

Understanding and Expanding the Reach of Home Visiting (HV-REACH) Project

**OMB Information Collection Request
0970 – New Collection**

Supporting Statement Part B

September 2024

Submitted by:
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

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Part B

B1. Objectives

Study Objectives

The Understanding and Expanding the Reach of Home Visiting (HV-REACH) Project, funded by the Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE) in collaboration with the Health Resources and Services Administration (HRSA), proposes to collect in-depth qualitative case study data to meet the following objectives:

1. Understand the features, strengths, and challenges of different models of centralized intake systems, such as such as triage, shared decision-making, and market, that refer to Early Childhood Home Visiting (ECHV) programs
2. Identify the ways in which staff and families think centralized intake systems support outreach, screening, referrals, and enrollment of families in ECHV programs
3. Understand enrolled families' experiences with centralized intake systems

ACF has contracted with Mathematica and Brazelton Touchpoints Center to conduct this study.

Centralized intake systems are a single entry point that use outreach and screening to identify families with needs and provide referrals to the home visiting program that best fits those needs. Existing centralized intake systems use a range of methods, and their definitions and applications can vary widely. In addition, the influence of these systems on family and staff experiences of outreach, screening, referrals, and enrollment—particularly for families that are underserved or may be missed by other referral pathways—is largely unknown.

By understanding the different model approaches of centralized intake systems, this study could inform communities seeking to expand the enrollment of families in ECHV programs. Understanding and explaining different features of these systems and family and staff experiences with outreach, screening, referrals, and enrollment processes could lead to opportunities for program improvement, technical assistance, or changes to centralized intake system processes. For instance, this study might uncover (1) strategies for successfully implementing centralized intake systems across diverse contexts or (2) particular referral pathways that centralized intake systems can use to expand family enrollment.

Generalizability of Results

The study is intended to present an internally valid description of up to seven purposively selected sites implementing centralized intake systems that refer families to ECHV programs. These case studies could identify promising practices for expanding enrollment, not promote statistical generalization to other sites or a wider population. Analyses will not identify or test any causal links between the features of centralized intake systems and family enrollment patterns.

Appropriateness of Study Design and Methods for Planned Uses

This study will use qualitative methods to collect data. Such methods are ideal for addressing the study's research questions. The research team will use a case study framework with varied data sources and

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respondents—such as semi-structured interviews with staff and families and document reviews—to gain an in-depth, multifaceted understanding of a complex policy or intervention within a real-life context (Yin, 2003, 2017). The case study approach captures information on explanatory questions about implementation and the experiences of staff and families (Harrison et al., 2017). This approach can offer insights into the key features of varied centralized intake systems. A purposive sample will ensure the inclusion of a range of centralized intake systems that offer promising practices for various communities.

The proposed qualitative methods—virtual or in-person site visits comprising semi-structured interviews and document reviews—are appropriate for the study objectives because they will enable the research team to explore in depth (1) the features, strengths, and challenges of different centralized intake systems; (2) how these systems support outreach, screening, referrals, and enrollment of families in ECHV; and (3) families' experiences with enrollment through different centralized intake systems. All respondent interviews will use flexible protocols that are adaptable to specific situations and respondent groups (more details about respondent types appear in Section B2, under Target Population).

As noted in Supporting Statement A, this information is not intended to be used as the principal basis for public policy decisions and is not expected to meet the threshold of influential or highly influential scientific information. The data that will be collected are not intended to be representative. This study does not include an impact evaluation and will not be used to assess participants' outcomes. All publicly available products associated with this study will clearly describe its key limitations.

B2. Methods and Design

Target Population

The research team will purposively select seven sites for the case studies that fall into different models of centralized intake, for example, triage model, shared decision-making model, and market model systems. For each of the seven sites, the research team will collect data from the organization(s) that run the selected centralized intake system and up to two home visiting programs that receive referrals from the selected system. Respondents will include the centralized intake system administrators and staff, home visiting program directors and staff, home visiting staff and other staff responsible for conducting outreach and enrollment, and families referred to the affiliated home visiting program through the centralized intake system.

