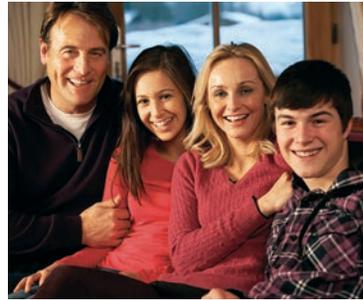


A RAND Toolkit

FIVE STRATEGIES FOR SUCCESSFUL

Recruitment and Retention of Children and Families in Human Service Programs



Dionne Barnes-Proby, Dana Schultz, Lisa H. Jaycox, Lynsay Ayer



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This toolkit was prepared for the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention under the auspices of RAND Justice Policy and the RAND Population Health Program.

RAND Justice Policy

The RAND Justice Policy Program spans both criminal and civil justice system issues with such topics as public safety, effective policing, police-community relations, drug policy and enforcement, corrections policy, use of technology in law enforcement, tort reform, catastrophe and mass-injury compensation, court resourcing, and insurance regulation. Program research is supported by government agencies, foundations, and the private sector.

This program is part of RAND Justice, Infrastructure, and Environment, a division of the RAND Corporation dedicated to improving policy- and decisionmaking in a wide range of policy domains, including civil and criminal justice, infrastructure protection and homeland security, transportation and energy policy, and environmental and natural resource policy.

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Welcome and Introduction

Welcome to the Program Recruitment and Retention (R&R) toolkit! The goal of this toolkit is to increase participation in human service programs for such issues as behavioral health, substance use/abuse, stress management, parenting, and healthy relationships. This toolkit provides strategies for recruiting and retaining children and families in these programs and developing a strong and comprehensive recruitment and retention plan. *Recruitment* involves engaging the program's target population to participate, and *retention* involves keeping clients in program services after they start. The intended audience for this toolkit includes clinicians, practitioners, and program administrators seeking to enroll children and families into their human service programs.

In this introduction, we identify the key engagement challenges this toolkit intends to address and describe the steps undertaken to develop this resource. We conclude with a brief user's guide that previews the toolkit's content and offers tips for its use and navigation.

Need for the Toolkit

The saying “if you build it, they will come” has not proven accurate for many community-based human service programs for children and families. A major challenge facing these programs is the inability to engage people identified or referred for services.¹ Literature indicates that children and families in the most need of human services, such as behavioral health interventions, are least likely to receive them.² Among families that do start treatment, 40 to 60 percent drop out after only a few sessions.³ The most common barriers to initial and ongoing participation in services include concrete obstacles (lack of time, transportation, and/or child care) and competing priorities (parenting, work, financial demands). Other

common barriers are attitudes about mental health, stigma, and previous negative experiences with mental health or institutions.⁴

Limited client engagement in human service programs reduces both the likelihood of improving child and family outcomes and the ability to measure a program's effectiveness. Finding ways to increase participation and reduce attrition can boost families' benefits from programs and improve knowledge gained from program evaluation.⁵ This toolkit serves as a resource for practitioners to improve engagement with children and families.

Toolkit Development

Components of the R&R toolkit were developed to support programs that participated in the Safe Start Promising Approaches (SSPA) initiative. SSPA was the second phase of a planned four-phase initiative focusing on preventing and reducing the impact of children's exposure to violence, sponsored by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). Between 2005 and 2016, the RAND Corporation conducted a national evaluation of SSPA in collaboration with the national evaluation team: OJJDP, the Safe Start Center (the OJJDP-funded national SSPA technical support provider), and 25 programs (15 programs in round one and ten programs in round two) between 2005 and 2016. SSPA combined the challenges of implementing programs for children exposed to violence with participation in a rigorous evaluation.

In response to lessons learned about the difficulties of recruiting and retaining program clients during the first round of SSPA, we sought to identify evidence-based or promising engagement strategies to support the second round. Toward

that end, we reviewed and synthesized extant literature on client engagement. In addition, we consulted with Mary McKay, a national expert in this area, and Elena Cohen, the former director of the Safe Start Center. This process yielded the set of strategies for recruitment and retention contained in this toolkit. For each strategy, we developed two tools for the SSPA programs: (1) a worksheet for creating a comprehensive program recruitment and retention plan; and (2) an extensive list of example activities for each component of the plan.

Second-round SSPA programs that used these recruitment and retention strategies were located across the United States within different lead agencies or organizations, including university-based behavioral health programs, community-based behavioral health programs, public agency programs, and community-based social service agencies. The programs focused on multiple types of violence exposure, had a range of intervention components, were aimed at varied ages, and occurred in different program settings, but all included therapy; some offered case management as well. For additional information, see the national evaluation of the SSPA report (Schultz et al., 2017).

The recruitment and retention strategies were introduced to the SSPA programs early in the project, when programs were planning for implementation and participation in the evaluation. We worked collaboratively with the Safe Start Center and McKay to support each program's development of a customized recruitment and retention plan using the templates provided in this toolkit. The program's plan was a living document, updated at least annually to reflect changes made over the course of the project.

Using the recruitment and retention strategies, all of the programs made tremendous efforts to achieve their recruitment and retention goals. After the programs ended, administrators indicated that the strategies helped engage and retain children and families. Some programs experi-

enced strong enrollment and high retention rates, which they attributed to implementing many of the strategies included in this toolkit (e.g., substantial outreach to the target population, establishing strong community relationships, staff characteristics and skills). The SSPA programs consider the following aspects of the plan to be most helpful:

- the numerous possible activities, matched with specific examples
- the format of the plan template, which provided guidance for writing the plan and promoted accountability
- the emphasis on continuous quality improvement.

The SSPA programs indicated that they would use the strategies and resources again in future programs. This overall positive experience with the recruitment and retention tools led to the development of this toolkit.

Potential Benefits and Limitations

This toolkit is designed for those seeking to provide human services programs to children and families. Its goal is to assist such programs in designing initial and ongoing recruitment and retention strategies to support participation in their programs. This toolkit also supports the development of strong, respectful, and responsive partnerships between communities and programs. The ultimate benefit of this toolkit is increased engagement and involvement by children and families. While the SSPA programs acknowledged the benefits of this toolkit, and many of the activities included here are cited in the engagement literature, we did not formally evaluate the effectiveness of these strategies. Future research should test the effects of this approach to improving participation of children and families in human service programs. In addition, while these strategies are not exhaustive, they provide a good starting place to begin thinking about and planning for program recruitment and retention.

Toolkit User's Guide

The toolkit offers a set of five strategies and underlying principles for developing a comprehensive, customized program recruitment and retention plan. Strategies can be used independently or as a part of a broader implementation plan. Revisiting the strategies routinely can help monitor progress toward achieving engagement goals and promote accountability among program staff responsible for recruitment and retention activities.

