

Background/Problem

Effectiveness of evidence-based home visiting interventions depends on families receiving a sufficient number of visits. **There are significant gaps between the number of families that can benefit from home visiting services and the number of who actually enroll and remain engaged in services.** Many programs struggle to enroll families and keep them active in the program for a significant amount of time.

A review of baseline data provided by MIECHV-funded home visiting programs in Minnesota indicated that:

- An average of only **58%** of families receive the expected number of home visits.
- **Half** of all families drop out of home visiting services by 12 months.
- 50% of families who close before one year do so for invalid, **“addressable” reasons**; ie, unable to locate, unable to contact, regularly missed scheduled visits, refused change of home visitor, refused services, returned to work or school.

Measures

- % of families that receive all expected home visits
- % of families active at 3, 6, 12 months
- % of clients disenrolling for invalid reasons
- Number of months families are enrolled
- Age of target child at closure

Aim/Goal

68% of families receive all expected number of home visits by September 30, 2018.

Increase the proportion of eligible, referred families who participate at high levels by changing how we enroll, relate to, and engage families in services.

Changes Tested

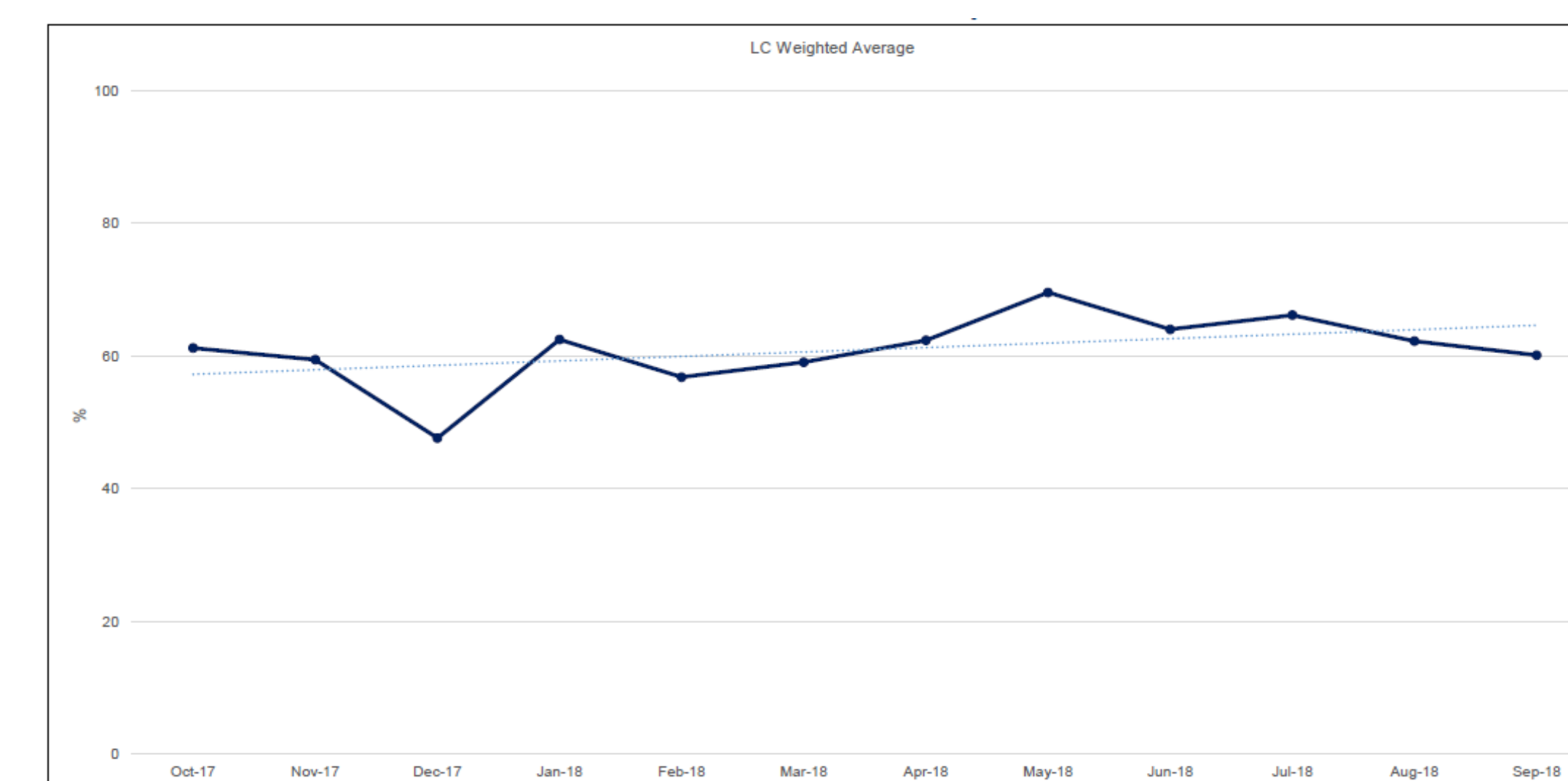
Over 9 months from February through September 2018, **15** teams comprised of **60** local public health professionals tested over **50** changes to improve family engagement in home visiting programs. The most impactful changes are listed below:

