

INSTRUMENT 2: LIA SURVEY

[Online Survey to be programmed in Qualtrics]

Screener

SC1. Does your home visiting program receive MIECHV (Maternal, Infant and Early Childhood Home Visiting) funding?

- (1) Yes
- (2) No

If SC1=1 (YES):

SC2. What source of MIECHV funding does your home visiting program receive?

- (1) State or territory MIECHV funding
- (2) Tribal MIECHV funding
- (3) Don't know

GO TO SURVEY INTRODUCTION AND CONSENT

If SC1=2 (NO): Thank you for your time. We will not be able to include your agency in the study since we are seeking home visiting programs that receive MIECHV funding.

This collection of information is voluntary and will be used to understand the challenges that programs may face in reaching caseload capacity and promising strategies they use to address these challenges. Information collected will be kept private. Public reporting burden for the described collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Susan Zaid; szaid@jbassoc.com.

Survey Introduction and Consent

We invite you to participate in this voluntary data collection. There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life. There are no direct benefits to you from participation; however, the information you provide about your home visiting program may provide valuable information to help reach and serve eligible families through home visiting and assist the federal government with future planning for the home visiting field.

Your responses will be kept strictly private to the extent permitted by law. Only the project team will have access to this information. If you participate in a follow up interview, some responses you share in the survey may be discussed during the interview. Your answers will not be shared with any other agencies. Your responses will be combined with responses from other home visiting program staff and conveyed in a report prepared for the Administration for Children and Families, Office of Planning, Research, and Evaluation. In our research report, the information you provide will not be attributed by name to you or your individual program.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. You have the right to refuse a question and stop participation at any time, but we appreciate complete responses when possible so our study findings can reflect your experiences and perspectives.

The survey will take approximately 30 minutes to complete. The survey is designed to understand recruitment and enrollment processes in home visiting programs by examining challenges to reaching caseload capacity and opportunities to overcome those challenges. We are asking that the survey is completed by a staff member at your home visiting program who has responsibility for outreach, recruitment, or enrollment of families. If you feel you are not the best person to complete the survey, please stop here and share the survey link with someone at your home visiting program who has responsibility for outreach, recruitment and enrollment of families.

Although we are seeking MIECHV-funded home visiting programs to participate in the survey, we are interested in hearing about the experience of your program as a whole (not only about the MIECHV-funded case slots).

Please note that you may start/restart the survey as needed but once you click “submit” your answers are final and you cannot go back into the survey to make changes.

By clicking next, you consent to participate in this survey. Please click next to begin.

Section A. Background on your Agency

A1. What is your current position or role within your agency? [Select all that apply.]

- (1) Program manager
- (2) Supervisor
- (3) Home visitor
- (4) Outreach/Recruitment/Enrollment specialist
- (5) Other (PLEASE SPECIFY): _____

A2. What is the name of your home visiting program's agency?

_____ [WRITE-IN RESPONSE]

A3. What is the address of your home visiting program agency's office?

Street number and street name _____

City _____

State _____

Zip code _____

A4. What type of organization is your implementing agency? [Select all that apply]

- (1) Government health department/agency
- (2) Government education department/agency
- (3) Health care organization
- (4) Community-based nonprofit
- (5) Tribal organization
- (6) Other (PLEASE SPECIFY): _____

A5. In addition to home visiting, does your agency offer any of these other types of services or operate other programs that provide services to families? [Select all that apply.]

- (1) Early childhood education
- (2) Child care/day care
- (3) Parenting groups
- (4) Health care services
- (5) Mental health services
- (6) Substance use/dependency- related services
- (7) Adult education or employment services
- (8) Transportation services

- (9) Food assistance-related services
- (10) Other (PLEASE SPECIFY): _____

A6. Which home visiting model(s) does your agency implement with MIECHV funding?
[Select all that apply.]

