

Public Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0906-0095 and it is valid through 7/31/2027. This information collection will be used to assess nominated ECHV programs' interest in and eligibility for participation in the Assessing and Describing Practice Transitions Among Evidence-Based Home Visiting Programs in Response to the COVID-19 Public Health Emergency (ADAPT-HV) study. The time required to complete this information collection is estimated to average less than 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary and confidentiality is followed according to law. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, MD or paperwork@hrsa.gov.

PROGRAM STAFF FOCUS GROUP PROTOCOL

PHASE 4: SUMMARY

Thank you for taking the time to talk with us today. My name is [NAME] and this is [co-facilitator/notetaker NAME(s)]. We work as research analysts with The Policy & Research Group (PRG). On behalf of the Health Resources and Services Administration (HRSA), and in collaboration with the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), we are implementing a project designed to identify, develop, study, and disseminate evidence-informed strategies and resources that early childhood home visiting (ECHV) programs may use to strengthen home visiting services, and, ultimately, achieve better outcomes for children and families.

The focus of our discussion today is around coaching strategies your program has implemented. As a reminder, coaching refers to a practice in which the home visitor supports caregiver-led, child-directed skills or activities through verbal guidance or direction. This is in contrast to other approaches such as modeling strategies, when the home visitor demonstrates skills or activities while families observe. We want to identify and discuss strategies that enable more effective uses of coaching –when that technique is appropriate–in order to improve services.

Your participation in our discussion today is completely voluntary, and you can leave the call at any time. There is no penalty if you choose not to participate in this focus group. I may ask you a question directly, but you don't have to answer anything you don't want to. This is just an effort to make sure we hear from everyone today. Please know that the information you share today is confidential and only study staff will have access to the notes, recordings, and transcripts. Study staff may summarize what we discuss today to share with interested parties (e.g., staff in your program, HRSA, or other programs participating in the study), but no identifiable information or individual responses will be shared. We ask you to please respect each other's privacy by not sharing any personal information or experiences discussed during the focus group.

*I'm going to record our discussion today so that we can make sure we accurately capture what is said (that we remember the discussion correctly). By joining the discussion, you are agreeing to participate and to have the discussion recorded. Does anyone have any questions before I start recording? **[Answer questions]**.*

As we are getting things set up to record and get our discussion underway – I'm going to send out a link to a quick survey in the Zoom Chat [or via email, if using phone]. The survey asks you to answer a few

questions about yourself, so we have an understanding of who participated in our discussions. Like your participation in this discussion, filling out the survey is voluntary. You do not have to respond to all or any of the questions. Your name is not on the survey and will not be connected to your responses. By filling out the survey you are agreeing to allow the study team to see your responses and use your answers to describe (summarize) who was involved in the focus groups we conducted. Is everyone able to click on the link? **[troubleshoot as necessary]**. Great. If you are willing to fill out the survey, please take a few minutes to do so now and we'll get started in [5 minutes, at TIME].

Ok. We are set up and I'm going to begin recording now. **[Start to record]**. Before we get started, I'd like us to set a few ground rules for the conversation.

[If using Zoom]

Since we are using Zoom today, I'll keep my video on the whole time, but you can choose to have your video on or off. We want to make sure that everyone has the opportunity to have their thoughts and opinions heard. So, to avoid us talking over each other, I'll be helping to direct the conversation. If you want to speak, you can let me know in the chat, click the "raise hand" button, or just chime in when there is a pause in conversation. Also, I want to emphasize that there are no right or wrong answers and we are interested in hearing both positive and negative comments and opinions – or whatever you think is important to share. We only ask that you do not use the names of clients or staff outside of this focus group to help maintain everyone's privacy. Those are all of the guidelines I have - does anyone have additional guidelines for our conversation that you would like us to consider? Does anyone have any questions about Zoom or the guidelines for our discussion? **[Confirm that everyone understands Zoom features and can mute/unmute]**.

[If using Phone]

We want to make sure that everyone has the opportunity to have their thoughts and opinions heard. So, to avoid us talking over each other, I'll be helping to direct the conversation. If you want to speak, you can chime in when there is a pause in conversation, otherwise, before we move on to different topics, I will provide an opportunity for people to voice their opinions. Also, I want to emphasize that there are no right or wrong answers and we are interested in hearing both positive and negative comments and opinions – or whatever you think is important to share. We only ask that you do not use the names of clients or staff outside of this focus group to help maintain everyone's privacy. Those are all of the guidelines I have - does anyone have additional guidelines for our conversation that you would like us to consider? Does anyone have any questions about the guidelines for our discussion? **[Confirm that everyone understands how to mute/unmute]**.

