



ZERO TO THREE
Early connections last a lifetime

Cross-System Collaboration to Better Support Babies in New Jersey: Providing Families with A Single Point of Entry for Accessing Services

New Jersey Creates County-Based Central Intake Hubs to Provide Families with A Single Point of Entry for Accessing Early Childhood, Family Support, and Other Community Services

Early childhood and parent support programs in New Jersey have long understood the importance of working together to ensure families receive the services they need to thrive. One way this has been actualized is through the creation of central intake hubs to systematize the process for screening, referring, and connecting families to services. The growth of home visiting programs in New Jersey paved the way for much of this work. Beginning in the early 2000s, communities with multiple home visiting programs, such as Trenton, recognized a need to develop a process for equitably connecting families who could most benefit from home visiting to the programs that were most appropriate for them. They brought together community members, program representatives, and other early childhood stakeholders to come to agreement on how families' needs should be assessed and what criteria should be used to determine where a family would be referred.

Cross-System Collaboration to Better Support Babies in New Jersey: Providing Families with a Single Point of Entry for Accessing Services

As state and federal funding for home visiting grew over the next two decades, additional counties became interested in implementing a central intake approach. Learning from early adopters, the state began investing in infrastructure to support expansion, and by 2015 all 21 counties in the state had established central intake hubs. Hubs expanded the number and type of services with which they partnered during this time as well. Hubs now provide a single point of entry for families to access information and referrals to a wide range of community services that promote child and family wellness, including: prenatal care, early care and education, nutrition support, public assistance, Part C early intervention, housing, primary care, mental health, family resource centers, and substance use and addiction treatment. The primary focus of central intake is to facilitate linkages from pregnancy to age five. Hubs simplify the referral process, improve care coordination, and ensure an integrated system of care. Local central intake staff remain up-to-date on the local array of available services and work closely with families and provider partners to ensure that referrals best match a family's needs based on program eligibility, language, culture, and other considerations.

Strengthening State Infrastructure to Support County Central Intake Systems

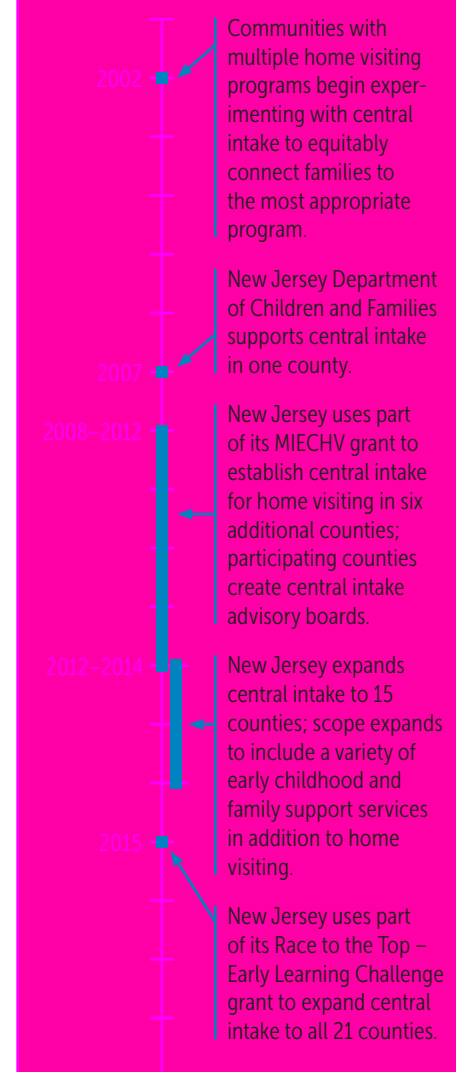
New Jersey leveraged several federal grants, including Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Early Childhood Comprehensive Systems (ECCS), Linking Actions for Unmet Needs in Children's Health (LAUNCH), and Race to the Top – Early Learning Challenge (ELC), as well as state funds, to support expansion of the hubs. The program is jointly managed by the Department of Health (DOH) and Department of Children and Families (DCF). Each county has a designated lead agency/organization, determined through a competitive process, that receives a grant from the state to implement central intake. This enables each county to employ a full-time central intake coordinator responsible for partnering with community service providers, convening a community advisory board, and serving as a broker between families and community resources. New Jersey also created a full-time position at the state level, a shared role between DOH and DCF, to oversee implementation of central intake. Additional staff in both agencies have oversight over their county grantees. DOH and DCF jointly developed guidelines for central intake so that county systems would operate similarly regardless of which agency funds them. These include requirements about how quickly referrals should be processed, procedures for county leads to engage community partners in decision-making, and protocols for data collection and sharing.

