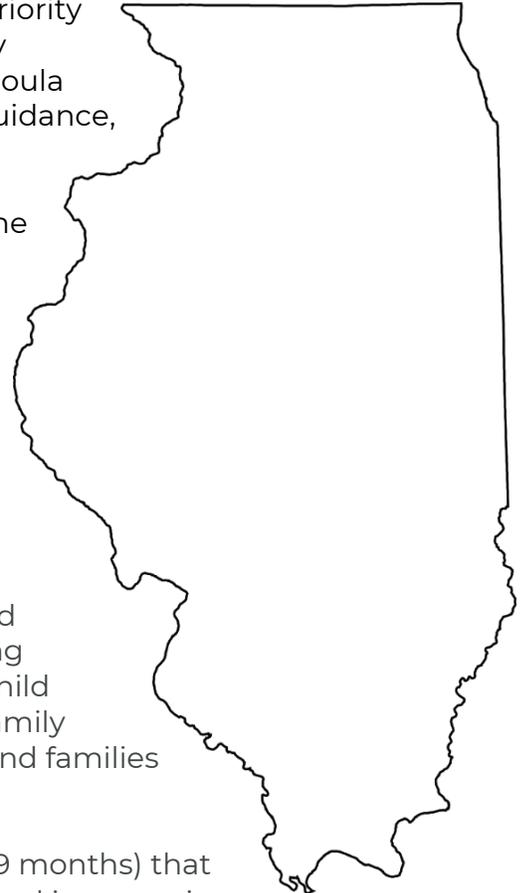
In Illinois, families with child welfare involvement are a priority population for home visiting and other high-quality early childhood services. This resource for home visiting and doula programs includes background information, program guidance, and sample templates and forms.

This guidance has been informed by the experience of the Illinois Pregnant and Parenting Youth in Care Home Visiting project (I-PPYC-HV) coordinated by Children's Home & Aid, and the Home Visiting-Child Welfare Partnership led by the Erikson DCFS Early Childhood Project and vetted by home visiting and doula program models.

Background

Families with child welfare involvement are a priority population for home visiting and all other early childhood services in Illinois, as affirmed by the Illinois Early Learning Council (ELC All Families Served Subcommittee, 2019). Child Welfare involvement includes families receiving intact family services, families in which the parent is a youth in care, and families with children in foster care.

- **Intact Family Services:** A short-term program (6-9 months) that provides comprehensive in-home-community based interventions so that children can safely remain at home. Case managers with families assess their strengths and needs, create a service plan and set goals to support needed changes. The plan also identifies community and family resources to support the family, learn new skills, and change behaviors that put their children at-risk.
- **Pregnant and Parenting Youth in Care:** Pregnant and parenting individuals who are currently in the legal custody of the state between the ages of 12 and 21 years old and their children up to age of 8 years old.
- **Foster Care:** A temporary placement for children when a court has determined that they cannot remain safely at home due to dependency, abuse or neglect. When possible, the Department of Children and Family Services and other agencies work with families to reunite them. When that is not possible, DCFS works to find children a permanent, loving home through adoption or guardianship. Types of foster care placements:
 - Traditional
 - Home of Relative
 - Specialized



The Illinois funders of home visiting have affirmed their support for serving families with child welfare involvement in a joint statement (Illinois public funders of home visiting, 2021). National home visiting models have also identified families with child welfare involvement as a priority population. These home visiting models used in Illinois address families with child welfare involvement as follows:

