

## Instrument 4.

### Home Visiting Program Director and Other Staff Interview Protocol

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

## Home Visiting Program Director and Other Staff Interview Protocol

The HV-REACH team will use this protocol to conduct interviews with up to 49 local home visiting program directors or other staff that receive referrals from centralized intake systems. At each site, we will conduct interviews with up to four staff in charge of outreach, screening, referral, and enrollment. All respondents may not be asked all questions; each interview will be tailored in advance based on information we have about the specific centralized intake system and the staff's role with the system. If the agency that houses the home visiting program administers more than one home visiting program model, we will ask questions about all home visiting program models they administer.

**Note to Interviewer:** To tailor the interview, please use the terms the home visiting program director and staff use 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. Please note that the home visiting program interaction with the centralized intake system and families (including when home visitors first make contact with families) might differ according to whether the home visiting program does outreach, screening, referral, or enrollment. It is important to clarify how and when the home visiting program gets involved and adjust the 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, coordinated, or collaborative systems for collecting information from families and matching them to home visiting programs in their regions. We will refer to these systems as centralized intake systems in this interview. 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.

The centralized intake system your home visiting program works with was selected after talking to federal agency staff and other experts in the field who recommended your system. You were recommended as a key home visiting partner of the centralized intake system. We

are here to learn from you about how the centralized intake system supports recruiting and enrolling families in home visiting programs. We are not here to evaluate or monitor you or your program. As you may know, we also [met/will be meeting] with the administrator of the centralized intake system in [name of state, county or locality], and [will meet/have met] with home visiting staff and families from [home visiting program(s)]. We will be writing a summary of what we learned that describes the centralized intake system. We will combine what we learn from you, the centralized intake system, and families from [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 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. We will take notes either way.

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 #: 0970-0638, Exp: 1/31/2026.

- 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 [home visiting program(s)].

1. What is your official job title? What is your role?

2. For how many years have you been in this role? How long have you been at [home visiting program]?
3. How many total years of experience working in the field of home visiting do you have?

### **C. Home visiting program background**

Now let's talk about [home visiting program(s)] (*Ask for each home visiting program, if necessary*)

1. We'd like to understand how [the home visiting program(s)] is set up.
  - a. How long has [the home visiting program(s)] been operating?
  - b. What other programs or services does [the agency that houses the home visiting program] offer to families?
2. What are the eligibility requirements for [the home visiting program]?
  - a. What are the characteristics of families you typically serve in [the home visiting program]?
    - I. How does this compare to the community your agency is located in?
    - II. How does this compare to the service area for the program?
  - III. What challenges or needs are most pressing or most common for the families in [home visiting program] (*such as housing instability or substance use issues*)?
  - IV. What proportion of families served by your program experience such needs?
3. The next questions are about your enrollment capacity.
  - a. How many families does your program have the capacity to serve?
  - b.** How many families does [the home visiting program] currently serve?
  - c.** How many families does [the home visiting program] serve on average?
  - d.** Is there currently a waitlist?
  - e.** Do you prioritize enrolling families with particular circumstances? (*e.g., those experiencing homelessness, involved in the foster care or child welfare system, affected by substance use or mental health concerns*)?
  - f.** Have any families been denied enrollment because you did not have capacity to enroll them in the past 2-3 months?
4. How is the home visiting program staffed? For example, are there other staff in addition to the staff who provide home visits?
  - a. How many home visitors are there? Are they all full-time positions?
  - b.** What is the range of caseloads for home visitors?
  - c.** Who, if anyone, conducts outreach (*identifying and contacting families*)?
  - d.** Who helps enroll families into your home visiting program(s)?

## D. Participation in centralized intake system

Now, I'd like to understand how you **partner with [the centralized intake system]** and how that partnership relates to how you recruit and enroll families for your program.

