Building and Sustaining Partnerships to Support Centralized Intake Systems for Home Visiting

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Introduction

Background

This brief explores the critical role of partners in supporting centralized intake (CI) systems that refer families to home visiting. CI systems, also called coordinated intake and referral systems, are one-stop entry points where families can learn about, and be screened and referred to, services that meet their needs and preferences. Federal and state leaders are using CI systems to connect fragmented delivery systems that support maternal and child health.[i] One important role that CI systems can play in this process is to connect families to home visiting programs. CI systems may improve efficiency and reduce duplication in the process of screening and referring families to home visiting and additional services for which they may qualify.[ii,iii]

CI systems that promote enrollment in home visiting require active collaboration among partners, including the agencies that govern the CI systems, the home visiting programs they refer families to, and the community-based organizations that refer families to the CI system. Systems that foster and maintain a high level of collaboration can create shared ownership of operations and outcomes; align priorities across programs to better serve families; and foster trust and transparency.

In Exhibit 1, we display six CI systems included in the case studies. Five of the CI systems were implemented statewide, whereas Tehama County, California's CI system was implemented in that county alone.

About this study

The Understanding and Expanding the Reach of Home Visiting (HV-REACH) project conducted qualitative case studies of six centralized intake systems that refer families to home visiting. To understand the systems' features, strengths, and challenges, between March and October 2025 we interviewed 76 centralized intake or home visiting staff and 36 family members connected to home visiting programs through one of the six CI systems.

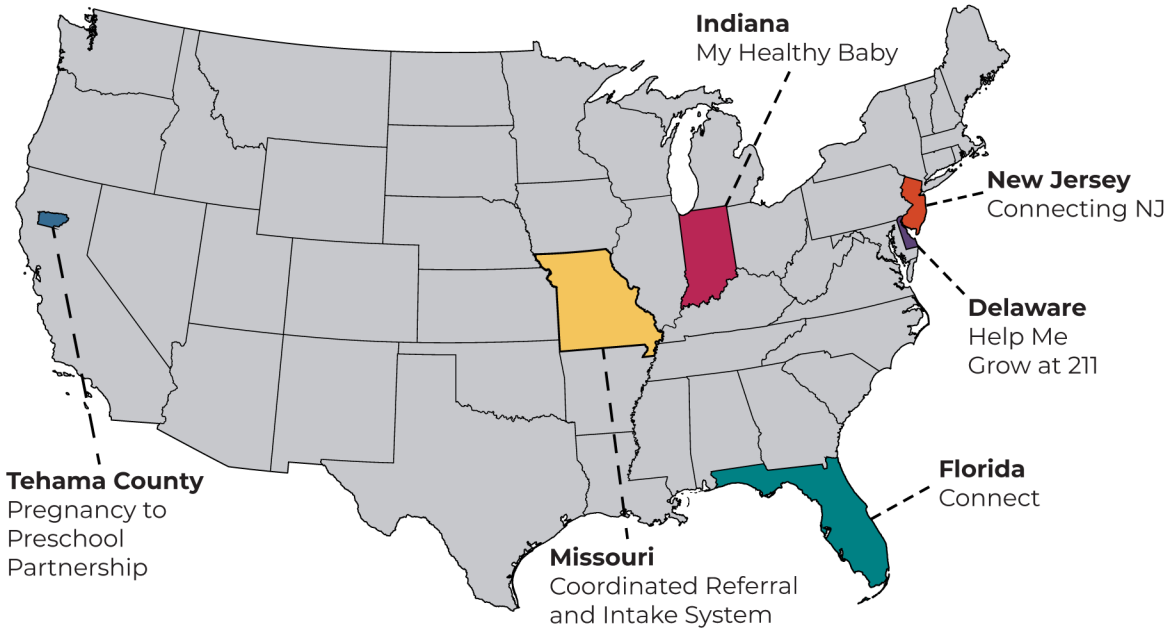
About HV-REACH

HV-REACH developed and disseminated evidence-informed resources and strategies that home visiting programs can use to increase access to and participation in home visiting services among eligible families. Mathematica conducted this project in partnership with the Brazelton Touchpoints Center and Social Grove on behalf of the Office of Planning, Research, and Evaluation in the Administration for Children and Families, in collaboration with the Health Resources and Services Administration.