Conduct Outreach to Raise Awareness of the Program

Use strategic and strength-based marketing to inform and empower the community

Develop and Maintain Relationships with Referral Sources

Develop a broad set of referral sources for the program

Design Program Infrastructure and Procedures That Consider Families' Needs

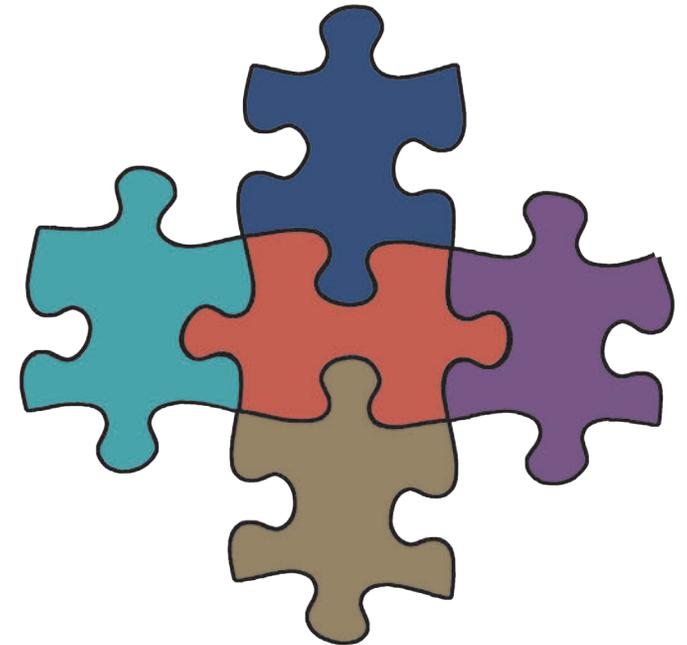
Design and provide responsive and respectful services that recognize the varied needs of families

Engage and Support Families Participating in the Program

Build trusting relationships and identify and address barriers to ongoing participation

Continuously Monitor Family Enrollment and Retention and Quality of Services

Ensure continuous quality improvement in recruitment, retention, and program quality



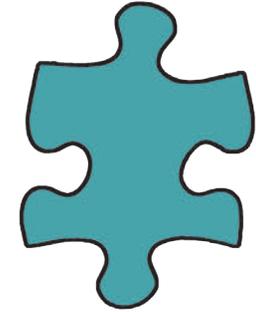
Each strategy in the toolkit contains

- a description of the strategy's overall purpose and objectives
- a list of activities and examples for the strategy
- a list of resources for additional information
- a worksheet to document
 - **planned activities**
 - **forms/materials** to communicate, record, or track elements of each activity (e.g., brochures, presentation handouts, intake forms, contact logs)
 - **suggested staff skills** to support the activities in your plan.

In addition, Appendixes A and B have blank templates, forms, and other materials that are useful for developing activities for each strategy.



Conduct Outreach to Raise Awareness of the Program



PRINCIPLE: Use strategic marketing to inform and empower the community.

OBJECTIVES: Communicate the potential value of intervention services.

Develop positive community relationships.

Whether you are implementing a new human service program or seeking to improve participation in an existing one, getting the word out about your program is critical.⁶ These outreach efforts should focus not just on direct messaging to potential clients, but also on getting the word out to community members and organizations that can help identify and refer families in need of your services or programs. This outreach can begin by identifying and working with key players in the community to develop an outreach and marketing plan that includes specific strategies for engaging with and recognizing the desires, wants, and needs of the people the programs are designed to serve.

While program leaders and staff may have the most knowledge of specific agency or organization services, local stakeholders and community members are likely the experts when it comes to identifying the needs of the target population and determining how best to reach them. As you begin the planning process, it is important to collaborate with community stakeholders to assess the needs of the individuals you plan to serve. Together, develop an outreach and marketing plan that will appeal to potential clients, convey the importance and benefits of your services, and clearly communicate what participation entails.

You also need to consider the approach you take in your outreach. *Strength-based approaches* usually emphasize fami-

lies' existing strengths, such as "resilience," and the benefits of program participation.⁷ They include efforts to leverage families' knowledge, empower and support families' decisionmaking, and enhance families' existing strengths.⁸ Such strength-based, or *gain-framed*, messages can be quite effective.⁹ However, you should also consider *loss-framed messages*, which focus on the cost of *not* participating. Loss-framed messages include negative terms, such as "stress," that families might be eager to avoid or reduce. The effectiveness of these approaches depends on the desired program outcome—preventing a problem (gain-framed) or identifying it (loss-framed)—as well as which approach is more appealing to the audience.¹⁰

Specific activities and related examples to consider when developing an outreach and marketing plan are listed in Table 1.1. Templates or resources for the specific activities are listed as footnotes beneath the table.

Develop an outreach and marketing plan that will appeal to potential clients, convey the importance and benefits of your services, and clearly communicate what participation entails.

Table 1.1. Conduct Outreach to Raise Awareness of the Program: Activities and Examples

Activity	Example(s)
Identify and define your target population.	<ul style="list-style-type: none"> • Consider who might benefit most: <ul style="list-style-type: none"> - Specific subpopulations (e.g., adolescents, Hispanic caregivers, low-income mothers) - Level of need (e.g., at-risk, mild or moderate symptoms, clinical-level symptoms). • Consider potential barriers for the target population (e.g., stable housing for a homeless family, transportation, child care).
Obtain initial and ongoing input from community stakeholders.	<ul style="list-style-type: none"> • Develop a community advisory group with representatives from relevant local stakeholder groups to inform marketing strategies and program messages. • Conduct focus groups with families in the community to understand the needs of the target population. • Conduct meetings with staff of local agencies to brainstorm about the needs and interests of the target population.
Establish a program identity to incorporate into marketing materials.^a	<ul style="list-style-type: none"> • Create an appealing name for the program that highlights community-relevant goals (e.g., reducing community violence) for the program. • Design a logo that captures the unique characteristics and purposes of the program (e.g., unity, resilience, strength).
Develop a culturally sensitive marketing message and plan.^{b,c}	<ul style="list-style-type: none"> • Ask bilingual and bicultural individuals to develop messages for each group. • Use nonclinical, culturally sensitive terms to describe behavioral health issues (e.g., emotional well-being, stress relief) in marketing materials.
Incorporate “what’s in it for me” messages into marketing materials that clearly articulate the benefits and requirements of the program.^d	<ul style="list-style-type: none"> • Ensure that fliers and brochures identify what clients will gain from participating in the program. • Be clear about what the program entails (including any participation requirements or eligibility criteria).
Use appropriate messages in marketing materials.^{e,f,g}	<ul style="list-style-type: none"> • Ensure that marketing materials acknowledge clients’ strengths and celebrate their interest in improving skills and outcomes. • Use gain-framed messages (e.g., “improve family communication”) and/or loss-framed messages (e.g., “stop the family drama”) as appropriate.
Maintain community outreach efforts over time.	<ul style="list-style-type: none"> • Attend faith-based social hours, parents’ night at schools, and other community events on a regular basis. • Participate in community block parties or potlucks. • Post fliers and posters in busy places, such as bus stops and grocery stores. • Develop radio or television advertisements for local population-specific networks. • Use social media (e.g., program-based website, Facebook, Twitter, Instagram). • Regularly update and distribute program materials.

^a Low-cost freelance logo designers: <https://99designs.com> or <https://www.upwork.com>

^b National Standards for Culturally and Linguistically Appropriate Services: <https://www.thinkculturalhealth.hhs.gov/clas>

^c National Center for Child Traumatic Stress Culture Counts: <http://www.nctsn.org/resources/topics/culture-and-trauma>

^d See Appendix B for a sample of a “what’s in it for me” flier.

^e Strength-Based Perspective (includes specific language): https://www.esd.ca/Programs/Resiliency/Documents/RSL_STRENGTH_BASED_PERSPECTIVE.pdf

^f What is the Strength-Based Perspective?: <https://sustainingcommunity.wordpress.com/2012/05/30/what-is-the-strengths-perspective>

^g For more information on gain-loss framing, see Alexander Rothman, Roger D. Bartels, Jhon Wlaschin, and Peter Salovey, “The Strategic Use of Gain- And Loss-Framed Messages to Promote Healthy Behavior: How Theory Can Inform Practice?” *Journal of Communication*, Vol. 56, No. s1, 2006, pp. 202–220.

