SFY22 MIECHV Coordinated Intake Trends

The information in this summary report represents a snapshot of Illinois Maternal, Infant and Early Childhood Home Visiting (MIECHV) Coordinated Intake sites for State Fiscal Year (SFY) 2022 (July 1, 2021 – June 30, 2022), with some comparisons to SFY 2021.

What is Coordinated Intake (CI)?

Coordinated Intake (CI) is a collaborative process that provides families with a single point of entry for home visiting programs within a community. Through outreach with families and relationship building with community partners, CI focuses on the identification and recruitment of families who would most benefit from home visiting, and with knowledge of program capacity at the community level, facilitates enrollment in the home visiting program that best meets the needs of the family.

Where is CI located in Illinois?

CI is present in a range of communities across the state and is funded through a variety of sources. This report represents data from the 12 MIECHV communities only, because data collection is a MIECHV contract requirement and data aggregation processes have been operationalized at the funder level.

Illinois Communities with Coordinated Intake (*MIECHV communities)

Chicago (ConnecTeen at Lurie Children's Hospital)
Town of Cicero*
DeKalb County*
DuPage County
City of East St. Louis*
Englewood (southside of Chicago)*
Kane County*
Kankakee County*
Lake County
Macon County*
McLean County *
Oak Park/River Forrest
Peoria/Tazewell Counties*
Stephenson County*
South Suburban Home Visiting Network
Vermilion County*
Winnebago County*

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Table 1: SFY22 MIECHV CI Agencies, Service Area, and Number of Home Visiting Programs

Coordinated Intake Agency	Service Area	MIECHV Home Visiting Programs	Total Home Visiting Programs
Aunt Martha's Health and Wellness Center	Kankakee County	1	3
Children's Home + Aid Bloomington	McLean County	3	6
Children's Home + Aid DeKalb/Sycamore	DeKalb County	2	3
Children's Home + Aid Englewood	Englewood/Southside Chicago	3	21
Children's Home Association	Peoria and Tazewell Counties	1	10
Comprehensive Behavioral Health Center	East St. Louis	1	7
Danville School District 118	Vermilion County	2	3
Family Focus - Nuestra Familia	Cicero-Berwyn area west of Chicago	2	10
Kane County Health Department	Kane County	2	12
Macon County Health Department	Macon County	2	4
Stephenson County Health Department	Stephenson County	1	3
Winnebago County Health Department	Winnebago County/Rockford area	3	6
Total Programs Served		**23**	**88**

How Referral Data is Collected

MIECHV CI workers enter referral data in either the Visit Tracker or IRIS referral tracking systems. Current data systems report referral data including where the referrals to CI originated; whether they resulted in a referral to home visiting; and the outcome of the home visiting referral (whether the family was enrolled). Data reports can be run on any timeframe and are submitted monthly to CPRD for review and discussion during TA calls with each MIECHV CI agency.

Use of the approved data systems by all MIECHV CI agencies for reporting is a vast improvement over SFY21, when monthly Excel spreadsheets were used for referral tracking and reporting. Manual aggregation of referral data into a master spreadsheet is still needed, however, to combine referral details from the two data systems.

In SFY22, the CPRD team tracked details of referral sources and outcomes to identify trends across and within communities. Data reports included both incoming and outgoing referral details.

How Referral Data is Organized in This Report

The data in this report are presented according to how a referral is processed through CI. At a high level, the process works in the following manner:

Referrals to Coordinated Intake

Where referrals originated. This section highlights the existing relationships that CI workers have in their communities with referral partners.

Referrals to Home Visiting

Whether referrals to CI resulted in a referral to home visiting programs. Not all referrals to CI are ultimately sent to home visiting programs; the family may decline, be ineligible or never respond to outreach attempts by the CI worker. This section shows the "strength" of the referral source. How likely does a referral from a given source end up being shared with a home visiting partner?

