

MIECHV Policies and Procedures

If we do not provide the services the participants need, Coordinated Intake and Home Visitors will refer participants to other agencies, by referring to resource guide. Services requested can include any of the following:

- Day Care
- Head Start
- Kindergarten
- Education/Training
- Individual Counseling
- Family Counseling
- Doulas
- Substance Abuse counseling
- Parent/Interaction/Support Groups
- Shelter
- School Screenings
- Other social services

Emergency Referrals

- If participant is in need of food, clothes, shelter, we will refer participant to community resources, i.e. 911 and etc.
- CSD will have an annually updated resource guide and will keep an updated copy of the resource list
- As emergencies rise within our families we will refer and link our families to resources, to assess their needs.
- If suicidal, assess them, immediately call 911.

When a family is in need of service, the referral must be documented in ETO.

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Centralized Intake

Target service population includes mothers who are pregnant and/or have children under the age of three, who meet at least one of the following criteria:

- Single
- Teenager
- Fall below the poverty line
- Have mental health issues
- Have multiple children under the age of three

Partner organizations fulfill the following roles and/or program components in serving the target population:

- Aunt Martha's (AM)/ Center for Children's Services (CCS)
 - Houses Coordinated Intake Worker (CIW)
 - Believing in Beginnings (BIBS)- Home Visiting
 - Helping Families in Illinois (HFI)- Home Visiting
 - Doula (Clients ages 13-19 and/or who have mental health issues) - Home Visiting
 - Teaching Parents as Teachers – Home Visiting
- Danville School District 118 (D118)
 - Parents as Teachers model - Early Home Visiting
 - Preventive Initiative – Home Visiting
- East Central Illinois Community Action Agency (ECICAA)
 - Early Head Start – Home Visiting
 - General Home Visiting
- Project Success of Vermilion County, Inc. (PS)
 - Marketing & Community Systems Development (CSD)

The coordinated intake process works as follows:

1. CSD advertises/markets the program.
2. Potential clients contact one of our partner organizations and the partner refers them to CIW.
3. CIW schedules client intake.
4. CIW completes client intake using the Coordinated Intake Assessment Tool (C.I.A.T).
5. CIW evaluates the C.I.A.T and if eligible, assigns clients to one of the above programs where they would benefit the most. CIW also enrolls eligible clients in Mother and Infant Home Visiting Program Evaluation (MIHope).
6. CIW sends the referral form to the appropriate contact person at the chosen partner.
7. Partner contacts clients and informs them about available programs and services.
 - a. If unable to contact clients, the partner then sends their information back to CIW to attempt to contact them.
 - b. If able to contact clients, the partner completes a client assessment, has them complete any additional necessary paperwork, and enrolls them in qualified programs.
8. Clients begin receiving services, such as weekly 90-minute home visits, until their children age out (turn three).

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9. Partners complete ongoing assessment of clients to determine progress, collecting and submitting data to the appropriate entities.

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Consents and Releases

- Coordinated intake obtains a consent to participate in the program, and MIECHT informed consent form at the time of the intake
- All of the information must be signed by the client at the time of the intake

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Release and Exchanging Information

- All participant information is treated as confidential release information only to MIECHV team
- Participant can revoke release and exchange of information in writing for the MIECHV team to document.

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Documentation of Income

- This will be provided via the CIAT (coordinated intake assessment tool)

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Concerns and Complains

- Contact the supervisor of the coordinated intake

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Aging Out

- Preschool
- Recommended to a home visiting transition plan, each organization has own set of plans.

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Marketing

- Participate in community events
 - Health and Safety Fair
 - Georgetown Fair Week
 - Week of the Young Child
- Advertisements
 - Bus Sign
 - Two billboards in the community
 - Sign at the Georgetown football games
 - Sign at the community arena
 - Website
- Creation of Materials
 - Giveaways (outlet plugs, measuring spoons, hand sanitizer)
 - Flyers
 - Brochures
 - Resource guide poster

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Termination

- Per agency: everyone operates differently.

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Outreach to Families:

- a. Role of CI worker/ home visitor in recruiting families
 - a. Local Community Events
 - b. Support Groups
 - c. Parenting Groups
 - d. Different Referral Sources in the community
- b. Role of Community System Developer
 - a. Marketing materials
 - b. Community Events

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Referrals to home visiting:

- a. Process to determine eligibility for our coordinated intake
 - a. Use of the coordinated intake assessment tool (CIAT)
- b. Process to determine what program each family fits
 - a. MIECHV referral criteria cheat sheet
- c. MIHOPE randomization occurs
 - a. This occurs during the intake process
- d. Coordinated intake to enter data & home visiting agencies to respond back to coordinated intake
 - a. Every Tuesday an update will be sent out by the coordinated intake to the MIECHV partners.
 - b. Each partner must respond by the end of the day Tuesday with the appropriate information
 - c. Coordinated Intake will then send out an email no later than end of day on Friday to the partners regarding the clients of MIECHV.

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Community Collaborations

- a. Descriptions of the local early childhood community & participation
 - a. Early Childhood Network (ECN) – Quarterly meeting that is open to anyone in the community that deals with early childhood. The basis of the meeting is to focus on one key issue every meeting, and brainstorm on ways to help the problem.
- b. Maintaining relationships with other community agencies
 - a. Inviting community agencies to our ECN meeting
 - b. Participate in community events hosted by agencies
- c. How MIECHV partners ensure adherence to the terms of the MOU's established
 - a. We invited them to the ECN.
 - b. Make sure that they continue to give us referrals

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Supervision and Training:

- a. Organizational Chart for Coordinated Intake
 - a. Coordinated Intake Agency: Aunt Martha's / Center of Children Services
 - b. Coordinated Intake Worker: Niah Hamilton
 - c. Coordinated Intake Supervisor: Natalie Williams
 - d. Coordinated Intake Agency Executive Director : _____
- b. Organizational Chart for Community System Developer
 - a. Community System Developer Agency : Project Success
 - b. Community System Developer Worker: Karen Miller
 - c. Community System Developer Supervisor: Rickey Williams
 - d. Community System Developer Executive Director: Rickey Williams
- c. How often do the Community Intake & Community System Developer receive reflective supervision
 - a. Coordinated Intake receive it _____
 - b. Community System Developer receive it _____
- d. Coordinated Intake and Community System Developer participate in role-specific training.
 - a. Once a month or so, it varies on the trainings and what we feel would help us with our current role in the community.

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Monitoring and Problem Solving

- a. Data & outreach shared with the partners
 - a. Community Needs Assessment – As it is completed by Vermilion County
 - b. Capacity and waitlists of the programs – Monthly
 - c. Referrals – Weekly
 - d. Community Outreach – Monthly
- b. Problems identified and resolution
 - a. They are discussed monthly at our collaborative meetings. They are resolved as we come to an agreement.
- c. Community System Developer and Coordinated intake participate in CQI
 - a. _____