- **Baby TALK** promotes universal screening for families, including those with child welfare involvement, so that we maximize opportunities to provide appropriate relationship-based services. Through community systems building, maintaining direct relationships with local collaborators, and outreach aimed at “going where families are”, Baby TALK programs are in a position to provide services to high-priority families.
- **Early Head Start (EHS)** considers families with child welfare involvement to be a priority population; children in foster care are categorically eligible for services (Office of Head Start and Administration for Children and Families, 2010).
- **Healthy Families America (HFA)** has developed [child welfare protocols](#) as a result of the I-PPYC-HV pilot. With prior approval from HFA, sites that utilize the protocols for working with families referred from child welfare are able to extend enrollment for families with a child up to 24 months of age referred by the child welfare system (Healthy Families America, 2020). HFA was identified by DCFS as an intervention to be included in the state’s plan for Family First given its ranking of “well-supported” by the IV-E Clearinghouse for Child Welfare.
- **HIPPY** helps parents, including those with welfare involvement, understand the importance of positive relationships and parent-child engagement in maintaining healthy home environments and uses strength-based strategies to support families. HIPPY offers parents guidance on parenting skills and appropriate child development expectations, both known to promote positive family interactions. HIPPY engages with the primary caregiver who may not be the child’s biological parent or with foster parents while also working collaboratively with biological parents so that both can engage in parent-child activities during visitations. Peer home visitors establish rapport with families that can lead to the sharing of confidential information as well as referral and resource recommendations.
- **Nurse-Family Partnership (NFP)** supported the University of Colorado Prevention Research Center for Family and Child Health in developing resource materials as a result of the NFP Child Welfare Augmentation Project in Colorado. Nurse home visitors are encouraged to connect with their county’s Child Welfare department to understand local practices and to develop relationships with case workers to address family needs. Nurse Home Visitors may continue visits and working with families when the child is in foster care.
- **Parents as Teachers (PAT)** has issued a series of Technical Assistance Briefs on serving families with child welfare involvement. The briefs affirm that PAT

home visitors should continue to visit families when their children are in foster care (Parents as Teachers National Center, 2020). In addition, PAT Quality Assurance Guidelines affirm that child welfare involvement is one of several “high needs” criteria that define the frequency of home visits (Parents as Teachers National Center, 2017). PAT was identified by DCFS as an intervention to be included in the state’s plan for Family First given its ranking of “well-supported” by the IV-E Clearinghouse for Child Welfare.

A Collaborative Pilot Program

Beginning in 2015, the Illinois Department of Children and Family Services (DCFS) participated in planning a pilot initiative with the Home Visiting Task Force, a sub-committee of the Early Learning Council, to provide home visiting services to Illinois pregnant and parenting youth in care (I-PPYC–HV) (Children's Home & Aid Ahlquist Center for Policy, Practice, and Innovation, 2019). In this pilot, which continues to operate today as a program, eligible families are identified by UCAN’s Teen Parent Service Network (TPSN) and referred to the coordinator at Children’s Home & Aid, who connects the family to a home visiting provider. The pilot evaluation period was from November 2016 to March 2019. The pilot evaluation by Chapin Hall Center for Children (Dworsky, 2019) showed that pilot participants benefitted from the services they received from their home visitors and doulas. They learned about childbirth, child development, and parenting; and strengthened coping skills. Some of the participants developed positive relationships with the fathers of their babies.

[The lessons learned from the pilot](#) were used to inform the development of a Home Visiting-Child Welfare (HV-CW) Partnership for pregnant and parenting families who are receiving Intact Family Services. DCFS Intact Family Services are short-term voluntary services intended to stabilize and strengthen family life, enabling children to remain safely at home. In this project, Home Visiting Specialists at the Erikson DCFS Early Childhood Project connect eligible families to home visiting services and follow up to ensure that the connections are made. This project was launched in Illinois in 2019 in part, with funding from the Preschool Development Grant Birth Through Five (PDG B-5) and is a key program in the state’s Family First plan.

Guidance for Home Visiting and Doula Programs

Referrals from Illinois Pregnant and Parenting Youth in Care (I-PPYC-HV)

UCAN's Teen Parent Service Network (TPSN) is the lead agency of a network of service providers that offer clinical consultation, case management, specialty training, statewide provider support, data collection and analysis, New Birth Assessments, infant safety equipment, clinical, education and parenting services, and comprehensive discharge planning for pregnant/parenting youth in child welfare (PPYC). The I-PPYC-home visiting project created a triad between home visiting, TPSN, and DCFS to foster collaboration of all parties on adolescent prenatal care, child development education, child safety measures, and appropriate rearing practices. The I-PPYC project is managed by Jaime Russell at Children's Home & Aid, who works to bridge services between TPSN and Home Visiting providers.



I-PPYC referrals are generated by TPSN Intake and generally come from Jaime Russell. Referrals will only be sent to programs after the youth has verbally consented for their information to be shared with a home visiting provider. Additionally, the referrals serve as a consent from the youth for the I-PPYC team (Jaime Russell and TPSN) to communicate with the home visiting provider about opening the case, to periodically check in about the family's engagement in services, and to provide troubleshooting and technical assistance as needed. For more information, please contact Jaime Russell at jrussell@childrenhomeandaid.org.

