

Instrument 2.

Centralized Intake Administrator and Other Staff Interview Protocol

Understanding and Expanding the Reach of Home Visiting (HV-REACH) Centralized Intake Systems Case Study

Centralized Intake Administrator and Other Staff Interview Protocol

The HV-REACH team will use this protocol to conduct interviews with centralized intake administrators at seven sites. At each site, we will conduct interviews with up to six staff from the centralized intake system who manage or oversee the system, and/or conduct outreach. All respondents may not be asked all questions; each interview will be tailored based on the information we have about the centralized intake system and the staff's role with the system.

Note to Interviewer: To tailor the interview, please use the terms the centralized intake administrator or staff uses to refer to the centralized intake system, and home visiting program(s) throughout the interview. Rather than referring to the “centralized intake system” and “home visiting program,” the specific names will help the interview feel more conversational. It will also help ensure that the interviewee understands what we are referring to.

A. Introduction

Hello, my name is [NAME]. Thank you for taking the time to speak with us today. We are from Mathematica, an independent research firm that is conducting the Understanding and Expanding the Reach of Home Visiting (HV-REACH) project. The project is funded by the U.S. Department of Health and Human Services' Office of Planning, Research, and Evaluation in collaboration with the Health Resources and Services Administration.

As part of this study, we are taking an in-depth look at centralized systems for collecting information from families and matching them to home visiting programs in their regions. We are exploring how staff and families think centralized intake systems promote and expand family enrollment. This understanding can lead to opportunities for program improvement efforts, technical assistance, or changes to centralized intake system processes.

We are speaking with a total of up to seven different centralized intake systems. Your centralized intake system, [name of centralized intake system], was selected after talking with federal agency staff and experts representing different states and localities who recommended we interview you. We are here to learn from you about what [centralized intake system] is doing to connect with families who may be eligible for home visiting programs. We are not here to evaluate or monitor you, your system, or any home visiting program. Rather, we will be writing a summary of what we learned that describes [centralized intake system]. In the summary, we will combine what we learn from you and staff and families from [home visiting program(s)]. We will not attribute any of your comments to you.

Before we start, I want to let you know that your participation in this interview is voluntary. There are no right or wrong answers to the questions, and you may decline to answer any of the questions if you are unsure or uncomfortable with providing an answer. You can also pause or stop the discussion at any time. All information you provide will be kept private to the extent permitted by law, which means we would only share information if you indicate that you have harmed or express an intent to harm yourself or someone else. None of the information obtained during this interview will be shared with other interviewees who participate in the case study.

If there is more than one staff member in the interview: We ask that you also respect the privacy of the group members and not share information from this interview with others.

We expect this interview will take up to 90 minutes. Afterwards, we will send you a [\$60] token of appreciation for your time.

If you give us permission, we would like to record the interview to inform our notes. Only the study team, including notetakers and transcribers will listen to the recordings. We will destroy the recording at the end of the project. If you want to say anything that you do not want recorded, please let me know, and I will be glad to pause the recording. If you do not want to be recorded, we will proceed without recording the interview.

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.

- Do you have any questions before we start?
- Do we have your permission to start the interview?
- Do we have your permission to audio record this interview? *(If yes, turn on recording)*
- And just so we have it on record, do you agree to participate in this study?

B. Respondent information

Let's start by discussing your background and responsibilities at the [centralized intake system].

1. What is your official job title and role?
2. For how many years have you been in this role? How long have you been at your agency?
3. Is overseeing the centralized intake system your full-time role or do you have other responsibilities?

(If they have other responsibilities):

- a. How much of your time is spent on responsibilities related to [the centralized intake system]?

C. Centralized intake system design

Next, we will ask you about the structure of [the centralized intake system] and how it works.

Start-up and funding

First I will ask about how your system was set up and how it's funded.

