# 3 – Interview Protocol – Local Implementing Agency

## FAMILY LEVEL ASSESSMENT AND STATE OF HOME VISITING: LOCAL IMPLEMENTING AGENCY INTERVIEW

Your knowledge and insights are very important to us, and we want to thank you for taking the time to speak with me about the Family Level Assessment and State of Home Visiting project. To begin, I will read through the Informed Consent Form that I sent you prior to our call.

[Read through the Informed Consent Form.]

Do you have any questions before we begin? Do you agree to participate in this interview?

I was hoping to be able to record this interview, so that I can be more attentive to your responses to the questions and accurately capture your responses. Once we transcribe the recording, it will be destroyed. May I have your permission to record this interview?

[If interviewee has agreed to participate in the interview and has agreed to have the interview recorded, start the recording. If there is more than one participant on the phone, ask each participant to state their name and title so that the transcribers can differentiate the respondents' voices]

AA. Participant Names and Titles
Name of LIA: _____

Name 1:
Title 1:

Name 2:
Title 2:

**A. Program Characteristics.** I would like to start off by gathering some background information on your home visiting agency overall.

    a. I understand from [previous conversations/information gathered by the state MIECHV lead] that your home visiting agency implements [NAME OF MODEL(S)]. Is that correct? If not, which home visiting model(s) does your home visiting agency implement?

        i. [If LIA implements more than one home visiting model]

            1. Can you describe how your agency is organized (e.g. are the different home visiting models run by the

same person? Do they share staff such as program managers, supervisors, or home visitors?)

2. [Identify and confirm the one model that this interview will focus on] The majority of questions in the interview will focus on your [MODEL] program. We will clearly state when we would like you to talk about the other models implemented by your agency.

b. I also understand that your home visiting [MODEL] program offers services in [INSERT COUNTY NAMES]. Is that correct? If not, which counties or zip codes does your home visiting program serve?

c. [If LIA has shared recruitment and enrollment materials]: Thank you for sending us [list documents provided by LIA]. Does your [MODEL] program have any other written policies, procedures, forms, tools, materials, or guidance regarding recruitment and enrollment that you could share with the project team? [PROBE: This may include program eligibility criteria, waitlist procedures, or informal guidance. The materials may apply to the agency as a whole, including your [MODEL] program, or may apply specifically to your [MODEL] program]

d. [If LIA has not shared recruitment and enrollment materials]: Does your [MODEL] program have any written policies, procedures, forms, tools, materials, or guidance regarding recruitment and enrollment that you could share with the project team? [PROBE: This may include program eligibility criteria, waitlist procedures, or informal guidance. The materials can be for the agency as a whole, not specifically for [MODEL] program]

e. Now I would like to talk about your [MODEL] program's capacity.

i. In our previous conversation, you mentioned that your [MODEL] program typically has a higher number of families interested in services than you have the capacity to serve. Is that still accurate?

1. [If LIA is typically able to enroll most referred families that are eligible and interested in services]

a. [PROBE: Has your [MODEL] program always had enough openings to serve all eligible and interested families that are referred to your program? Or, have there been recent changes to your [MODEL] program that have now

enabled you to serve all eligible and interested families that are referred to your program?]

    b. [PROBE: Are there certain times throughout the year when your [MODEL] program has increased demand for services that you are not able to accommodate?]

    c. [NOTE: Only proceed with the interview if there are times throughout the year during which LIA receives more referrals than they have the capacity to serve.]

f. Can you describe your program's eligibility requirements for [MODEL] services?

    i. Who determined what the eligibility requirements would be for [MODEL] services at your program? [PROBE: This may include model developers, MIECHV requirements, state administrators, funders, or program leadership]

    ii. Are there any factors that would disqualify a family from being eligible for [MODEL] services at your program? [PROBE: Participant characteristics such as severe mental health disorders, open child maltreatment cases, family already enrolled in another home visiting program]

**B. Community Characteristics.** Next, I would like to discuss the community(ies) that your [MODEL] program serves.

a. [If LIA implements more than one home visiting model] Besides the other model(s) implemented by your agency, are there other home visiting programs operating in the same service area as your [MODEL] program?