Referrals from DCFS Intact Family Services

The DCFS Intact Family Services program provides an array of linkages to community resources to address the safety and well-being of parents and children. The goal is to stabilize families to remain intact. There are efforts underway to connect DCFS Intact Families to home visiting, with the goal of providing longer-term parenting support and improving child and family outcomes. This project is managed by the Erikson Institute DCFS Early Childhood Project, which employs Home Visiting Specialists (HVS) to support connections to home visiting. Home Visiting Specialists also serve as a "go to" resource to answer questions and support better communication between Child Welfare and Home Visiting staff. This is important as these systems have long functioned separate from one another.

Intact Family Services referrals may come from the Erikson DCFS Early Childhood Project, or they may come directly from the DCFS Intact Family Services case manager. Families served by Intact Family Service maintain custody of their children, and therefore must consent before the Erikson DCFS Early Childhood Project or DCFS Intact Family Services case manager can refer the family to home visiting. The Home Visiting Specialists (HVS) offer support to help Intact families enroll and engage, so home visiting and child welfare programs can expect to receive follow up

from the HVS. If home visiting programs need support, the Erikson DCFS HVS is always available to assist programs as needed; contact DCFS.HomeVisiting@illinois.gov.

Home visiting programs are encouraged to continue to serve the family until the child ages out or the family decides to discontinue services, even after the family's involvement with DCFS Intact Families ends.

Enrolling and serving children and families with child welfare involvement

There may be instances when a home visiting provider has enrolled a family and the family subsequently has child welfare involvement. In addition, a parent may request to enroll in a home visiting program when their child is in child welfare care, and the parent wants to work toward family reunification (return home to parent).

- If a home visiting program receives a referral of a new family whose child is currently in foster care placement, the program encouraged to enroll and serve the family, if family reunification is the goal. These referrals may come directly from the parent, the Erikson DCFS Early Childhood Project or from a DCFS or DCFS Purchase of Services (POS) agency.
- If a home visiting program is currently serving a family and their child is later placed into child welfare care, the program is allowed and encouraged to continue to serve the family.
- When reunification is not the goal for a family that is already enrolled in home visiting, the home visiting program may choose to offer services to the foster or adoptive family as a way to support continued early attachment and development for the child.
- A consideration is to assign a new home visitor to the foster or adoptive family while the original home visitor uses a trauma-informed approach to connect the biological family to support services, before closing the case with the biological parent.

The success of home visiting is based upon the voluntary nature of the program—families choose to enroll in home visiting. However, in some circumstances, for example, when a child is placed in child welfare care, judges may order families to participate in a home visiting program. It is important to note that neither home visiting nor child welfare have control over the actions of judges. If a home visiting program receives a referral related to a court order, home visiting programs should follow their normal guidance on enrolling and supporting families voluntarily. Erikson Institute DCFS Early Childhood Home Visiting Specialists and I-PPYC-home visiting project staff understand and value the voluntary nature of home visiting services, and their guidance to the field reflects this understanding.

When working with a family whose child is in foster care placement, program services should focus on the parent-child relationship as much as possible, knowing that the child will not be present in all visits. By keeping this focus, parents continue to build their child development knowledge and gain more skills to use during supervised visits and when the child returns home.



With parents' permission, home visitors may attend supervised visits as support for parents. Home visitors cannot be responsible for supervising the visit or transporting the parent to and from the visit. Supervised visits involve scheduled contact among a child in out-of-home care and his or her family members under the supervision of approved adult. The purpose of supervised visits is to maintain family attachments, reduce the sense of abandonment that children may experience during placement, and prepare for permanency. Location of visits vary – child's home, the foster home, sites within the community, or a POS/DCFS office. Responsibility for assuring visitation and following all accompanying guidelines and court orders remains with the DCFS/POS case management team.

Collaboration, Coordination, and Communication

Throughout the duration of services provided to any family with child welfare involvement or investigation, and whether an investigation is ultimately founded or unfounded, the importance of collaboration, coordination, and communication between home visiting programs and the child welfare case manager is vital. Families often have many needs, which are best met with true collaboration between providers.

