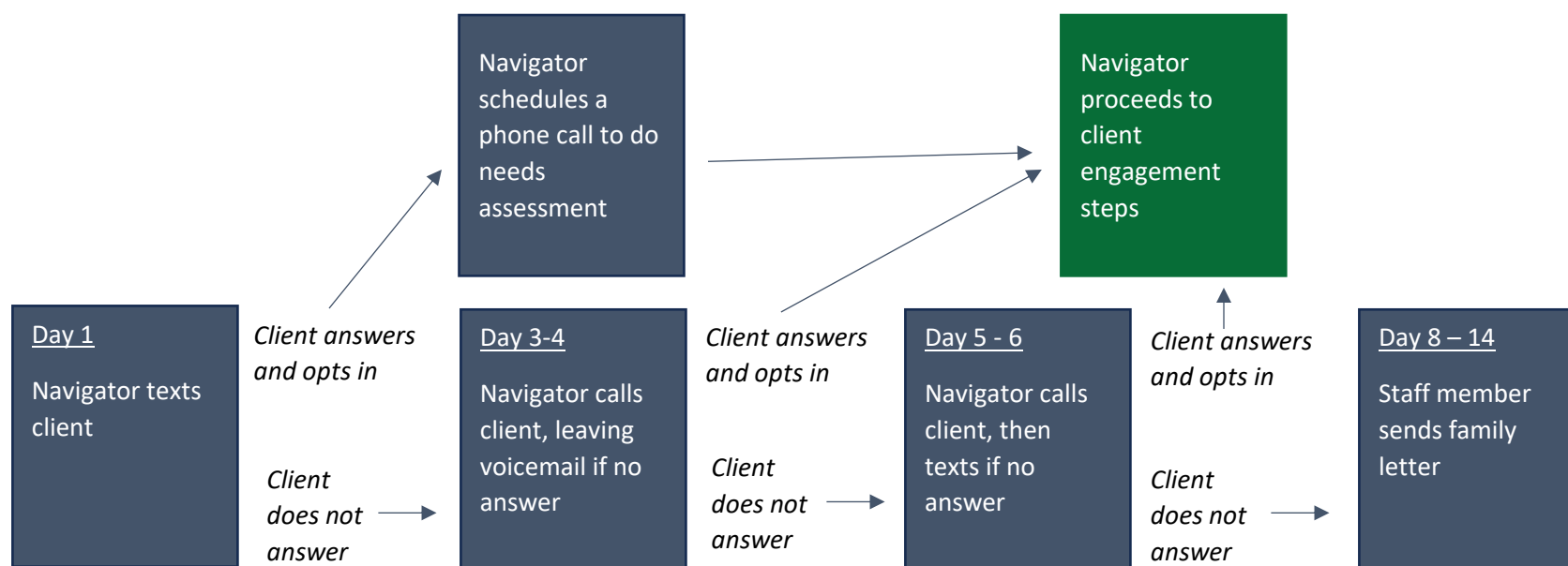


Appendix 2: Example script/procedure document

Client Outreach Process

Each family should be contacted at least three times to be offered service in the two weeks after they are referred to the community screen-out partner using the process below. The first attempt should begin at most 5 calendar days from the date of referral.



Additional guidance:

- Both the second and third attempts should be within 7 calendar days of the first text.
- All outreach should be made between the hours of 9 AM – 7 PM.
- The three calls/texts should be attempted at different hours of the day (one morning, one afternoon, one evening)
- If the number is not in service, call again 2-3 weeks later
- A letter/postcard should be sent to the family if:

- Client opts out of services
- There is no answer on the third contact attempt
- There is no phone number

Initial Contact Text Script:

*Hello [client first name] – my name is [FIRST NAME] and I'm with **name of community org** (**community org website hyperlink**). We are working to connect **X County** families with local resources like utility bill support, childcare, and more. I would love to schedule a time to talk with you and give you more information. Feel free to call or text me at this number or email me at **program/ Navigator email**.*