Resources for learning more about CI systems

The Office of Planning, Research, and Evaluation website has more resources about CI systems: "Using Centralized Intake Systems to Support Home Visiting Outreach and Referral: Cross-Site Findings from Six Systems" and "Case Study Summaries of Six Centralized Intake Systems that Promote Enrollment into Home Visiting." There is also a companion brief titled, "A Guide to Building or Expanding Centralized Intake Systems to Support Home Visiting Enrollment." Use the search function on the website to find the resources.

Exhibit 1. Map of six centralized intake systems that participated in the case studies



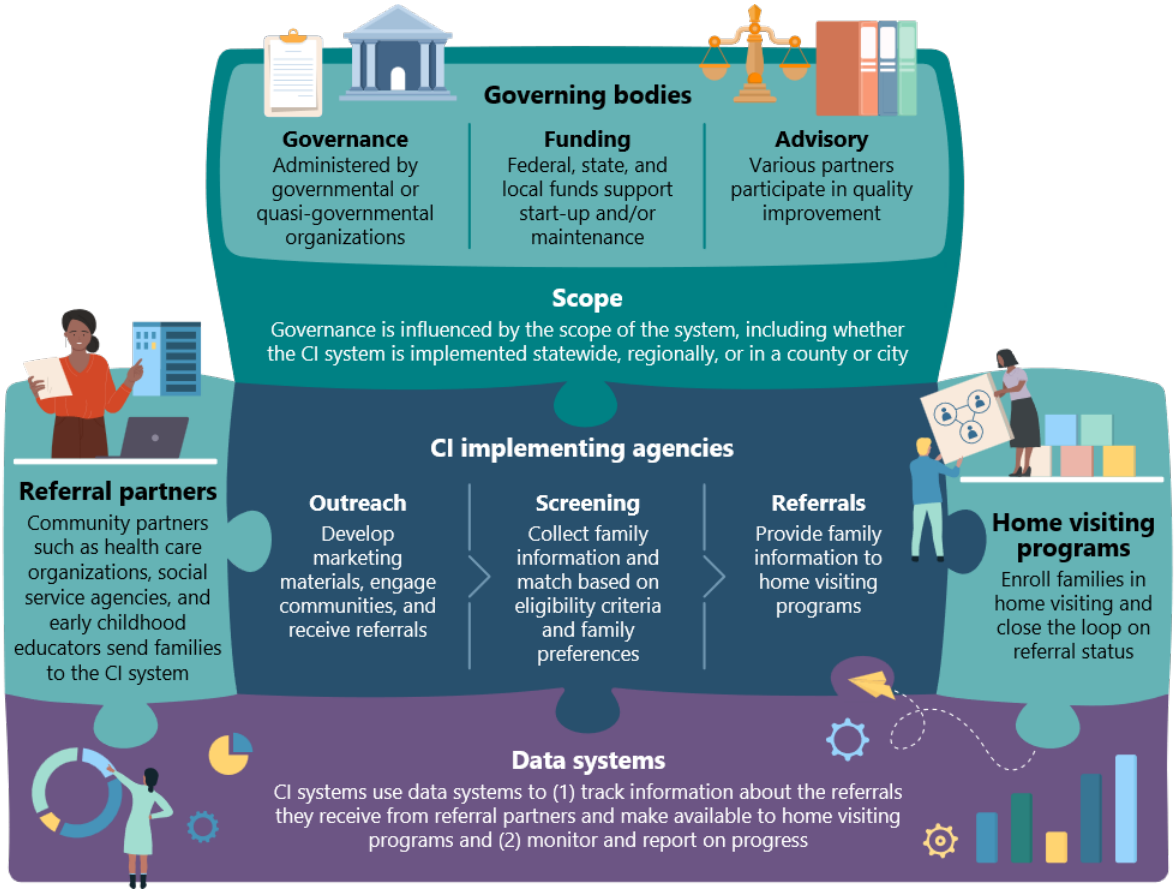
Purpose

This brief discusses (1) the role of cross-sector partnerships in implementing and sustaining CI systems that support home visiting enrollment and (2) strategies that states, counties, and localities can use to cultivate these partnerships. Examples come from the six CI systems that participated in the case studies. The information may be helpful for public administrators thinking of starting a CI system or strengthening partnerships to improve an existing CI system. This brief may also inform state and program-level home visiting program administrators interested in learning more about the role of home visiting programs within a CI system. By strengthening the referral pathway, CI systems can help home visiting programs reach more families that are eligible for and interested in their services, especially as some states expand their Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.[iv,v]

Overview of CI systems that support home visiting enrollment

This section briefly outlines how CI systems are administered and operate. Agencies responsible for the daily operations of CI systems (implementing agencies) conduct outreach to partners and families and screen and refer families to home visiting (Exhibit 2). Implementing agencies often are not the same agencies that oversee or govern CI systems. Governance structures vary with the scope of the system. Some CI systems are implemented in cities or counties, whereas others are implemented statewide. Among statewide systems, some rely on regional implementing agencies to carry out local operations.

Exhibit 2. Overview of centralized intake systems that support enrollment in home visiting programs



CI = centralized intake

Key partnerships that support development and implementation of CI systems

In this section, we highlight the roles partners play in developing and implementing CI systems. We focus on three types of partners shown in Exhibit 2: (1) state or local agencies that govern the systems; (2) home visiting programs that receive referrals from the CI system; and (3) community partners that refer families to the CI system.

Governing agency partners