Outcomes of Referrals to Home Visiting

Whether the family was enrolled in home visiting. Similar to referrals to CI, not all referrals sent to home visiting programs result in a family being enrolled and receiving services. This section shows how many enrollments communities have been able to record for this state fiscal year. Please note, this number may not reflect all enrollments that occurred, because home visiting programs may not communicate the final outcome of a referral to CI.

Referrals to Coordinated Intake

Across Illinois, CI workers have established partnerships with a wide range of stakeholders for home visiting referrals. In SFY22, 3,698 referrals came into CI (an increase from 3,187 recorded in SFY21).

Table 2 below shows referral sources by category, sorted from most to least referrals from each partner category.

Table 2: SFY22 Total Referrals to CI by Referral Source Category

Referral Source – All Referrals	Referrals to CI
Home Visiting	830
WIC	687
Family Case Management	489
Healthcare	313
DCFS / Child Welfare	298
Family Connects	243
FCRC / TANF / DHS	188
Social Service Agency	178
Schools	90
Direct Recruitment by CI	66
General Parenting Support	57
Early Intervention / CFC	47
BBO (Better Birth Outcomes)	46
Self / Family / Friend	42
Doula	39
Transfer to another CI	33
Social Media	26
Mental Health	13
Child Care	8
Other	5
Grand Total	**3,698**

Referral volume varies by MIECHV community as shown in Table 3 below. Many factors impact the number of referrals received including size of community, number of established referral partners, number of home visiting program slots, strength of relationships with referral partners, and CI staff vacancies/turnover.

Table 3: Incoming Referrals by MIECHV Community

MIECHV Community	Incoming Referrals to CI
McLean County*	640
Kane County	523
Peoria County	511
Winnebago County*	408
Vermilion County	364
Macon County	312
Englewood / Southside Chicago	296
DeKalb County	188
Kankakee County	151
East St. Louis	147
Stephenson County	127
Cicero	31
Grand Total	**3,698**

**These sites process large numbers of WIC / FCM referrals requiring "cold calls"*

Top Referral Sources

Table 4 to the right highlights the top 10 referral sources generating the most referrals to CI statewide in SFY22, listed by category. Due to the ongoing pandemic and limited opportunities to conduct outreach events, the CIs relied more on home visiting programs to assist with recruitment. CIs tracked these "keeper" referrals that were recruited by home visiting programs, most often for their own agency services. To encourage recruitment by home visiting programs and help CIs track total actual recruitment being done beyond CI recruiting, home visiting program partners have agreed to share their recruited referrals as "keepers" for CIs to review, track, and then return to the program so the originating home visiting program can "keep" their recruit to engage and enroll in services.

Table 4: Top 10 Referral Sources in SFY22

Rank	Top Referral Sources	Referrals to CI
1	Home Visiting	830
2	WIC	687
3	Family Case Management	489
4	Healthcare	313
5	DCFS / Child Welfare	298
6	Family Connects	243
7	FCRC / TANF / DHS	188
8	Social Service Agency	178
9	Schools	90
10	Direct Recruitment by CI	66

The benefit of having CIs review 'keepers" is to check for duplicates of families that may have already been referred by another referral source or are already enrolled in services, and to also enable CIs to track the additional home visiting referrals and their source. Home visiting partners are promised they will get "credit" for their recruits when referral numbers are shared. Since the inception of MIECHV CI, Family Case Management (FCM) and the Women, Infants, and Children (WIC) program have been top referral sources. Although uptake of these programs has decreased in recent years, they still remain solid referral sources for home visiting's target population. It is important to note however, that some communities receive referral lists from FCM and WIC that need follow up to determine if the family is interested in home visiting while other FCM/WIC sites send referrals to CI that have been vetted by their staff to only include families expressing an interest in learning more about home visiting services.