- (1) Attachment and Biobehavioral Catch-Up (ABC) Intervention
- (2) Child FIRST
- (3) Early Head Start – Home-Based Option
- (4) Early Intervention Program for Adolescent Mothers
- (5) Early Start (New Zealand)
- (6) Family Check-Up for Children
- (7) Family Connects/Durham Connects
- (8) Family Spirit
- (9) Health Access Nurturing Development Services (HANDS) Program
- (10) Healthy Beginnings
- (11) Healthy Families America (HFA)
- (11) Home Instruction for Parents of Preschool Youngsters (HIPPY)
- (12) Maternal Early Childhood Sustained Home-Visiting Program (MECSH)
- (13) Maternal Infant Health Program (MIHP)
- (13) Minding the Baby
- (14) Nurse-Family Partnership (NFP)
- (15) Parents as Teachers (PAT)
- (16) Play and Learning Strategies – Infant (PALS Infant)
- (17) SafeCare Augmented
- (18) Other (PLEASE SPECIFY): _____

IF MORE THAN ONE MODEL IS SELECTED IN A6: GO TO A7

IF ONLY ONE MODEL IS SELECTED IN A6: GO TO A8

A7. Of the MIECHV-funded models your agency implements, which home visiting program currently serves the largest number of families? [Please select one option only.]

[ONLY SHOW THE RESPONSE OPTIONS THAT THE RESPONDENT SELECTED IN QUESTION A6]

- (1) [FIRST MODEL SELECTED IN A6]
- (2) [SECOND MODEL SELECTED IN A6]
- (3) [THIRD MODEL SELECTED IN A6]
- (4) [FOURTH MODEL SELECTED IN A6]
- (5) [FIFTH MODEL SELECTED IN A6]

AFTER A7 RESPONSE: For the remainder of the survey, we'd like you to answer questions as they relate to operating the [INSERT MODEL NAME FROM RESPONSE SELECTED IN A7, HEREAFTER REFERRED TO AS "MODEL NAME"] home visiting program. For example, when

questions are asked about program capacity or home visitor caseloads, please respond based only on your knowledge or experience with the [INSERT MODEL NAME] program, and not the other program models.

As a reminder, if your [INSERT MODEL NAME] home visiting program includes MIECHV and non-MIECHV funded case slots, we are interested in hearing about the experience of your program as a whole (not only about the MIECVHV-funded case slots within the [INSERT MODEL NAME] home visiting program).

If SC2=2, display: If you are implementing [INSERT MODEL NAME] program in more than one site, please select the largest of those sites and respond to the remaining questions as they relate to that site only.

A8. How long has your agency been serving families using the [INSERT MODEL NAME] program?

- (1) Less than 1 year
- (2) 1 to up to 2 years
- (3) 2 years to up to 5 years
- (4) 5 years or longer

A9. Does your [INSERT MODEL NAME] program have an outreach worker or other key staff member whose primary responsibility is outreach, recruitment or enrollment of families?

- (1) Yes
- (2) No
- (3) Not currently, but we have in the past

A10. Does your [INSERT MODEL NAME] program have any other staff members that are tasked with outreach, recruitment or enrollment? This could include home visitors who are responsible for recruiting families into the program.

- (1) Yes
- (2) No
- (3) Not currently, but we have in the past

A11. Do you use centralized intake, or contract with another agency to conduct outreach, recruitment, and enrollment activities at your [INSERT MODEL NAME] program?
SELECT ALL THAT APPLY.

- (1) Yes, use centralized intake
- (2) Yes, contract with another agency
- (3) We have contracted with another agency in the past but do not currently
- (4) We have used centralized intake in the past but do not currently
- (5) No

Section B. Caseloads and Capacity Dynamics Before and Since COVID-19 Pandemic

B1. How many families are currently enrolled at your [INSERT MODEL NAME] program?

If your program includes MIECHV and non-MIECHV funding, we are interested in the *total* number of families enrolled.

_____ [ALLOW VALUES RANGING FROM 1-999]

B2. What is the total number of families that your [INSERT MODEL NAME] program is able to serve when operating at capacity? This is the number you have agreed to serve with your program model and/or funder.

We are interested in the *total* number of families your [INSERT MODEL NAME] program is able to serve, regardless of how many program slots are funded by MIECHV.

_____ [ALLOW VALUES RANGING FROM 1-999]

First, we'd like you to think back to what program operations were like in the **year before** the COVID-19 pandemic outbreak in the U.S. (approximately February 2019 to February 2020).

B3. To the best of your ability, please think back to what program operations were like in the **year before** the COVID-19 pandemic outbreak in the U.S. (February 2019 to February 2020). **In the year prior to March 2020**, was your [INSERT MODEL NAME] program **typically under capacity** in terms of the number of families it served during that time?