Governing agencies play a key role in starting CI systems, setting an overall strategic direction, and deciding who will manage the systems' daily operations. They may allocate funds to run the system, establish rules and priorities to guide CI system operations, and monitor CI system performance. They may also establish data-sharing agreements with other agencies to support referrals to the CI system. As shown in Exhibit 3, governing agencies that oversee implementing agencies may be state or local agencies or quasi-governmental organizations.[1] Health departments that administer maternal and child

[1]A quasi-governmental entity is established by a government agency to manage services while operating with a degree of independence similar to that of a nonprofit or private organization.

health programs govern or co-govern CI systems to coordinate referrals to home visiting programs and other family support services in four of the systems. We also show the implementing agencies and the main funding sources for the six CI systems.[2] The funding information in the exhibit is a summary, and not a comprehensive accounting of any system's funding.

Exhibit 3. Governing agencies, implementing agencies, and main funding sources of the six centralized intake systems

Centralized intake system	Centralized intake system governing agencies	Implementing agencies	Main funding sources (approximate annual funding amount, if known)
Scope: Statewide			
Delaware Help Me Grow at 211	**State agency:** Division of Public Health	Contracted social service provider (The United Way)	Maternal, Infant, and Early Childhood Home Visiting Program; Early Childhood Comprehensive Systems;[3] Delaware Birth to Three Early Intervention Program ($250,000)
Indiana My Healthy Baby	**State agencies:** Department of Health; Family Social Services Administration; Department of Child Services	Department of Health (Moms Helpline)	Medicaid; Department of Health; Perinatal Navigation Funds ($3.3M)
Scope: Statewide with regional implementation			
Florida Connect	**State agency and quasi-governmental organizations:** Department of Health; Healthy Start MomCare Network; Florida Association of Healthy Start Coalitions	Healthy Start coalitions (social service providers and one local health department)	Department of Health; Medicaid ($10.5M from Medicaid)
Missouri Coordinated Referral and Intake System	**Quasi-governmental organization:** Children's Trust Fund	Contracted providers (hospitals and community-based organizations)	State funding ($1M)
New Jersey Connecting NJ	**State agencies:** Department of Health; Department of Children and Families	Contracted providers (social service or health organizations)	Maternal, Infant, and Early Childhood Home Visiting Program; Early Childhood Comprehensive Systems; state funding
Scope: Countywide			
Tehama County, California Pregnancy to Preschool Partnership	**Quasi-governmental organization:** First 5 Tehama	First 5 Tehama and seven early childhood providers in the partnership network	First 5 Tehama ($18,000)

[2] These funding sources were identified as supporting operations at the time of the interview, but other funding sources may have been used to start the system.