The research team will use nonprobability purposive sampling to select organization(s) implementing the centralized intake systems of interest and the associated home visiting programs. The research team will also use nonprobability purposive sampling to identify potential respondents who can provide information on the study's key constructs. Given that participants will be purposively selected, they will not be representative of the population of home visiting staff or families served centralized intake systems. Additionally, findings may not generalize to centralized intake systems that are not represented within the study.

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Respondent Recruitment and Site Selection

To select centralized intake system organizations, home visiting programs, and respondents from the sites, the research team will apply a set of selection criteria that will lead to an appropriate level of variation in centralized intake systems for meeting the study's goals and answering the research questions. The research team will purposively select organizations that will permit us to (1) examine different models of centralized intake systems and (2) interview respondents within sites who can provide lessons relevant for centralized intake systems and home visiting programs to work together to conduct outreach to, screen, refer, and enroll families into ECHV programs. In this section, we describe the organization and respondent selection and recruitment steps.

1. Centralized intake organization identification

Goal: Identify a pool of organizations that administer a range of centralized intake systems and select sites to recruit for the study

Starting in January 2024, the HV-REACH research team began to identify existing centralized intake systems from prior written documents. To identify additional centralized intake systems, the research team will share a list of selection criteria and seek nominations from federal staff and other subject matter experts. They will apply selection criteria to a list of organizations that administer centralized intake systems to develop a narrowed list of candidate sites. The selection criteria will focus on including a range of centralized intake system models (such as, triage, shared decision-making, and market models); geographic locations (that is, U.S. region) and scope (statewide, regional, or local); and home visiting models (Exhibit 1). Some of these selection criteria are eligibility criteria that a site must meet to be considered for the study; other selection criteria are considerations for prioritization that will be used to select priority sites for recruitment among those that are eligible. If the research team needs more information about a candidate site before applying the selection criteria, the team will obtain contact information from nominating individuals and then a research team liaison will reach out to centralized intake administrators by email to introduce the study and ask screening questions about the centralized intake system (Instrument 1). In the email, the research team liaison will offer to schedule a phone call to provide more information about the study, collect responses to screening questions, and answer any questions. During the screening call, the research team liaison will gauge the site's interest in study participation. The screening email will include frequently asked questions (FAQs) about the study for staff (Appendix A). If the centralized intake administrator does not respond to the screening questions via email within a week or if the administrator prefers providing information over the phone, the research team liaison will reach out to them via phone. The research team will review all information collected from written documents, nominators, and candidate sites to make a final selection of seven sites for the case studies (Tier 1), with up to 9 additional organizations that will serve as backups if any of the selected organizations refuses participation (Tier 2).

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Exhibit 1. Site Selection Criteria

Eligibility criteria

- Centralizes or coordinates outreach, screening, referrals, or enrollment processes for a home visiting program (defined as an organization that delivers early childhood home visiting services) and at least one other organization
- Well-established system that is currently up and running and has been actively referring families for at least six months
- Has at least one home visiting program that has received recent referrals (in the past two months) from centralized intake that is willing to participate in case studies

Prioritization considerations, in order of importance

- Centralized intake system has a high level of centralization, coordination, or collaboration based on an assessment of:
 - o Processes for outreach, screening, and referrals (for example, refers families to home visiting, does not just provide information; processes involve more than just a phone number or shared materials)
 - o Staffing (for example, have dedicated staff)
 - o Data sharing
 - o Number of partners and how they work together (for example, MOUs or advisory boards)
- Variation in type of centralized intake model (such as such as triage, shared decision-making or coordinated, and market or collaborative)
- Variation in geographic scope of centralized intake system (statewide, regional, local)
- Variation in U.S. geographic region of centralized intake system
- Variation in ECHV model offered by associated home visiting programs
- Variation in length of time the centralized intake system has been operating
- Variation in service scope (home visiting only, versus home visiting and other types of services)