For the purposes of this study, "typically under capacity" is defined as a program providing home visiting services to less than 85 percent of the number of families that program is able to serve when operating at capacity for at least half of the time (6 or more months) over the year.

- (1) Yes
- (2) No
- (3) Don't know

B4. Thinking back to what program operations were like for your [INSERT MODEL NAME] program in the **year before** the COVID-19 pandemic outbreak in the U.S. (February 2019 to February 2020), were the following factors challenges in your ability to maintain capacity (that is, to serve the number of families that your program has agreed to serve)? [CHECK ALL THAT APPLY]

a. Families in the	
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community were generally not aware of our services	
b. Certain subgroups of families in our community (for example, families in shelter) were not aware of our services	
c. The number of families referred to the program by community partners was low or infrequent	
d. The families referred to the program by community partners were ineligible for services	
e. The number of families that are self-referred or that are referred through a family member or friend was low or infrequent	
f. The families who were self-referred or referred by a family member/friend were ineligible for services	
g. Families that were initially interested in and eligible for home visiting did not receive a first home visit	
h. Families that enrolled (received a first home visit) did not stay engaged for as long as our program intends	
i. Our program did not have enough staff resources to focus on outreach and recruitment	
j. Our program had staff turnover issues, including retaining home visitors and hiring and training of	

new home visitors to replace staff departures	
k. Our program faced short-term staffing issues, including parental or other types of leave or a recent program expansion	
l. Our program struggled with maintaining caseloads due to seasonal variation (winter holiday or summer break)	
m. There were other home visiting programs in the community that serve similar types of families	
n. There were other non-home visiting programs in the community that serve similar types of families	

B5. For each of the following statements, please reflect on your [INSERT MODEL NAME] program's experience of community need and program capacity in the year before the COVID-19 pandemic outbreak in the U.S. (February 2019 to February 2020), and indicate if you agree or disagree.

	Agree	Disagree
a. There were more families <u>in need</u> of our program than we could serve		
b. There were more families <u>in need of and interested</u> in our program than we could serve		
c. Our program was able to <u>identify</u> the families most in need in our community		
d. Our program was able to <u>recruit</u> the families most in need in our community		
e. Our program was able to <u>enroll</u> the families most in need in our community		

f. Our program had strong relationships with other community partners that provide referrals		
g. There were more referrals into our program than we could serve		

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Now we'd like to ask about the period since March 2020 (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now).

B6. Since March 2020 (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now), how many months in total has your [INSERT MODEL NAME] program been under capacity?

For the purposes of this study, "under capacity" is defined as a program providing home visiting services to less than 85 percent of the number of families that program is able to serve when operating at capacity.

- (1) 0 months/ Never
- (2) 1 months
- (3) 2 months
- (4) 3 months
- (5) 4 months
- (6) 5 months
- (7) 6 months
- (8) 7 months
- (9) [8 months]
- (10) [9 months]
- (11) [10 months]
- (12) [11 months]
- (13) [Longer than 11 months]
- (14) Don't know

B7. Since March 2020 (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now), have the following factors been challenges in your ability to maintain capacity (that is, to serve the number of families that your program has agreed to serve)? [CHECK ALL THAT APPLY]

We'd like to know about **all** challenges your program has experienced during the period since March 2020, whether or not they are directly related to the COVID-19 pandemic.

a. Families in the community are generally not aware of our services	
b. Certain subgroups of families in our community (for example, families in shelter) are not aware of our services	
c. The number of families referred to the program by	

community partners is low or infrequent	
d. The families referred to the program by community partners are ineligible for services	
e. The number of families that are self-referred or that are referred through a family member or friend is low or infrequent	
f. The families who are self-referred or referred by a family member/friend are ineligible for services	
g. Families that are initially interested in and eligible for home visiting do not receive a first home visit	
h. Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	
i. Families are not interested in or able to participate in virtual home visiting	
j. Our program does not have enough staff resources to focus on outreach and recruitment	
k. Our program has had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	
l. Our program faces short-term staffing issues, including	

parental or other types of leave, diversion to other duties, or a recent program expansion	
m. Our program struggles with maintaining caseloads due to seasonal variation (winter holiday or summer break)	
n. There are other home visiting programs in the community that serve similar types of families	
o. There are other non-home visiting programs in the community that serve similar types of families	
p. Family or staff have concerns about health and safety due to COVID-19	

B8. For each of the following statements, please reflect on your [INSERT MODEL NAME] program's experience of community need and program capacity **since March 2020** (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now) and indicate if you agree or disagree.