Home visiting programs are expected to:

- Obtain consent from the family to receive services. Pregnant and parenting youth in care and families involved with Intact Family Services can consent to services for themselves and their child(ren).
- Collaborate with the child welfare system to ensure the best care and outcome for the child and family.

As home visiting and child welfare systems have historically functioned separately from one another, building this collaboration can feel daunting. Historically, it has been difficult for service providers to truly collaborate around cases when multiple systems are involved. This challenge arises because each provider (child welfare, home visiting or otherwise), has many requirements to meet for families and their own systems. A large-scale effort to create collaborative relationships between home visiting and child welfare starts with small steps in individual cases to build relationships.

Child welfare and home visiting professionals have different and important roles in supporting families. Child welfare case managers are tasked with managing risk- which means they will have interest in how families are engaging in HV services and

will need some level of feedback. This can be difficult for HV providers, who are accustomed to having their work with a family remain confidential. With appropriate exchanges of information, the HV staff and child welfare staff can achieve shared understanding of the parent's engagement in home visiting. Knowing a family is fully engaged can support successful case closure knowing these key services are likely to continue after the child welfare involvement ends.



Guidelines for Building Collaborative Relationships

Work with families can be enhanced by collaborative relationships between providers, but it is sometimes difficult to determine how to develop those relationships. As home visiting and child welfare professionals encounter individual cases, here are some guidelines for building collaborative relationships:

1. DCFS understands and supports that Home Visiting is a voluntary service. Because child welfare case managers use the level of engagement in services as one factor to assess whether risk is being mitigated, they will expect some feedback about how a family is engaging in HV. Things a child welfare case manager might want to know are:
 - a. How many sessions are scheduled and attended by the parent
 - b. Whether you experience the parent as engaged
 - c. What shared goals the family is working on with HV
2. Home visitors are expected to obtain a signed consent for release of information from the parent or legal guardian before sharing or exchanging information with the child welfare agency or any other entity. For youth in care under the age of 18, upon their signature, send the consent for release to the legal caseworker (to obtain approval from the DCFS Guardian's office). The purpose of this consent form is to enable the home visiting program and child welfare agency or other entity to discuss the family's case history and progress, so that appropriate supports can be coordinated and put in place. A sample consent form is provided in **Appendix A**.
3. When you begin work with a family, it can be helpful to reach out by email or phone to the child welfare case manager and let them know you are the home visitor and how they can contact you. (For cases referred to home visiting by the Erikson DCFS HV Specialist, case managers receive an email informing them of the referral.) If you are trying to get in touch with the case manager and they are not responding, reach out to the Erikson DCFS HV Specialist or the I-PPYC manager. They are happy to try to facilitate contact.
4. Families and case managers may not know all of the many ways in which a home visitor can be of support to families. Similarly, home visitors may not know all of the many demands placed on families related to their child welfare

case. These demands are specific to each individual case and depend on the reasons for child welfare involvement. Home visitors can open lines of communications and offer suggestions to help create collaboration. Examples include:

- Let the family and case manager know that you can be a part of meetings around their child welfare case if the family wishes.
 - Let families know you are willing to help them communicate any concerns to case managers.
 - Ask the case manager what services a family needs to complete. This offers you the opportunity to understand additional expectations for the family and to get the case manager's point of view on the family.
 - Let the case manager know you would like to receive case updates so you can support the family.
5. Provide reflective supervision to home visitors (along with Infant/Early Childhood Mental Health Consultation, if at all possible). Home visiting programs may invite DCFS, TPSN, DCFS POS, or Intact staff may be invited to participate in sessions with the Infant Mental Health Consultant.

Building Systemic Collaboration

As this initiative continues, another collaborative goal is for home visiting and child welfare programs in communities to work together as organizations to develop a shared understanding of roles and desired information sharing.

A Memorandum of Understanding (MOU) between child welfare and home visiting provider agencies is not required, but may be useful in building collaboration across organizations; a sample MOU is included in **Appendix B**.

Recorded webinars on child welfare, Early Intervention, and home visiting are available through the [Serving Families Together Initiative](#) to provide additional background information. In addition, 2-minute, animated, family-friendly videos on various early childhood programs are available from [Partner Plan Act](#).

Cross-training is another strategy that could enhance collaboration and communication. Cross-training is an intentional and strategic sharing of knowledge and resources across separate service systems in order to improve collaboration and coordination for the benefit of families served in the community (Serving Families Together Initiative, 2019).



