

Appendix A: Client Enrollment

Many factors influence whether an eligible person or families will enroll in home visiting services. These include things like trust, functional status and parenting confidence, as well as age, race, education and mental health history. Provider and community-level factors also influence enrollment, including strength of relationships between providers and home visiting program, level of follow-up for hard-to-reach families, and level of poverty. Below are some ideas to help support conversion of referrals to enrollment at the client, provider, and community level.

CLIENT LEVEL

- Conduct follow up in a timely manner (within 2 days of receiving referral is optimal; required within 10 days).
- Engage in relationship-building techniques at first contact: create time to listen and add open-ended questions related to what the client has heard about Babies First!, and what they are feeling about their pregnancy or their baby (if enrolling after baby is born) and what the person desires for themselves and their baby.
- Highlight the program in terms of what it can do for the mother or caregiver.
- Develop a program “pitch” that stresses program flexibility. Some things to consider:
 - » An opening statement that makes it clear you are open to meeting them wherever they feel comfortable: “I’d love to talk to you about the things you interested in about [becoming a mom, about your baby, taking care of your child]. We do visits in the home – or wherever works for you”.
»
 - An overview of program, stressing that the schedule and place can be “whatever works best for you” and that it is no cost to the client.
 - Provide the pitch in-person in a safe environment (e.g., waiting room area).

- Ensure potential client that you would not approach them in public unless they say it's okay (e.g., if a pregnant parent, they may not have told people about the pregnancy).
- If over the phone, make the focus more about listening to the potential client and what they are interested in (the open-ended questions are good to help facilitate this).
- End the call with a promise to call or have a meeting time set and normalize that people need to think about this. E.g., "Some people need a little time to think about whether they would like a program like this. May I call you next week to talk about what you want to do?"
- Be willing to follow up with further outreach (e.g., a letter and subsequent phone call).

PROVIDER LEVEL

- Doing outreach to providers can be helpful because if a client hears their provider talking positively about the program, they may be more willing to engage. Some outreach to provider ideas:
 - Ask to present about the program at provider staff meetings.
 - Develop contact person at provider offices who you can follow up with about referrals.
 - Bring information sheets, brochures about program to leave at provider offices.
 - Create "office time" at a provider office on a regular basis so you can be there to engage directly with potential clients and be a known entity.

COMMUNITY LEVEL

Promote community acceptance by:

- Encouraging community engagement (e.g., Community Advisory Boards)
- Outreach to multiple types of referral agencies (e.g., WIC, Schools, Pediatric or OB Clinics, Hospital)
- Connecting with early childhood education programs

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