- Use of a **comprehensive** Family Needs Checklist at service offer, enrollment, and regular intervals
- **Co-created goals** with client that are reviewed or updated at each visit
- **Flexible scheduling** options that include evening and weekends
- Strategic use of program **incentives** (diapers, gift cards, photo albums, etc.)
- **Professional Quality of Life** assessment
- **Streamlined** referral process and regular communication with **referral sources**
- **Feedback solicited from clients** in a formal way on a regular basis (surveys, focus groups, etc.)
- Parent celebration / networking **events**

Results

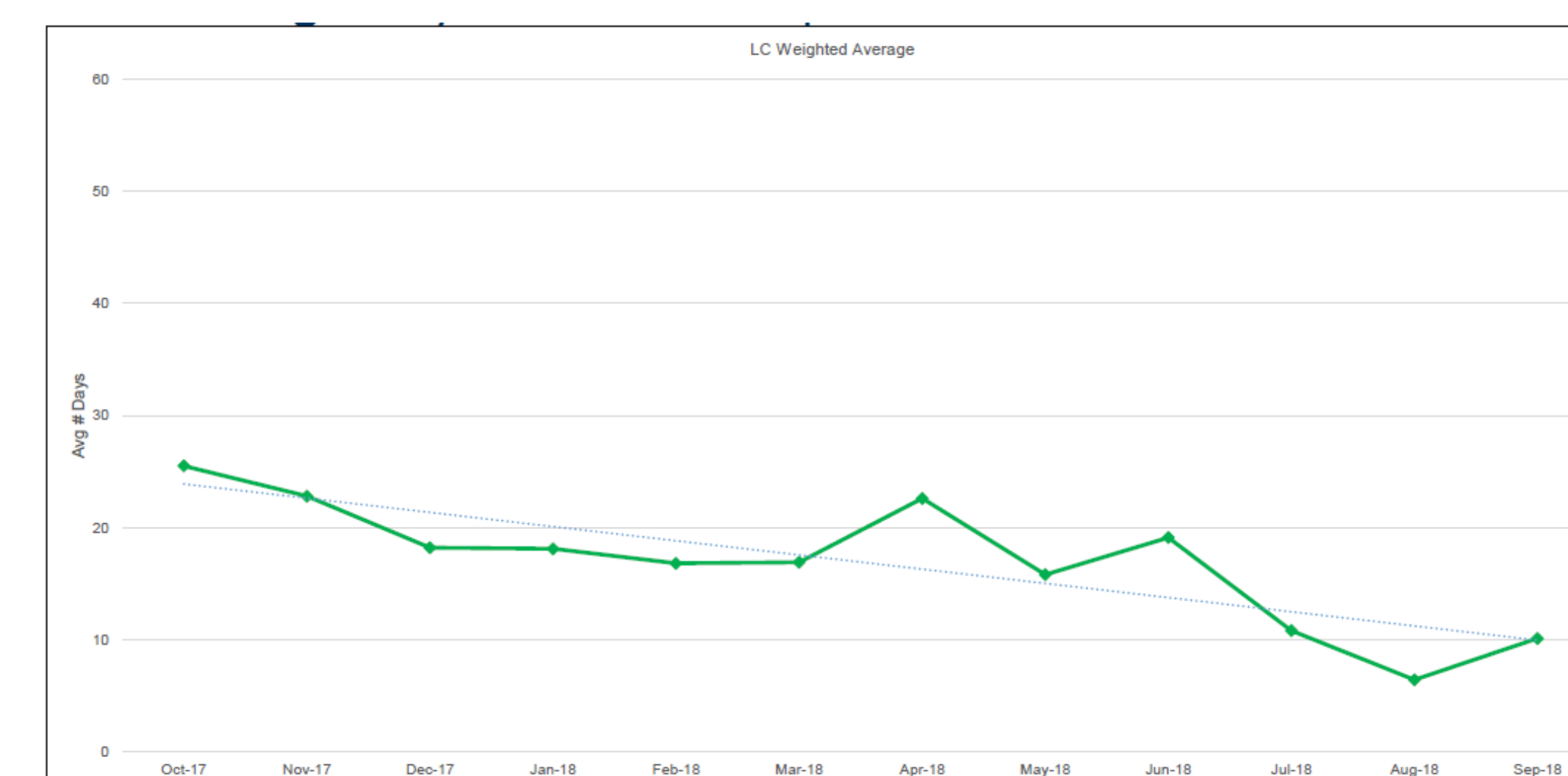
Baseline: Average 58% of families are receiving all expected home visits

Result: Average 63% of families are receiving all expected home visits



Baseline: 22 days between referral and enrollment

Result: 9 days between referral and enrollment



Conclusions

Faster face-to-face contact after referral = more likely to enroll.

Less time between referral and enrollment = more likely to follow schedule in first few months.

Flexibility in scheduling and communication, regularly discussing client goals/interests, and continually demonstrating how the program can meet those needs are **key to keeping clients engaged long-term.**