	Agree	Disagree
a. There are more families <u>in need</u> of our program than we can serve		
b. There are more families <u>in need of and interested</u> in our program than we can serve		
c. Our program has been able to <u>identify</u> the families most in need in our community		
d. Our program has been able to <u>recruit</u> the families most in need in our community		
e. Our program has been		

able to <u>enroll</u> the families most in need in our community		
f. Our program has strong relationships with other community partners that provide referrals		
g. There are more referrals into our program than we can serve		

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Section C. Perspectives on Factors that Influence Recruiting and Enrolling Families

Now we'd like to learn about your general perspectives on recruitment and enrollment of families.

- C1.** Based on your experiences, which of these factors are important in getting families **initially interested in** participating in home visiting? [CHECK ALL THAT APPLY]

a. Families hearing about the program from a friend or family member	
b. Families hearing about the program from someone that participated in it before	
c. Families hearing about the program from a trusted community leader	
d. Families getting a recommendation or referral to the program from a service provider	
e. Our program having services other than home visiting at our agency through which to reach or connect with families	
f. Our program conducting or participating in outreach efforts such as attending community fairs or events	
g. Our program having home visitors meet and talk to families and establish a relationship	
h. Our program having updated outreach	

materials (brochures/flyers, website)	
i. Our program laying out clear expectations about what home visiting is	

C2. Based on your experiences, which of these factors are important to emphasize in your initial **messaging to families** to get them interested in home visiting? [CHECK ALL THAT APPLY]

	Not important	Important
a. Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)		
b. Messaging about providing referrals or connections to other community resources		
c. Messaging about providing education and support around parenting practices		
d. Messaging about providing education and support around prenatal health or child health		
e. Messaging about providing emotional and social support to parents		
f. Messaging about helping children be ready for school		
g. Messaging about providing activities for child or for parent-child interactions		

h. Messaging about home visitors advocating for the family		
i. Messaging about group activities		
j. Clear expectations about the logistics of home visiting		

C3. Based on your experiences, how important are each of the following reasons for explaining why families choose **not to enroll** in home visiting services?

	Not important	Somewhat important	Moderately important	Very important
a. Families are uncomfortable with having a service provider visit the home on a regular basis				
b. Families do not fully understand what the program is/all the resources that the program can provide				
c. Families believe they are doing fine without our services				
d. Families fear they will be at greater risk of becoming involved in the child welfare system				
e. Families fear they will be at greater risk of involvement with immigration authorities				
f. Families feel that they do not have time/are too busy to commit to schedule of visits				
g. Families are generally distrustful of				

service providers in the community				
h. Families think they are not eligible for services				
i. Families think they are already involved enough with other social service providers				
j. Families are worried about privacy concerns (for example, if home visitors are members of their community)				
k. Families are worried that they will be stigmatized by their involvement				
l. Families do not engage or respond to service delivery strategies that are not in person (for example, televisits)				
m. Families feel that their identities are not reflected in the characteristics of home visitors				
n. Families are discouraged by other family members from participating				

Section D. Program Strategies for Identifying and Recruiting Families

D1. Has your [INSERT MODEL NAME] program engaged in any of the following activities to identify potentially eligible families in your community over the past two years? For this question, we are interested in the activities your program conducts related to initially just finding where families may be, not the outreach and recruitment strategies you might then use after you find families. [Select all that apply.]

- (1) Find and connect with other community services that serve similar types of families
- (2) Use existing data sources to identify neighborhoods where potentially eligible families reside
- (3) Using program graduates to identify families
- (4) Other (PLEASE SPECIFY): _____

D2. Has your [INSERT MODEL NAME] program engaged in any of the following strategies for reaching families in the community and getting them interested in participating in home visiting services over the past two years? [Select all that apply.]