SSPA Examples

Some SSPA programs initially established community advisory boards or parent councils to seek input from community stakeholders on marketing strategies and program messages. They conducted interviews and focus groups with local stakeholders and program clients to elicit guidance and feedback on program messaging. Several programs established strength-based program names that emphasized clients' participation in a greater cause, such as "Project PERK (Partnering to Effectively Reduce the Impact of Violence to Children in Kalamazoo)" and "START (Shelter-Based, Trauma-Informed Assessment, Referral, and Treatment) with Kids." One program conducted a naming contest with local stakeholders. Strength-based language was woven into SSPA brochures, fliers, and posters to motivate and empower potential clients. For example, one SSPA program's slogan was "Keeping Families Strong in a Complicated World." All SSPA programs developed marketing materials that were culturally sensitive (e.g., that were translated into the families' primary languages) and that included a "what's in it for me?" message. These messages conveyed the value of participating in the program—for example, participants could decrease stress, enjoy more positive relationships with their children, or learn to handle hurtful relationships. Finally, outreach activities to market the program were ongoing and included engagement in local activities, such as health fairs, school activities, and church services.

In Table 1.2, we provide an example worksheet for this strategy. Appendixes A and B have example templates, forms, and materials that might be useful for developing activities for this strategy.



Table 1.2. Sample Plan to Conduct Outreach to Raise Awareness of the Program

In the **Planned Activities** box, summarize the activities planned for this strategy.

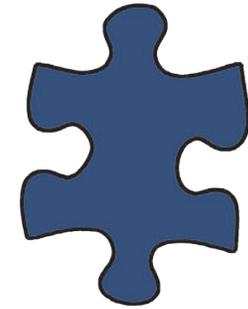
In the **Forms/Materials** box, list the documents needed to communicate, record, or track elements of each strategy (e.g., brochures, presentation handouts, intake forms, contact logs).

In the **Suggested Staff Skills** box, describe the skills your staff members may need to support the activities for this strategy.

PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Meet regularly with community partners to brainstorm ideas about developing and promoting the program	Email listserv, discussion board, or website; meeting space; food for meetings	Organizational and interpersonal skills for convening meetings
Attend medium-to-large community events (attempt to secure a display table) and disseminate program information	Sign-in sheet at community events identifying possible clients for ongoing newsletter outreach; newsletters; website and other social media presence	Strong interpersonal skills and confidence, ability to stay on message about program and program goals



Develop and Maintain Relationships with Referral Sources



PRINCIPLE: Develop a broad set of referral sources for the program.
OBJECTIVES: Build strong collaboration with potential referral sources.
Increase the reach to families that might benefit from the program.

Another important recruitment and retention strategy for human service programs is to develop relationships with local agencies that serve the target population. Some community-based organizations rely heavily on other local agencies, organizations, or programs for referrals, as well as current or former program clients.¹¹ These potential referral sources often have an established, trusting relationship with individuals in the community cultivated through a long-standing history of respectful engagement or personal connection. Since these community-based organizations and community members seek to protect the interests of their clients or fellow neighbors, staff and individuals may be hesitant to make referrals to your new program until they better understand the program, its planned implementation, and the benefits for their clients.¹² This attention to building trusting relationships with the various potential referral sources can help these organizations and individuals feel comfortable making referrals to your organization and result in a steady stream of referrals.¹³

Specific activities and related examples to consider when developing plans for engaging with potential referral sources are listed in Table 2.1. Templates or resources for the specific activities are listed as footnotes beneath the table.

SSPA Examples

Within SSPA, programs worked to strengthen existing and establish new relationships with referral sources through targeted outreach, such as sharing detailed information about program services, through conducting presentations, hosting program tours for agency staff and community members, and mass mailings of program materials. One program cultivated relationships with community residents and stakeholders by inviting them to attend a quarterly community open house with a facility tour, which allowed them to learn about the program and speak with staff about any concerns. Some SSPA programs formalized their relationships, using cooperative agreements that laid out the specific roles and responsibilities of each agency. These agreements included benefits

Potential referral sources often have an established, trusting relationship with individuals in the community cultivated through a long-standing history of respectful engagement or personal connection.

Table 2.1. Develop and Maintain Relationships with Referral Sources: Activities and Examples

Activity	Example(s)
Identify potential referral sources.	<ul style="list-style-type: none"> • Examine other organizations or groups in your community (social service agencies, faith-based organizations, schools, medical facilities, community centers, support groups) to determine who else serves the target population and what services they offer.
Conduct direct outreach activities to potential referral sources.^a	<ul style="list-style-type: none"> • Host open houses or program tours to provide potential referral sources with on-site exposure to the program and its staff. • Conduct presentations on the program at local agencies and community events (e.g., health fairs, back-to-school nights). • Provide program marketing materials (e.g., brochures, fliers, posters) tailored to referral sources and their clients.
Establish joint protocols with referral sources clearly stating benefits, roles, responsibilities, and communication expectations.^b	<ul style="list-style-type: none"> • Develop a client flow diagram that outlines how the family will transition from the referral source to the program. • Develop a memorandum of understanding or other type of cooperative agreement that describes referral sources' benefits from partnering with your program (e.g., free training from program staff, information on families' progress in the program) and also outlines each organization's roles and responsibilities.
Design a streamlined referral and intake process.^c	<ul style="list-style-type: none"> • Develop short and clear referral and intake forms, including an option for self-referral. • Identify points of contact at each referral source to make referrals and address follow-up questions as needed. • Designate a program intake coordinator who will receive all referrals and complete the intake process.
Maintain contact and follow-up with referral sources.	<ul style="list-style-type: none"> • Collocate program staff at the referral source. • Schedule regular follow-up meetings with referral sources to discuss whether a referred family entered the program and how services are going. • Remember to thank referral sources with an email, letter, or telephone call.
Develop pathways into formal (e.g., problem-specific support groups, parenting groups) and informal social support networks in the community.	<ul style="list-style-type: none"> • Partner with key faith-based or cultural groups that can tap into informal social networks. • Join community advisory boards that might include or focus on members of your target population.
Engage current program clients as potential referral sources.	<ul style="list-style-type: none"> • Identify program clients to serve as ambassadors to tell potential clients about the program from firsthand experience.

^a See Appendix B for a sample referral source brochure.

^b See Appendix B for a participant flow diagram.

^c See Appendix B for a sample intake form.

to referral sources for partnering with the programs. For example, multiple SSPA programs provided free training to referral sources on trauma-informed care. Once these agreements were in place, Safe Start programs developed streamlined referral processes, including creating simple referral forms that could be submitted through multiple means (e.g., fax, email, phone) to a designated intake coordinator. Relationships with referral sources were also enhanced through close and frequent communication between SSPA programs and local agencies (e.g., attending regular team meetings to discuss potential referrals, collocating program staff at referral agencies, regular partnership meetings to discuss recruitment). One SSPA program developed an ongoing follow-up and check-in system for referral sources and hired an outreach coordinator to manage it. Some Safe Start programs also relied on social support networks or program clients for referrals. One program developed relationships with local groups that supported their target population (e.g., domestic violence survivor groups). Another program strengthened relationships with current clients by inviting them to be program ambassadors—spokespeople for the program.

In Table 2.2, we provide an example worksheet for this strategy. Appendixes A and B have example templates, forms, and materials that might be useful for developing activities for this strategy.