[3] The Early Childhood Comprehensive Systems Program is a grant funded by the Health Resources and Services Administration that aims to support states in aligning child-serving systems and connecting families to a range of services that support children's healthy development (Maternal and Child Health Bureau. "Early Childhood Comprehensive Systems." 2026. https://mchb.hrsa.gov/programs-impact/early-childhood-systems/early-childhood-comprehensive-systems).

Home visiting program partners

Home visiting programs are key partners in designing and implementing CI systems that refer families to home visiting. One benefit for home visiting programs that partner with a CI system is that families referred to the programs are screened and therefore are potentially more likely to be interested in and eligible for the programs. In the six CI systems studied, we found that the roles of home visiting programs included the following:

- **Collaborating to develop and improve communication and CI implementation processes.** All six CI systems involved home visiting partners in developing policies and procedures related to timely communication about referrals, including when and how CI and home visiting staff communicate. For example, home visiting programs in all six CI systems report on their progress in contacting a referred family. Home visiting partners also strategize CI system improvements with CI system staff. In addition, representatives of home visiting programs are often key members of CI system advisory groups that discuss performance, challenges, and potential solutions.
- **Helping with messaging.** Before referring families to a program, CI system staff at implementing agencies tell families about home visiting and how it can help them. Some home visiting programs collaborate with CI systems to develop informational materials for families, such as flyers, that convey accurate and important information about home visiting. In addition, staff in one CI system discussed working with home visiting partners to develop scripts that explain each available home visiting program. The scripts promote consistent messaging to families about home visiting program options and help families make informed choices.
- **Providing input on referral matching rules.** Home visiting staff are experts in their program requirements (such as eligibility) and other considerations for determining fit with families' preferences. Home visiting programs can provide information on the rules for matching families to programs that are embedded in screening tools like decision trees or algorithms. Decision trees are visual tools that guide staff to manually match families to programs based on screening information, whereas algorithms are embedded in CI data systems and automatically identify potential home visiting programs for families. Incorporating feedback from home visiting programs into the rules and tools for matching families to programs promotes transparency about how the CI system allocates referrals and endorsement from home visiting programs.
- **Sharing program information or data.** Home visiting programs provide essential information to support CI implementation. This includes updating CI systems on program capacity and the status of referrals sent to programs. Sharing this information enables CI systems to refer families to home visiting programs that can best serve them in a timely manner while evenly allocating referrals across home visiting programs with available capacity.

Partners that refer to the CI system

Within states and local areas, several agencies and providers interact with families. Agencies and providers that increase awareness of the CI system and generate referrals can be essential partners in helping the system reach more families and operate efficiently. These partners often have early, frequent, or trusted contact with families that may be eligible for home visiting or related supports. In Exhibit 4, we present key referral partners in the six CI systems and their potential roles.

Exhibit 4. Key referral partners and their roles



Health care providers

Perinatal and pediatric care providers, birthing hospitals, and community health centers can integrate CI system referrals into clinical workflows; train staff to use a CI system's referral form or process; and incorporate screening tools such as universal risk screens or other health assessments.



Early childhood education and child care programs

Programs such as Early Head Start and Head Start and licensed child care providers can identify developmental, behavioral, or family support needs. These programs can coordinate with CI systems to avoid duplication of home visiting services and participate in joint planning for family support.