1. What is the geographic scope of [the centralized intake system]? For example, does it operate statewide, countywide, or within a narrower community?
2. Why was the [the centralized intake system] established?
 - a. What are the goals and purpose? Have they shifted over time?
 - b. Does [the centralized intake system] align with state (*or regional or local*) goals (*e.g., maternal or infant health goals, or systems coordination goals*)? How so?
3. Who was involved in establishing it (*e.g., people, organizations, partners, state legislature, governor, etc.*)?
 - a. Who championed the system from the beginning?
 - b. Did it take anyone longer to engage in starting up or using the system?
 - i. Who?
 - ii. Why? What were their concerns?
 - iii. How did [the centralized intake system] overcome these concerns to successfully establish the system?
4. Who continues to support [the centralized intake system], such as financially or through policies? (*e.g., people, organizations, partners, state legislature, governor mentioned above.*)
5. How long did it take to establish [the centralized intake system] (*e.g., from when planning started to when it started referring families*)?
6. How has it evolved over time and why?
7. How is [the centralized intake system] funded?
 - a. Does your system use any MIECHV funding?
 - b. Do you receive any other sources of funding? (*e.g., from federal, state, local, or private funding sources*)
8. How much funding is available to run the system?
 - a. Is the funding adequate to serve your current functions? How about to achieve the goals you have for [the centralized intake system]?

Questions for centralized intake administrators at the state-level who oversee several centralized intake systems

If you are interviewing a leader from a state centralized intake system that oversees several centralized intake systems in the state (e.g., different regions have different systems), ask the following questions. Otherwise, skip to the next section.

1. Briefly describe the range of centralized intake systems within your state:

- a. How many different systems are in your state?
- b. Are they structured similarly, or are they different? Please describe.

We will be speaking with [name of local centralized intake system and local home visiting program(s)]

2. How do you communicate with [the local centralized intake system]?

- a. Do you have a regular mode of communication? (e.g., *regular meetings, or email communication?*)
- b. What information do they share with you?
- c. What information do you share with them?

3. Do the different systems within your state communicate with one another about implementation and progress? If so, how?

4. Have you provided specific guidance to the regions in your state that implement centralized intake systems (such as [local centralized intake system])? Please describe the guidance.

- a. What training and TA do they receive?

5. Who at the local level (e.g., *different regions with c-intake systems*) do you communicate with?

6. What has helped you successfully coordinate with regions in your state that implement centralized intake systems?

7. What have the challenges been coordinating with regions in your state that implement centralized intake systems?

Partnering

Now I will ask about the programs and services that you refer families to.

1. What home visiting program models does [the centralized intake system] refer people to?
2. Do you refer to any services or programs other than home visiting? Which ones?

Administration and governance

I'd like to ask you about **who runs the day-to-day operations** of [the centralized intake system] (*for example, to obtain data or screen families*) and everyone's role.

1. Who runs the day-to day operations of [the centralized intake system]?

2. *(For respondents who are not from the organization that is primarily responsible for running the system)* What is your organization's role in running the system?
3. Do you work with any other agencies, organizations, programs, or individuals to run [the centralized intake system]?
 - a. What are their roles?
4. How do you and others involved in running the system work together and share information with each other?
 - a. How often do you meet as a group or individually? What do you meet about?
5. What successes have you had as a group in starting up or operating the system?
6. What challenges have you had as a group?
 - a. How have you overcome the challenges?

(If not discussed, ask about challenges with: call center or other IT infrastructure, health information or other types of data exchanges, privacy/data sharing, state legislature/executive support, time commitments, matching or referral algorithm or decision tree)?

7. Do you have an **advisory** group in which home visiting programs or other agencies oversee, support, or provide feedback for [the centralized intake system]?
If Not, Skip to Next Section
8. Who is involved in the advisory group? *(Are home visiting programs or staff involved? Community members or families? Other partners that identify families for [the centralized intake system])?*
9. What is the role of the advisory group? *(e.g., are they responsible for any decisions?)*
 - a. How often does the advisory group meet?
 - b. Do you share any data with the advisory group? What data do you share?
10. Does the advisory group discuss inclusiveness or equity? How so *(e.g., look at data disaggregated by race/ethnicity/language, or discuss the needs of certain types of families)?*
11. What challenges has the advisory group faced in working together or making decisions about the system?
 - a. How have you overcome those challenges?

The role of MIECHV and TA

Next, I will ask you about the role of MIECHV and TA.

1. What role, if any, does the state MIECHV awardee play in [the centralized intake system]?
2. What TA, training, or guidance, if any, have you received through the MIECHV program to support [the centralized intake system]?

Staffing

Next, I will ask about the roles of staff who carry out the functions of the centralized intake system.