2. Centralized intake organization recruitment and home visiting program identification

Goal: Recruit seven of the selected centralized intake system organizations and identify home visiting programs that have recently received referrals from them

The research team will conduct recruitment calls with selected centralized intake system organizations. One week before the recruitment call, a research team liaison will send centralized intake administrators a recruitment email (Appendix B) inviting them to participate in the study. The email will explain what study participation entails and request that administrators connect with their home visiting program partners and gauge their interest in participating in the study or connect the research team with the programs so that they can do so directly. The email will also include FAQs about the study for staff (Appendix A). Research team liaisons will then conduct the recruitment call with the centralized intake administrator, during which they will present information about the study, secure the organization's participation in the study, and discuss home visiting program partners' interest in participating. If there are more than two home visiting programs recommended, the research team liaison will gather additional information about them to inform the selection of two. The team will

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emphasize the benefits of participation and that the study goal is to support program improvement, not evaluate a particular centralized intake system or home visiting program.

If the organization and at least one home visiting program is eligible and interested to proceed, the research team liaison will discuss possible dates for conducting the centralized intake administrator interview. They will also discuss the document request—that is, they will request that centralized intake administrators securely send relevant documents following the recruitment call, so the research team can review them before the centralized intake administrator interview. After the recruitment call, the research team liaison will email the document request (Instrument 3) to the centralized intake administrator.

3. Home Visiting Program selection and recruitment

Goal: Select and recruit two home visiting programs for each identified centralized intake system

The research team will attempt to include two home visiting programs for each centralized intake system. From the list of home visiting programs recommended by the centralized intake administrator, the research team will prioritize those that collectively offer a mix of home visiting models, size of population served, and family or community characteristics (including race and ethnicity) (Exhibit 2). If there are more than two eligible home visiting programs, the research team will identify two to recruit based on these criteria and keep the others as potential backup sites.

Upon selecting home visiting programs, the research team liaison will request a warm email handoff from the centralized intake administrator to the directors of selected home visiting programs, and then directly recruit the home visiting programs. One week before the home visiting program recruitment call, the research team liaison, or the centralized intake administrator (if willing) will send each home visiting program director the home visiting program recruitment email (Appendix C). During the recruitment call, the research team liaison will confirm the home visiting program's eligibility (that is, that it has received referrals from the centralized intake system organization) and secure its participation in the study. The research team liaison will emphasize the benefits of participation and that the study goal is to support program improvement, not to evaluate a particular program. If a home visiting program declines to participate, the team will recruit a backup site with similar characteristics that is part of the same centralized intake system.

Upon securing a home visiting program's participation, the research team liaison will discuss the document request, the purpose and process for identifying family respondents, the identification of home visiting program staff respondents, and the next steps for scheduling the virtual or in-person site visit. The research team liaison will ask the home visiting program director to designate a person in their organization (an on-site coordinator) who could help with recruitment and scheduling of respondent interviews. The research team liaison will request that home visiting program directors upload relevant documents after the recruitment call, so the team can review them before conducting the home visiting program director call. Following the recruitment call, the research team liaison will email the document review request (Instrument 3) to the home visiting program director.

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Exhibit 2. Home Visiting Program Selection Criteria

Eligibility criteria

- Has received recent referrals from centralized intake (for example, in the past two months)

Prioritization considerations, in order of importance

- Variation in ECHV model offered
- Variation in size (such as number of families served)
- Variation in family or community characteristics (including race and ethnicity, urbanicity/rurality)

4. Home visitor identification and recruitment

Goal: Identify and recruit up to three home visitors in each recruited program

In addition to the home visiting program director interview, the research team plans to conduct one to two interviews with up to three home visiting staff (in total) who conduct home visits or are responsible for outreach, recruitment, and enrollment. An interview may be one-on-one or include two staff together.

