

Instrument 5.

Home Visitor and Other Staff Interview Protocol

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

Home Visitor and Other Staff Interview Protocol

The HV-REACH team will use this protocol to conduct interviews with home visitors and other staff at home visiting programs who receive referrals from the centralized intake system. We will conduct up to 28 interviews with up to 42 staff. All respondents may not be asked all questions and each interview will be tailored in advance based on project team knowledge of the centralized intake system and the staff's role with the system.

Note to Interviewer: To tailor the interview, please use the terms that the home visitor and staff use to refer to the centralized intake system and home visiting program 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. Please note that *when* home visitors first make contact with families might differ according to whether the home visiting program does outreach, recruitment, or enrollment. It is important to clarify how and when the home visiting program gets involved and adjust the interview questions accordingly.

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, and are 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 also 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.

[The centralized intake system] was selected after talking to federal agency staff and other experts in the field who recommended the system. They also recommended that we speak with you as one of their key home visiting partners. We are here to learn from you about how the centralized intake system, [the centralized intake system] supports recruiting and enrolling families in home visiting programs. We are not here to evaluate or monitor your program. As you may know, we also [met/will be meeting] with the administrator of [the centralized intake system in *state, region or locality*], and [will meet with/have met with] the

[home visiting program (s)] director(s) and families from [home visiting program(s)] to understand their perspectives on the centralized intake system. *If we meet with them after we meet with you, we will not share any information shared during this interview.* We will be writing a summary of what we learned that describes [the centralized intake system]. We will combine what we learn from you, staff at [the centralized intake system] and [home visiting program(s)], and families from [the home visiting program]. 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 60 minutes. Afterwards, we will send you a [\$40] 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 your agency and for [home visiting program].

1. What is your current role? For how long have you been in this role?

2. Have you worked as a home visitor or as staff at other home visiting agencies? If so, for how long?
3. Is this your full-time role or do you have other responsibilities? How much of your time is spent in your role as a home visitor?
4. Are you familiar with [the centralized intake system]?
5. Can you summarize whether you interact with [the centralized intake system] and what for? (e.g., *Do you receive referrals from the system or refer to them? Do you have contact with [the centralized intake system] staff? Or do you just see [the centralized intake system] listed as a referral source?*)

C. Outreach and referral

First, we will ask you about how families find out about your home visiting program, either through [the centralized intake system] or otherwise

1. How do families usually hear about [the home visiting program]?
 - a. Other than [the centralized intake system], what are the different ways families find out about [home visiting program(s)] at your agency? (e.g., *specific entities or people you partner with, word-of-mouth, self-referral*)
 - a. Which referral source is most common? (e.g., *the centralized intake system, doctor's offices, childcare centers, community centers*)
2. Do you conduct outreach to families for [the home visiting program]? (e.g., *reaching out to new referral partners, meeting with new families at events or one-on-one, building awareness about the program, encouraging or helping families to enroll*)
 - a. How do you conduct outreach? Where do you reach out to families?
 - b. How is your outreach approach different from the approach [the centralized intake system] takes to reaching out to families, such as where they conduct outreach and the families they reach?
3. Do you ever conduct outreach to support [the centralized intake system] (e.g., *share information with community members or partners about the centralized intake system*)?
 - a. How do you work with [the centralized intake system] to conduct outreach (e.g., *do they provide you names of organizations or people to reach out to?*)
 - i. Do you ever refer families to another home visiting program as part of [the centralized intake system]? Under what circumstances? How often does this occur?
4. How do you share information about a referral to another home visiting program?
5. Who determines if families are eligible for [home visiting program]: does [the centralized intake system] or do you do that?
6. Can you tell us about how [the centralized intake system] matches families to the home visiting program? (e.g., *how do they assess families' eligibility, needs, or preferences and decide which program would be a good fit?*)

- a. What is your role, if any, in this matching decision process?
7. What is the typical amount of time it takes [the centralized intake system] to refer families to your program after families first have contact with them?
 - a. Is it harder or easier to get in touch with families who are identified through [the centralized intake system]?
8. Did you receive training to help you work with [the centralized intake system] or to process their referrals? *If yes:*
 - a. What training did you receive? What did it entail?
9. What other supports have you received to help you work with [the centralized intake system] (*e.g., having a point of contact that can answer questions, periodic booster trainings, written guidance or materials*)?
10. How helpful were these trainings or resources to you?
11. What would you like more training on?

D. Screening and enrollment

Next, I'd like to learn about what happens when a family is interested in enrolling in [the home visiting program]. I'll be focusing on families referred by [the centralized intake system].

1. Who at [the home visiting program] receives the initial referral from [the centralized intake]?
2. At what point do you first have contact with a family referred by [the centralized intake system]? (*e.g., right after the centralized intake screens the family, after someone else at your agency contacts them, or after the family is enrolled?*)
 - a. How does this differ from when you first have contact with families referred from other sources (or is it about the same amount of time)?

Interviewer note: *Ask or skip the following questions as relevant based on the staff's involvement in these activities.*

Receiving referral from the centralized intake system

The next questions are about the process of receiving a referral from [the centralized intake system].

1. When [the centralized intake system] identifies families for [home visiting program], do you receive information about the family? *If so:*
 - a. What information do you receive from [the centralized intake system] about the family?
 - i. Do you receive a completed screening or referral form with family information?
 - ii. Do you receive any information about the family's eligibility?