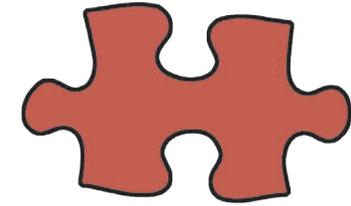
Table 2.2. Sample Plan to Develop and Maintain Relationships with Referral Sources

In the **Planned Activities** box, summarize the activities planned for this strategy. In the **Forms/Materials** box, list the documents needed to communicate, record, or track elements of each strategy (e.g., brochures, presentation handouts, intake forms, contact logs). In the **Suggested Staff Skills** box, describe the skills your staff members may need to support the activities for this strategy.

PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Identify key points of contact at referral sources and maintain regular contact	Database of community partners and referral sources involved in the project	<ul style="list-style-type: none"> Organizational management skills Communication skills
Meet at least quarterly with referral source staff to identify potential referrals. Conduct follow-up on these potential referrals	Talking points for meetings with referral sources, slides for presentations, program brochures, and business cards	Credible, reliable broker to interface with peers in community agencies



Design Program Infrastructure and Procedures That Consider Families' Needs



PRINCIPLE: Design and provide responsive and respectful services that recognize the varied needs of families.

OBJECTIVES: Provide services that are appropriate and accommodating to convey the value of family participation.

Address logistical and attitudinal or other types of barriers to engagement.

This strategy focuses on developing program infrastructure and procedures that enable clients to fully engage in program activities and services. To recruit and retain families into human services, such as behavioral health services, you need a program designed to meet the diverse needs of families.¹⁴ Community-based behavioral programs for children and families should acknowledge the varied stressors and barriers that might prevent families from engaging in services. These include concrete, logistic barriers, such as lack of transportation or child care, as well as attitudinal or other types of barriers—stigma, previous negative experiences with providers, or low cognitive functioning. Some barriers might be specific to a geographical area (poor weather) or to the population served (for example, victims of domestic violence). In addition, sometimes families do not engage because they do not fully understand the potential benefits of program services. As described earlier, effective messaging and marketing can help address this challenge. Offering services at times and locations convenient for families also can improve uptake. Well-designed programs that are flexible and accommodate varied needs and experiences

of families can address area- or population-specific obstacles to engagement in human services.

Specific activities and related examples to consider when developing a responsive program design are listed in Table 3.1. Templates or resources for the specific activities are listed as footnotes beneath the table.

SSPA Examples

The SSPA programs sought guidance from the community on designing program infrastructure and procedures that were responsive and respectful. Some programs conducted interviews or focus groups with stakeholders or consulted with cultural experts to solicit initial feedback on program planning. Specific provisions made to minimize logistical barriers included transportation and on-site child care, as well as offering services in several locations

To recruit and retain families into human services, such as behavioral health services, you need a program designed to meet the diverse needs of families.

Table 3.1. Design Program Infrastructure and Procedures That Consider Families' Needs: Activities and Examples

Activity	Example(s)
<p>Seek feedback from the community on program design and potential barriers to engagement.</p>	<ul style="list-style-type: none"> • Conduct regular stakeholder meetings during the program planning process to address program design (e.g., program schedule, service delivery locations, incentives). • Conduct community focus groups during the program planning process to understand barriers to engagement in services (e.g., child care, transportation, perception of behavioral health care).
<p>Design program infrastructure to be responsive to the needs of program clients.</p>	<ul style="list-style-type: none"> • Provide transportation assistance (e.g., bus passes, taxi fare, subway fare, gas money). • Provide child care on-site or an in-home service option. • Provide healthy and tasty meals or snacks before or during sessions (food pick-up or delivery, meal preparation on site, serving food to families). • Match program staff with families of a similar cultural background (e.g., ethnicity, language). • Offer services during nonbusiness hours or on weekends. • Plan make-up days for dates when sessions must be canceled (e.g., because of poor weather). • Provide referrals to other programs that can meet families' most immediate needs (e.g., housing, food assistance).
<p>Address attitudinal and other barriers to engagement in the program.^{a, b}</p>	<ul style="list-style-type: none"> • Modify activities to address cognitive limitations. • Design forms and procedures for clients with low literacy. • Use nonclinical, culturally sensitive terms to describe behavioral health issues (e.g., emotional well-being, stress relief) in program materials and treatment sessions. • Deliver services and use program materials in the clients' primary language. • Inquire about prior experiences with human service providers and integrate feedback into the program design.
<p>Provide services in a timely and accessible manner.</p>	<ul style="list-style-type: none"> • Review staff schedules to track and monitor timing of contacts with families. • Schedule intakes quickly after first contact (e.g., less than one week). • Keep appointment waiting times to a minimum.

^a Using Plain Language: <https://health.gov/communication/literacy/plainlanguage/PlainLanguage.htm>

^b National Standards for Culturally and Linguistically Appropriate Services: <https://www.thinkculturalhealth.hhs.gov/clas>

(clinic or office, home, or community settings) and during nontraditional hours. Attitudinal or other types of barriers (e.g., stigma, previous negative experiences with providers, cognitive functioning) were also considered when developing program materials and service plans. Some SSPA programs used bilingual and bicultural staff, directly inquired about clients' prior experiences with behavioral health services, and used alternative terms for behavioral health concepts in program materials and treatment sessions to reduce stigma (e.g., emotional wellness, stress reduction, conflict resolution). SSPA programs also designed welcoming environments. For example, one program created a playroom decorated with bright and cheerful art work and furnished it with toys and books for the children and families participating in the program. In addition, many programs provided a communal dinner for families before each session. Finally, to ensure timely delivery of services, staff work schedules were flexible and convenient for clients, offering sessions after school and work hours and on weekends. Some SSPA programs also delivered services in families' homes or other settings (e.g., Head Start centers) to minimize travel time and expenses.

In Table 3.2, we provide an example worksheet for this strategy. Appendixes A and B have example templates, forms, and materials that might be useful for developing activities for this strategy.



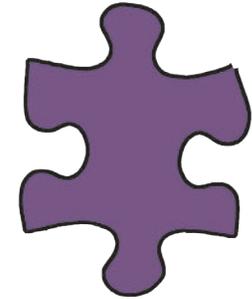
Table 3.2. Sample Plan to Design Program Infrastructure and Procedures That Consider Families' Needs

In the **Planned Activities** box, summarize the activities planned for this strategy. In the **Forms/Materials** box, list the documents needed to communicate, record, or track elements of each strategy (e.g., brochures, presentation handouts, intake forms, contact logs). In the **Suggested Staff Skills** box, describe the skills your staff members may need to support the activities for this strategy.

PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Provide pick-up and drop-off services to program clients	Contract with reliable car service, program car or van with appropriate insurance, scheduling software	Organizational management skills; special training in maintaining personal safety recommended if program staff are conducting pick-up/drop-off
Make cultural adaptations to programming based on established literature, treatment developers, or consultation with community stakeholders	Revised program materials, forms, and resources	Culturally and linguistically competent clinical or social service staff, with specialized training in the adapted program



Engage and Support Families Participating in the Program



PRINCIPLE: Build trusting relationships and identify and address barriers to ongoing participation.

OBJECTIVES: Establish and maintain positive rapport with families throughout program implementation to secure ongoing buy-in and engagement. Ensure that families feel valued, understood, and connected to program staff.