During a site visit planning call with the appointed on-site coordinator, the research team liaison will work closely with the on-site coordinator to confirm (if needed) whom to interview and to schedule the interviews. For instance, the research team liaison will ask the on-site coordinator to identify home visitors they think will be willing to speak with us, will be knowledgeable about the interview topics, and could make time for the interview.

5. Family identification and recruitment

Goal: Within each home visiting program, identify and recruit up to six families that enrolled in services through the centralized intake system

The research team liaison will collaborate with the designated on-site coordinator to contact families, with the goal of completing two to four interviews per home visiting program, for an average of three interviews per home visiting program. Interviews will be conducted in English or Spanish. The research team liaison will ask the on-site coordinator to review their administrative records to identify families that enrolled in services through the centralized intake system within approximately the past three months. The exact approach and cutoffs will be established in collaboration with the on-site coordinator for the participating home visiting programs. The research team liaison will ask the coordinator if home visitors (if possible, starting with the home visitors selected for interviews) could review their caseloads to help identify potential families for interviews.

The research team liaison will discuss with the on-site coordinator an approach to recruiting families. First, the research team liaison will ask the home visitor to identify the family member who was most involved with the recruitment and enrollment process. Then, they will ask the on-site coordinator or home visitor to make the first outreach attempt to families and a warm handoff to the research team liaison. The research team liaison will ask the coordinator or home visitor to share an attractive study flyer along with Study FAQs for Families (Appendix D), ask the family if they would be interested and willing to participate in the study, and have the research team contact them. The research team will be

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open to either 1) the research team liaison then reaching out to families who have expressed interest in participating (via email, text, or phone) to recruit them and schedule the interview, or 2) to the on-site coordinator securing the family's agreement to participate and scheduling the interviews. For example, if home visiting programs or families are not comfortable with the research team recruiting families, the on-site coordinator could recruit them and only share contact information for those who have agreed to participate. Alternatively, families could contact the research team directly.

B3. Design of Data Collection Instruments

Development of Data Collection Instruments

The research team has developed four semi-structured interview protocols and one Participant Characteristics Form for this study. Table A.1 in Supporting Statement A provides details about the respondent, content, purpose, mode, and duration of each instrument. The semi-structured interview protocols include one for each of the following respondent types: centralized intake administrators and other staff (Instrument 2); home visiting program directors and other staff responsible for overseeing outreach, referral, or enrollment (Instrument 4); home visitors and other staff responsible for conducting outreach, referral, or enrollment (Instrument 5); and families (Instrument 6). There is also a form for collecting participant characteristics to describe the sample (Instrument 7) that will be administered via web to all respondents who participate in the interviews.

All questions in the semi-structured interview protocols (Instruments 2, 4, 5, and 6) are new. Because they reflect a new area of research, the constructs under study cannot be measured using existing instruments. The Participation Characteristics Form includes demographic questions that follow current OMB standards and requirements.

Exhibit 3. Constructs Table

Construct	Centralized Intake Administrator and Other Staff	Home Visiting Program Director and Other Staff	Home Visitor and Other Staff	Families
Features of centralized intake systems				
Structure of centralized intake system (for example, scope, staffing)	✓	✓	✓	

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<div> <div>Home Visiting Program</div> <div>Centralized Intake Administrator and Other Staff</div> <div>Direct or Other Staff</div> <div>Home Visitor and Other Staff</div> <div>Families</div> </div>				
Construct				
Funding and role of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardee	✓			
Development of centralized intake systems	✓	✓	✓	
Governance of centralized intake systems	✓	✓		
Features of home visiting programs				
Structure of home visiting programs (for example, scope, staffing)		✓		
Enrollment capacity		✓	✓	
Referral sources beyond centralized intake system		✓	✓	
Using data to consider balanced access	✓	✓	✓	
Documentation, guidance, and staff hiring and training				
Centralized intake staff hiring and retention	✓			
Staff training on centralized intake processes	✓	✓	✓	
Data collection and documentation for screening, referrals, and enrollment	✓	✓	✓	
Data infrastructure, privacy, and data capacity	✓	✓	✓	✓
Outreach, screening, and referral processes				
Outreach approaches taken by centralized intake system or home visiting program	✓	✓	✓	✓
Who is missed through current referral pathways	✓	✓	✓	✓