Social service agencies

Child welfare agencies, income support programs (such as Temporary Assistance for Needy Families [TANF]), food assistance programs (Supplemental Nutrition Assistance Program [SNAP] and Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]), and housing authorities often serve families experiencing stressors that home visiting services can help address. Given that child welfare agencies often refer families to parenting support programs, partnering with CI systems that refer to home visiting programs can be mutually beneficial.[vi]



Medicaid agencies or health plans

CI systems can collaborate with state Medicaid agencies or Medicaid health plans to establish Medicaid data-sharing agreements. Through these data-sharing agreements, partner agencies can securely transmit family information to the CI organization so they can conduct screening and outreach.

CI = centralized intake

Strategies for building and sustaining partnerships

In this section, we summarize strategies that the six CI systems use for (1) building collaborative partnerships from the start, (2) maintaining collaboration, and (3) promoting data sharing and reporting.

Building collaborative partnerships from the start

The agencies that govern and implement CI systems play a central role in launching and sustaining the systems' work. They manage and coordinate CI system planning, identify and engage potential partners, and develop and distribute messages to communities about system priorities. To lay a strong foundation for collaborative partnerships, the six CI systems have used the following four strategies:

- **Take time to prioritize relationships and build trust.** Governing and implementing agency administrators from all six systems reported that they intentionally cultivate trust from the outset. They make time to meet with representatives of home visiting programs, health plans, community organizations, and other referral partners to build communication channels and provide clear messaging about how CI systems can support their work. They create opportunities for partners to

provide feedback and shape system processes. Governing and implementing agency administrators described a focus on building mutual respect and understanding in the early stages in order to create a foundation for collaboration, encouraging partners' willingness to coordinate services and address challenges together over time.

- **Establish a shared vision and goals for the system.** Administrators at all six CI systems, whether at governing or implementing agencies, work with a broad range of partners to define and align system goals. For example, Indiana's governor set a statewide goal directing the Indiana Department of Health to create a program to connect pregnant women with early prenatal care, wraparound services, and home visiting programs. The department then collaborated with the Family Social Services Administration (the state Medicaid administrator) and the Indiana Department of Children Services (which funds Healthy Families Indiana) to design the system. As another example, Missouri established a statewide goal to reduce child maltreatment and saw home visiting as an essential parenting support strategy; in response, governing agency administrators intentionally cultivated a partnership between the CI system and the state child welfare agency.
- **Formalize partnership agreements.** As with other types of cross-sector partnerships, administrators from all six CI systems establish written agreements to clarify expectations, referral processes, and data-sharing practices with home visiting programs and community partners.[vii] For example, Missouri's regional implementing agencies sign agreements with home visiting programs that require the programs to make initial contact within two business days of receiving a referral. All six CI systems maintain agreements that allow for the exchange of family information. Florida, for example, executed agreements with Medicaid health plans to facilitate referrals and coordinate services for pregnant women and young children.[4] Each week, the health plans provide the CI system with updated lists of newly pregnant Medicaid enrollees for follow-up.
- **Align funding and resources.** To support long-term stability, CI systems can explore co-funding models. For example, New Jersey's Department of Children and Families and Department of Health jointly govern and fund CI staff who screen and refer families to home visiting. They issue separate, department-specific contracts with the regional implementing agencies. As a result, an implementing agency might report to both state agencies.

Maintaining collaboration

CI systems require ongoing coordination with community partners that refer families to the CI system and with home visiting programs that receive referrals. These partners rely on existing processes for working with families and use their own tools or systems to track information. To ensure consistent communication and strong working relationships, staff in the six CI systems have adopted the following three strategies:

- **Regularly communicate.** All six systems regularly hold meetings with their partners (governing agencies, home visiting programs, referral partners) to provide updates and create feedback loops to address challenges and celebrate successes. For example, in Tehama County, staff from First 5 Tehama (which governs the system) and the home visiting and early childhood providers that collectively implement the system meet every other month to discuss program updates, gather feedback, and strengthen relationships. A First 5 Tehama staff member also reviews CI system data each month and

[4] To protect confidential data, Florida executed business associates agreements, which are used when Health Insurance Portability and Accountability Act (HIPAA)–covered entities exchange personal health information.

contacts providers directly to resolve issues such as incomplete or potentially inaccurate data system entries.[5]