This strategy involves intentional efforts to motivate ongoing program participation through developing strong, high-quality, mutually beneficial relationships with families. It is not enough to get families in the door; you also need to make an effort to keep them coming back for the full program. Sometimes families drop out of programs because they do not think the program is working or meeting their needs.¹⁵ Families might also disengage because they do not feel connected to or understood by program staff.¹⁶ Still others drop out prematurely because things improve a bit and they do not understand the need to complete the program.¹⁷ Programs must keep families engaged so they receive adequate treatment and have the best chances for sustained positive outcomes. As noted earlier, families are more likely to start and remain engaged in services if they understand the program benefits.¹⁸ Program participation also increases when families encounter empathic and compassionate program staff that develop collaborative bonds with families and address their needs throughout the program.¹⁹

Specific activities and related examples to consider when developing plans for engaging families and supporting their

ongoing participation in the program are listed in Table 4.1. Templates or resources for the specific activities are listed as footnotes beneath the table. Many of the suggested engagement activities used as examples below involve time commitments from families that likely have limited availability. To minimize client burden for participating in the program, programs should be judicious when selecting from the various options.

SSPA Examples

SSPA programs used several activities to build relationships with families and promote ongoing program participation. Early engagement activities included hiring specialized staff to identify and address barriers, developing scripts

Programs must keep families engaged so they receive adequate treatment and have the best chances for sustained positive outcomes.

Table 4.1. Engage and Support Families Participating in the Program: Activities and Examples

Activity	Example(s)
<p>Prepare for the initial visit or session.</p>	<ul style="list-style-type: none"> • Use multiple methods to contact families before the first appointment to welcome them to the program. • Request that families complete required forms before the initial appointment to increase the amount of active time with them during sessions. • Hire specialized staff to identify, monitor, and assist with known logistical barriers (e.g., transportation) to family participation (see previous strategy on page 15).
<p>Create a welcoming environment for program activities.</p>	<ul style="list-style-type: none"> • Ensure that the clinic or office waiting area is comfortable and decorations are appropriate to the culture and age of clients. • Provide coffee, tea, and/or water in the waiting area. • Provide complete healthy and tasty meals or snacks before or during sessions.
<p>Maintain frequent and regular contact with families during service delivery.</p>	<ul style="list-style-type: none"> • Use reminder letters, phone calls, or texts to check in with families between sessions. • Address issues that the family raises during these contacts and follow-up at the next contact. • Establish a protocol for quickly following up with families that miss appointments. • Gather and regularly update contact information (e.g., names and phone numbers of family, friends, and neighbors). • Consider home visits when necessary. • Use a combined telephone/interview engagement approach. • Assign supervisors or specialized staff to follow up with hard-to-reach individuals to try to re-engage them.
<p>Expand staff skills to demonstrate consistent respect and empathy for families.^a</p>	<ul style="list-style-type: none"> • Train program staff—including frontline staff like receptionists and intake coordinators—in effective strength-based communication, active listening, and motivational interviewing.
<p>Provide opportunities for families to provide feedback on the program and its implementation.^{b, c, d}</p>	<ul style="list-style-type: none"> • Conduct focus groups or feedback session with community members, stakeholders, and current and former program clients. • Administer client satisfaction surveys or barriers questionnaires at regular intervals (e.g., every session; monthly; or at the beginning, middle, and end of the program). • Schedule feedback sessions with families at regular intervals. • Integrate families' feedback into program implementation to ensure they know that their input is important and they are part of the collaborative team.
<p>Provide ongoing feedback to families on their progress in the program.</p>	<ul style="list-style-type: none"> • Review results of screenings and assessments with families to ensure they are aware of outcomes resulting from participation.

^a Staff trainings to develop skills in demonstrating respect and empathy:

- Motivational Interviewing: <http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>

- Active Listening: <https://www.mindtools.com/CommSkill/ActiveListening.htm>

- Strength-Based Approach to Pediatrics: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/communicating-with-families/Pages/Strength-Based-Approach.aspx?nfstatus=401>

^b Participant feedback focus group guidance and example: www.ohiohospitals.com/wp-content/uploads/sites/9/2015/04/Client-Focus-Group.docx

^c Barriers to Treatment Participation Scale (BTPS), in A. E. Kazdin, L. Holland, V. Crowley, and S. Breton, "Barriers to Treatment Participation Scale: Evaluation and Validation in the Context of Child Outpatient Treatment," *Journal of Child Psychology and Psychiatry*, Vol. 38, No. 8, 1997, pp. 1051–1062.

^d Client Satisfaction Surveys: <http://www.integration.samhsa.gov/pbhci-learning-community/resources>

and guidelines for initial communication and relationship development, and discussing potential barriers during initial meetings with families. Ongoing communication with families included reminder calls, emails, text messages, and/or postcards; home visits to hard-to-reach families; and monthly case management calls or meetings. In addition, programs conducted ongoing staff training on strength-based approaches to interacting with families. SSPA programs also provided mechanisms for soliciting feedback from the community and program clients (e.g., client satisfaction surveys, focus groups, barriers questionnaires) and integrating suggestions into the program. Finally, some SSPA programs reviewed assessment results with families during the treatment planning process to develop mutual goals and expectations about the program and its potential impact.

In Table 4.2, we provide an example worksheet for this strategy. Appendixes A and B have example templates, forms, and materials that might be useful for developing activities for this strategy.



Table 4.2. Sample Plan to Engage and Support Families Participating in the Program

In the **Planned Activities** box, summarize the activities planned for this strategy.

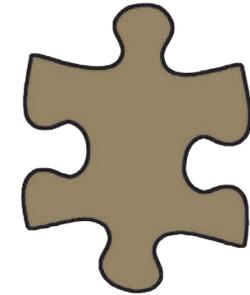
In the **Forms/Materials** box, list the documents needed to communicate, record, or track elements of each strategy (e.g., brochures, presentation handouts, intake forms, contact logs).

In the **Suggested Staff Skills** box, describe the skills your staff members may need to support the activities for this strategy.

PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Invite families to complete a client satisfaction and/or barriers survey at regular intervals (e.g., every session, monthly or beginning, middle, and end of the program), the results of which are incorporated into program planning and service provision	Client satisfaction surveys, database, statistical or graphing software	Organizational management skills, survey development skills, data analytic and interpretation skills
Conduct a focus group with clients after the first round of the treatment to gain feedback for the second round	Focus group protocol and form to document families' feedback and list actionable strategies for improving treatment	Active listening skills, group moderation skills; ability to condense information into a simple report



Continuously Monitor Family Enrollment and Retention in Services and Quality of Services



PRINCIPLE: Ensure continuous quality improvement in recruitment, retention, and program quality.

OBJECTIVES: Determine which families are enrolling, maintaining, and exiting the program and why.

Modify program processes to improve recruitment, retention, and quality, if needed.

Continuous Quality Improvement (CQI) is a cyclical process in which data are collected and used to identify, describe, and analyze strengths and problems. Possible solutions are then tested, implemented, learned from, and revised.²⁰ Issues of treatment access and quality can both be addressed through CQI. Recruitment and retention activities are not always successful, and those that are initially fruitful may cease to achieve the intended outcomes over time. It is important to continuously monitor these activities so your program can swiftly make necessary adjustments before the impact (e.g., reduced enrollment, increased absences) becomes too great. Similarly, service quality is critical. When implementing evidence-based programs in community settings, implementation challenges may mean that not all of the core components are delivered and more and more adaptations are made that do not conform to the model, and the program drifts away from the original treatment model (Mowbray, Holter, Teague, and Bybee, 2003).²¹ Ensuring high-quality services can help establish a good

reputation among families and in the community, sustaining demand for services and keeping families in treatment longer. CQI allows you to use data to thoroughly understand any problems before trying to solve them, and it ensures that solutions to recruitment and retention problems are well informed and targeted. For example, a program could use data to determine whether certain agencies have decreased the number of families they refer to your program over time. If so, your program could work with these agencies to identify why this change occurred. Solutions to address this

Ensuring high-quality services can help establish a good reputation among families and in the community, sustaining demand for services and keeping families in treatment longer.