Initial Contact Phone Script:

*Hi, this is [FIRST NAME] calling with **name of community org**. Is this [CLIENT FIRST NAME]? I don't know if you are familiar with us, but we're a local organization that works to strengthen and support families in our community. We are offering a free program in **X County** that is a new approach to connecting people to community partners and resources. This could include services like childcare, food benefits, utility bill assistance, or something else **[customize based on table below]** -we work with 100s of partners in the community and this program is being offered completely free. **Does that interest you?***

Voicemail Script

*Good Morning/Afternoon. This is [FIRST NAME] reaching out from **name of community org**. In case you are unfamiliar with us, **name of community org** works to strengthen and support families in our community. We are working to connect **X County** families with local resources like utility bill support, childcare, and more. This is a free program that helps families know what resources are available and how to access them. Call or text me at **xxx-xxx-xxxx** or send me an email at **insert email** to get in touch. I would love to work with you.*

Text Script (third attempt)

*Hello – my name is [FIRST NAME] and I'm with **name of community org** (**community org website hyperlink**). We are working to connect **X County** families with local resources like utility bill support, childcare, and more. Let me know if you're interested. Feel free to call or text me at this number or email me at **insert email**. If I don't hear back, I will mail a **flyer/postcard** so you have our number and information in case this is ever helpful in the future.*

Responses if clients answer the phone:

Says no/ not interested: *Are you sure there isn't anything I can help out on? + choose 1-2 of the below*

- *Groceries are so expensive right now – could you use any help with that?*
- *It can be very tough to find childcare. Are you all set there?*
- *I know heat gets expensive this time of year – are your utility bills up to date?*
- *I know the holiday season is such an expensive time – are you all set with holiday stuff?*
- *I know it's tax season – do you need any help filing?*
- *I know back to school season is such an expensive time – do your kids have everything they need?*

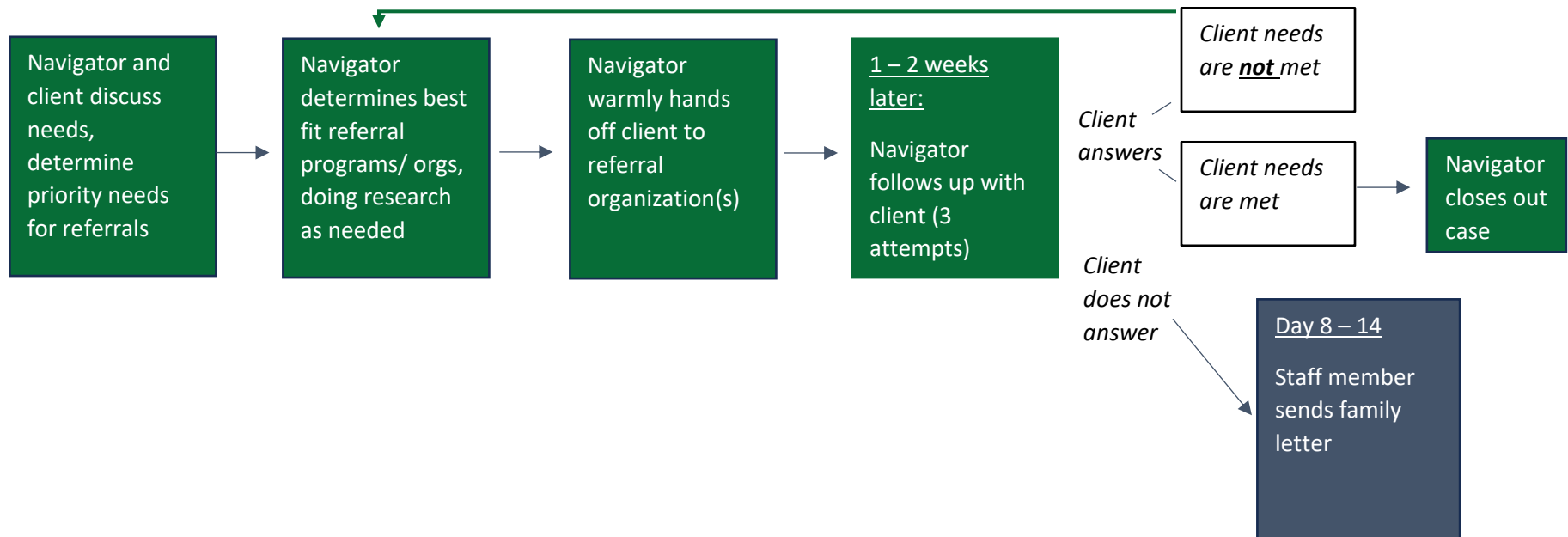
No to the above: *Great – I will mail a flyer/postcard so you have our number and information in case this is ever helpful in the future.*