    i. If yes:

        1. Which home visiting model(s) do these other home visiting programs implement?

b. [If LIA does not implement more than one home visiting model] Are there other home visiting programs operating in the same service area as your program?

    i. If yes:

        1. Which home visiting model(s) do these other home visiting programs implement?

c. Are you aware of any populations in your service area(s) that are eligible for your [MODEL] program, but are not being reached by your program? (E.g. families that do not respond to your [MODEL] program's outreach efforts or who do not come into contact with your referral sources, but who would be eligible for services)

   i. [PROBE: Do you have any ideas about why your [MODEL] program is not reaching these populations?]

**C. Incoming Referral Sources.** Now I would like to talk about your [MODEL] program's main incoming referral sources, including walk-ins and self-referrals, and the processes they use to provide your program with referrals.

a. What referral sources provide your [MODEL] program with the most incoming referrals? [PROBE: Referral sources such as hospitals, WIC clinics, health clinics, word-of-mouth, walk-ins/self-referrals, centralized intake systems, or your agency]

b. [If there are other home visiting programs operating in the same service area] Do you know if these referral sources also refer families to other home visiting programs operating in your service area?

c. [If LIA does not implement more than one home visiting model]

   i. How do your main referral sources determine which families are referred to your [MODEL] program? [PROBE: does this differ across your main referral sources? If yes, describe how this differs across your main referral sources.]

      1. [If not mentioned above] Do these referral sources screen families prior to referring them to your [MODEL] program? If so, can you describe the screening tools or forms used?

         a. [PROBE: What items are on the screening tool(s) or form(s)? Why do they use this (these) screening tool(s) or form(s)? (E.g. required by your program, your agency, the referral agency, the state, MIECHV, your program's funders) Who created the screening tool(s) or form(s)? (E.g. the referral agency, your program, the state)]

2. [If not mentioned above] Do these referral sources gauge a family's interest in your [MODEL] program prior to referring them to your program?

    a. If yes:

        i. How do they gauge a family's interest in your [MODEL] program? (E.g. describe the program, provide program materials)]

        ii. Does a family's interest level influence the referral sources' referral behaviors?

3. [If not mentioned above] How do these referral sources send the referral to your [MODEL] program? [PROBE: Do they send the referral electronically, or notify your program by phone?]

4. If not mentioned above] Who receives the referral at your [MODEL] program? [PROBE: What is this person's role or title at your [MODEL] program?]

5. [If not mentioned above] What information is included in the referral? Do the referral sources provide your [MODEL] program with any information beyond basic demographics (e.g. referral's name, date of birth, child's date of birth), such as screening results?]

6. [If not mentioned above] How often does your [MODEL] program receive referrals from these sources?

7. Does your [MODEL] program have formal agreements or MOUs with these referral sources?

    a. If yes:

        i. Do you find the MOUs to be beneficial to your relationship with these referral sources? If so, how are the MOUs beneficial?

    b. If no:

        i. Is this something your [MODEL] program is considering or working on? If not, can you explain why? [PROBE: Have you

been able to successfully maintain a relationship these referral sources without an MOU?]

8. Does your [MODEL] program provide information to these referral sources regarding the number of openings in your program?

    a. If yes:

        i. How does your [MODEL] program provide the information and how often does this occur?

        ii. Do these referral sources adjust their referring behaviors based on the information your [MODEL] program provides? (E.g. Do referral sources stop sending incoming referrals to your program when there are no current openings?)

9. [If not mentioned above] Does your [MODEL] program ever communicate with these referral sources about whether a referred family enrolls in your program?

    a. If yes:

        i. How often does this communication occur?

    ii. [If there are other home visiting programs operating in the same service area] Is a family ever referred to more than one home visiting program at one time?

        1. If yes:

            a. How often does this occur?

            b. What happens when this situation occurs? [PROBE: How is this situation resolved? (E.g. are families asked for their program preference)]

d. [If LIA implements more than one home visiting model] For the next few questions, I will be asking about all of the home visiting models implemented by your agency.

i.   How do your main referral sources determine which families are referred to your agency's different home visiting models? [PROBE: does this differ depending on which model the family is referred to? If so, describe how this differs across your agency's [MODEL 1, MODEL 2, etc.] programs. Does this differ across your main referral sources? If so, describe how this differs across your main referral sources.]