1. What made your agency decide to participate in [the centralized intake system]?
2. What are your agency's goals for collaborating with [the centralized intake system]?
3. When did you get involved with [the centralized intake system]?
4. What was your agency's involvement like with [the centralized intake agency] when the centralized intake was being set up?
  - a. Were you or someone else at your agency involved in starting [the centralized intake system]? *(if no, Skip to 4e)*
  - b. Who did you or your agency meet with (which agency/staff)?
  - c. How frequently did your agency meet with them?
  - d. What was discussed?
  - e. What were the concerns or challenges to starting up a centralized intake system that your agency and your partners needed to work through (*e.g., time commitment, privacy/data sharing, matching or referral algorithm or decision tree*)?
    - I. What helped to work through them?
  - f. How has [the centralized intake system] evolved over time (since it started)?
    - I. Why? *(Note to interviewer: In case there is a long history of progress, focus on the recent developments/ adaptations)*
5. Can you describe how your agency works with [the centralized intake system] currently, to provide guidance, oversight, or support for the system?
  - a. Do you meet with [names of agency/ies involved in the centralized intake system] on a regular basis? If so:
    - I. How frequently do you meet?
  - II. What is the purpose of those meetings?
  - III. What information do you share with them, or they share with you?
    - b. Which staff at your agency are currently involved with [the centralized intake system]? How so?
6. What is the time commitment for collaborating with [the centralized intake system]?
  - a. Do you have an estimate of how much it costs for your agency to be involved in [the centralized intake system]?
  - b. Has collaborating saved time in other areas of program administration (*e.g., staff time spent on recruitment, referrals, etc.*)?
    - I. If yes, how do you think these time savings are related to cost?

- c. Does this commitment yield the results you hope for? (that is, *are the time and money worth the cost?*)
  - II. In what way or why not?
7. About how many families are referred to you from [the centralized intake system] in a typical month? (*an estimate is fine*)
    - a. About what proportion of referrals to [home visiting program(s)] does this represent overall? (*An estimate is fine*)
    - b. How does the number of referrals you receive change based on [the home visiting program's] capacity?
  8. Are there families that are eligible for your home visiting program(s) but might still be missed by the current referral pathways (*both centralized intake and otherwise*)?
    - a. Do you use data to identify or address any gaps your home visiting program has in reaching and enrolling families of different backgrounds or based on where they live?
    - b. Do you think [the centralized intake system] has helped with reaching these families? (*Or might help?*) How so?

## E. Outreach and referral

Now, I'd like to understand how you **outreach to families**. In some cases, home visiting outreach staff may also refer families to another home visiting program or [the centralized intake system].

1. Other than [the centralized intake system], what are the different ways families find out about [home visiting program(s)]?
  - a. What are the different referral pathways? (e.g., *specific entities or people you partner with, word-of-mouth, self-referral*)
  - b.** Which referral source(s) is (are) most common? (e.g., *the centralized intake system, doctor's offices, childcare centers, community centers*)?
  - c.** Does [the home visiting program] do any outreach to support referrals from these sources?
    - I. Does [home visiting program] have outreach materials that are common/shared across multiple home visiting programs?
2. Do you ever refer families to another home visiting program as part of [the centralized intake system]? If so:
  - a. Under what circumstances? How often does this occur?
  - b.** How do you share information about a referral to another home visiting program?
  - c.** Do you follow up to see if the referral was completed?
3. Do you ever refer families to [the centralized intake system]? If so:
  - a. Under what circumstances? How often does this occur?