In all, this should take about an hour to an hour and a half. Does anyone have any questions before we get started? **[Answer questions.]**

PART 1: LESSONS LEARNED

[This section addresses the primary research question: How can coaching strategies influence family satisfaction with services, home visitor perceptions of families' caregiving skills, and home visitor efficacy to meet families' needs and preferences?

The goal of this final focus group is to hear about your experiences with implementing the coaching strategies and if there are any lessons learned or main takeaways. I'll begin by going over all of the information we collected during the study, then I'll ask you to reflect on your experiences.

[Facilitator reviews available information gathered during study (e.g., staff focus group, focus groups with families, administrative data).]

Question: To what extent do these results reflect your experiences and understandings from implementation during the study?

Question: Overall, in your opinion, how did implementation or testing of [strategy] go?

- **Follow-up:** Could you please talk about how easy/hard it was to incorporate [strategy] into the program?
- **Follow-up:** Could you please talk about how easy/hard it was to incorporate [strategy] into home visitors' normal routine/approach to working with families?
- **Follow-up:** Reflecting on all of the cycles of this study, in what situations did [strategy] work best?

Question: If applicable, how does home visiting modality (virtual, hybrid) influence how home visitors use/used [strategy]?

Question: Overall, what challenges have there been to implementing [strategy]?

- **Follow-up:** To what extent did these challenges change over the different cycles?
- **Follow-up:** How feasible was it to address these challenges throughout the study cycles?
- **Follow-up:** What is important to take away from this study regarding challenges?

Question: Generally speaking, what do you think the benefits of using [strategy] have been? What about drawbacks?

- **Follow-up:** How and in what ways have [strategy] affected [list of benefits discussed in first focus group during the Co-Definition Phase]?
- **Follow-up:** [if strategy is tested in person, in addition to virtually] Can you discuss the extent to which you feel that there has been a difference between virtual and in-person home visits in how successful [strategy] was and what benefits/outcomes were realized?
- **Follow-up:** Are there any other benefits that you see or have experienced with [strategy] you have used?
 - **Probe:** service delivery; quality of home visit; quality of caretaker experience; rapport with child/caretaker; internalizing/understanding messages or information provided; satisfaction with program; home visit scheduling/attendance; length of time spent in program; participation in activities outside of home visits; participation/interaction with other families; parent-child interaction; child development; child safety/maltreatment; child wellbeing.

Question: We went through [X] rounds of refinements for this study in which we made [brief review of refinements] to [strategy]. How do you think these changes affected implementation and effectiveness of [strategy]?

Question: Are you interested in continuing to use [strategy] after the study concludes? Please explain why/why not.

- **Follow-up:** What would it take for you to continue to use [strategy]?
- **Follow-up:** Is there an alternative strategy in which you are more interested? If so, please explain.

Question: To what extent do you think [strategy] has the potential to be scaled up or expanded?

- **Follow-up:** Which of the refinements you made do you think are critical for expansion and/or for other home visiting sites and programs to be able to take on?
- **Follow-up:** Are there additional refinements or adjustments you think may be needed?
- **Follow-up:** Reflecting on your experiences, what would be needed for [strategy] to be scaled up for implementation in more programs?

Question: How could other programs adopt similar strategies without support from a technical assistance or study team?

- **Follow-up:** Where was support needed throughout the study? What kinds of support were sought?
- **Follow-up:** What type of technical assistance or resources would be helpful for successful implementation of [strategy]?

Question: What primary lessons should the home visiting field take away from your ADAPT-HV experience?

Question: How has the ADAPT-HV experience informed your plans for the future?

PART 2: WRAP-UP/FINAL QUESTIONS

[This section is the closing of the focus group and is used to make sure we address any outstanding questions and ensure we ask if anyone has anything additional to share before we end the focus group.]

Question: In closing, is there anything else you'd like to share?

Thank you very much for participating in this discussion! If you have after you leave the call, feel free to contact me.

If you have any questions about the study, please contact Teresa Smith at The Policy & Research Group (teresa@policyandresearch.com or (225) 281-3783).

If you have questions about your rights as a research volunteer, you can call Health Media Lab Institutional Review Board at (202) 246-8504.