1.  [If not mentioned above] Do these referral sources send referrals to your agency overall, or do they specify which model they are referring a family to?

2.  [If not mentioned above] Do these referral sources screen families prior to referring them to your agency's [MODEL 1, MODEL 2, etc.] programs? If so, can you describe the screening tools or forms used? Do the screening tools or forms differ depending on which model they are referring a family to?]

a.  [PROBE: What items are on the screening tool(s) or form(s)? Why do they use this (these) screening tool(s) or form (s)? (E.g. required by your agency, the referral agency, the state, MIECHV, your agency's funders)] Who created the screening tool(s) or form(s)? (E.g. the referral agency, your agency, the state)]

3.  [If not mentioned above] Do these referral sources gauge a family's interest in [MODEL 1, MODEL 2, etc.] prior to referring them to your agency?

a.  If yes:

i.   How do they gauge a family's interest in your agency's [MODEL 1, MODEL 2, etc.] programs? (E.g. describe the program, provide program materials).

ii.  Does a family's interest level influence the referral sources' referral behaviors?

4.  [If not mentioned above] How do these referral sources send the referral to your agency? [PROBE: Do they send the referral electronically, or notify your agency by phone?]

5. [If not mentioned above] Who receives the referral at your agency? [PROBE: What is this person's role or title at your agency?]

6. [If not mentioned above] What information is included in the referral? Do the referral sources provide your agency with any information beyond basic demographics (e.g. the referral's name, date of birth, child's date of birth), such as screening results?]

7. [If not mentioned above] How often does your agency receive referrals from these sources?

8. Does your agency have formal agreements or MOUs with these referral sources?

    a. If yes:

        i. Do you find the MOUs to be beneficial to your relationship with these referral sources? If so, how are the MOUs beneficial?

    b. If no:

        i. Is this something your agency is considering or working on? If not, can you explain why? [PROBE: Have you been able to successfully maintain a relationship these referral sources without an MOU?]

9. Does your agency provide information to these referral sources regarding the number of openings in [MODEL 1, MODEL 2, etc.] at your agency?

    a. If yes:

        i. How does your agency provide the information and how often does this occur?

        ii. Do these referral sources adjust their referring behaviors based on the information your agency provides? (E.g. Do referral sources stop sending incoming referrals to your program when there are no current openings?)

10. [If not mentioned above] Does your [MODEL] program ever communicate with these referral sources about whether a referred family enrolls in your program?

    a. If yes:

        i. How often does this communication occur?

    ii. [If there are other home visiting programs operating in the same service area] Within your agency or within your service area, is a family ever referred to more than one home visiting program at one time – either to more than one program in your agency or more than one program in your service area?

        1. If yes:

            a. How often does this occur?

            b. What happens when this situation occurs? [PROBE: How is this situation resolved? (E.g. are families asked for their program preference)]

**D. Eligibility Assessment of Referred Families.** After a referral is received, I understand that home visiting programs usually assess a referred family's eligibility prior to offering them services/enrollment. I would like to walk through the process that your [MODEL] program uses after it receives a referral.

    a. Can you explain step-by-step what your [MODEL] program typically does once it receives a referral?

        i. [If LIA implements more than one home visiting model] [NOTE: Acknowledge that this description might include what their agency does overall, as well as what their [MODEL] program does specifically.]

            1. [PROBE: Does your agency filter referrals before your [MODEL] program receives them?

        ii. [If not mentioned above] Describe how your program assesses a referred family's eligibility for your [MODEL] program.

1. What does your [MODEL] program do with the information provided by the referral source? [PROBE: is the referral's information entered into a data system? Is the referral's information used to complete their eligibility paperwork?]