2. How do you receive this information? (e.g., is it via the phone, email, and computer system or shared database?)
3. Who do you contact if you have a question about the referral? (e.g., Do you ask your supervisor or centralized intake staff?)
4. Do you have any follow-up conversations with staff from [the centralized intake system] after receiving the referral?
 - a. What for? What do you typically talk about?
 - b. Who do you speak with? What is the role of your contact?
5. Do you share any information back with the [centralized intake system] (e.g., about the family's eligibility, fit, or enrollment decision)? How do you share it?
 - a. How do you let [the centralized intake system] know if you are at capacity or if a family wouldn't be able to start right away?
 - b. What other communication occurs between you, your program, or [centralized intake system] during the referral process?
6. Once you have a referral from [centralized intake system], what do you do next?
 - a. Do you reach out to the family or does the family contact you? (e.g., text, call, email)

Screening and enrolling families

Now I'm going to ask about the process for screening and enrolling families in your program

1. How long does it typically take for you to contact the family after they are referred by [the centralized intake system]?
2. How many contacts do you typically have with families before they enroll?
 - a. If more than one contact, how long does it typically take you to enroll families in your home visiting program(s)?
3. Does this timeline for contacting and enrolling families differ depending on whether [the centralized intake system] referred the family? How so?
4. Do you check the family's eligibility? *If so:*
 - a. About what percentage of families referred by [the centralized intake system] are eligible for [the home visiting program]?
 - b. Does this differ compared to families who are referred to [the home visiting program] through other means?
5. Do you ask questions to assess family needs and preferences?
6. How is this information different from what [centralized intake system] collects?
7. Can you walk me through how you guide families through the enrollment processes?
 - a. How do you explain your services to families?
 - b. Do you think [the centralized intake system] gives families a good understanding of what your program offers?

8. What type of questions typically arise for families during the enrollment process?
9. If families do not wish to enroll in home visiting, then what happens? Do you provide options for other services? If so, what services?
10. Do you ever have a waitlist or wait times?
 - a. How do you prioritize families for your program if there are limited spaces to serve families? (e.g., *geography, families who could most benefit from the program, first come first served, etc.*)
 - b. How do you discuss and explain waitlists or wait-times to families?
 - c. What type of contact do you have with families while they are waiting for services to begin?
11. Do you notice any differences in families' circumstances for those referred from [the centralized intake system] compared to the families referred in other ways? (e.g., *differences in where families live, how they hear about the program, or reasons for enrollment*)
12. Are families that are referred by [the centralized intake system] typically interested in enrolling in the program?
 - a. If not, do you try to build their interest? How so?
 - b. Do you have a sense of whether they stay enrolled in the program longer than other families?

Coordination with [the centralized intake system]

I have a couple questions about what it's like coordinating with [the centralized intake system]

1. Overall, based on your interactions with [the centralized intake system], how easy or hard is it for you to coordinate with this system?
 - a. How would you describe the ease of use of [the centralized intake system] for you?
 - b. How about for families?
 - c. What works well?
 - d. What areas still need improvement?
2. Do you ask families for feedback on [centralized intake system]? If so, how?
 - a. How do you share this feedback with [centralized intake system]?

E. Reaching eligible families and meeting families' needs

The next set of questions will help us better understand how home visiting programs can **reach more families** that could benefit from their services.

1. Does your agency use data to understand whether there are any gaps in recruiting and enrolling families of different backgrounds (e.g., *race/ethnicity, language, income, etc.*)?

2. Are there specific types of families or communities you think could be more represented in your program? Which ones?
 - a. Does your program do anything in particular to try and recruit them?
 - b. Is [the centralized intake system] able to reach certain families that [the home visiting program] is not typically able to reach?
3. For the families and communities you serve, what needs stand out to you?
 - a. Do you think [home visiting program] and any other services in [agency that houses the home visiting program] help families meet those needs?
 - b. What family needs, if any, are not addressed through the [agency that houses the home visiting program]?
4. How does [the home visiting program] connect families to other services they need or want, initially or as needs arise?
 - a. Does [the centralized intake system] refer families to other services to meet those needs, or does [the home visiting program]? Alternatively, do both make ongoing referrals? Do you refer the family back to [the centralized intake system] if they do continue to need help?
 - b. Does [the home visiting program] also refer families directly to community service providers?

F. Documentation and guidance

The next questions are about **processes for sharing information between** [the centralized intake system] and [the home visiting program].

1. Are there other types of data or information that you share with [the centralized intake system] that we haven't discussed yet?
 - a. What process do you use to share information between [home visiting program] and [the centralized intake system] (*e.g., about capacity to serve families or recruitment into centralized intake*)?
 - b. If a family referred by [the centralized intake system] does not enroll in [the home visiting program], how do you share that information back with [the centralized intake system]?
2. How is family privacy protected?
 - a. Do you ask families for permission before you share any information about them with [the centralized intake system]? If so, tell me about how you obtain their permission (*e.g., do families sign a release of information, give verbal permission, etc.*).
 - b. Do families typically agree to this information sharing?
3. What about your process for sharing data or information with [the centralized intake system] works well?

4. What challenges do you experience obtaining and using data or information from [the centralized intake system]?

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

Now, I'd like to reflect on, overall, [centralized intake system]'s successes and challenges in supporting enrollment into [home visiting program].

1. Has [centralized intake system] benefited your home visiting program? If so, how?
2. What would you say are some of the strengths of how [centralized intake system] helps families access [home visiting program]?
 - a. What has helped contribute to these strengths?
3. What areas [of the centralized intake system] need improvement?
 - a. What are the barriers to making these improvements?
 - b. What opportunities for training or additional TA do you think would support working with [the centralized intake system]?
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 to support access to home visiting, 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?

H. Closing

Thank you so much for meeting with us today and taking time out of your busy schedule. We really appreciate the work that you do here and your willingness to allow us to learn from you and your experiences! We will send you your [\$40].

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