No, I'm getting support already: *If you're comfortable sharing, what's working well for your family? I'd love to connect other families to those resources as well. If anything changes, please reach out and we'd love to connect! I will mail a flyer/postcard so you have our number and information in case this is ever helpful in the future.*

Maybe/can you send me more information: *Do you have time now to hear a little more? If not, can I mail, text, or email you more information about the supports we provide to local families through parent coaching, developmental screening, resource navigation, education, home visiting and prevention-based programming.*

Yes/ and I am interested in XYZ: *Great. I'd love to help get you connected. Do you have 10 minutes now to answer a few questions so we can identify what resources might be most beneficial and what programs you might qualify for (Pivot to doing needs assessment, starting with questions about any need the client surfaced. If the client does not have time to talk at this moment, schedule a call to complete the needs assessment in the coming days).*

Client Engagement Process



Needs Assessment

Use this on a first call -OR- on a scheduled call if the client could not speak for long when they were first reached.

[Consent to start assessment] I want to help you access free services that are a good fit for your family, but many programs have very specific qualification requirements. Do you have 10 minutes now to answer a few questions so we can identify what resources might be most beneficial and what programs you might qualify for, or would you prefer we find another time?

Yes: *Great! I'm going to ask a number of questions and some of them might not be relevant to you, but please let me know if I mention any resources you think might be helpful.*

[Basics]

Please feel free to skip any questions if you do not feel comfortable answering them. Can we start off by getting your household information?

1. *How many children do you have in the home and what are their ages?*
2. *What about any other adults in the home and their relationship to you?*
3. *Are you or anyone in your family pregnant?*
4. *What is your race?*
5. *Do you identify as Hispanic/Latino?*
6. *How would you describe your gender identity? (examples: Male, Female, Non-binary or other?)*
7. *Are you, or anyone in your family, affiliated with any Native American Tribes?*
 1. *If yes: Which tribe?*
8. *Was either parent of your children formerly cared for through foster care?*
 1. *If yes – Is this parent below the age of 26?*
 2. *If yes to both – Apologies for the repeated questions here – I’m looking to scope out exactly what you may qualify for – but to confirm, a biological parent of your children was formerly in foster care?*
9. *Are your housing and caring for any grandchildren, nieces or nephews, or other loved one’s children at this time?*

[Parenting/Child Needs]

Now I will ask you a few questions about needs you might have related to being a parent.

1. *Do you have any childcare needs, including assistance with finding or paying for it?*
2. *Do you have any concerns around your child's health, development, or behaviors? Do you have any concerns around your child's education?*
3. *Do any of your children have any special needs where supportive services might be helpful?*
4. *Would you be interested in any parenting resources?*

[Poverty/General Needs]

Now I will ask you about some basic needs related to your home and daily life.