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Construct	<div> <div>Home Visiting Program</div> <div>Centralized Intake Administrator and Other Staff</div> <div>Direct or Other Staff</div> <div>Home Visitor and Other Staff</div> </div>				Families
Screening and eligibility determination	✓	✓	✓	✓	
Family matching to home visiting programs based on their preferences	✓	✓	✓	✓	
Referral from centralized intake system to home visiting program	✓	✓	✓	✓	
Family enrollment processes, including data collected		✓	✓	✓	
Communication about home visiting program availability and family prioritization	✓	✓	✓		
Enrollment efficiency and timeline	✓	✓	✓	✓	
Differences between families referred by centralized intake system and other sources		✓	✓		
Outcomes of centralized intake system	✓				
Local contexts, community needs, family experience					
Understanding local contexts and community needs	✓	✓	✓	✓	
Centralized intake feedback loops with families and programs	✓	✓	✓		
Family experience navigating programs			✓	✓	
Alignment between services and family needs			✓	✓	
Successes and challenges of the system and opportunities for technical assistance					

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	Centralize d Intake Administr ator and Other Staff	Home Visiti ng Progr am Direct or and Other Staff	Home Visito r and Other Staff	
Construct				Families
Strengths of centralized intake	✓	✓	✓	✓
Areas for improvement	✓	✓	✓	✓
Additional technical assistance needed	✓	✓	✓	

B4. Collection of Data and Quality Control

The Mathematica and Brazelton Touchpoints Center research team will conduct data collection activities virtually or in-person. A site team, made up of primarily two people from the research team, will be assigned to each site to recruit, conduct interviews, and obtain and review written documents for a particular centralized intake site.

Training

To ensure that high-quality data is collected, the site team will be trained to screen centralized intake system organizations and home visiting programs and to conduct recruitment and data collection activities. Training will cover three areas: (1) screening, (2) recruitment, and (3) semi-structured interviews. The training will include a thorough review of all materials, interview protocols, and participant characteristic forms and share best practices for all steps of data collection. For screening and recruitment topics, the training will prepare the research team liaison on (1) how to establish rapport with the centralized intake administrators and home visiting program directors, (2) how to clearly communicate the purpose of the study, and (3) how to answer questions or address any concerns that potential respondents may have.

To ensure that high-quality data are collected while minimizing burden on respondents, the data collection training will include information on (1) scheduling the interviews; (2) preparing for the interviews (for example, asking only relevant questions and identifying already collected documents that provide needed information); (3) moving efficiently through the interview protocols while collecting high-quality information (for example, how to make decisions about which probes are critical based on answers received to that point in the interview); (4) encouraging respondents to complete the Participant Characteristics Form at the end of the interview; (5) best practices for working collaboratively with centralized intake system organizations and home visiting programs to obtain high-

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quality data and documents; and (6) reviewing transcripts and synthesizing notes after each interview to confirm completeness of the data.

Recruitment

Recruitment materials. To ensure respondent buy-in, the research team has prepared an engaging recruitment packet that includes recruitment emails with study details for centralized intake administrators (Appendix B) and home visiting program directors (Appendix C), and a sheet with FAQs about the study for staff (Appendix A) and families (Appendix D).

Recruitment process for study respondents. After the research team selects centralized intake systems for the case studies, they will move to the formal recruitment of respondents. As described in Section B2, under Respondent Recruitment and Site Selection, site teams will begin by sending out recruitment materials to the centralized intake administrator and, if needed, follow up with a phone call to recruit them. During the call, they will ask them to recommend home visiting programs that have recently received referrals from the centralized intake system. They will also enlist the centralized intake administrator's help in recruiting the home visiting programs. They will then conduct a recruitment call with the recommended home visiting program directors, recruit them, and ask them to nominate an on-site coordinator in their organization to help recruit their home visitors and families and to schedule the virtual or in-person site visit interviews.