- (1) Conduct direct outreach to potentially eligible families (for example, directly talking to families, handing fliers to families or putting fliers in their mailboxes, or directly calling families)
- (2) Distributing resources to parents (for example, food distribution, diaper distribution, lending library)
- (3) Host or participate in program outreach and recruitment events like special events, fairs or parent nights
- (4) Attend other community events, like health fairs, for community awareness or because you think potential eligible families may be present
- (5) Reach out to other programs or community service organizations where you know potential eligible families may be present (for example, WIC offices, doctor's offices, community health centers, hospitals, child care centers)
- (6) Physically visit other programs or community service organizations where you know potential eligible families may be present (e.g., WIC offices, doctor's offices, community health centers, hospitals, child care centers)
- (7) Use social media
- (8) Have memorandum of understanding (MOU) or formal agreement in place with referral partners
- (9) Other (PLEASE SPECIFY): _____

D3. For each of the strategies you use, please rate the success of this method for reaching out to families on a scale of 1 to 4.

[PREFILL WITH ONLY THE	Not	Somewhat	Very	Extremely
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RESPONSE OPTIONS SELECTED IN D2]	successful (1)	Successful (2)	Successful (3)	successful (4)
STRATEGY 1 (FROM D2)				
STRATEGY 2 (FROM D2)				
STRATEGY 3 (FROM D2)				
STRATEGY 4 (FROM D2)				
STRATEGY 5 (FROM D2)				
STRATEGY 6 (FROM D2)				
STRATEGY 7 (FROM D2)				
STRATEGY 8 (FROM D2)				
STRATEGY 9 (FROM D2)				

D4. Does your [INSERT MODEL NAME] program tailor outreach materials or strategies to different types of potentially eligible families?

- (1) Yes
- (2) No
- (3) Don't know

If D4=1 (YES): GO TO QUESTION D5

If D4=2 (NO): GO TO QUESTION D6

D5. Please briefly describe:

_____ [WRITE-IN RESPONSE]

D6. Does your [INSERT MODEL NAME] program use any of the following outreach and recruitment materials? [Select all that apply]

- (1) Program flyer, brochure or pamphlet
- (2) Community newspapers
- (3) Program website
- (4) Visual program advertisement (for example, billboard, posters)
- (5) Commercials
- (6) Facebook
- (7) Instagram
- (8) Twitter
- (9) Other social media site (PLEASE SPECIFY) _____
- (10) Other (PLEASE SPECIFY): _____
- (11) Don't know

D7. Do you track or monitor how referral partners or families hear about your [INSERT MODEL NAME] program?

- (1) Yes
- (2) No
- (3) Don't know

D8. Thinking about all the families enrolled in your [INSERT MODEL NAME] program over the past two years, approximately what percentage came from referral partners or another agency? Your best guess is fine.

_____ % [ALLOW VALUES RANGING FROM 0-100]

D9. Thinking about all the families enrolled in your program over the past two years, approximately what percentage came from direct outreach efforts? Your best guess is fine.

_____ % [ALLOW VALUES RANGING FROM 0-100]

D10. Thinking about all the families enrolled in your program over the past two years, approximately what percentage came seeking services on their own (including through referrals from friends or family)? Your best guess is fine.

_____ % [ALLOW VALUES RANGING FROM 0-100]

Section E. Work With Community Referral Partners

E1. In the **year before** the COVID-19 pandemic outbreak in the U.S. (February 2019 to February 2020), what types of organizations referred families to your [INSERT MODEL NAME] program? [CHECK ALL THAT APPLY]

- (1) Government health department/agency
- (2) Government education department/agency
- (3) Health care organization/clinic
- (4) WIC office
- (5) Child welfare agency
- (6) Child care resource agency
- (7) Centralized intake
- (8) Tribal organization
- (9) Other community-based nonprofit
- (10) Don't know

E2. **Since March 2020** (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now), what types of organizations have referred families to your [INSERT MODEL NAME] program? [CHECK ALL THAT APPLY]

- (1) Government health department/agency
- (2) Government education department/agency
- (3) Health care organization/clinic
- (4) WIC office
- (5) Child welfare agency
- (6) Child care resource agency
- (7) Centralized intake
- (8) Tribal organization
- (9) Other community-based nonprofit
- (10) Don't know

E3. For the following set of questions, we'd like you to think of the organization that currently provides **the most referrals** into your [INSERT MODEL NAME] program. Please fill in the name of this community organization.*

*We are asking for the names of these organizations so we can ask you some questions about them. These names will not be used or shared outside the study team.

(1) Name 1: _____ [WRITE-IN RESPONSE]

For the organization that provides the most referrals into your program, please answer the following questions:

E4. What is the organizational type of [NAME FROM E3]?