Another source that has been targeted for referrals is DCFS, which increased their referrals to CI from 179 in SFY21 to 298 in SFY22. This increase is due in part to strengthened partnerships between local DCFS offices and CIs as well as the hiring of several DCFS Home Visiting Specialists who have helped facilitate the referral process to home visiting. As always, it is important for CIs to recruit diverse community partners to reach all eligible families. Some CIs have focused on outreach to hospitals and school districts with good results. Family Connects is another promising referral source as the programs expand to more hospital sites in the Chicago area. Family Connects continues to be the #1 referral source in Peoria County (with 219 referrals in SFY22).

Referrals to Home Visiting

As noted above, a referral to CI does not automatically result in a referral to home visiting. In SFY22, 2,418 referrals from CI (compared to 1,846 in SFY21) went to home visiting programs. This is 65% of the referrals received resulting in referrals sent out to home visiting programs.

Table 5 below shows the top 10 referral sources (generating 3,386 of the 3,698 referrals received), sorted based on the percent of incoming referrals that resulted in an outgoing referral to home visiting. Factors that contribute to the difference in numbers between incoming and outgoing include referrals that are not reachable, declines, duplicates, and ineligible families.

Table 5. Top 10 Referral Sources Generating Referrals to Home Visiting

Rank	Referral Source	Incoming to CI	Outgoing to HV	% Referred
1	Home Visiting	830	753	91%
2	Family Connects	243	205	84%
3	Schools / Preschools / ROEs	90	76	84%
4	Social Service Agency	178	140	79%
5	DCFS / Child Welfare	298	233	78%
6	General Parenting Support	57	42	74%
7	Family Case Management	489	301	62%
8	Healthcare	313	172	55%
9	WIC	687	239	35%
10	FCRC / TANF / DHS	188	59	31%
	Total	**3,386**	**2,233**	**66%**

The top referral sources that generate “good” referrals that are ultimately referred out to home visiting programs are the home visiting programs themselves (91%), Family Connects (84%) and Schools/Preschools/ROEs (84%). As shown in Table 5 above, while WIC provides a large number of referrals to CI, only about a third (35%) result in completed referrals to home visiting programs. Two Family Connects programs (Peoria and Stephenson) are co-located in agencies with home visiting services, so staff relationships and knowledge of programs are strong between CIs, home visitors and Family Connects nurses, resulting in 84% referred out to home visiting.

CIs work closely with referral partners to enhance messaging about home visiting services. The goal is to improve “referred-out rates” by ensuring partners are able to accurately describe and regularly promote home visiting with our target populations. For example, while the McLean County site received a large number of referrals from WIC/FCM (492), these referrals required “cold calls” to families whose names were

shared with CI, but who had not expressed an interest in home visiting services. Only 15% of these McLean County referrals resulted in completed referrals to home visiting.

Outcomes of Referrals to Home Visiting

CI referrals to home visiting programs do not all result in a family being enrolled and receiving services. This section shows how many enrollments CIs have been able to record for the 2022 state fiscal year. Please note, this number does not reflect all enrollments that occurred, because home visiting programs do not always communicate the final outcome of a referral to CI. This communication gap most often occurs with non-MIECHV home visiting programs that are not using Visit Tracker. There is also lag time between when a referral is sent and when a family is ultimately enrolled, so referrals that cross over fiscal years are not included in the annual summary data.

Reported Home Visiting Enrollments

Once a referral has been shared with the home visiting program, the final step is home visitors engaging and enrolling the family. In SFY22, there were 898 recorded enrollments, compared to 881 in SFY21. If we include referrals made prior to the beginning of the fiscal year, but processed and enrolled in SFY22, we see quite a few additional enrollments,1,063 vs 898. This number includes enrollments in July, August and September from referrals made at the end of SFY 21 but processed in SFY22. (Referrals sometimes take 2- 3 months to engage and enroll, especially if referred early in pregnancy or just after childbirth.)

Enrollment data is incomplete due to challenges with closing the loop on referrals. This is addressed in more detail in the Discussion section below.

