At the Statewide Leadership Meeting on November 10th, 2020, Program Managers from around the state were asked to consider the following questions within their breakout groups:

* How has the relationship changed with your referral partners during the pandemic and how have you responded to it?
* What did you learn about your outreach & engagement efforts from your site analysis of the Screen/Referral Source Outcomes Summary?
* How would you create more and nurture those relationships with community referral sources that provide a Return on Investment?

What follows is a list of the referral strategies generated during the brainstorming session.

Referral Strategies Group 1

* Use Zoom meetings to stay engaged with referral partners
* Use social media to engage directly with families
* Word of mouth referrals from current families (incentives provided when a referred family enrolls)
* Engage with other community partners (pizza delivery, food banks, etc.) to put program information in the bags
* Host Zoom activities for families with children in the community with young children to do an activity together
* Swag!! Reusable grocery bags, stickers, etc.
* Hold a competition for referral sources: the most referrals wins a basket of cleaning supplies

Referral Strategies Group 2

* Have a staff member on WIC advisory board to keep you up to date.
* Make plans to reeducate referral sources on HFNY process if you hear they are giving families wrong information OR if they are sending families outside of catchment area or referring families with children who are too old.
* Run Penny Saver ads and pay for/make pizza box stickers as marketing tools.
* Use a virtual referral form making self-referrals. May make referrals easier for other partners too.
* Make connections with social workers at local hospitals.
* Have every staff member be involved in outreach activities and task them with contacting referral partners at least two times a month.
* Reach out and try to build a new relationship with mental health and substance use clinics.
* Make every effort to make face-to-face contact when possible as it is important for partners to put a face to a name.
* Revamp brochures and tear-offs to make them more appealing.
* Have a weekly contact schedule with WIC partners.
* Take referrals over the phone (name and contact info only) from referral partners, including WIC because their access to technology is limited. Complete screenings with families over the phone instead of expecting to receive them completed from referral source. This takes the load off of referral partners.
* Have weekly calls with coordinated intake partners.
* Have a presence in any and all community activities.
* Send bi-weekly emails to clinic staff, including doctors.
* Ring Central has been a very useful tool to maintain communication with referral sources (<https://www.ringcentral.com>).

Referral Strategies Group 3

* Create a QR code which could be posted on marketing material - scanning this code brings families directly to the program’s website where they can complete and submit the screen to facilitate making the process of self-referral easier for families.
* Use gift card incentives for current client families that refer other friends or family to the program - if the referral turns into an enrolled family, the participant that made the original referral receives the gift card.
* Establish a standing appointment with referral sources, ensuring that there is regular and continuous contact.
* Reach out to the local DSS agency and expand the typical places programs usually look for referral, for example establishing partnerships with food stamp workers.

Strategies from Group 4

* If your host agency is a hospital/clinic or you are co-located in a hospital/clinic, try to send direct messages to providers.
* One program has started doing email blogs and has used these to invite a large number of people to virtual events (e.g., they are having a virtual baby shower soon; they have had advocacy groups in the past).
* Some staff are primarily working nights, so they try to think of whom they can reach out to as referral sources who are awake during these hours.
* Cold-call every community organization you can think of – every church, every mosque, etc.
* Reach out to Substance Abuse Treatment Centers (A program tried this after learning there had been an uptick of pregnant women whose children have been born with drugs in their system.)

Strategies from Group 5

* Re-think your Advisory Committee and make sure you have representatives from referral sources with potential to refer as well as your existing primary referral agencies. These committee members can give you access to the specific people in their organizations who are connected to referring families to HFNY. They can also help set you up to do presentations with people in their organizations who matter to HFNY.
* Give referral sources their own "talking points" for how they present the program to potential participants. We want to know what they are saying and help massage the message to increase potential participants' understanding and interest in the program.
* Help referral sources understand that their relationship and connection with a potential participant is a strong factor in whether someone will follow through on a referral. Referral sources' enthusiasm and support of the program can translate into higher referrals.

Strategies from Group 6

* Cultivate personal relationships, even the unexpected ones (A program shared that one of their strong referral sources is a woman who interviewed at their program, another shared about their relationship with a referral program director).
* Follow-up with referral sources to let them know what happened to the families they referred.
* Start a Facebook page to engage parents and potential enrollees.
* Use Survey Monkey to gather basic information from Facebook page/Website
* Create program-specific materials (i.e. a fun video that can be shared virtually).