1. How is your system staffed to reach out to, screen, and refer families to home visiting programs?
 - a. How are staff organized to support these steps?
2. Which staff conduct this work?
3. What do you consider when hiring the staff who have direct contact with families (*e.g., certain skills or experience you look for*)?
4. Do you experience challenges retaining staff?
 - a. Which approaches to staff retention have been most helpful?

Training

Now I will ask about staff training to perform these responsibilities.

1. What does [the centralized intake system] staff training entail?
 - a. Who is trained (centralized intake staff, home visiting program staff)?
 - b. Who conducts the training? What is their role within [the centralized intake system] or elsewhere?
2. What is the focus of the training?
 - a. Does it include any kind of anti-bias or sensitivity training?
3. How much training do staff receive? Over what time period do they receive this training?

Reaching families

Now I will ask about the families that are served by your system.

1. Which families does [the centralized intake system] focus on?
2. Are there specific populations of families that you would like to be more represented in your system? (*Who? Why?*)
3. Are there eligibility criteria for who [the centralized intake system] identifies and screens?
4. Do the criteria result in any families being “missed”?

D. Outreach

Next, I’d like to understand how you find and conduct outreach to partner organizations and potential families.

1. Explain to me the typical process for how [the centralized intake system] identifies families.
 - a. Do families contact you or do you reach out to them?

- b. What are the different ways families can find out about you, or you find out about families (e.g., partnerships with specific partners, direct outreach at community events, reviewing certain administrative data)?
 - c. What challenges do you face contacting families? (e.g., *do they answer their phones?*)
 2. Do you work with home visiting programs to help conduct outreach? How and why?
 - a. Who is your point of contact with the programs that you refer to?
 - b. Do home visiting programs or other service providers that refer to you contact you or do you contact them?
 - c. In which situations do you contact programs? In which situations do programs contact you?
 3. How do you explain your system to families? What do you say when you contact them?
 - a. What steps do you take to help families view you as legitimate or trustworthy?
 4. Roughly what proportion of families you identify are you typically able to make contact with?
 - a. Roughly what proportion of families that you contact typically agree to move forward with screening and referral?
 5. How do the challenges families experience in their day-to-day lives influence your ability to reach families and connect them with services (e.g., *experiencing homelessness, involved in the foster care or child welfare system, affected by substance use or mental health concerns*)?
 6. What outreach approaches have been most successful? For reaching whom?
 7. What outreach approaches have been less successful? For reaching whom?

E. Screening and referral processes

The next questions are about the families that you screen and refer to home visiting programs.

1. After you establish contact with a family and they agree to move forward with a screening or referral, how do you screen families to understand eligibility, needs, and their preferences?
 - a. Do you use a screening form or tool? What is it called?
 - i. What types of questions does it include?
 - ii. Do the questions go beyond what is needed to assess program eligibility criteria? (e.g., does it include questions about families' needs and preferences?)
 - iii. Do you use the same screening tool for all programs or services you refer to?
 - b. How do you administer the screening (e.g., *do you meet with families in person, by phone, or send them a form*)?

- c. How long does the screening take?
2. Do families ever raise concerns about the questions asked?
 - a. What types of concerns are raised?
 - b. How are concerns addressed?
3. After you screen a family, how do you match them to a home visiting program (e.g., *decide which program to refer them to*)?
 - a. Do you have established, written criteria or an algorithm for deciding where to refer them? (*If so, ask if they can send this if we haven't already received it*)
 - i. Do you consider the program's eligibility criteria (e.g., child age)?
 - ii. Do you consider whether the program has available openings?
 - iii. Do you consider family preferences?
 - a. *[If they say they consider family preferences]:* Can you provide an example of how families' preferences guide where you refer them to?
 - b. *[If they say they do not consider family preferences]:* Why not?
 - iv. Do you consider a program's funding source or funding availability?
 - v. Anything else you consider?
 - b. What do you do if a family is eligible for home visiting programs at more than one organization?
4. How long does it typically take to match a family to a home visiting program after you screen them?
5. What are some of the main reasons families may decline a referral to a home visiting program?
6. Do you use data from any other sources to screen families?
7. Do you think there is duplication between your screening questions and the home visiting programs' own screening? Why or why not?
8. Do you let families know which programs they are eligible for, and which you are referring them to and why?
9. After you know which home visiting program you'll refer the family to, what happens next? (*For example, do you make a warm handoff to a program, share the family's contact information with the program, or share program contact information with the families for them to connect with the program*)?
[If share information with program:]
 - a. Who at [the home visiting program] do you share the information with (what is the staff's role)?
 - b. Are there guidelines for how soon the home visiting program will contact the family? If so, what are they?
10. What information do you share with [the home visiting program]?