1. *Do you have any need for identification documents such as IDs, birth certificates, etc?*
2. *Do you have any immediate needs for food or clothing?*
 1. *Are you receiving any services from DHHS? Are you aware that they offer food assistance? [WIC / Bridges Card]*
3. *Are you having any issues with your housing?*
4. *Could you use any assistance with other bills, such as electric or gas?*
5. *Do you have any legal needs, such as for power of attorney?*

6. **SEASONAL:** *Could you use any support in filing taxes? Are you aware of the Earned Income Tax Credit and the Child Tax Credit?*
7. *Could you use assistance completing any applications for benefits?*

[Mental Health/ Addiction]

Finally, I would like to ask you some questions about any supportive services you or someone in your family might benefit from.

1. *Could you or anyone in your family benefit from counseling services or support services in your home?*
2. *Are you, or anyone in your family, affected by addiction? Could you benefit from recovery support services, meetings, or peer supports?*

Is there anything we didn't address in these questions that you want to talk about further?

Would the highest priority things to work on be x and y? OR

Is there one service/resource that feels most important to you that we should prioritize?

Before closing the assessment call:

1. **Determine 1-2 priority needs.**
2. **Depending on the needs the client elevates, ask follow-up questions about what specific services might be most beneficial.**
3. **If you have specific referrals in mind, ask basic eligibility questions and get client's input.**
4. **Communicate to client how and when you will send referrals.**

Get consent to follow-up.

I would love to follow-up to make sure everything worked out and you were able to access [XYZ] successfully. Can I contact you in a week to follow-up?

1. *What is the best time to contact you?*
2. *Is it okay to call, email or text you? Which of those methods to you prefer?*

If anything comes up between today and our follow-up call, please call or text me at xxx-xxx-xxxx. If I'm unavailable, please leave a message and I will get back to you as soon as possible.

Warm Handoff/ Referral Process

Determine 1-2 priority referrals to address the priority needs. Focusing on many referrals all at once might be overwhelming.

Warmly handoff the client to the priority referral(s) if at all possible. Examples of warm handoffs include:

- **Filling out an intake form on behalf of the client or schedule appointment online** live on a call.
 - *I see x org, you can actually schedule an appointment/ fill out the intake form online. Can we do this together now? I'd be happy to do so for you while we chat if that is helpful.*
- **Calling the organization together**
 - *Would it be helpful to call that provider together right now? I'm happy to stay on the line in case they don't pick up - we can leave a voicemail together and explore other options.*
- **Calling or emailing the organization on the client's behalf**
 - *Would it be helpful if I got in touch with them and gave them your contact information so they can call you back? I'm happy to do this if it takes one thing off your to-do list!*

If a warm handoff is not possible, send a text with specific instructions to access the referral. If sending full information on the referral by text is too long, feel free to send both a text message and longer email. If you include more than 3 referrals in an email, highlight priority referrals by listing them first, bolding them, or labeling them “the first step we discussed.”

Referral text script

Hey x, this is z from XXX! I just sent an email with information about the resources we discussed. Remember you can focus on one resource at a time if needed. It sounded to me like your first priority was x. The first step we talked about was working on x. (insert specific first step – You can call x agency at xxx-xxx-xxxx to make an appointment for xyz service; you can go to x agency in person between 9 am – 12 am). Please reach out if you have any issues – I'm happy to support!

Follow-Up Process

If the family agrees to a follow-up call:

1. Call 1 week after initial phone call (or in whatever timeframe is agreed upon at initial call).
 - If the family did not complete the assessment in the initial outreach call, ask to complete the assessment
2. If no answer, try 2 more times within 10 days.
3. Continue to check-in at cadence agreed upon with client for as long as client is interested and still has unmet goals.

Follow-Up Script

Hi this is XXXX from **name of community org**. Is this **XXX**? How are you doing? I wanted to follow-up from our phone call a couple of weeks ago where we talked about doing **XYZ**.

