

ADMINISTRATIVE PROTOCOL



Level:	DHP Division	Policy Number:	DHP-MIECHV 7
Applicability:	MIECHV	Date of Last Update:	
Effective Date:	12/13/2013	Approved	12/13/2013

Subject: Maternal Infant Early Childhood Home Visitation Project Outreach to Elgin Families

Policy: The Community System Developer, following the current referral action plan, leads the outreach to families, with the support of MIECHV Coordinated Intake and MIECHV home visiting supervisors and staff.

Purpose: To assure that family outreach is effective and comprehensive so that home visit programs receive appropriate and eligible referrals that meet MIECHV priorities.

Procedure:

1. CSD conducts outreach activities according to current Elgin MIECHV Plan priorities:
 - a. Community events, fairs, teen support groups, door-to-door, etc.
 - b. Community agencies such as WIC, DHS, DCFS, YWCA, Family Case Management, immigration, pregnancy testing programs, community colleges and training programs, child care centers etc.
 - c. Health providers such as physician, mental health, substance abuse
 - d. Parent groups
 - e. Convenes group of local outreach workers from Elgin area to develop collaboration in disseminating home visitation brochures and posters
 - f. Maintains membership in the Elgin Hispanic Network and conducts promotion of home visiting among other members.
 - g. Meets with community groups at achieve collaboration
 - h. Implements incentive pilot project to increase referrals from select obstetric and social service providers and parent leaders
2. CI leads response for central intake calls that emerge from community outreach supplements outreach activities of CSD and maintains and distributes outreach posters, brochures, and flyers.
3. MIECHV home visitors assist with outreach as their caseloads allow, including door-to-door, agencies, and WIC.
4. Outreach records are completed and maintained:
 - a. CSD maintains outreach records for every partner that is invited to participate up and until the first referral is received by CI.
 - i. Communication/meeting record—for outreach
 - ii. MOU Record--collected for Home Visitation referrals and for AOK

ADMINISTRATIVE PROTOCOL

- iii. Internal referral process flow chart developed with assistance of CSD for those agencies who submit HV MOU
 - iv. CSD maintains record of outreach events, number of people she tells about home visiting, and submits referrals obtained at the events.
 - b. Home Visitors submit outreach reports along with referrals obtained to CI.
5. CI, CSD, and Home Visit staff and supervisors implement incentive projects for family recruitment and retention as needs and resources determine.
6. CI produces monthly referral reports and the MIECHV CI, CSD, and home visitor supervisors conduct analysis in alignment with current outreach activities and take improvement actions as needed.
7. CSD, CI, MIECHV Supervisors and Home Visitors participate in continuous quality improvement.

FORMS: Elgin Referral Action Plan, Referral Form, Outreach Record Templates, WIC outreach record template

Approved By: (Signature)	
Approved By: (Name & Title)	Theresa Heaton, CI/CSD Manager
Date of Approval:	12/13/2013

MIECHV Elgin Community

Referral Action Plan

Revised by Elgin MIECHV Team on September 26, 2013

Goal: Establish and maintain full caseloads for all MIECHV Home Visiting Agencies

Objective 1: Home visitors will be effective in enrolling clients as evidenced by increased enrollments and fewer families we cannot locate or who refuse home visitation.

Activities:

- 1.1 Q1: Develop a script/talking points—CSD and Home Visitor subgroup – by Sep 30, 2013
- 1.2 Q1: Train home visitors staff on the script—CSD and supervisors – by Oct 31, 2013
- 1.3 Q1-Q4: Pair up home visitors for finding hard—to—locate families as needed—HV staff and supervisors – by Oct 31, 2013
- 1.4 Q2-Q4: Track referral patterns post-training for each program—CI – monthly reports as of 10/2013

Objective 2: Referring agencies will be effective in presenting home visitation to clients as evidenced by referrals increasing.

Activities:

- 2.1 Q1: Develop a script/talking points—CSD and Home Visitor group - by Sep 30, 2013
- 2.2 Q2: Train existing referring staff (FCM, WIC, schools, obstetricians, churches, human services) on the script and new staff at time of MOU—CSD – by Oct 31, 2013
- 2.3 Q2-Q4: Implement drop by “check-in” every 4-8 weeks to the agencies with trained staff to keep the message fresh and remembered...until a referral pattern is established—CSD and HV staff - starting Nov 1, 2013
- 2.4 Q2-Q4: Track referral patterns post-training for each agency—CI – monthly as of 11/2013
- 2.5 Q3-Q4: Offer presentations in the community about home visitation—churches doctor offices, human service groups--CSD and MIECHV staff. [need to prioritize which sites will provide the most impact] mental health, obstetricians, housing authority local liaisons, school nurses, DHS Family Community Resource Center, YWCA, WIC, current referral partners with few referrals, pregnancy testing services and pregnancy centers.
- 2.6 Q1-Q4: Continue weekly emails to referring agencies to ask for referrals and/or to acknowledge referrals-CI

Objective 3: Families will be involved in promoting home visiting in Elgin as evidenced by outreach.