If the child welfare and home visiting agencies in your community determine they would like to plan a cross collaboration training, the Erikson DCFS HV Specialist can

provide access to materials from the Serving Families Together initiative that provide a structure and model for communities to use. These materials were developed from lessons learned when Start Early and the Erikson DCFS Early Childhood Project collaborated to put on eight cross collaboration trainings across Central and Southern Illinois (Serving Families Together Initiative, 2019).

Additional Opportunities for Collaboration

If you are interested in opportunities to meet with other representatives from child welfare and home visiting to better understand one another's work, please contact Jaime Russell at jrussell@childrenshomeandaid.org.

The Erikson DCFS Early Childhood Home Visiting Specialist role was designed to offer relational support on a case-by-case basis throughout this effort to more effectively link child welfare involved families to home visiting. For assistance in communicating and collaborating with child welfare staff, or any questions, please do not hesitate to contact the Erikson DCFS Early Childhood Project at DCFS.HomeVisiting@illinois.gov.

Mandated Reporting

In Illinois, doulas, home visitors and home visiting program supervisors are mandated reporters of child abuse and neglect. This means that they must contact the DCFS Child Abuse & Neglect hotline, 1-800-25-ABUSE, if they have reasonable cause to suspect abuse or neglect (Illinois Department of Children and Family Services, 2019). Families should be informed that home visiting programs are mandated reporters before they enroll in the program and additionally during intake.

For the latest information about mandated reporting, please see the [DCFS Child Protection webpage](#). Mandated reporter training for home visitors is available from [DCFS, Start Early, and Illinois Gateways to Opportunity](#).

There are several options available for helping maintain the home visitor's credibility, relationship, and trust with the family, if a report must be made. When a family feels empowered to have the control of the narrative, especially when they are seeking additional supports, it can help build the relationship between the worker and the family. Home visitors are advised to consult with their supervisors and/or Infant Mental Health Consultants on the best plan for families in these difficult situations.

Resources

Infant/Early Childhood Mental Health Consultation (IECMHC)

All home visiting programs, especially those who are serving families with child welfare involvement, are encouraged to utilize Infant/Early Childhood Mental Health Consultation (IECMHC).

The goal of the Illinois IECMHC model is to strengthen the home visiting workforce in Illinois by building programs' capacity to promote healthy social-emotional development within the families and communities' in which children live and thrive. The model is based on Infant Mental Health principles, focusing on relationship-based, reflective practice, and is culturally responsive. Successful consultation relies on the collaboration between the consultant, program supervisor, and staff to shape a professional development plan with shared goals. Within the context of that relationship, the consultant provides a space for reflection on the system, program, and practice challenges. Through this model, consultants provide the following supports to home visiting, doula, and coordinated intake programs:

- **Reflective Consultation** with program supervisors, individual staff, and staff groups. Consultation provides an opportunity for reflection, cross-cultural exploration, practicing staff interactions, and embedding the skills and knowledge that the consultant cultivates in the program. Staff members are encouraged to hold steady and observe with families, as opposed to problem solving and finding a solution.
- **Professional Development Opportunities:** The reflective approach is balanced with content-specific training. The consultants develop 'mini-trainings' on topics staff members identify that encompass mental health and social-emotional themes such as: intimate partner violence; substance use; attachment; postpartum depression; trauma; safe sleep; child development; and assessments/screenings.
- **Consultants** may also discuss circumstances when support through co-facilitation of family groups is appropriate.

For more details, please see the 2020 report, [Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children](#) (Illinois Children's Mental Health Partnership).

IECMHC is an allowable expense for home visiting, doula, and coordinated intake programs funded by the City of Chicago Department of Family Support Services, DHS, Early Head Start/Head Start, ISBE Prevention Initiative, and MIECHV. To request budget amendments, programs should follow the amendment process defined by their funder(s).

To find an Infant/Early Childhood Mental Health Consultant in your area, please use the [Gateways to Opportunity Consultant registry](#). More information about IECMHC is available [here](#).

Illinois Pregnant and Parenting Youth in Care Project

If you have any questions about serving IPPYC families, please contact Jaime Russell at jrussell@childrenshomeandaid.org.

DCFS Intact Family Services

If you have any questions about serving DCFS Intact Families, or if you need assistance in contacting the family's DCFS Intact caseworker, please contact the Erikson DCFS Early Childhood Project at DCFS.HomeVisiting@ILLINOIS.GOV.