1. Were you able to get in touch with **XYZ**?
2. Were you able to enroll in their services/ access that benefit?
 1. If no - what were the barriers?
3. Is it meeting your needs/ did it meet your needs?
4. Any other feedback on that service?

I know we also talked about **ABC**... could I help you get in touch with a service provider to meet that need? Are there any other needs that we could work on together?

- **Yes: Great!**
If a client has not completed assessment, proceed to this if they are willing to do so. If they have completed a needs assessment, ask specific questions about the needs they are elevating now and potential referrals that may help.
- **No: If anything comes up in the future, please feel free call or text me at **xxx-xxx-xxxx**. If I'm not here when you call leave a message and I will give you a call back as soon as I get it! **Do you mind answering a few questions about your experience?****

If willing to give feedback:

1. This is a new program we are offering - are there things that were helpful about this? Things that could be improved?
2. **Would you recommend we offer this service to other families?**

Re-Referral Process

The referral spreadsheet will indicate if a family was previously referred. Clients will only be sent to the pathway every 30 days. If they were previously referred, follow the guidance below:

Situation	Approach
-----------	----------

Clients that couldn't be reached previously (never spoke to)	Call again
Clients that previously engaged but org has lost touch with	Call Again
Clients that declined services the last time org reached out	Wait 3 months, then call again

Call-Back Process

Families on the referral spreadsheet are "eligible" for this pilot service as long as the pilot is running (they can call back anytime).

Note: If someone not referred through CSA uses call back phone number (e.g. given phone# by a friend), they can be offered other programmatic offerings as appropriate. If they are not eligible for programming, they can be referred to 2-1-1 or another appropriate service to further address the need identified.

If Abuse/Neglect is Suspected

Email MDHHS-Reconsideration@michigan.gov and a manager from Centralized Intake will reply within a day to discuss the case and whether or not a new report should be made.

Supplemental Resources

Resource Examples to Use in Initial Text/ Phone Call by Prevention Identifier

Identifier <i>(If multiple identifiers, use the one that comes first in this list!)</i>	Resource Examples
Domestic violence*	<p>"...utility bill assistance, childcare, counseling, or something else. You can tell me about anything specific that might be helpful or any other concerns I can help support – concerns with the way someone is treating you or someone else in the home, resources for managing misbehavior, resources for managing stress, etc."</p> <p><i>*If domestic violence is indicated, use this language as written – and refer to additional guidelines for clients who may be experiencing DV</i></p>

Pregnant person in family	... childcare , getting connected to a doctor or health insurance , or you can let me know about household items you need like diapers or car seats , or something else.
Child age 0-3	... childcare , food assistance , or something else. For example, you can tell me about household items you need, like diapers or car seats , questions you have about your child's development , or something else.
Guardianship/ Power of Attorney need	... childcare resources , getting connected to someone who can answer legal questions , eligibility for food assistance – like WIC , or something else.
Home conditions	... utility bill assistance , getting connected to someone who can help answer legal questions , food assistance , or something else.
Clothing, food, utilities, housing	... childcare resources , utility bill assistance , getting connected to counseling or mental health resources , or something else.
Child mental/behavioral health concern	... counseling , resources that can support parents of kids facing challenges or needing extra support, food assistance , or something else.
Adult mental health concern	... utility bill assistance , counseling or other mental health resources, food assistance , getting connected to a doctor or health insurance , or something else.
SUD – child or adult	... utility bill assistance , counseling or other mental health resources, affordable housing resources , or something else.
Child medical needs	... utility bill assistance , household items you might need, connections to programs or resources to help with parenting or child development , or something else.

Responses to Common Questions

Where did you get my information?

*Given many families are struggling to make ends meet, the State of Michigan wants to make sure families are aware of and connected with available resources. **Name of Community Org** is partnering with MDHHS to reach out to families in **X County** to offer this support. We received your information from the Children's Services Agency as a family for us to contact. Everyone needs support sometimes, especially when it comes to children. [If **pressed further**: The Children's Services Agency previously received a report about your family but did not feel that any CPS involvement was needed. To be clear, you are not under investigation and all of the services and resources we are offering today are completely voluntary.]*

1. *If there are additional questions, families can call 616-977-8936.*

Who reported me?

I actually don't know anything at all about the circumstances that led to contact with MDHHS. Since our program is focused on partnering with you and providing resources/ support/ connections, we only received your name, telephone number, and very limited information about your potential needs.

Are you a mandated reporter? Are you going to report me to CPS?

I am a mandated reporter. This means I do have a legal obligation to report anything that I suspect is child abuse or neglect, however, I recently received a training from CPS and am well aware that many reports are made unnecessarily. I am here to support you and want what is best for you. Again, you are not under investigation. I do not work for CPS and this program is 100% voluntary.

What is Name of Org?

Name of Org is an organization that supports families. We do this through x, y, and z. To build strong and safe families, we focus our efforts on helping parents meet the needs of the whole family.

What are you offering?

We can help connect you to almost any type of resource or support you can think of. We would first ask some questions to better understand how we can help, and then I can share with you the information for services/resources that are available or we can call them up together to get signed up. We often connect families to food supports, help paying utility bills, and mental healthcare resources. But I have also helped folks find things like afterschool programs for their kids or furniture. I can then follow-up with you and continue to work with you to make sure you are able to get connected to those services, troubleshoot if any issues come up, and connect you to any additional resources that you think might be helpful.

What if we're doing well right now, can we call you back if we change our mind?

At this time, yes, you absolutely can! We know life can be busy and right now might not be a great time for you to be involved in our program. Please feel free to reach out when you're ready. If you'd like, we can set a date to check back in and see if anything has changed for you and your family.

My family makes a lot of money, do I still qualify?

Absolutely! We work with families of all kinds and in all types of financial situations. This program is designed to recognize every family is unique and has unique needs. You might not be eligible for all programs, but we can set goals and find resources around the topics you're interested in that you are eligible for.

Is this confidential?

*This is not a confidential program. As this is a Pilot program that MDHHS and **Name of Org** are testing out, we will be collecting some information. For instance, we want to know if you are able to connect to various programs, and if not what the barriers were. This information will be used to help us tweak the program to make it most effective.*

A CPS Worker has been out to my house, can I still work with you? Can you tell me more?

We do not work with CPS so I cannot tell you more about their involvement. We received your information from the Children's Services Agency on [Date]. A complaint that had been previously made to the Children's Services Agency was screened-out at that time- meaning that departmental involvement was not deemed necessary. It is possible that since that time, another report came in and was screened-in for investigation, and that is why CPS has visited your house. We are certainly happy to continue working with you and helping connect you to supportive services and supports.

Domestic Violence Guidance & Resources

WHEN ENGAGING FAMILIES IMPACTED BY DOMESTIC VIOLENCE:	
DO: <ul style="list-style-type: none"> ✓ Offer empathy and validation to be seen as a caring helper who can be trusted ✓ Empower clients with resources – <i>whether those are related to DV or other needs</i> – and let clients decide what's best for them/ their families ✓ Be clear about your limitations/ role as an expert in resource connection 	DON'T: <ul style="list-style-type: none"> ✓ Ask for disclosure or details of domestic violence ✓ Provide counseling or advice for what the family <i>should</i> do ✓ Judge families for choices they made – assume survivors are considering and planning for safety <i>at all times</i> ✓ Focus <i>only</i> on providing resources around domestic violence