2. Does your [MODEL] program complete any eligibility screenings on a referral?

   a. Describe the eligibility screening process: which tools are used, who administers the screening, how do they administer the screening (e.g. over the phone, office visit, home visit), when do they administer the screening (e.g. at the first home visit), is the screening information entered into a data system, is the family required to provide any paperwork such as income verification?

   b. Are all referred families screened for eligibility, or only some? If only some, which families are screened for eligibility?

   iii. [If not mentioned above] How did your [MODEL] program develop this eligibility assessment process? (E.g. required by MIECHV, the state, model, agency, or funder; developed by program leadership)]

   iv. [If not mentioned above] How long does it typically take your [MODEL] program to assess a referred family's eligibility for your program? (I.e. the time between the receipt of a referral and the confirmation of eligibility)]

b. [If LIA implements more than one home visiting model] Does your agency consider a family's preference for one of your models over the other(s) when determining if they would be a good fit for [MODEL 1] or [MODEL 2, etc.]? If so, can you describe how your agency assesses a referred family's preference for a particular model?

   i. [PROBE: What questions are asked, who asks the questions, how do they ask the questions (e.g. over the phone, office visit, home visit), when do they ask the questions (e.g. at the first home visit), is a referred family's preference for a model documented (e.g. on a form, in a data system)?]

c. Can you think of a time when your [MODEL] program deviated from its typical process after receiving a referral? If so, please describe the situation.

d. If your [MODEL] program is full, what do you typically do with incoming referrals? [PROBE: Does your [MODEL] program use a waitlist? Are families referred to other services (such as other model(s) implemented by your agency – if applicable)? Does your [MODEL] program stop accepting incoming referrals? Is one of these methods more commonly used than the others?]

    i. [If LIA uses a waitlist when full]:

        1. Does your [MODEL] program determine a referred family's eligibility prior to placing them on the waitlist?

        2. How many families are typically on your [MODEL] program's waitlist at one time?

            a. [PROBE: Does your [MODEL] program tend to have a waitlist year-round? Or, are there certain times of the year when your [MODEL] program tends to have a waitlist? (E.g. during the beginning of the school year)]

    ii. [If LIA does not use a waitlist when full]:

        1. Does your [MODEL] program collect any information on the families that it cannot serve when full? Are these families tracked in any way?

    iii. Can you think of a time when your [MODEL] program deviated from its typical process with incoming referrals when full (e.g. enrolling a very high-risk family even though there were no slots available)? If so, can you describe the situation?

**E. Prioritization of Eligible Families.** Now I would like to discuss the steps taken after you determine that a referred family is eligible for your [MODEL] program. Since your [MODEL] program is not able to immediately offer services/enrollment to all eligible families, I would like to understand how your [MODEL] program typically determines which eligible families will be offered services/enrollment.

a. Can you describe the system that your [MODEL] program uses to determine which eligible families will be offered

services/enrollment first? [PROBE: A system such as prioritization or first come, first served]

      i. [If not mentioned above] Does your [MODEL] program prioritize certain family characteristics? If so, can you describe the prioritization of family characteristics? [PROBE: Family characteristics may include low-income, teen parent, substance use; family's interest in the program; or family's prior engagement in the program]

            1. Who determined how eligible families would be prioritized? (E.g. required by MIECHV, the state, model, agency, or funder; developed by program leadership)

            2. Does your [MODEL] program prioritize MIECHV families differently than non-MIECHV families? If so, can you describe how the prioritization is different?

            3. Can you think of a time when your [MODEL] program deviated from its typical process of determining which eligible families will be offered services/ enrollment? If so, can you describe the situation? [PROBE: Was the decision made by program leadership, intake staff, or the referral source?]

            4. [If LIA implements more than one home visiting model] Do(es) the other model(s) implemented by your agency prioritize eligible families differently than your [MODEL] program? If so, can you explain how the prioritization differs?

   b. [If LIA uses a waitlist when full]:

      i. Does your [MODEL] program use the same prioritization process among eligible families on the waitlist? Or, are eligible families prioritized in a different way when they are on the waitlist?

      ii. How long are families typically on the waitlist before they are offered services/enrollment?

F. **Wrap-up.** That covers all of the questions I had for you today. Thank you so much for taking the time to speak with me. Before we end, I wanted to see if you have any questions for me or any clarifications that you would like to make? Is there anything else you think I should know about your recruitment and enrollment processes that I have not already asked about?