Coordinated Intake (CI) -igrow

Mission

The mission of Coordinated Intake (CI) is to conduct outreach to families who will most benefit from long term home visiting (LTHV) services, to promote family well-being and positive child outcomes. CI also reduces duplication of resources to ensure more families are served. Due to funding, CI only provides direct support to Peoria county, with the understanding the auxiliary support could be provided to Tazewell and Woodford counties.

Coordinated Intake Specialist (CIS)

The Coordinated Intake Specialist (CIS) routinely provides information to new caregivers and community service providers. This information addresses the benefits of LTHV services, in both improving family resiliency and promoting healthy child development. This is accomplished by establishing strong relationships with referral sources and by providing outreach through community events and resource fairs, specifically targeting where families are likely to participate.

The CIS will engage families and community partners, maintain reports on referrals to LTHV, and share information with partner agencies. The CIS has basic knowledge of child health and development, maternal health, and parenting skills.

Required CI Training

The CIS will work with their supervisor to create a professional development plan based on MIECHV requirements, CIS interests, and training schedules. The CIS will maintain an accurate graining log including date, time, location, and name of the training.
The CIS will be trained in how to use IRIS and how to help partner agencies to use IRIS for referrals.

CIS Absence – Referrals

Referrals will continue in the case of a CIS vacancy due to position vacancy with the agency hiring for a replacement, illness, injury, leave, or vacation. If the CIS is absent for more than 3 consecutive days, any new referrals will be addressed by the CI supervisor or designee. This will allow the referral process to stay consistent and uninterrupted. The supervisor or designee has access to the IRIS referral system to make connections.

Outreach to Families

The CIS serves as a central point of contact for families, ensuring they are informed about home visiting programs that provide support from prenatal stages through early childhood. The CI actively recruits families through outreach events, partnerships, and direct engagement, emphasizing the benefits of home visiting, such as parenting support, health guidance, and

developmental resources. Their role also includes advocating for equitable access to services and tailoring outreach efforts to meet the diverse needs of the community.

The CIS conducts outreach in a variety of locations to increase visibility and accessibility in the community. Specifically, the CIS participants in community resource fairs. Other avenues are incorporated when there is a community need for more resources such as attending parenting groups in the community.

Outreach efforts are aligned with community partners and home visiting programs through regular communication and collaboration. The CIS works closely with partners to share goals, plan joint events, and exchange referral data. Additionally, bi-monthly or quarterly meetings with the home visiting collaborative are held to evaluate progress, share insights, and refine outreach strategies. Materials provided through outreach include flyers, digital media, and resource guides.

Referral Process and Decision Making

When a referral is submitted, the CIS determines which program is best for the family based on program capacity and the eligibility requirements of each program part of the wider CI LTHV system. Within the IRIS system, each program is expected to update their capacity each week. The CIS checks on the program capacity update at least 1 time per month with each LTHV program. The CIS uses the decision tree to successfully complete this referral assignment process.

When a referral is received into the IRIS system, the CIS completes and sends the CIAT (coordinated intake assessment tool) to a program within 24 hours. The partner agency should accept or reject. If they accept, they should start the engagement process of opening a family within 1 week. Once a family is engaged in this process, the CIS will be notified through IRIS. If the agency is unable to contact the family, they will inform the CIS who will attempt to make more contacts or refer to another program.

The CIS utilizes contact information submitted to IRIS (coordinated intake system) to provide the referral to LTHV agencies, including contact information and the CIAT information. The CIS gives guidance to the LTHV agency on processes and procedures best practice in reaching out to families and informing them of the LTHV services.

After a referral is sent to a LTHV program from the CIS, the CIS will refer the family to the most appropriate match regarding home visiting agencies. The CIS is available to provide a connection between the referral source and the LTHV program to update any contact information that is missing or incorrect. After the referral is sent to the LTHV program, the CIS follows up in 2 weeks to ensure engagement with families is occurring, as part of the CI community.

The CIS will provide referrals to all LTHV agencies that are part of the collaborative and ensure programs maximize caseload capacity of 85% and will do so by monitoring programs and maintaining a wait list as appropriate.

CIAT

When a referral is submitted in IRIS, enough information is provided for the CIS to fill out a CIAT, which will be sent to the agency receiving the referral.

Assigning Families

Families' participation in LTHV is voluntary and therefore the CIS will remain neutral when assigning families. The CIS will use the referral information in IRIS.