The state also invested in infrastructure to support the hubs. Two important components that are consistent across counties are the standardized screening and referral forms and the Single Point of Entry Client Tracking System (SPECT). Providers use one of two uniform screening and referral forms, the Perinatal Risk Assessment

Features of Central Intake Hubs

- County-based single point of entry to early childhood and family support services
- Standardized screening and referral forms
- Shared data system that ensures a feedback loop to referring agencies and fosters care coordination and systems integration
- Community advisory board that drives decision-making
- Full-time central intake coordinator

Turning Points



“Our central intake system was not built overnight. It took a lot of commitment, a lot of relationships. The process is really a process. There are no short cuts.”

*— Lenore Scott, Administrator,
New Jersey Office of Early
Childhood Services*

for pregnant women and the Community Health Screen for all others, to initiate referrals through the central intake hubs. The assessments ask questions about risk factors related to physical and mental health and psychosocial issues. The perinatal assessment also integrates questions from the 4Ps Plus screening tool about use of alcohol, tobacco, and illicit drugs. Results of the screening assessment are entered into the SPECT, alerting central intake staff to contact the family and then make referrals to appropriate services through the system. Community programs use the SPECT to accept referrals and track information about families' participa-

tion. If a family is involved with more than one system or provider, the SPECT allows everyone to see relevant information so that services can be coordinated. The SPECT also makes it easy for individual counties and the state to assess how well central intake is working. Data can be used to explore whether referrals are being processed in a timely fashion, if programs' capacity is sufficient to meet demand, and if the array of community resources matches families' needs.

Engaging Local Program Staff and Families to Determine How Referral Decisions Will Be Made

Although the state outlines many core elements of central intake hubs, community input determines how each hub refers families to services. When counties received their first central intake grant, the lead's first step was to create a central intake advisory board to map existing community resources and develop a decision tree showing when and how families would be referred to different programs. This required difficult conversations as stakeholders shifted away from a mindset of thinking about increasing participation in their specific program, to thinking about their program's role in the full continuum of services and supports. New Jersey was intentional about including families in these discussions, recruiting parents to join the advisory boards and connecting the hub leads to existing [County Councils for Young Children \(CCYC\)](#), which focus on improving the well-being of children birth to age eight. The CCYC continue to stay involved, regularly providing input on how community services and systems could be improved.

Families' Experience with Central Intake

Families come to central intake in a variety of ways. The biggest referral source statewide is prenatal care providers who conduct the Perinatal Risk Assessment at a patient's first prenatal visit and regularly throughout her care. Community health workers are also strong partners with central intake hubs in the 13 counties where they operate. Social service agencies, such as Women, Infants and Children Food and Nutrition Service (WIC) and Supplemental Nutrition Assistance Program (SNAP) offices, pregnancy testing points, and medical homes are also strong referral partners. Each hub operates a toll-free 211 number and a website so that individuals can self-refer as well.

Once families are in the system, the county central intake coordinator will contact them to talk about their needs and discuss referral options. Family choice is a critical part of the conversation, and all referrals are voluntary. Once referrals are made, the central intake coordinator will monitor activity in the SPECT to see if the family has engaged in services. They may also have a follow-up conversation with the family to see if they are having trouble connecting with services or need additional assistance. For example, if during the initial call the coordinator let the family know they are eligible for SNAP or WIC benefits, he or she would follow up to see if the family had completed their enrollment paperwork yet. Once families are participating in the program(s) to which they were referred, the responsibility for case management shifts away from central intake staff to the programs. The goal is for central intake staff to be involved for as short a time as possible, so families can quickly be connected to the



supports they need. Cases typically move through central intake hubs within two to four weeks.