Declines

Of the 1,280 unsent referrals (not referred out to home visiting), over 1,000 had recorded “decline reasons.” Over 600 were “new” (585) or “incomplete” (43), meaning the CI did not have enough information to reach the family or forward the referral, or the referral was new towards the end of the fiscal year and outreach had not yet been completed. In addition, unsent referrals included 143 categorized as unreachable, 66 ineligible (do not meet any program criteria due to age of child, family living outside of service area, etc.) and 67 duplicates. Additional declines had reasons including: client/family not interested (51), family interested in childcare, doula only or other parenting services (9), or moved out of service area (2).

All Referrals are Not Created Equal

In order to simplify the referral process for busy and often understaffed referral partners, CIs have become increasingly flexible and creative in what constitutes a “referral”. A variety of referral forms and processes have been developed and customized to make the referral process as quick and easy for providers as possible. For example, while a Coordinated Intake Assessment Tool (CIAT) form used to be required to make a referral, now, providers have the option to scan a QR code and complete a brief online referral form providing basic details about mom and baby, or they may share a customized form developed in conjunction with their local CI or use their own intake form that contains all the information needed to make a determination on eligibility for home visiting. Some providers still prefer faxing. Customizing the referral process to meet partner needs has led to an increase in referrals from new and diverse partners serving families with young children.

It is important to note that high declination rates are sometimes due to how referral staff did or did not explain home visiting when completing the family's intake. For some health departments, a referral to home visiting is included in the consent and a family's first contact about home visiting could be a cold call from a CI.

CIs are making an effort this fiscal year to capture and include more detailed decline information in referral data so reasons for declines can be better understood and addressed. Decline data will be used in CQI work to inform messaging and other strategies to improve the referral acceptance rate.

Discussion

While it is difficult to generalize across communities, there are a handful of systems-level considerations that impact the functioning of the CI system.

Two Types of CI Systems

When looking at CI data, an important piece of context is that, in Illinois, there are two main types of CI systems. In one system, the CI mainly serves as a "pass through" and makes an eligibility determination without outreaching the family to complete a detailed intake. In this system, CI relies on the family information shared by the referral source and their knowledge of program eligibility criteria to make their referral decision. In the second system, CI reaches out to complete an intake for every referral received and uses this information to decide best program fit. Two of the top communities for referral numbers implement the "pass through" system, an indication that this more streamlined system, which reduces the number of touches before enrollment, could be more effective in engaging families as it enables CI workers to process more referrals and relies on home visiting programs to engage families and "sell" their programs. This may be a more realistic model, or using a hybrid mix of the two models, when there is minimal staffing for CI.

Lack of a Common Data System

An ongoing challenge communicated by CIs is the difficulty in "closing the loop" on referrals. As shown in the data, there are over 1,500 (1,520) referrals with outcomes not accounted for. One major barrier to communication on the status of referrals is the lack of a single data system used for home visiting referrals. All but three MIECHV-funded programs use Visit Tracker, but CI collaboratives are composed of programs supported by a variety of funding streams, and few non-MIECHV programs use Visit Tracker, so CIs must find alternative methods of communication: email, fax, or paper. The fact that the referral system is not automated represents a significant barrier for learning what happens to referrals.

Three CI sites have fully implemented use of the IRIS system and have worked this past year to improve reports to include referral details needed for data analysis and CQI,

including referral source, referral counts and referral outcomes. IRIS users continue to add partners to their referral system and users find the system easy to operate.

Lack of Home Visiting Program Buy-in

CI is a collaborative process and for the system to succeed, there needs to be buy-in and participation of all programs in the community area. In some communities, particularly with non-MIECHV programs, this is not occurring. Some home visiting programs are hesitant to participate for fear of losing referrals; a sense of competition pervades. Lack of buy-in can take a variety of forms, including programs not sharing how many open slots they have or not communicating back to CI on referral outcomes. Further, some programs do not fully contribute to the development of the collaborative's recruitment and outreach strategies. While CI is the leader of the collaborative, the effectiveness of their recruitment efforts benefits from the input and support of home visiting programs. This can almost become a vicious cycle: without participation of home visiting programs, recruitment numbers decrease and when recruitment numbers decrease, home visiting programs are less motivated to contribute. Due to a lack of non-MIECHV partner buy-in, and challenges with staff turnover, the Kankakee community decided to discontinue CI after SFY22.