- (1) Government health department/agency

- (2) Government education department/agency
- (3) Health care organization/clinic
- (4) WIC office
- (5) Child welfare agency
- (6) Child care resource agency
- (7) Centralized intake
- (8) Tribal organization
- (9) Other community-based nonprofit. If (9), please specify: _____
- (10) Other (PLEASE SPECIFY) _____
- (11) Don't know

E5. What factors do you think contribute to the number of referrals your [INSERT MODEL NAME] program receives from [NAME FROM E1]? [CHECK ALL THAT APPLY]

- (1) We have a memorandum of understanding (MOU) with [NAME FROM E1]
- (2) We have frequent communication with [NAME FROM E1]
- (3) We have a clear point of contact at [NAME FROM E1]
- (4) Many of the families served by [NAME FROM E1] are part of the target population we serve
- (5) [NAME FROM E1] has a clear understanding of the referral process
- (6) Other, specify: _____

E6. Out of the referrals you received from [NAME FROM E3] in the past year, approximately what percentage of referred families were deemed eligible for services by your [INSERT MODEL NAME] program? Your best guess is fine.

_____ % [ALLOW VALUES RANGING FROM 1-100]

E7. Out of those families that were referred by [NAME FROM E3] in the past year, what percentage enrolled in your [INSERT MODEL NAME] program (received a first home visit)? Your best guess is fine.

_____ % [ALLOW VALUES RANGING FROM 1-100]

E8. Do you think that the number of families referred from [NAME FROM E3] is less than it could be?

- (1) Yes
- (2) No
- (3) Don't know

E9. For the following set of questions, we'd like you to think of one organization that currently provides **fewer referrals** into your [INSERT MODEL NAME] program than it potentially **could**. Please choose an organization other than the one that currently provides the most referrals for your program. Please fill in the name of this community organization.*

*We are asking for the name of this organization so we can ask you some questions. This name will not be used or shared outside the study team.

Name: _____ [WRITE-IN RESPONSE]

E10. What is the organizational type of [NAME FROM E9]?

- (1) Government health department/agency
- (2) Government education department/agency
- (3) Health care organization/clinic
- (4) WIC office
- (5) Child welfare agency
- (6) Child care resource agency
- (7) Centralized intake
- (8) Tribal organization
- (9) Other community-based nonprofit. If (9), please specify: _____
- (10) Other (PLEASE SPECIFY) _____
- (11) Don't know

E11. What factors do you think contribute to [NAME FROM E9] providing fewer referrals into your [INSERT MODEL NAME] program than it potentially could? [CHECK ALL THAT APPLY]

- (1) We do not have a memorandum of understanding (MOU) with [NAME FROM E9]
- (2) We do not have frequent communication with [NAME FROM E9]
- (3) We do not have a clear point of contact at [NAME FROM E9]
- (4) Few of the families served by [NAME FROM E9] are part of the target population we serve
- (5) [NAME FROM E9] does not have a clear understanding of the referral process
- (6) Other, specify: _____

E12. Out of the referrals you received from [NAME FROM E9] in the past year, approximately what percentage of referred families were deemed eligible for services by your [INSERT MODEL NAME] program? Your best guess is fine.

_____ % [ALLOW VALUES RANGING FROM 0-100]

E13. Out of those referrals you received from [NAME FROM E13] in the past year, what percentage enrolled in your [INSERT MODEL NAME] program (received a first home visit)? Your best guess is fine.

_____ % [ALLOW VALUES RANGING FROM 0-100]

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Section F. Closing Questions

F1. Would you be open to participating in a follow-up conversation with members of the study team? These follow-up interviews would be under 1 hour long, would take place over the phone or video-conference, and would be open-ended in nature. These interviews would allow the team to learn more about issues related to your program's particular experiences, including challenges and opportunities, with maintaining caseloads and would help us understand your program's broader community context and dynamics.

- (1) Yes
- (2) No

F2. What is the best email address to reach you at?

_____ [WRITE-IN RESPONSE]

F3. What is the best phone number to reach you at?

(XXX) XXX-XXXX

F4. What is your preferred method of contact?

- (1) Email
- (2) Phone call
- (3) Text (IF DIFFERENT FROM F3, PLEASE SPECIFY): _____

F5. Please share any additional information about your [INSERT MODEL NAME] program's outreach, recruitment, and enrollment in the space below. For example, we'd like to hear about challenges and successes you haven't already mentioned, as well as innovations you've tried: