



EARLY SUCCESS COALITION

PROGRAM SELECTION TOOLKIT

Home-Based Service Options



- Nurse Family Partnership
- HUGS
- Healthy Families America
- Parents as Teachers
- One by One
- Parent Aide
- Early Head Start



- HUGS
- Healthy Families America
- Parents as Teachers
- One by One
- Parent Aide
- Early Head Start



- Healthy Families America
- HUGS
- Parents as Teachers
- One by One
- Parent Aide
- Early Head Start



- HUGS
- Parents as Teachers
- One by One (0-3months)
- Parent Aide (ages 0-3)
- Early Head Start (ages 0-3)

Center-Based Service Options



- Centering Pregnancy/Strong Start
- First S.T.E.P.S. (Teens 11-19)
- Operation Smart Child



- First S.T.E.P.S. (Teens 11-19)



- First S.T.E.P.S. (Teens 11-19)

**“Transforming
Services for Young
Children”**

Early Success Coalition
Tel: 901-287-4700
Fax: 901-287-4701

*All programs are voluntary and *free to families* who participate



Program Details

<p>Early Head Start Evidence-based home visitation services to low-income pregnant women and parents with children up to age 3. Skilled staff with specialized training provided by the program. Center-based services for children 6 weeks to age 3.</p>		<p>Porter-Leath Tel: 901-577-2500 Fax:901-577-2506 www.porterleath.org</p>
<p>Parents as Teachers Evidence-based curriculum that focuses on healthy birth weight and child development through parent education. Serves pregnant women and parents with children ages 0-3.</p>		<p>Porter-Leath Tel: 901-577-2500 ext. 1134 Fax:901-577-2506 www.porterleath.org</p>
<p>Operation Smart Child Prenatal program that aims to empower parents with knowledge and skills to support their newborns using an evidence-based curriculum. Operation Smart Child offers group instruction and hands-on exercises to educate pregnant mothers the proper prenatal and postnatal care.</p>		<p>Neighborhood Christian Center Tel: 901-881-6013 Fax: 901-458-4438 www.nclife.org</p>
<p>Centering Pregnancy/Strong Start Group prenatal care offered to medicaid eligible women less than 25 weeks pregnant. Centering Pregnancy is an evidence based curriculum that focuses on health, education and support.</p>		<p>Regional One Health Locations: 901-515-5592 Hollywood Health Loop 901-448-3810 Med Plex</p>
<p>First S.T.E.P.S. A comprehensive teen parenting and life-skills program for first-time teen mothers between the ages of 11-19. Group sessions with evidence based curriculum. Certified Parent Aides provide parents with in-home, individualized support and mentoring for one year, or as needed.</p>		<p>The Exchange Club Tel: 901-276-2200 ext. 122 Fax: 901-276-6828</p>
<p>One by One Ministries Christian Faith-based home visitation program where clients are matched with mentors. Program serves pregnant women and parents through baby's first year. Skilled workers provide relational support to promote mother-child attachment and early brain development. Participants can be enrolled anytime during pregnancy, and until the baby is 3 months old.</p>		<p>One by One Ministries Inc. Tel: 901-857-1153 www.onebyoneusa.org Fax: 901-424-1936</p>
<p>Parent Aide Evidence-based curriculum to prevent child abuse and neglect. A certified parent aide supports parents in acquiring basic needs and social supports. Serves pregnant women and parents who have at least one child.</p>		<p>The Exchange Club Tel: 901-276-2200 ext. 147 Fax: 901-276-6828</p>
<p>Healthy Families America (HFA) Evidence-based home visitation services to any pregnant women or parents of infants enrolled within 2 weeks following baby's birth. Skilled staff with specialized training provided by the program. Services are available until child is 5 years old.</p>		<p>Le Bonheur Children's Hospital Tel: 901-287-4700 Fax: 901-287-4701</p>
<p>Help Us Grow Successfully (HUGS) Services are offered in the home by a nurse to pregnant women and parents of children birth through age 5 years. Nurses assist families in accessing health care, social and educational services.</p>		<p>Shelby County Health Department Tel: 901-222-9700 Fax: 901-222-7976</p>
<p>Nurse Family Partnership (NFP) Evidence-based home visitation program. BSN trained nurse home visitors provide services to first time low-income pregnant women less than 28 weeks pregnant at enrollment. Services began prenatally and continue until the child turns 2 years old.</p>		<p>Le Bonheur Children's Hospital Tel: 901-287-4726 Fax: 901-287-4991</p>



Vision:

Healthy babies, strong families, and foundations for lifelong success.