Activities:

- 3.1 Q1-Q4: Encourage enrolled parents to refer their friends/family—HV staff – design system and/or incentives by Oct 30, 2013; implement starting Nov 1.
- 3.2 Q1-Q4: Distribute brochures and posters among parent leaders from U-46, from Parent Café’s and COFI trainings, from Circle of Wise Women, and from Housing Authority—CSD and HV staff
- 3.3 Q1-Q4: Attend outreach events in the community including the library offerings that many parents attend--CSD and parent leader volunteers
- 3.4 Q2-Q4: Engage home visited families in providing testimony to the teen parents in the high schools and to others through video/audio/or other visuals—CSD and HV subgroup – by what date? December 15, 2013

Objective 4: Enhance our infrastructure for increasing awareness and referrals as evidenced by special projects.

Activities:

- 4.1 Q1-Q2: Develop, complete, and analyze survey of families that refuse home visitation to understand why they are refusing and use the results to change our scripts for engaging them --CI, CSD, supervisors, home visitors by Oct 30, 2013
- 4.2 Q2: Develop a website that promotes home visitation—CI, CSD, supervisors, home visitors. January 15, 2014
- 4.3 Q2: Give WIC staff feedback on all the referrals they make as well as referrals made by MIECHV staff through WIC classes—CI – weekly starting Oct 15 2013.
- 4.4 Q2: Develop communication with families on the waiting list so they know what is happening—CI and supervisors 1/15/2014
- 4.3 Q3-Q4: Produce bus or radio ads if budget allows--CI, CSD, supervisors, home visitors – design bus ads by Sep 30, 2013—if igrow is ready. Contact Spanish language radio by October 15, 2013 to set up interview.

Kane County Maternal-Child Home Visitation Programs Referral Form

Client Name: _____
(Last) (First) (MI)

Number of Children: _____

Ages of the Children (please circle)

Newborn 3mos 6mos 9mos 12mos 18mos 24mos 30mos 36mos 3 4 5 6 7
 8 9 10 11 12 13 14 15 16 17 18 19 Other _____

Please place a ✓ by applicable items:

Home Life:

- No phone
- Living arrangement:
 - On own
 - Spouse
 - Parents/family members
 - Partner/boyfriend
 - Friends
 - Temporary/short term housing
 - Homeless
- Father of baby:
 - Not involved
 - Unemployed
 - Gang involvement
- No active adult support
- Inadequate emergency/family contacts
- Domestic/family violence
- Partner/family member threaten to hurt/punish
- Current/former DCFS involvement
- Child abuse/neglect
- Client/child at risk of being removed from home, school, or community
- Crime involvement or arrest record of client, partner, family member
- Gang involvement
- Violent crime victim
- Services received
 - Food Stamps/SNAP
 - WIC
 - TANF
 - Social Security Income
 - Social Security Disability

Behavioral Assessment:

- Substance abuse
- Smoking: _____/day
- Beer/wine/ liquor: _____/week
- Parents have a problem with alcohol or drugs
- Partner have a problem with alcohol or drugs
- Have felt out of control or helpless
- In last 2 weeks felt down/depressed/hopeless

- In last 2 weeks, lost interest in things that used to be fun
- History of depression, anxiety, or related mental health issue
- Current diagnosis of depression, anxiety, or related mental health issue

Medical Info:

- Medical home: Y or N
- Medical home name: _____
- Last visit to the doctor, where did client go?
 - Primary physician or OB/BY/N
 - Health Clinic
 - Emergency Room
 - Other _____
- Type of health insurance
 - Private Insurance (Blue Cross Blue Shield, United Health, CIGNA, etc.)
 - Public Insurance (Medicaid, CHIP)
 - No Health Insurance
- Client has a learning disability
- Client is developmentally delayed

Prenatal/Infant Care:

