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**Great Start Georgia Program Policy and Procedures**

**Memorandums of Understanding**

**Policy**

Great Start Georgia (GSG) is a statewide initiative designed to implement comprehensive, community-based systems for expectant parents, children birth to age five, and their families as an approach to improving child and family outcomes. A continuum of services and supports is made available to families so that they have access to community resources depending on their needs and wishes. Evidence-based home visiting programs serve a primary strategy for enhancing child and family well-being in vulnerable families. Great Start Georgia also refers to the framework, outlined in the GSG diagram, which includes all of the functions required in the system and the specific processes and activities related to Central Intake. Central Intake includes:

* Local identification, referral, and screening for all expectant parents, children birth to age five and their families in a specific community to determine child/family needs.
* A website that provides information for families, service providers, and other interested parties, and allows referrals into the system.
* A statewide information and resource center that can be accessed through a toll-free number or the GSG website.
* A data collection and management system for capturing information on all families identified, the results of the screening process, and the services and supports to which families are linked.

At the heart of a successful Great Start Georgia system is the efficient collaboration of many community-based partners, requiring a high level of coordination, integration, communication, and commitment among these partners. These partners represent families, child and family service providers, community and business leaders, advocacy groups, the faith community, and others concerned with the well-being of the community. Every partner is essential to the success of the effort. While the basic framework for GSG has been defined at the state level, a local collaborative body made up of representatives from the community-based partners provides the structure for partner input into decision-making related to all aspects of GSG planning, implementation, and evaluation.

A Memorandum of Understanding (MOU) is an important first step in defining the key responsibilities of each partner within the Great Start Georgia system. First, the MOU should delineate the role of the partner agency *as a part of the system*, making it clear that the system is not complete and cannot function properly without the partner fulfilling the role. Further, the MOU should discuss the specific functions, services, supports, or activities that can/will be provided by the partner in support of the system. The MOU represents the understanding of the partner related to its role within the system and how the role supports the work, rather than simply articulating how the partner will work with Great Start Georgia to improve results for children and families. The difference is in being a “part of” instead of “working with” the system.

Another important component of collaboration across agencies is the identification of a Point of Contact (POC) in each agency so that families can be more fully supported in linking to community services and resources. This Point of Contact will become more essential as our information systems are enhanced to include automatic email referrals and confirmation of receipt of services features. Toward that end, the Great Start Georgia MOU template includes a section where the agency Point of Contact can be identified.

**Procedures**

* On behalf of the fiscal agent for MIECHV funds contracted through the Governor’s Office for Children and Families, designated staff will initiate MOUs and establish Points of Contact using the MOU template provided, beginning October 1, 2012.
* Staff will generate a list of the agencies and providers who contribute toward serving the needs of families with young children – with a goal of establishing an MOU with each. When new agencies or providers become a part of the community, they should be added to the growing list of partners for Great Start Georgia.
* From the list generated above, staff will identify the partners for which MOU agreements already exist. This number should be reported on the quarterly report between now and October 1, 2012.
* In situations where MOU agreements have already been established and are working successfully (e.g., local hospitals), there is no need to replace them with the Great Start Georgia MOU until the existing MOU expires.
* Prioritize MOUs with districts or local organizations who are MIECHV partners at the state level, including District Health Administration, Local or regional DFCS Office, Mental Health and Substance Abuse service centers.
* Begin development of a MOU agreement using the Great Start Georgia MOU Template after 10/01/12. It is suggested that each county increase the total number of MOUs by 1-2 a quarter. The end date for getting all MOUs in place is the end of the project period, which is 9/30/15.
* As MOUs are established, the MIECHV-funded fiscal agent will keep the paper copy on file and enter the required information into GEOHVIS.
* In some instances, it may be appropriate to include a more specific list of partner responsibilities or expectations that go beyond the items listed on the MOU template (e.g., Domestic Violence services). To accommodate this need, a document(s) delineating the terms of the agreement may be developed and attached to the MOU agreement, as needed. See attached sample MOU on DV.
* Direct questions about MOUs to the Great Start Georgia Outreach Coordinator, Lynda Brown at lfbrown@uga.edu. Questions on entering information into GEOHVIS should be directed to Tracey Hickey at tdaniels@uga.edu.

**SAMPLE MEMORANDUM OF UNDERSTANDING**

**Memorandum of Understanding (MOU) Between Home Visitation and Domestic Violence Programs**

**Background**

Home visitation programs are case management programs designed for pregnant and parenting mothers of small children. These voluntary programs have been created for low-income mothers to support their parenting and infant/toddler care through health education and by providing linkages to local services. Home visitation programs help mothers with a range of issues, one of which is domestic violence. Many home visitation programs are required to screen for domestic violence and provide referrals to local domestic violence programs and national hotlines.

The goal of this MOU is twofold. The first goal is to help establish a deeper relationship between home visitation and domestic violence programs and support ‘warm’ referrals. As an example of why deeper program partnerships can make a difference in conversation with clients, we are work­ing with home visitors so referrals are more like: “If you are comfortable with this idea, I would like to call Sherrie from Safe Haven (local DV program), she is really kind and has worked with many, many women in your shoes.” Verses—“Here is a hotline number in case you need to call.” When personal connections are made between programs it helps clients feel safer accessing support and taking action.

Some home visitation programs have already developed such relationships with their local domestic violence agency. In fact, some partnerships have made it possible for the home visitor to bring the advocate to meet with a woman as part of case management to encourage deeper participation in domestic violence advocacy services. While we recognize that not all programs have this capacity, this partnership can create an opportunity for a direct connection to a domestic violence program that she might otherwise not make.

A second goal in developing a partnership between home visitation and domestic violence services is to create opportunities to connect pregnant and parenting women to home visitation services while they are in shelter. Developing a trusting relationship with the home visitation program is a way to extend support to women beyond shelter and help her connect to case management ser­vices that would be more trauma and violence informed through a partnership between agencies.

This recommendation comes with caveats. Of course it would be essential that home visitation staff signed a confidentiality agreement if they were to come to the shelter in the same way advo­cates do and promise not to reveal the location of the shelter and the location of the mother and her children.

**The parties listed above and whose designated agents have signed this document agree that:**

1) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home visitation program) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (domestic violence program) will meet with each other once per year to understand the services currently provided by their respective programs and review referral policies between agencies.**

2) **When domestic violence is identified by home visitation, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home visitation program) will review advocacy services available and provide referral to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (domestic violence programs).**

3) **Any home visitor assigned to providing services to pregnant or parenting women at the shelter will complete any/all confidentiality agreements required by the shelter to ensure client safety and to assure that the location of the shelter remain confidential and not shared with ANY­ONE including friends and family, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home visitation program) will take all precautions to ensure victim/survivor safety and assign staff to work with shelter clients that have training on domestic violence.**

4) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (domestic violence agency) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home visitation program) agree to work to the amount feasible to ensure that each family has a consistent staff member assigned to assist them and to minimize the transfer of cases involv­ing domestic violence.**

5) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (domestic violence program) agrees to provide every victim/ survivor seeking services with safety planning (including safety planning for children) and information on how to meet their basic human needs (such as food, housing and clothing), including offering to connect her to (home visitation program) as part of a supportive case management plan.**

We, the undersigned, approve and agree to the terms and conditions as outlined in this Memoran­dum of Understanding.

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Executive Director Executive Director Domestic Violence Program Home Visitation Program

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Date Date