Table 5.1. Continuously Monitor Family Enrollment and Retention and Quality of Services: Activities and Examples

Activity	Example(s)
<p>Maintain and routinely review data on recruitment and family engagement.^{a, b}</p>	<ul style="list-style-type: none"> • Develop a system for tracking referrals, enrollment, no-shows, follow-up contacts, and more. • Assign responsibility to program lead or supervisor for monitoring data on referrals, enrollment, and engagement in services. • Regularly review data on referrals, enrollment, and engagement in services with relevant program staff.
<p>Develop a plan to address any family engagement concerns.</p>	<ul style="list-style-type: none"> • Develop action plans to address specific issues identified from the data, staff meetings, and conversations with families (e.g., low enrollment because of extended wait times between referral and enrollment). • Implement action plans and reassess using data and feedback from staff and families to determine whether issues have improved.
<p>Monitor staff members’ caseloads and family participation data.</p>	<ul style="list-style-type: none"> • Review staff caseloads with staff during regular meetings to ensure adequate levels of staff engagement with families in the program. • Shift staff caseloads to accommodate family preference, language, culture, and staff availability. • Monitor caseload shifts to determine whether these changes improve staff engagement with families. • Hire additional staff if caseloads are unmanageable.
<p>Monitor and coach those delivering program services to maintain highest quality services and fidelity to the model of services being implemented.</p>	<ul style="list-style-type: none"> • Conduct regular supervision to support those delivering program services. • Pair seasoned program staff with new program staff to provide opportunities for supervisions and coaching. • Use multiple methods for supervision, including live monitoring (particularly feasible in group interventions) or audio or videotaping. • Find opportunities for peer-to-peer support among program staff to reduce burnout. • Engage experts in the intervention model for supervision and ongoing coaching. • Conduct refresher trainings on the intervention model. • Continuously monitor implementation to determine whether the refresher trainings and special consultation improve fidelity and quality implementation.

^a More information on CQI: <http://www.socialserviceworkforce.org/resources/guide-build-capacity-child-welfare-using-cqi-process>

^b See Appendix B for example list of referral tracking sheet data fields.

decline would be specific to lessons learned from data collected and communication with the specific referral agencies.

Specific activities and related examples to consider when developing a plan for CQI are listed in Table 5.1. Templates or resources for the specific activities are listed as footnotes beneath the table.

SSPA Examples

SSPA programs used databases to collect and track enrollment and engagement data. Information was discussed with program staff during regular staff or case conference meetings. Corrective action plans were implemented to improve outcomes. One SSPA program monitored caseloads by using a “workload” formula to calculate a reasonable caseload for its staff. This formula was monitored weekly and adjusted as needed. All programs also had processes in place for ensuring quality of services delivered, including co-leading intervention groups, ongoing supervision and consultation, and consultation from treatment developers.

In Table 5.2, we provide an example worksheet for this strategy. Appendixes A and B have example templates, forms, and materials that might be useful for developing activities for this strategy.



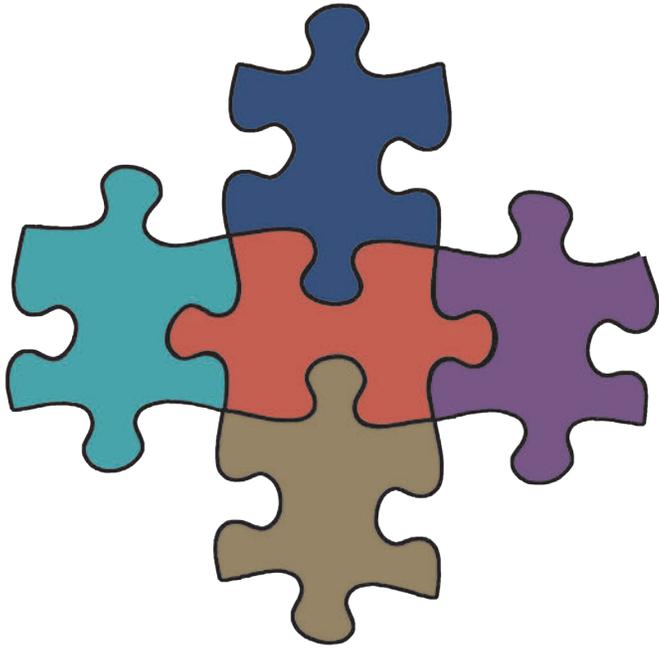
Table 5.2. Sample Plan to Continuously Monitor Family Enrollment and Retention and Quality of Services

In the **Planned Activities** box, summarize the activities planned for this strategy. In the **Forms/Materials** box, list the documents needed to communicate, record, or track elements of each strategy (e.g., brochures, presentation handouts, intake forms, contact logs). In the **Suggested Staff Skills** box, describe the skills your staff members may need to support the activities for this strategy.

PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
<ul style="list-style-type: none"> • Develop a spreadsheet to track referrals, enrollment, attendance, staff contacts (including home visits), paperwork completion, and more. • Periodic live monitoring of intervention groups by supervisor 	<ul style="list-style-type: none"> • Spreadsheet to track appropriate data, feedback mechanism to program staff • Live monitoring protocols 	<ul style="list-style-type: none"> • Organizational management skills • Supervision skills and ability to provide both positive and negative feedback

Conclusion

The benefits of human service programs for children and families are extensive, including increasing their potential to achieve positive outcomes. However, if target populations do not know about these services or do not engage with them, they cannot fully enjoy these benefits. This toolkit draws upon lessons learned from RAND's national evaluation of programs for children exposed to violence and key approaches in the literature to offer five strategies to increase client recruitment and retention. We provide techniques, examples, and resources to support the development of a comprehensive program recruitment and retention plan that will address a myriad of engagement challenges. Users of this guide can increase program participation and, ultimately, improve outcomes for children and families.



Appendix A: Worksheets

Plan to Conduct Outreach to Raise Awareness of the Program

SUGGESTED ACTIVITIES	PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Identify and define your target population.			
Obtain initial and ongoing input from community stakeholders.			
Establish a program identity to incorporate into marketing materials.			
Develop a culturally sensitive marketing message and plan.			
Incorporate “What’s in It for Me” messages into marketing materials that clearly articulate the benefits and requirements of the program.			
Use appropriate messages in marketing materials.			
Maintain community outreach efforts over time.			
Other:			

Refer to Tables 1.1 and 1.2 for examples of activities, forms/materials, and suggested staff skills.

Plan to Develop and Maintain Relationships with Referral Sources

SUGGESTED ACTIVITIES	PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Identify potential referral sources.			
Conduct direct outreach activities to potential referral sources.			
Establish joint protocols with referral sources clearly stating benefits, roles, responsibilities, and communication expectations.			
Design a streamlined referral and intake process.			
Maintain contact and follow-up with referral sources.			
Develop pathways into formal (e.g., problem-specific support groups, parenting groups) and informal social support networks in the community.			
Engage current program clients as potential referral sources.			
Other:			

Refer to Tables 2.1 and 2.2 for examples of activities, forms/materials, and suggested staff skills.