Continual Refinement of Central Intake Processes and Supports

Those involved in central intake systems at the state and county levels are constantly assessing how well they're serving families and testing new ways of operating. DOH and DCF bring all of their central intake grantees together quarterly to have conversations about how the system is working overall and share lessons learned across counties. They also use this time to provide training and share information about other state efforts that could impact the

hubs' work. Hub partners also come together regularly at the county level, either monthly or quarterly, to celebrate successes and brainstorm ways to improve outcomes. The following are some examples of the new strategies counties are trying:

- Texting — the central intake coordinator in one county is texting families instead of calling them to see if that decreases the time it takes for them to connect.
- Developmental screening — one county is exploring use of a developmental screening module to increase the number of families who engage with the hub.
- Marketing — another hub hired a marketing and sales professional to increase public awareness about the role of central intake.

New Jersey also evaluates the effectiveness of central intake as part of its broader evaluation of the state's home visiting system. The state-level Continuous Quality Improvement (CQI) committee (comprised of staff from DOH and DCF, home visiting model representatives, staff from local agencies implementing central intake and home visiting programs, and evaluators from Johns Hopkins University) recently engaged in a CQI project focused on improving efficiency in how families move through central intake to home visiting programs. Johns Hopkins University interviewed three central intake hubs and five home visiting programs with strong performance to identify promising practices that could be replicated. They observed the following effective practices:

- Central intake staff connect with families to make sure they are interested in home visiting before sending a referral.
- Central intake staff build relationships with referral partners and home visiting program staff, meeting in both formal and informal settings to coordinate efforts.
- Referring providers shadow home visitors on visits with families to better understand the benefits of the program.

New Jersey credits the success of its central intake hubs to their commitment to building relationships and strengthening communication among the various services and systems that serve young children and families. The hubs have made great strides since beginning, but there is more work to be done. Hubs are currently facing challenges related to capacity — the number of families coming into the system needing referrals continues to grow, while staffing in the hubs has stayed the same. This has made it more difficult to make time for follow-up calls, especially with families who have complex

New Jersey's Keys to Success

- **Hire an outside facilitator to help everyone agree on common language and messaging.** From the outset of its work on central intake, New Jersey has prioritized effective communication at all levels — among state departments, among counties, and between counties and the state. They found it helpful to use an outside facilitator in the beginning to help everyone agree on common language and messaging.
- **Bring partners together to collectively make decisions.** Strong, trusting relationships are essential to this sort of cross-system work. Local programs give up some of their control to partner with central intake hubs. They have been willing to do this because the hubs bring partners together to collectively make decisions. They are all focused on the same overall goal of improving outcomes for children and families.
- **Invest in a shared data system.** The SPECT has been extremely helpful in creating consistency across county hub systems. Having a single place for everyone interacting with a family to enter information promotes care coordination and makes programs more responsive to families' needs.
- **Persevere through the tough times.** Systems work takes time. It is important when working on a project of this scale to keep that in mind and expect to face hurdles along the way. New Jersey stakeholders said focusing on their ultimate goal helped them stick with the work when things got hard.
- **Involve parents at all levels.** New Jersey has intentionally included parents in designing and implementing central intake by recruiting them to participate in state and county advisory boards.

needs that take more time to address, such as achieving stable housing or employment. At the same time, hub staff know they are not connecting with all families who could benefit from services; they are trying to increase awareness and engagement with the system.

Resources

- To see a visual depiction of how central intake hubs fit into the continuum of New Jersey's early childhood system of care, visit: www.nj.gov/dcf/families/dfcp/Prevention.system.of.care.pdf
- For more information about New Jersey's County Councils for Young Children, visit: www.state.nj.us/education/ece/njcyc/county/

Authors: Jamie Colvard and Julie Cohen

Acknowledgements

ZERO TO THREE thanks the W.K. Kellogg Foundation for their generous support of the *Cross-System Collaboration to Better Support Babies* series. We are also extremely grateful to the individuals in New Jersey for sharing their experience for this case study. For their invaluable input and feedback, we thank Ericka Dickerson, Daniela Guarda, Lakota Kruse, and Lenore Scott.

For more information about the *Building Strong Foundations* project, and to see other case studies in this series, please visit www.zerotothree.org/resources/series/building-strong-foundations.

January 2019