Child Welfare Glossary

A glossary of child welfare terms is available [here](#) through the Child Welfare Information Gateway of the Children's Bureau, Administration for Children and Families.

Serving Families Together Initiative

Recorded cross-training webinars on child welfare, Early Intervention, and home visiting are available from [this GOECD webpage](#).

Illinois Home Visiting Guidance

The latest joint statements from the Illinois public funders of home visiting can be found on the [GOECD home visiting webpage](#) and the [igrow Illinois home visiting webpage](#).

Illinois Department of Children and Family Services

A tip sheet with several helpful resources is available [here](#) through the Illinois Department of Children and Family Services. This tip sheet includes information on the following topics: The Decision to Leave DCFS Care: Are You Ready: Available programs to assist with attaining self-sufficiency; Annual High School Academic Plan Meeting; DCFS Office of Education and Transition Services: Life Skills Program; Education & Training Vouchers: Resource for Lifetime Achievement; Employment/Job Training/Apprenticeship Incentive Program; Youth Housing Assistance Program; Youth Housing Assistance Program Frequently Asked Questions; Scholarship Program; Important Dates and Phone Numbers; Youth In College/Vocational Training Program; Promoting Academic Excellence; Department of Children and Family Services Department of Healthcare and Family Services Medical Card; Countdown to 21; and Tuition and Fee Waiver.

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- Erin Plumb, Program Supervisor, Stronger Beginnings for Families, Children's Home & Aid
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For more information, please contact Jaime Russell at jrussell@childrenshomeandaid.org.

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Appendices (Tools)

- A. Sample Release of Information/Consent Form
- B. Sample Memorandum of Understanding (MOU)

Appendix A: Sample Form for Authorization for Release and Exchange of Information

I hereby authorize [HV PROGRAM] to PROVIDE and RECEIVE verbal or written information pertaining to me

_____ and/or my child _____
Name/DOB Name/DOB

with the third party indicated below:

Name or Position _____

Organization _____

Street Address _____

City, State, Zip _____

Telephone _____

Email _____

Relationship of Third Party to Client:

- | | |
|------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Teacher or School Principal | <input type="checkbox"/> Counselor /Therapist |
| <input type="checkbox"/> Doctor or Pediatrician | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> School Social Worker | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Extended Family Member | <input type="checkbox"/> Other <i>please specify</i> _____ |

Specific Information to be Released:

- Clinical or Counseling Records, Treatment Plans, Psychiatric Diagnoses, Prescribed Medications, Psychological Evaluations
- School Records, Educational Evaluations, Behavior Plans, IEPs
- Substance Abuse Evaluation, Substance Abuse Treatment Information
- Legal Records, Court Orders, Custody/Parent Agreements, Probation, Arrest or Delinquency Information
- Medical Information
- Case Management Records, Parent Training Records
- HIV/AIDS Information
- Other *please specify* _____
- I authorize re-release of information received by [HV PROGRAM] from other entities pursuant to a consent.

Purpose of Release or Exchange of Information:

- I understand that this authorization is voluntary and may be revoked at any time. Any revocation will not affect actions that have already been taken.
- I understand that this Release of Information will expire on _____ (no more than 1 year from signature date).
- I understand that I have the right to inspect and copy the information to be disclosed.
- I understand that if I refuse to provide consent to release or exchange information, [HV PROGRAM] will not be able to obtain or disclose information, which may impact [HV PROGRAM's] ability to structure and coordinate services provided to me, my child and/or my family.

Client Signature (Age 12 and older)* _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Notice to Receiving Agency/Person: Under the provision of the Illinois Mental Health and Developmental Disability Confidentiality Act, you may not re-disclose any of this information unless the person who consented to this disclosure specifically consents to such re-disclosure.

Under the Federal Act of July 1, 1975, Confidentiality of Alcohol and Drug Abuse Patient Records, no such records, nor information from such records may be further disclosed without specific authorization for such disclosure.

Please do not sign below the dotted line unless you wish to revoke the above authorization.

.....

REVOCAION OF AUTHORIZATION

I, _____, hereby revoke the above Authorization to Release Information. I understand that any authorized action taken prior to the date of this revocation remains unaffected.

