

**Outreach to Primary Referral Sources Guidance
Regional Children’s Integrated Services Teams**

August 13, 2009

The desired results of outreach to community-based primary referral sources are to:

- To locate and identify pregnant/postpartum women, children birth to 6 years, and families with very young children who are or may be eligible for Children’s Integrated Services (CIS.)
- Educate primary referral sources, including families, so that they clearly understand CIS, the benefits of making a referral and the referral process (including their continued role).
- Build confidence among primary referral sources that the new system of Children’s Integrated Services can help their patients, children, families, pregnant/post partum women.

Strategies to Reach Desired Results

Page 10 of CIS Technical Assistance Guidance, September 2007

http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/dev/CIS_TAG.pdf

Regional CIS Team Activities	State CIS Team Activities
<p>Regional CIS Teams need to know the Part C – B Interagency Agreement (go to page 7 of document under additional information) and how it is being implemented in the region, including the roles and responsibilities of schools and others.</p> <p>Know who must do outreach and who else does it (for example, EPSDT, Early Head Start and Head Start, Title V - Maternal and Child Health, Schools, Part C, Community Child Care Support Agencies are required.)</p> <p>Regional responsibility to do collaborative outreach planning (AHS, Schools, Community Partners and BBF linkage.)</p>	<p>Build on the Part C-B IA requirements for FITP Host Agencies and Schools to have a Regional Plan that covers among other things roles and responsibilities for public awareness.</p>
<p>Use state CIS brochure material on outreach to develop regional outreach plan.</p>	<p>Develop key messages and brochure for regional CIS Teams to use in their own Outreach Plans that address the desired result.</p> <p>Include in outreach brochure, definitions of target populations, referral pathways and eligibilities, etc. <i>Tailored brochure developed for Pregnant Women and Parents/Families with very young children, age 6 or younger, distributed August 2009 to regions. A template for regions to use as a simple handout with their tailored messages is being developed.</i></p>
	<p>Identify internal and external data sources to be used in measuring how well the selected Outreach desired results and strategies are working. – link to CQI.</p>
	<p>Align accountability for regional CIS</p>

Regional CIS Team Activities	State CIS Team Activities
	Outreach plans through all related CDD contracts, grants and agreements.
	Identify specific statewide groups to keep in the CIS information loop specific to outreach such as AHS-CIS Steering Committee, Parent Child Center Network Directors, Community Mental Health Children's Directors, DCF and VDH District Directors, VT Association of Home Health Agencies and Vermont Chapter of the American Academy of Pediatrics.

Primary Referral Sources Include from Technical Assistance Guidance, page 10

- Pregnant & Postpartum Women, Parents of children birth to 6 years and their families
- Hospitals, including prenatal and postnatal care facilities
- Physicians, health care providers, medical homes, home health agencies
- Child Development Clinics, Children with Special Health Needs, WIC, Maternal and Child Health and other Vermont Department of Health programs and services
- Schools, especially Essential Early Education Services (Part B of IDEA for children 3-5 years of age)
- Parent Child Centers, Child Care Programs (home and center based), Early Head Start and Head Start, Preschool Programs
- Community Mental Health Agencies and the Department for Mental Health
- Community Disabilities Services Agencies and the Department for Aging and Independent Living
- Department for Children and Families district offices for Family and Economic Services and related private agencies and organizations
- Shelters for families who are homeless, people in need of protection from domestic violence
- Providers of foster care, child care support agencies and other providers and services unique to regions

Key Points taken from Technical Assistance Guidance, page 11-12

- Primary referral sources have visits and discussions initially with one or more people representing the regional CIS Team, thus saving time (for all) to devote to the services and relationships with children and families and pregnant/postpartum women.
- The regional CIS Team has an outreach plan that is built upon the Part C specialized requirements noted in the Interagency Agreement. Part C/FITP has specialized requirements, including outreach with schools that are described in the April 2007 revised Interagency Agreement between the Agency of Human Services and the State Department of Education (DOE) regarding Part C Early Intervention Services.
- There is a Supporting Children with Disabilities and Their Families "Head Start" Interagency Agreement that describes outreach and other activities. IN TAG, has link to document which is

Checklist for Outreach Plan to Primary Referral Sources ¹

<i>This checklist is used to ensure that outreach to primary referral sources includes those features and practices that are most likely to result in effective outreach and referral. The majority of questions should be answered Yes to ensure successful outreach.</i>	<i>Was this practice used?</i>	
	Yes	No
Planning		
Have the most appropriate primary referral sources for the children & families served by Children's Integrated Services been identified?		
Do you know how the Part C – B Interagency Agreement, Child Find is being implemented in your region, including the roles and responsibilities of schools and others?		
Do you know who must do outreach and who else does it?		
Has a clear message tailored to each primary referral source been prepared?		
Does the message include the benefits of family and early childhood prevention and intervention?		
Has a tailored brochure ² that communicates the message been prepared?		
Has the team member(s) who is likely to be the most credible messenger(s) been identified?		
Have the messengers been trained to conduct outreach?		
Implementation		
Are visits to the referral source been carefully planned?		
Is the appropriate person(s) been identified to visit during the outreach?		
Are visits arranged at an appropriate time?		
Is the prepared message delivered during the visit?		
Is the message repeated and reinforced during the visit?		
Was the primary referral source provided a tailored handout/brochure?		
Was input elicited regarding referral source needs?		
Was the referral source thanked for his or her time?		
Follow-up		
Have all referrals been acknowledged in a timely manner?		
With consent, has the referral source been informed about the status of referrals?		
Have regularly scheduled follow-up visits or contacts been made?		
Have referral sources been asked how you can be helpful?		

¹ Adapted from Dunst, C. Improving Outreach to Primary Referral Sources: TRACE Practice Guide. Volume 1, Number 3. November 2006.

² Tailored brochure developed for Pregnant Women and Parents/Families with very young children, age 6 or younger, Printed July 2009. A template for regions to use as a simple handout with their tailored messages is being developed.