Plan to Design Program Infrastructure and Procedures That Consider Families' Needs

SUGGESTED ACTIVITIES	PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Seek feedback from the community on program design and potential barriers to engagement.			
Design program infrastructure to be responsive to the needs of program clients.			
Address attitudinal and other barriers to engagement in the program.			
Provide services in a timely and accessible manner.			
Other:			

Refer to Tables 3.1 and 3.2 for examples of activities, forms/materials, and suggested staff skills.

Plan to Engage and Support Families Participating in the Program

SUGGESTED ACTIVITIES	PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Prepare for the initial visit or session.			
Create a welcoming environment for program activities.			
Maintain frequent and regular contact with families during service delivery.			
Expand staff skills to demonstrate consistent respect and empathy for families.			
Provide opportunities for families to provide feedback on the program and its implementation.			
Provide ongoing feedback to families on their progress in the program.			
Other:			

Refer to Tables 4.1 and 4.2 for examples of activities, forms/materials, and suggested staff skills.

Plan to Continuously Monitor Family Enrollment and Retention and Quality of Services

SUGGESTED ACTIVITIES	PLANNED ACTIVITIES	FORMS/MATERIALS	SUGGESTED STAFF SKILLS
Maintain and routinely review data on recruitment and family engagement.			
Develop a plan to address any family engagement concerns.			
Monitor staff members' caseloads and family participation data.			
Monitor and coach those delivering program services to maintain highest quality services and fidelity to the model of services being implemented.			
Other:			

Refer to Tables 5.1 and 5.2 for examples of activities, forms/materials, and suggested staff skills.

Appendix B: Sample Outreach Materials and Forms

This flier provides an example of a “what’s in it for me?” message. In this case, the program potentially will help a family leverage its strengths to prevent, face, and cope with violence.

Build Up Your Family Strengths

Make your strong family even stronger with
The Strengthening Families program provided by
AGENCY NAME!

AGENCY NAME is now accepting applications for a BRAND NEW PROGRAM! This program builds upon family strengths to prevent, face, and cope with violence.

PROGRAM OFFERED IN ENGLISH AND SPANISH! ¡Se Habla Español!

- *Participate in a 16-week family program
- *Receive case management services
- *Access to other resources and support



Eligibility:

- * Reside in Zip Codes: XXXXX, XXXXX, XXXXX, XXXXX, XXXXX, XXXXX.
- * Have at least one child between ages 3–16 who has been exposed to violence, directly or indirectly.

To sign up or learn more:

Call AGENCY NAME and ask for NAME,
Intake Coordinator
(XXX) XXX-XXXX

**Transportation, Healthy Meals, and
Child Care Are Provided!**

Referral Source Brochure (exterior)

What is Domestic Violence?

1 Domestic Violence is the willful intimidation, assault, battery, sexual assault, or other abusive behavior perpetrated by an intimate partner against another.

2 It is an epidemic affecting millions of Americans in all communities regardless of age, economic status, race, religion, nationality, or educational level.

3 The impact of domestic violence on survivors, their children, and the community is extremely damaging.

Safe Start Partners

- DEPARTMENT OF HUMAN SERVICES
- DEPARTMENT OF MENTAL HEALTH
- ALCOHOL AND DRUG ABUSE PREVENTION PROGRAM
- DEPARTMENT OF HOUSING AND SUPPORT SERVICES
- CHILD AND FAMILY ENRICHMENT PROGRAM
- OFFICE OF EDUCATION
- LOCAL SCHOOL DISTRICTS

In case of emergency, call 911

For help or to make a referral call: 888-888-8888

Safe Start



One generation plants the trees:

Did you know?

- ▶ **3 to 10 million children witness the abuse of a parent or adult caregiver each year in the U.S.**
- ▶ **1 out of every 4 children is directly exposed to violence either as a victim or witness.**
- ▶ **On any given day, 531 women and children need to seek shelter from Domestic Violence.**
- ▶ **Children who witness violence often have the same symptoms and effects as children who are direct victims of violence.**
- ▶ **Children who witness violence are at increased risk for delinquency, adult criminality, and violent behavior.**

What is Safe Start?

Safe Start is an exciting new project aimed at improving the social, emotional, and behavioral outcomes for children exposed to domestic violence and their families so they can have a future free of violence.

Children and their families or caregiver(s) who have been referred to Child Welfare Services in Central or North Central regions are eligible to participate in this study.

Safe Start partners are working together to ensure that all children get a "Safe Start."



Exposure to Domestic Violence can have severe negative effects on a child's development...

Effects on children can include:

Infants:

**Developmental delays
Attachment disorders
Failure to Thrive
Hyper-arousal
Injured in the "cross-fire"**

School-Aged Children:

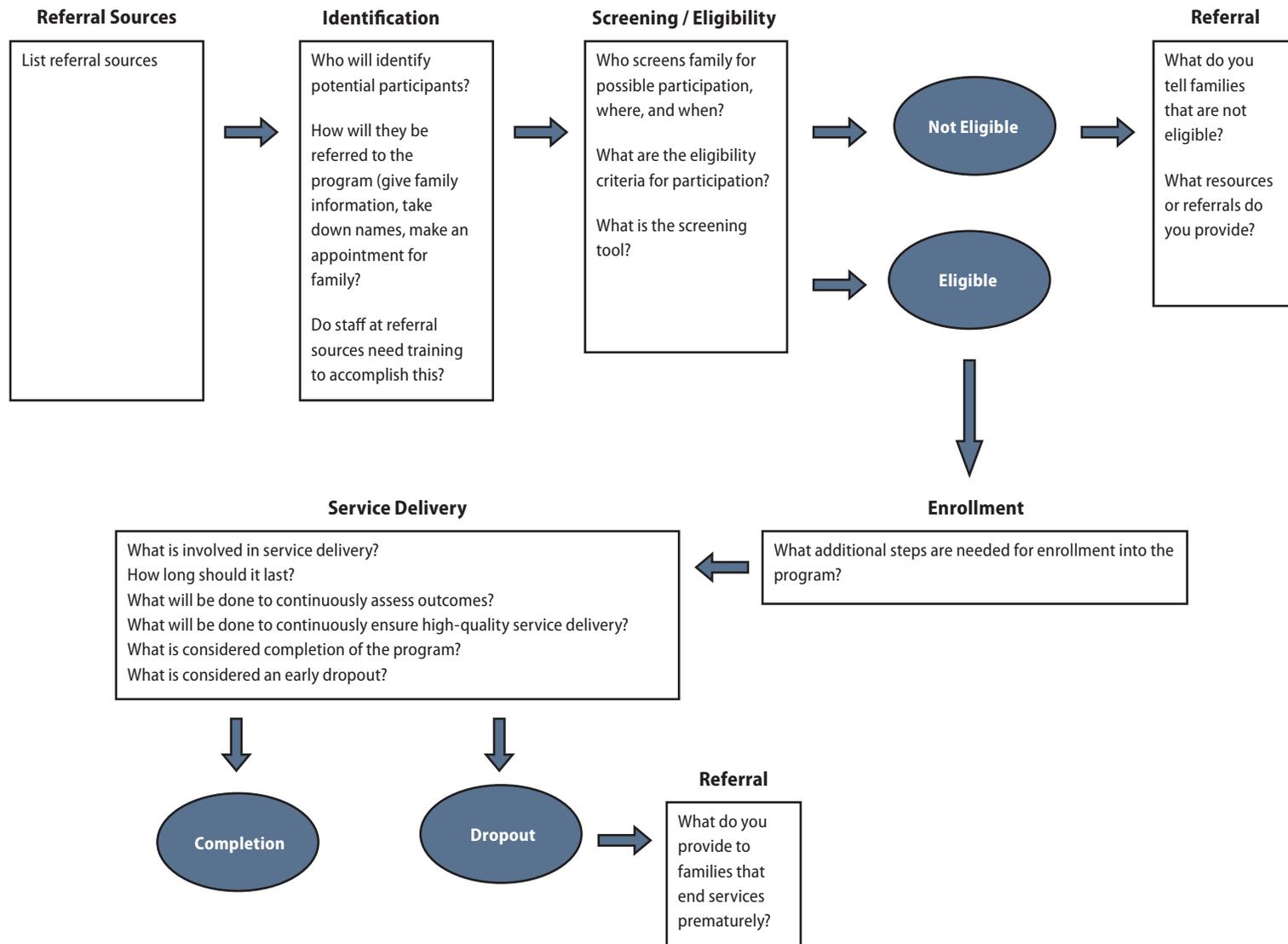
**Depression
Sleeping problems
Bed-wetting
Behavioral problems
School failure
Violence**

