

Family Engagement Learning Collaborative

Summary

In 2018, Minnesota Department of Health (MDH) facilitated a statewide Family Engagement Learning Collaborative. The goals of the collaborative were to improve family enrollment, engagement, and retention. Fifteen teams comprised of Local Public Health and Evidence-Based Home Visiting (EBHV) grantees participated.

Measures

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.

Changes Tested

Teams tested over 50 changes for improving family enrollment, engagement, and retention. Of the changes tested, the following were ranked by teams as most impactful for improvement:

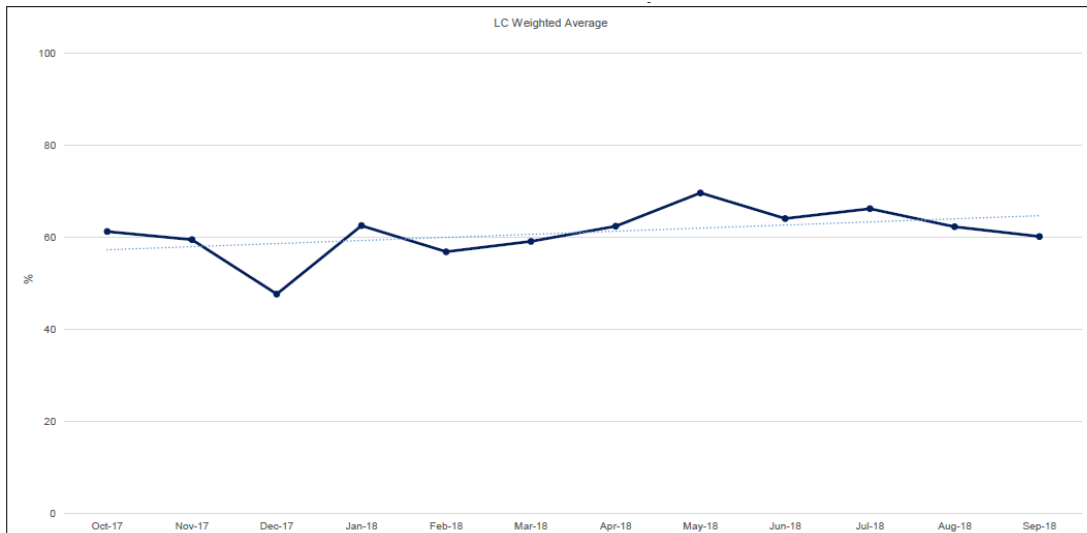
- Use of a comprehensive Family Needs Checklist at service offer, enrollment, and regular intervals
- Co-created goals with client that are reviewed or updated at each visit
- Flexible scheduling options that include evening and weekends
- Strategic use of program incentives (diapers, gift cards, photo 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

State Results

A weighted average for each measure was calculated for the State from data submitted by participating teams.

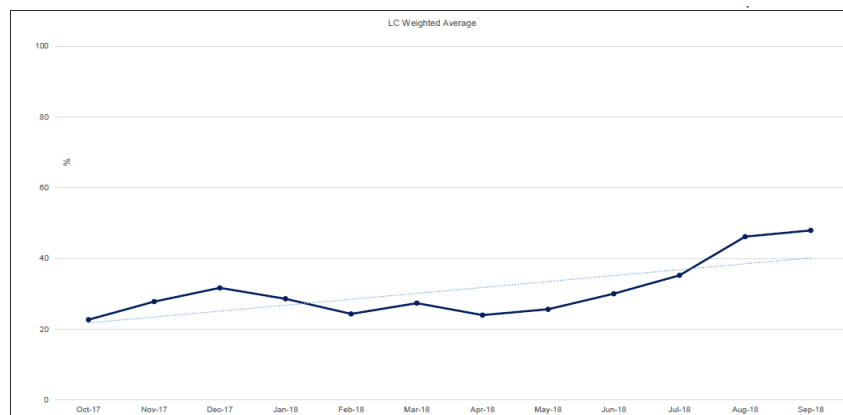
Smart Aim – 68% of families receive all expected number of home visits