Client/Parent/Guardian Signature _____ Date _____

Signature _____ Date _____

Witness Signature _____ Date _____

* For clients age 12 to 17, the client's signature is required in addition to the parent/guardian signature.

Appendix B: Sample Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

“Home Visiting Program/Agency” and Department of Child Welfare At-A-Glance

Between: _____

Agency: _____

And

“Home Visiting Program/Agency”

The parties of this Memorandum of Understanding agree to the following:

Home Visiting consists of a voluntary and evidence-based program serving expectant parents and families of infants and young children. Home visiting is prevention focused and dedicated to supporting families in their quest to be the best parents they can be. Program services are designed to strengthen families during the critical first years of a child’s life. The child’s age at enrollment varies among home visiting programs but all programs are designed to support families until the child turns 3 and some program through age 5. Intensity of services is based on program model and usually range from weekly to bi-weekly home visits as families become more self-sufficient.

Home Visitors are caring, well-trained professionals who offer support, encouragement, and services using an evidence-based approach which include the following:

- Providing emotional support and encouragement to parents
- Teaching & supporting appropriate parent-child interaction and discipline
- Providing periodic developmental assessments and referrals as needed
- Linking families with community services, health care, child care, and housing
- Encouraging self-sufficiency through education and employment
- Providing child development, nutrition, and safety education

Intake Into the Program consists of the following steps which generally take place in a potential participant’s home.

- Parents are to be informed, verbally and in writing, of the voluntary nature of participating in home visiting services as early as possible but no later than when families consent to participate in services.
- The Home Visitor reviews the Family Rights and Confidentiality handout, which also indicates the services are voluntary. Families will need to complete the signed document before services can proceed.
- In the event child welfare or the court system attempt to mandate services for a family, home visiting staff will ensure that both the agency and the family know services will be offered voluntarily.
- Home Visitor completes assessments with family to identify early childhood trauma, life stresses, coping skills, parenting styles, etc. which will inform the development of family goals.

Home Visiting Programs Will Provide the Following to Child Welfare Involved Families:

- Accept referrals from Child Welfare staff and provide a screening and/or assessment for the parent(s) if the parent(s) wishes to determine if they are eligible to receive program services.
- While the child is often in parental custody at the time of intake, situations of newborns removed at birth are appropriate referrals when reunification is intended.
- If a child has medical complications and is in the hospital for a period of time (i.e., the infant is not in the home), the family can be accepted into the program as long as the family retains custody of the child.
- Having an in-home dependency petition does not preclude enrollment in home visiting if all other enrollment criteria are met.
- Should Child Welfare file a dependency petition and the child is removed from the parent’s custody, there must be a plan for reunification if services are to continue.

- If the parent is involved in multiple services, the Home Visiting Manager may request a staffing with Child Welfare and the parent(s) to determine the services most appropriate to meet the needs of the individual family.
- Home Visiting staff will attend Child Welfare case staffing's only with the parent(s) permission and with the parent(s) also in attendance.
- Home Visiting staff are required by the model to report suspected child abuse and neglect and staff will continue to report observations of child abuse and neglect in families in the program or as families are leaving the program.

Home Visiting Can Not Provide the Following:

- Supervision for visits between the child and parent(s) and/or transport to/from supervised visits.
- Progress reports to the Child Welfare staff without the written consent of the parent(s).
- Program records to Child Welfare or other government agencies without specific prior written consent of the parent(s) or the receipt of a court order.
- Joint visits to a family by home visitor and Child Welfare without the parent(s) consent.
- Testimony in a proceeding without a court order signed by a Judge or parent(s) written permission.
- Mandate services in a Child Welfare service plan since program services are voluntary and the parent can terminate services at any time.
- Preference to Child Welfare families. All families are enrolled in services on a first-come first-served basis.
- A waiting list for child welfare involved families.
- Upon termination of services, program will be unable to advise Child Welfare of the parent's status unless the parent gives written consent for home visiting staff to talk with Child Welfare.

Future Cooperation

The present Memorandum of Understanding outlines general conditions and arrangements for future cooperation between both parties. It is not legally binding on the parties. The exact terms and conditions of this future cooperative venture will be negotiated in due course and laid down in a contract should circumstances permit.

Signature: _____

Signature: _____

For and on behalf of: _____

For and on behalf of: _____

Date: _____

Date: _____