Teenagers:

**Anti-social behavior
Dating violence
Substance abuse
Depression
Eating disorders
Running away
School failure**

The next generation gets the shade.

Client Flow Diagram



Intake Form

Intake Form

SAMPLE INTAKE FORM FOR ABC ADOLESCENT MENTAL HEALTH PROGRAM

DATE OF REFERRAL: ____/____/____ (MM/DD/YYYY)

DATE OF INTAKE: ____/____/____ (MM/DD/YYYY)

CHILD'S FIRST NAME: _____

CHILD'S LAST NAME: _____

CHILD'S ADDRESS: _____

PARENT/LEGAL GUARDIAN FIRST NAME: _____

PARENT/LEGAL GUARDIAN LAST NAME: _____

PARENT/LEGAL GUARDIAN TELEPHONE NUMBER: (____)-____-____

- Is this a cell/mobile phone?
- Ok to text?
- Ok to leave a voicemail?

PARENT/LEGAL GUARDIAN EMAIL ADDRESS: _____

CHILD'S AGE: _____

CHILD'S PRIMARY LANGUAGE:

- English
- Spanish
- Other (please specify): _____

PARENT/LEGAL GUARDIAN'S PRIMARY LANGUAGE:

- English
- Spanish
- Other (please specify): _____

CHILD'S GENDER:

- Male
- Female
- Other (please specify): _____

REFERRAL SOURCE:

- John Doe Middle School
- Love Our Kids parenting group
- Self-referred
- Other (please specify): _____

NAME OF PERSON MAKING REFERRAL: _____

REASON FOR REFERRAL: _____

SCORE ON XYZ SCREENING OR ASSESSMENT QUESTIONNAIRE: _____

ELIGIBLE FOR ABC PROGRAM?

- Yes
- No
- Unsure—needs follow up (please describe): _____

Referral Tracking Sheet Data Fields

Client Name (Last, First)
Referral Source
Referral Date
Date Thank-You Note Was Sent To Referral Source
Date Of Follow-Up
Mode Of Follow-Up (Telephone, In-Person, Text, Email)
Date Of Intake
Intake Completed? (Y/N)
Intake Results (Eligible/Ineligible)
Date Of Enrollment In Program
Program Session 1 Date
Did S/He Attend? (Y/N)
Program Session 2 Date
Did S/He Attend? (Y/N)
Program Session 3 Date
Did S/He Attend? (Y/N)
Notes

Client Name (Last, First)	
Referral Source	
Referral Date	
Date Thank-You Note Was Sent To Referral Source	
Date Of Follow-Up	
Mode Of Follow-Up (Telephone, In-Person, Text, Email)	
Date Of Intake	
Intake Completed? (Y/N)	
Intake Results (Eligible/Ineligible)	
Date Of Enrollment In Program	
Program Session 1 Date	
Did S/He Attend? (Y/N)	
Program Session 2 Date	
Did S/He Attend? (Y/N)	
Program Session 3 Date	
Did S/He Attend? (Y/N)	
Notes	

Notes

¹ Office of Family Assistance, Administration for Children and Families, *Implementation Resource Guide for Social Service Programs: An Introduction to Evidence-Based Programming*, Washington, D.C.: U.S. Department of Health and Human Services, 2010.

² Amanda Brown Cross, Lisa H. Jaycox, Laura J. Hickman, Dana Schultz, Dionne Barnes-Proby, Aaron Kofner, and Claude Setodji, "Predictors of Study Retention from a Multisite Study of Interventions for Children and Families Exposed to Violence," *Journal of Community Psychology*, Vol. 41, No. 6, 2013, pp. 743–757; Mary M. McKay and William M. Bannon, Jr., "Engaging Families in Child Mental Health Services," *Child and Adolescent Psychiatric Clinics of North America*, Vol. 13, No. 4, 2004, pp. 905–921.

³ Geetha Gopalan, Leah Goldstein, Kathryn Klingenstein, Carolyn Sicher, Clair Blake, and Mary M. McKay, "Engaging Families Into Child Mental Health Treatment: Updates and Special Considerations," *Journal of the Canadian Academy of Child & Adolescent Psychiatry*, Vol. 19, No. 3, 2010, pp. 182–196.

⁴ McKay and Bannon, 2004.

⁵ Cross et al., 2013.

⁶ Office of Family Assistance, Administration for Children and Families, 2010.

⁷ Alexander J. Rothman and Peter Salovey, "Shaping Perceptions to Motivate Healthy Behavior: The Role of Message Framing," *Psychological Bulletin*, Vol. 121, No. 1, 1997, pp. 3–19.

⁸ Gopalan, 2010.

⁹ Rothman and Salovey, 1997.

¹⁰ Alexander Rothman, Roger D. Bartels, Jhon Wlaschin, and Peter Salovey, "The Strategic Use of Gain- And Loss-Framed Messages to Promote Healthy Behavior: How Theory Can Inform Practice?" *Journal of Communication*, Vol. 56, No. s1, 2006, pp. 202–220.

¹¹ Office of Family Assistance, Administration for Children and Families, 2010.

¹² Office of Family Assistance, Administration for Children and Families, 2010.

¹³ L. K. Berger, A. L. Begun, and L.L. Otto-Salaj, "Participant Recruitment in Intervention Research: Scientific Integrity and Cost-Effective Strategies," *International Journal of Social Research Methodology: Theory & Practice*, Vol. 12, 2009, pp. 79–92.

¹⁴ Gopalan, 2010; Erin M. Ingoldsby, "Review of Interventions to Improve Family Engagement and Retention in Parent and Child Mental Health Programs." *Journal of Child and Family Studies*, Vol. 19, No. 5, 2010, pp. 629–645.

¹⁵ Ingoldsby, 2010.

¹⁶ Office of Family Assistance, Administration for Children and Families, 2010.

¹⁷ McKay and Bannon, 2004.

¹⁸ Ingoldsby, 2010; U.S. Department of Health and Human Services Office of Family Assistance, 2010.

¹⁹ Office of Family Assistance, Administration for Children and Families, 2010.

²⁰ National Resource Center for Diligent Recruitment, "Continuous Quality Improvement," web page, undated. As of January 30, 2017: <http://www.nrcdr.org/continuous-quality-improvement>

²¹ C. T. Mowbray, M. C. Holter, G. B. Teague, and D. Bybee, "Fidelity Criteria: Development, Measurement, and Validation," *American Journal of Evaluation*, Vol. 24, 2003, pp. 315–340.

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