- a. Do you discuss the family with the program?
 - b. Do you share a completed screening or intake form with the program(s)?
 - c. How is the information or data shared? (*For example, shared data system, phone call, email, standard referral form*)
11. Can a program decline a referral? Why would they do so?
- a. What happens if a program declines a referral?
12. Do you ever prioritize certain families for referrals? For example, if programs do not have capacity to serve all the families you could refer?

F. Documentation and data sharing

Next, I'll ask some questions about how information is shared between [the centralized intake system] and home visiting programs.

1. Does [the centralized intake system] have a formal process for tracking referrals? Please describe the tracking system and how it works.
 - a. How do you learn if a home visiting program has openings to serve families?
 - b. How do you document where you refer families?
 - i. Who can access the data about a referral?
 - ii. What information does the tracking system collect about a referral?
 - c. How is the information used?
 - d. Do you learn whether the family ultimately enrolled in the program you referred them to? If so, how do you learn that information?
 - e. If a family does not enroll, do you follow-up to learn why or to offer the family other resources?
2. What is helpful about this tracking system?
 1. What do you think is working well about this process for sharing data? What do you like most about it?
3. What could be improved about this tracking system?
4. How is family privacy protected?
 - a. Did you encounter concerns about privacy from state or community organizations, funders, or families?
 - b. If so, how did you address those concerns?
 - i. Did you set up any data use agreements, memoranda of understanding, or business associates agreements (BAAs) with the home visiting programs?
 - ii. Do you ask families for permission before you refer them or share any information about them? If so, tell me about how you obtain their permission (e.g., do families sign a release of information, give verbal permission, etc.).

- iii. Has the political or legislative climate around data exchanges or data sharing influenced your system? How so?
- 5. Do you share any reports with home visiting programs or others about the implementation outcomes of [the centralized intake system] in addition to sharing data on individual referrals (e.g., *overall number of calls taken, referrals to each home visiting program*)? If so, which outcomes (*and ask for any summary/aggregate reports they can provide*)?
 - a. Why or why not? (e.g., *do funders or anyone else request them?*)

G. Local contexts and community needs

I'd like to know a little bit about the community(ies) you serve and how [the centralized intake system] tries to meet families' needs.

- 1. Does [the centralized intake system] have a process for identifying the needs of families in your [state or community], such as through a community needs assessment or through conversations with families?
 - a. How often do you try and identify families' needs?
 - b. How do you use the information you learn? (e.g., *does it help you determine which groups of families need additional outreach, or which other service providers to partner with?*)
 - c. What needs are most pressing for the families that your system serves?
- 2. Do you think the programs that your [centralized intake system] refers to are a good fit for families' needs?
 - a. If so, how do you know they are a good fit?
 - b. Are there other programs or services you think families need, and wish [centralized intake system] could connect them to?

H. Successes and challenges of the system and opportunities for technical assistance

To close, let's talk about [the centralized intake system] overall and your recommendations.

- 1. What would you say are some of the strengths of [the centralized intake system]?
 - a. What has helped contribute to these strengths?
- 2. What areas would you identify as needing improvement?
 - a. What would you say are the barriers to making these improvements?
- 3. What opportunities for training or additional technical assistance (TA) do you think [the centralized intake system] could benefit from?
- 4. Knowing what you know now, if there was one thing you would recommend to a new community interested in starting a centralized intake system, what would it be?

5. (*Ask this about the interview overall*) Is there anything I didn't ask you about that you'd like to say more about? Or anything else to add?

I. Closing

Thank you so much for meeting with us today and taking time out of your busy schedule. We really appreciate the work you are doing and your willingness to allow us to learn from you and your team! We will send you your [\$60].

In the chat I've put a link to a few demographic questions. Your responses will be anonymous, meaning they can't be linked back to you. We expect this to take you less than 5 minutes to complete. If you could complete that now, it would be very helpful for completing our data collection! Thanks again. Have a great afternoon!