Data Collection

Research team members with qualitative research experience will conduct the virtual or in-person site visit interviews at the seven selected sites and collect documents that the team will review to answer the study's research questions. Data collection will be conducted virtually via telephone and videoconferencing software or in-person, depending on the selected site. For all interviews, one member of the team will conduct the interview, while the other member will take notes. With the permission of respondents, the site teams will also record audio and/or video of the interviews so that the research team can reference them. The team may also use an external service to transcribe the interviews. Site teams will debrief after each interview (using recordings and meeting software transcripts as needed) to ensure completeness of the data.

Further details about each information collection include the following:

- Site teams will conduct 90-minute interviews with up to 42 centralized intake administrators and other staff who are responsible for overseeing or conducting outreach, screening, or referrals (up to four interviews per site).
- Site teams will conduct 60-minute interviews with up to 28 home visiting program directors and program staff who are responsible for overseeing outreach and enrollment in home visiting programs that receive referrals from centralized intake systems selected for site visits (up to two interviews per home visiting program).
- Site teams will conduct 60-minute interviews with up to 42 home visitors or other staff involved in outreach and enrollment in home visiting programs that receive referrals from centralized intake systems selected for site visits (up to two interviews per home visiting program, for 28 interviews in total).

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- Site teams will conduct 60-minute interviews with up to 42 families enrolled at the selected home visiting programs.
- All respondents who participate in the interviews—including, centralized intake administrators and other staff, home visiting staff (program directors, home visitors, other staff involved in outreach and enrollment), and families—will complete a Participant Characteristics Form, which will be used in describing the sample. The site team will provide time at the end of each interview for completion of the form or email the survey link to any respondents who do not complete it during the interview.

Before conducting interviews with centralized intake administrators and home visiting program directors, the site team will discuss and send out a document review request (Instrument 3) for relevant documents. For example, from centralized intake administrators, the team will request documents on written policies or practices for systems to document and track (1) outreach, screening, referral, and enrollment processes; (2) referral pathways; (3) roles of home visiting programs or other partners; (4) criteria about which families to reach out to or screen for home visiting, as well as other types of materials; and (5) summary reports with numbers of families screened or referred by the system. For instance, systems may have materials that administrators could share on the procedures for screening families or on recommended practices for referring families to home visiting programs. From home visiting program directors (or program staff), the site team will request any relevant written materials that programs have about the centralized intake system, including procedures or reports on the numbers of families referred by the centralized intake system. Documents of interest will be discussed during recruitment calls (or at another time before the interview) with centralized intake administrators and home visiting program directors. The specific topics may evolve based on further exploration of what centralized intake systems have available to share. If centralized intake administrators, home visiting program directors, or program staff reference relevant documentation during interviews that were not already shared, the site teams will ask if they could share them.

If the study sample includes a tribal site, the research team will ensure that their data collection procedures are respectful of the tribal community as a sovereign nation and follow the guidance of their governing entities.

Quality Control

The research team will continually review notes and transcripts from interviews and regularly hold team meetings throughout the data collection. These meetings will be an opportunity to identify and address any data collection issues. If high-quality data are not being collected, the research team will make adjustments during the data collection to ensure the protocols are being followed and site teams are using comparable strategies in conducting the interviews.

As needed, a senior team member will provide additional training to the data collector, such as reviewing training materials, or observe the data collector and provide feedback on their interviewing technique to ensure high-quality data collection.

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B5. Response Rates and Potential Nonresponse Bias

Response Rates

The case studies are not designed to produce statistically generalizable findings, and participation is wholly at the respondent's discretion. Response rates will not be calculated or reported.