- Baseline: Average 58% of families are receiving all expected home visits
- **Result: Average 63% of families are receiving all expected home visits**



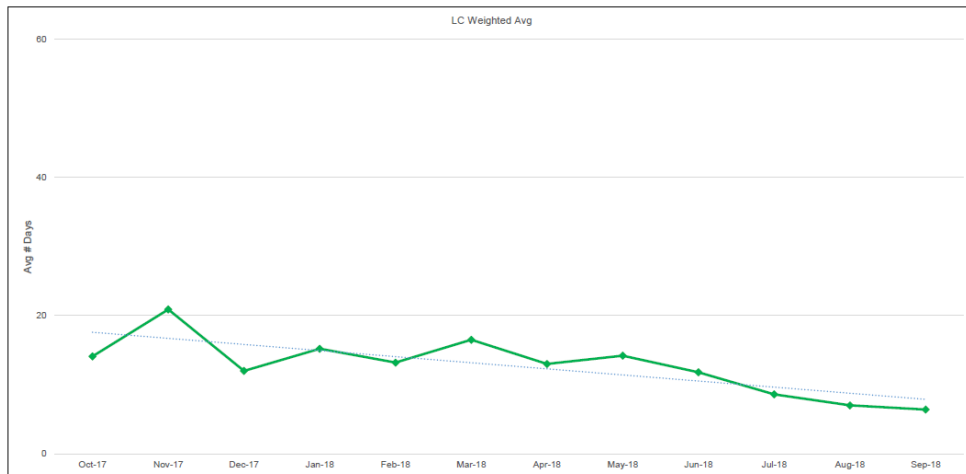
Enrollment Measure 1

- Baseline: 27% of families contacted receive a first face-to-face contact within 14 days
- **Result: 43% of families contacted receiving first face-to-face contact within 14 days**



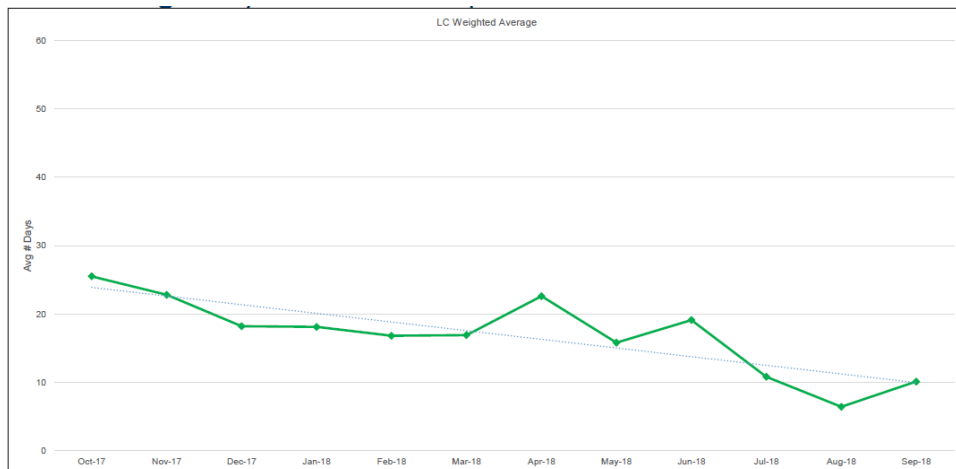
Enrollment Measure 2

- Baseline: 15 days from referral to first face-to-face contact
- **Result: 7 days from referral to first face-to-face contact**



Enrollment Measure 3

- Baseline: 22 days between referral and enrollment
- **Result: 9 days between referral and enrollment**



Conclusions

The sooner clients have a face-to-face contact with the program, the more likely they are to enroll. The less time it takes from referral to enrollment, the more likely the clients are to adhere to intensive schedule in the early 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.