Mission:

Develop and expand an early childhood comprehensive system of high quality services for children from pre-conception to age eight that engages families, promotes resiliency, and supports positive early childhood development.

Target Collective Outcomes:

1. All babies are born healthy.
2. All children live in a safe and nurturing environment.
3. All children are kindergarten ready.
4. All children demonstrate third grade academic achievement.

INTRODUCTION:

The Early Success Coalition Program Selection Toolkit is intended for use by human service providers, health care professionals, and community resource agency staff who work with pregnant women and families with children ages 0-5.

PURPOSE:

The purpose of the Program Selection Toolkit is to encourage referrals of pregnant women and families who may benefit from center-based or home visiting services as a source of additional support through pregnancy and the early years of a child's life. We believe in the "No Wrong Door" approach. This approach is about working together, innovative thinking, and new ways of sharing information to achieve the best possible outcomes. Working together we can identify the services that best meet each family's needs.

The Early Success Coalition also believes in client choice or preference for services that meets their current situations. **We encourage you to discuss program options with your client to ensure their choice is considered.**

CALL TO ACTION:

Please consider referring your client who may benefit from prenatal or postnatal services for women and families with children ages 0-5.

HOW TO COMPLETE A REFERRAL:

- Discuss the benefits of receiving services.
- Ask your client if they would like home visiting or center-based services
- Use the program selection tool to determine which program your client prefers or best fits their needs.
- Inform your client that you will be completing a referral to their preferred program.
- Access our website at www.earlysuccesscoalition.com to complete our electronic referral form; or fax the referral form to 901-287-4701, Attention: Early Success Coalition.
- Inform your client that they will receive a phone call from the Early Success Coalition and their selected program.



Date: ___ / ___ / ___ Agency: _____ Email: _____ Staff Name: _____

Preference of location to receive services: Clinic/Center In-home Services Faith-based Services

Section One – General Information

Client Name _____ DOB: _____ - _____ - _____ Race: _____
Last Name, First Name

Address _____ City: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Other Phone: _____

Insurance Type: Private TennCare None Other (specify): _____

Primary Language: English Spanish Other (specify): _____

Section Two: Prenatal Screening Only

Is this your first pregnancy or previous pregnancy did not result in a live birth? Yes No

Number of weeks pregnant _____ Expected Due Date: _____ / _____ / _____

Number of weeks pregnant at 1st prenatal visit: _____ No prenatal care

Current Health Concerns or On-going Medical Problems: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> High Blood Pressure/Hypertension | <input type="checkbox"/> Diabetes (during pregnancy) |
| <input type="checkbox"/> Mental Health Diagnosis | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Previous Low Birth Weight/Preterm Delivery | <input type="checkbox"/> Other Health Concern: (specify) _____ |

Section Three: Post-natal Screening Only

Infant Name: _____ DOB: _____ Gender: Male Female
Last Name, First Name

Current Health Concerns or On-going Medical Problems for Child: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Premature (born < 37 weeks pregnant) | <input type="checkbox"/> Low Birth Weight (born less than 5.5 lbs/2,500 grams) |
| <input type="checkbox"/> Asthma or Other Respiratory Issues | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Special Health Care Need (i.e. congenital anomalies): (specify) _____ | |
| <input type="checkbox"/> Other Health Concern: (specify) _____ | <input type="checkbox"/> None |

Current Health Concerns or On-going Medical Problems for Mother: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> High Blood Pressure/Hypertension | <input type="checkbox"/> Diabetes (during pregnancy) |
| <input type="checkbox"/> Mental Health Diagnosis | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Other Health Concern: (specify) _____ | <input type="checkbox"/> None |

Section Four: Provider Selection (in order of client's preference)

- _____
- _____
- _____

I authorize the exchange of my health information, as recorded above, with the agencies of the Early Success Coalition Network, i.e. HUGS, Healthy Families, Nurse-Family Partnership, One-by-One, First Steps, Neighborhood Christian Center, Parents as Teachers, Operation Smart Child, Early Head Start, Centering Pregnancy and Parent Aide for the purpose of providing services based on my eligibility and choice. I understand that this information will be stored and maintained in the ESC community database. This authorization remains in effect 12 months after date of signing or until revoked in writing by me.

Participant Signature: _____ Date: _____