Nonresponse

Because the research team will not randomly select participants and they do not intend for the findings to be representative, they will not calculate nonresponse bias. As part of study reporting, however, the research team will present information about the demographic characteristics of the participating respondents (based on the Participant Characteristics Form). They will also document the number of sites (centralized intake system organizations and home visiting programs) and families that accepted or declined study participation.

B6. Production of Estimates and Projections

The data will not be used to generate population estimates, either for internal use or dissemination.

B7. Data Handling and Analysis

The research team will preregister the study at clinicaltrials.gov.

Data Handling

Interviews. The site teams will take notes during interviews and interviews will be audio and/or video recorded, with respondent permission. To ensure the completeness and accuracy of the interview notes, they will review the recordings and automatically generated transcripts from the video conferencing system to fill in any words, phrases, or portions of text that they may have missed capturing. Alternatively, if the site team uses an external service to transcribe the interviews, the data collectors will review the audio recordings to fill in any words, phrases, or portions of text indicated as inaudible by the transcriber to ensure accuracy and completeness of data. If a respondent does not agree to be recorded, we will proceed with the interview and ensure that notes are clear.

The site teams will decide if any individualized follow-up is needed with the respondents to gather additional information or to clarify existing information.

Documents. To prepare documents for analysis, the research team will develop a structured template for internal use by the team to capture and organize key information from each document. ,

The site teams will tailor and refine the template based on documents received during data collection.

Participant characteristics. Data on basic characteristics from centralized intake staff, home visiting program staff, and families will be checked for completeness and stored securely, with access restricted to the research team.

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Data Analysis

Qualitative data from the interviews and from collected documents will provide comprehensive and rich information. It will be used to complete a template used by the research team that summarizes each individual centralized intake system, including its characteristics, strengths, and challenges. The summaries will then be used to compare characteristics across centralized intake systems and develop cross-cutting findings. Throughout analysis, the research team will meet to discuss the coding process and emerging findings. These meetings will help ensure the findings reflect key takeaways from interviews and that they have face validity. The specific analysis steps are outlined below.

The research team will develop an initial codebook of primary (descriptive) and anticipated secondary (thematic) codes to apply to the interview transcripts. The research team will load all interview transcripts into NVivo 13 or a similar qualitative analysis software package. The research team will analyze the interview transcripts and use information from documents to supplement information obtained from the interviews. The initial codebook will be updated and refined as needed during data analysis to ensure that the codes capture relevant features of the centralized intake systems and themes that emerge within the interviews. For example, the research team may add thematic codes to the codebook based on team discussions during analysis. After coding, the research team will analyze the responses within and across interviews to populate the templates summarizing each centralized intake system. A senior qualitative researcher will review the summaries of each individual centralized intake system for clarity, completeness, and quality. The team members will address any feedback from the senior qualitative researcher and finalize their summaries. Throughout the coding and analysis process, the research team will develop key themes and findings about key cross-cutting topics related to the research questions. The team will also use descriptive information from the Participant Characteristics Form to describe the sample.

Data Use

The research team will use the research questions, summaries of each centralized intake system, and summaries of themes across systems to develop a report.

Dissemination of findings may include a report, research brief, and presentations or briefings. All materials that are disseminated will note limitations to the data.

B8. Contact Persons

The following individuals at ACF and Mathematica are leading the research team:

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Attachments

Appendices

Appendix A: Study FAQs for Staff
Appendix B: Centralized Intake Administrator Recruitment Email
Appendix C: Home Visiting Program Recruitment Email
Appendix D: Study FAQs for Families

Instruments

Instrument 1: Centralized Intake Administrator Screening Talking Points or Screening Email with Questions
Instrument 2: Centralized Intake Administrator and Other Staff Interview Protocol
Instrument 3: Document Review Request
Instrument 4: Home Visiting Program Director and Other Staff Interview Protocol
Instrument 5: Home Visitor and Other Staff Interview Protocol
Instrument 6: Family Interview Protocol
Instrument 7: Participant Characteristics Form

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