- **Continuously build capacity.** Staff from all six systems provide initial and refresher training for referral partners on referral processes and potentially on the technology platforms used in the CI system. Delaware's CI system, for instance, also invites outside speakers to deliver monthly training to CI system staff and their partners on topics that include supporting families' mental health or navigating community resources.
- **Participate in community events or meetings.** In all CI systems, staff attend community events to connect with potential referral partners and families and distribute information about home visiting and other available services. In Delaware, for example, CI system staff participate in at least eight community events per year, handing out supplies (such as books) for children and materials about home visiting programs and the CI system. They also meet with other service providers (such as WIC programs) to encourage referrals to the CI system.

Promoting data sharing and reporting

Across all six CI systems, data sharing plays a critical role in supporting communication and collaboration. The CI systems established the following processes to improve the use of data to inform decision making and maintain strong partnerships:

- **Create monitoring and reporting tools.** The six CI systems work with home visiting programs to develop standardized procedures for collecting and reporting information. For example, several CI systems created a monthly capacity form for home visiting program partners to complete. The CI systems' data systems are designed to "close the loop" on the referral status, meaning that the CI systems document the status of a referral (such as whether a program contacted a family), permitting the systems to monitor their progress. Some of the CI systems ask home visiting programs to provide additional data for quarterly performance reports that they submit to governing agencies.
- **Protect family privacy.** All six CI systems reported that organizations referring families to the CI system must obtain written or oral consent from families before sharing families' information. Some referral partners require formal agreements to ensure the responsible handling of families' information, which, in turn, supports families' trust in the system. CI system staff in Indiana and Florida also follow a script to confirm a caller's identity before discussing home visiting or other services, so that staff do not unintentionally disclose a pregnancy to someone other than the person intended.
- **Exchange family information securely.** CI systems can use secure platforms and data-exchange systems that allow partners to share information about families efficiently while maintaining confidentiality and compliance with HIPAA. All six CI systems reported the use of protocols that protect family privacy when sharing information with home visiting programs, including encrypted emails, phone calls (such as confirming the parent's identity before sharing information), and secure data systems. Four of the CI systems designed their data systems to restrict access so that home visiting program staff can view information only about the families referred to them. Home visiting programs also reported using some combination of these protocols to report information to the CI system.

[5] Tehama County's Pregnancy to Preschool (P2P) system is a collaborative referral network of county early childhood service providers—referred to as P2P partners—and not a single entity.

Conclusion

Governing agencies, home visiting programs, and entities that refer families to the six CI systems partner with CI implementing agencies to develop and maintain CI system operations. This brief explores the critical role these partners play and outlines the strategies that CI system administrators can adopt for building and sustaining their partnerships. These collaborations establish expectations and funding for a CI system and strengthen a CI system's ability to identify, match, and quickly connect families with available home visiting program openings that families are likely eligible for. This brief also describes strategies that CI system administrators use for building partnerships, including strategies that call for prioritizing relationships and trust, establishing a shared vision and goals for the system, formalizing partnership agreements, and aligning funding and resources. To maintain relationships, CI systems regularly communicate with partners, continuously build capacity, participate in events or meetings, and promote data sharing and reporting by creating tools for monitoring and reporting, protecting family privacy, and exchanging family information securely. As CI systems continue to evolve, this brief can help support state and local efforts to promote strong relationships that streamline home visiting referrals across family-serving systems.

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[iv] Maternal and Child Health Bureau. "MIECHV Program Reauthorization." 2025. https://mchb.hrsa.gov/programs-impact/programs/miechv-reauthorization.

[v] Social Security Act, Title V, Section 511 (42 U.S.C. § 711), Maternal, Infant, and Early Childhood Home Visiting Programs, as amended by Section 6101 of Division FF of the Consolidated Appropriations Act, 2023 (Public Law 117-328).

[vi] National Home Visiting Resource Center. "State Partnerships to Coordinate Home Visiting and Child Welfare." 2023. https://nhvrc.org/wp-content/uploads/NHVRC-Brief-032923.pdf.

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