<p>WHAT TO LISTEN FOR:</p> <ul style="list-style-type: none"> ✓ “We’re really doing fine. My (significant other) is just really stressed right now at work.” ✓ “My (significant other) is out of work right now and it’s just been kind of hard lately.” ✓ “I lost my job recently, and it’s been hard on our family, that’s all.” ✓ “I’m not sure my (significant other) will let me contact these resources” ✓ “We’ve been going through kind of a tough time right now in our relationship, but we’re working on it.” 	<p>HELPFUL THINGS TO SAY TO VICTIMS:</p> <p><u>RESPOND WITH EMPATHY AND VALIDATION:</u></p> <ul style="list-style-type: none"> ✓ I’m sorry this happened to you / for the situation you are in. ✓ I’m glad you shared this with me. Thank you for talking with me. ✓ There is help. I will do what I can today to help you. <p><u>ASK ABOUT COMMUNICATION PREFERENCES</u></p> <ul style="list-style-type: none"> ✓ Is it safe for you to talk on the phone right now? <p><u>BE CLEAR ABOUT YOUR ROLE AND LIMITATIONS</u></p> <ul style="list-style-type: none"> ✓ I’m sorry I can’t help you with ____, but I can _____. In my role, the best thing I can do is to make sure you have good resource information. May I share what I have with you?
<p>EXAMPLE RESPONSES TO RED FLAGS:</p> <ul style="list-style-type: none"> ✓ “It sounds like things have been really stressful for you and your family lately. I’m so sorry you’ve been going through such a hard time. I know it takes a lot of strength and courage to get through times like these and I would like to support you in whatever way I’m able to in my role. I have access to a lot of resource information. Would it be helpful if we talked about the kinds of needs or desires you have and the resources that are available to support you and your family?” ✓ Oh, okay. I’m hearing that you might want to reach out to some resources, but you’re not sure your (significant other) would support you in doing that. That’s such a difficult position to be in. I’m so sorry for how hard and frustrating that must be for you. I understand if you don’t want to explore this further based on your situation, but if you’d like, we could talk about how to get some supportive resource information to you safely. Maybe you have a friend or family member you trust that we could send resource information to? What kind of things do you think might help you and your family?” 	

Letter/Email

Dear [First and Last Name]:

XXX is offering the MiFamily Stronger Together program in partnership with MDHHS that offers families in X County opportunities to connect to services and supports in their community. We couldn’t reach you at the telephone number on file but want to encourage you to reach out to us if you are interested in learning more.

This program is free, and we offer connections to thousands of local resources such as:

<ul style="list-style-type: none"> • Income assistance • Utility discounts • Housing assistance • After school programs • Food resources 	<ul style="list-style-type: none"> • Health insurance • Physical/mental health support • Legal assistance • Childcare • Educational programs
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... and much more!

Call us at **xxx-xxx-xxx** or email **insert email address** to connect to a Family Support Navigator who can answer your questions and help you access resources. We are available **Monday through Friday from 9 a.m.- x p.m.** or you can call after hours and leave a voicemail. If you leave a voicemail, please mention that you received this letter and would like to learn more, as well as a preferred time to be reached. You can learn more about us by visiting our website at **insert hyperlink**.

We are here to help and hope to work with you and your family.

Sincerely,
XXX

Warm Handoff Checklist

DID I CONSIDER:

- ☐ The client's perspective on service(s) needed
- ☐ The client's preference for a particular provider
- ☐ The client's preference for in-person or online services

DID I ASK:

- ☐ What questions or concerns the client has about starting services
- ☐ What else the client needs to successfully complete services (e.g., appointment reminders; help prioritizing time, etc.)
- ☐ What other services or concrete supports the client/their family needs

DID I ESTABLISH:

- ☐ An agreement with the client on the goals for services
- ☐ A plan for communication between myself, the client, & the provider
- ☐ Next steps for the client on starting services

DID I ASSESS AND ADDRESS:

- ☐ The client's work schedule & provider availability
- ☐ The client's access to transportation & provider location
- ☐ The client's access to wifi/tech for virtual services
- ☐ What materials or information the client needs for their application or appointment?
- ☐ Any other factors that may inhibit the client from successfully connecting with the provider (e.g., inconsistent phone number or address, limited support network, serious health concerns, etc.)