Turnover

CI turnover and lengthy vacancies are another challenge. Because CI is a relationship-based system, when the CI position is vacant, the system suffers. During SFY22, there were five MIECHV communities that had lengthy vacancies for the CI position (Cicero – 9 months, DeKalb – 12 months, Kankakee – 8 months, Macon – 8 months and McLean – 8 months). To varying degrees, as time allows, the CI supervisor fills in to complete CI duties during a vacancy, at the very least this entails, processing incoming referrals and sending them out to home visiting programs, and attending collaborative meetings. The CI community with the lowest number of referrals processed (Cicero) had a CI vacancy for 3 of the 4 quarters in SFY22.

Also, prior to the end of the SFY22 grant year, the McLean and DeKalb CIs were informed they would not receive future MIECHV funding due to not being categorized as "at-risk" communities in the 2020 statewide home visiting needs assessment. Due to this discontinuation in funding, vacant CI positions in these 2 communities were not filled prior to the end of the fiscal year, and a supervisor covered CI duties as time allowed. The Kankakee CI left in November of 2021, and the supervisor filled in for the remainder of the SFY. The decision was made to discontinue funding CI in Kankakee at the end of the SFY due to lack of buy in for CI from collaborative partners. While there are a variety of factors that may impact whether a person decides to stay or leave a position, it should be noted that, when the MIECHV grant first started, the work of the CI in each community was shared by two full-time staff, with one position focusing on community systems development.

Another challenge in SFY22 was the loss of the statewide CI Family Recruitment Specialist at Start Early in November of 2021. This position vacancy was not filled in SFY22 and left a gap in the capacity to provide statewide support to the CI system.

Moving Forward

In SFY22, CI communities moved to a fully automated reporting system and discontinued manually compiling and submitting monthly referral tracking Excel spreadsheets.

Within the data systems (IRIS and Visit Tracker), we are standardizing how referral sources are entered so reports are as specific as possible. For example, CIs have been instructed to separate out referrals from WIC and FCM and will specify referrals from the DCFS Home Visiting Specialists and referrals from other representatives of the DCFS system.

CI data had been recorded and shared with MIECHV staff, and detailed aggregated data at the site and state level helped inform CI quality improvement work in SFY22. While using both Visit Tracker and IRIS presents challenges with aggregating data, overall, use of IRIS has been a plus as it is user-friendly and used by all referral partners, easing the data entry burden for the CIs in IRIS communities.

Ongoing statewide support to the CI team is provided by CPRD through monthly TA calls, development of individualized TA plans to address referral volume and quality, monthly group support calls and quarterly learning community meetings. SFY23 TA plan goals focus on increasing referrals from key partners, recruiting new referral partners, and decreasing partner referrals that end up being declined or unreachable.

SFY23 promises to be an exciting year for CI with the addition of 12 Family Engagement Specialists working in the 12 All Our Kids (AOK) early childhood collaborative networks across the state to support engagement of families in early childhood services, including home visiting. Three of the AOK communities overlap with MIECHV service areas (Peoria, Kane, and Stephenson Counties), and with AOK staff support, have implemented the use of IRIS. At the state level, a coordinator has been hired to provide supports to the newly funded AOK Family Engagement Specialists as well as the MIECHV CI team. Support will include joint trainings for staff. DHS will also be hiring a CI Program Manager who will assist with program oversight and statewide supports.

Further, work is underway to create a comprehensive listing of all home visiting programs in Illinois with information on home visiting models, capacity, and service area to assist CI workers and other early childhood partners with identifying programs to refer to. These data will be available on the Illinois Early Childhood Asset Map (IECAM) website.

For more information about this report or CI broadly, please reach out to Mary Anne Wilson, CPRD Research Program Coordinator, mawilso@illinois.edu.

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