Waitlist

A waitlist should be avoided when possible. However, if all LTHV agencies are full, the family will be provided with the choice to be placed on a waitlist. The CIS will stay in constant contact with the partner agencies to evaluate any changes to their capacity so to decrease the waitlist as soon as possible.

If a family requests an LTHV program that has a waitlist, but there are other LTHV programs without a waitlist, the CIS will inform the referral source of their options. If the family chooses to go on the agency waitlist, that will be noted in the reports and documented in IRIS with communication notes between the CIS and the referring agency.

Documentation

IRIS, the referral system, stores all referrals within the cloud. Since IRIS keeps documentation, there is no printed paperwork unless requested by funders or partners.

Consent and Confidentiality for CI Services

Referred families give verbal consent prior to their information being entered into IRIS. The families are informed that participation in both CI and home visiting services is voluntary and can discontinue services at any time.

All information gathered in the assessment process is considered confidential and cannot be released without the consent of the family. If the family feels that their confidentiality has been breached, they have the right to file a grievance under the CHAIL grievance policy.

Emergency Referrals

An emergency referral is defined as a family experiencing a situation where the physical and emotional well-being or livelihood of children and/or families are threatened or in immediate danger. If a family presents and/or is referred to the CIS and is experiencing an emergency, the CIS will address the concerns and find resources to help the family make connections to community agencies that could assist the family in their immediate safety concerns.

The procedure for emergency referrals begins with the CIS being notified of a family's emergency between the hours of 8:00a-4:30pm M-F. The CIS will:

1. Record the nature of the need.
2. Reference the resource directory for appropriate referral
3. Share referral information with family and, if possible, connect the family to the resource with a warm handoff.
4. Record referral information in referral system (IRIS)
5. If the family agrees, check in with the family within 1-2 business days of them presenting with the emergency.

If the emergency is outside of the weekday working hours, the CIS will ensure the voicemail is set up with the following information:

1. Inform the family to go to their emergency room or call 911.
2. Leave a voicemail.

The next business day the CIS will follow up with the family for any needed referrals.

Community Collaborations

Community partners include LTHV programs in Peoria county, as well as traditional referral sources such as the local health departments, hospitals, clinics, school districts and OB/FYN offices. Partnership organizations are any of the agencies that work with priority populations. The CIS engages with the CI collaborative, which includes key agencies that are part of the LTHV collaborative and other social service agencies within the community that target priority populations (i.e. hospitals, public health organization, childcare agencies, domestic violence agencies, WIC offices, mental health and substance abuse provides, food pantries, crisis nurseries, housing assistance, early childhood programs, and more.) The CIS will maintain regular contact and develop voluntary MOU's (Memorandum of Understanding) to solidify partnership agreements and expectations within the collaborative. The MOUs are reviewed and updated yearly.

The CIS will facilitate monthly collaborative meetings with LTHV partners and others who serve priority populations within the community. The CIS will be transparent in sharing reports with collaborative partners based on referrals and completion rates.
The CIS will participate in monthly CQI calls and quarterly learning community meetings. The CIS will actively engage in peer sharing activities and develop individualized CQI plans.

Reporting Requirements

The CIS has required reports based on funding requirements. The reports are drawn from the referral system: IRIS.

Monthly Reports: Coordinated Collaborative

At the monthly CI meeting, the CIS will report on the number of referrals received, the sources of the referrals, and the community outreach conducted. The CIS will also report on challenges with outreach and the IRIS referral system. The CI meeting agenda includes time to discuss procedural issues, suggestions for improvement, and trends in the community and/or service population.

Quarterly Reports: MICEHV

Quarterly reports are submitted to the Office of Early Childhood Education who administer the MIECHV grant, providing funding for CI efforts in IL. The report gathers information about the number of families receiving service, the capacity of programs in the collaborative, the referral sources, outreach activities, and program staffing. The quarterly report is due to MIECHV by the 15th of the month after the quarter's end. The CIS and director will collaborate to complete the quarterly report.

Continuous Quality Improvement (CQI)

Each year the CIS develops SMART CQI goals in collaboration with the TA and director. The CQI goals will focus on areas of growth, with are identified by the program.

Supervision

The CIS will receive reflective supervision biweekly to discuss areas of strength, areas of growth, and problem solving any issues with the referral process or IRIS. As required by the grant, the CIS will receive at minimum 1 hour of reflective supervision biweekly.