- Date of first prenatal visit: ____/____/____
- Number of prenatal visits _____
- Late or no prenatal care, poor compliance
- Adoption sought/attempted
- Abortion sought/attempted
- History of miscarriage/fetal death
- Risk from EPDS screening: (circle one)
 HIGH MODERATE
- At elevated risk for premature delivery/birth complications due to physical/medical condition: _____
- Infant has a NICU admission/high-risk medical diagnosis
 Please specify: _____
- Infant/child is receiving Early Intervention Services

Other: _____

Kane County Maternal-Child Home Visitation Programs Referral Form



Today's Date: _____

Mother's Name: _____
Nombre de Mama: _____

Mother's DOB: ____/____/____
Fecha de Nacimiento de la Madre: _____

Child's Name: _____
Nombre de Niño: _____

Child's DOB: ____/____/____
Fecha de Nacimiento del Niño: _____

EDC (Due Date): ____/____/____
Fecha Aproximada del Parto: _____

Phone: (____) _____
Teléfono: _____

Address: _____
Domicilio: _____ Street/Calle

Other Phone: (____) _____
Otro Teléfono: _____

City/Ciudad Zip Code /Código Postal

Email: _____
Correo Electrónico: _____

Language(s): English Limited English: _____
Idioma(s): Inglés Inglés Limitado (Language/Idioma)

Please Check One/Favor de Marcar Una:

First Time Mother/
Madre Primeriza

Second Time Mother/
Mama por Segunda Vez

Third Time or More Mother/ Mama por
Tercera vez o más

Comment:

Number of Children: _____ **Ages of the Children (please circle below):**

Newborn	3mos	6mos	9mos	12mos	18mos	24mos	30mos	36mos	3	4	5	6	7
8	9	10	11	12	13	14	15	16	17	18	19	Other	___

I am interested in having a home visitor. I give permission for information from today's assessment to be shared with Kane County Home Visitation Programs/Collaborative through Visit Tracker, the Illinois electronic referral system. I understand that this information will be shared only to enable me to have contact with a home visitor, and that all information will be kept confidential by the home visit collaborative/programs and Visit Tracker. *Estoy interesada en recibir una visita a domicilio. Doy permiso para que la información de la evaluación del día de hoy se comparta con "Kane County Home Visitation/Collaborative a través del Visit Tracker, el sistema electrónico de remisiones de Illinois." Entiendo que esta información se compartirá solamente para permitirme tener contacto con una persona del programa que me visite en casa y que toda la información se mantendrá confidencial por parte del programa de visitas a domicilio y el Visit Tracker.*

Client Signature/ _____ Date/ _____
Firma del cliente Fecha

Referred by: _____
Name

Agency

FCM WIC

Registration Other _____

For MIECHV Agency Only: Told of all HV programs? Yes No Keeper Yes No

Please fax completed referral forms to the Kane County Health Department at (630) 897-4845

FOR OFFICE USE ONLY

Referred to: _____ Date Assigned to Home Visitor: _____

____ Access ____ Excel ____ V.T. ____ NFP ____ Faxed

Revised 11/8/13 draft (North)

Well Child WIC Classes - Tally of Classes
Month of October 2013

Date of Class:	PRENATAL ENGLISH				L&D ENGLISH				L & D SPANISH				Total
	11/6/2013	11/13/2013	11/20/2013	11/27/2013	11/6/2013	11/13/2013	11/20/2013	11/27/2013	11/6/2013	11/13/2013	11/20/2013	11/27/2013	
Total attendees at class:	0	0	0	1	6	0	4	0	VNA	VNA	VNA	KK	11
How many did you talk to?	0	0	0	5	2	0	4	0					11
1st time moms pregnant	0	0	0	4	2	0	4	0					10
2nd time moms pregnant	0	0	0	1	4	0	0	0					5
1st time w/ baby under 3 months	0	0	0	0	0	0	0	0					0
2nd time w/ baby under 3 months	0	0	0	0	0	0	0	0					0
1st time w/ baby under 2 weeks	0	0	0	0	0	0	0	0					0
2nd time w/ baby under 2 weeks	0	0	0	0	0	0	0	0					0
3rd time or more eligible for Parents as Teachers	0	0	0	0	0	0	0	0					0
Agreed to be enrolled in your program	0	0	0	0	0	0	0	0					0
Agreed to be contacted by another HV program	0	0	0	0	0	0	1	0					1
Agreed to have a further conversation about HV	0	0	0	0	2	0	0	0					2