- b.** How do you share the information about a referral to [the centralized intake system]?
- 4. What information do you collect from families who are interested in enrolling in your program, to determine if they are eligible and a good fit for your program?
  - a. Does this differ based on whether families are referred to you through [the centralized intake system] or other sources?
  - b.** Is there is a referral or intake form? (If so, ask for a copy).
  - c.** What questions do you ask to assess family needs and preferences?
- 5. Do you notice any differences in families referred from the [centralized intake system] compared to the families referred in other ways?
  - a. Is it harder (or easier) to make initial contact with families referred by [the centralized intake system]?
  - b.** Are families referred by [the centralized intake system] more (or less) interested in enrolling in the program than families referred by other sources?
- 6. Can you tell us about how [the centralized intake system] matches families to your home visiting program? (For example, 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?
  - b.** How do program eligibility requirements come into play with this decision?
  - c.** Does your program have preferences for certain priority groups? (*e.g., those experiencing homelessness, involved in the foster care or child welfare system, affected by substance use or mental health concerns*)
  - d.** Do families have a say in in the matching decision? Why or why not?
- 7. How long do you think it typically takes for [the centralized intake system] to match a family to your home visiting program?
- 8. What languages does the home visiting program serve?
- 9. When and how does your program share information about capacity with [the centralized intake system]? (*e.g., does the program send capacity numbers quarterly, does the centralized intake ask the program about capacity when they're ready to refer the family?*)
  - a. Does [the centralized intake system] know your program's availability in real time?

## **F. Screening and enrollment**

The next questions are about **what you do to enroll families** after you get their information from [the centralized intake system].

### **Receiving referral from the centralized intake system**

Next, I'll ask about the process of receiving a referral from [the centralized intake system].

1. Can you describe how your home visiting program(s) receives a referral from [the centralized intake system]?
  - a. Who is notified?
  - b. How does [the centralized intake system] contact your home visiting program(s)? *(e.g., does a person get in touch with your program or do you get an electronic notification?)*
  - c. What information do you receive from [the centralized intake system]?
    - I. Do you receive a completed screening or referral form with family information?
  - d. What information do you receive about the family's eligibility?
    - I. How do you receive this information? *(e.g., Is it via the phone, email, or a computer system or shared database?)*
  - e. Do you have any follow-up conversations with any [centralized intake] staff afterwards? What for?

### **Screening and enrolling families**

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

1. What do [home visiting program] staff do next to enroll families into [home visiting program(s)]?
  - a. Do [home visiting program] staff check the family's eligibility? About what percentage of families referred by [the centralized intake system] are eligible for [the home visiting program]?
  - b. Is there duplication between your screening or enrollment questions and the [centralized intake system's] screening or enrollment questions? Why or why not?
  - c. Do [the home visiting program] staff reach out to the family or does the family contact them?
  - d. How long does it typically take for [home visiting program] staff to make contact with the family?
  - e. Does [the centralized intake system] have any guidelines for how long home visiting staff should take to contact families after they receive the referral?
2. How long does it typically take to enroll families in [home visiting program(s)] after they are referred by [the centralized intake system]?
  - a. How many contacts do you typically have with families before they enroll?
    - I. Does the number of contacts differ depending on whether [the centralized intake system] is involved?
  - b. How does this compare with how long it takes when a family is referred in other ways?
3. If families do not wish to enroll in home visiting, then what happens? Do you provide options for other services? If so, what services?



### **Coordination with [the centralized intake system]**

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

1. What training do [home visiting program] staff receive to help them work with [the centralized intake system]?
  - a. Does [the centralized intake system] provide any training to your agency?
  - b. Do you train staff at [the centralized intake system] to help them determine eligibility or program fit in general?
  - c. 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*)?
  - d. How helpful were these trainings or resources to you?
  - e. What would you like more training on?

The next questions are about **availability of services** to meet families' needs

1. What do you do if a family that [the centralized intake system] refers to you isn't eligible? (e.g., *Do you send the referral back to [the centralized intake system] or to another home visiting program?*)
2. Does [home visiting program(s)] usually have slots available for all families referred by [the centralized intake system]?
  - a. How do you prioritize families for home visiting services if there are limited slots? (e.g., *geography, families who could most benefit from the program, first come first served, etc.*)

### **G. Documentation and data sharing**

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. How is this information shared back and forth with [the centralized intake system]?
2. Overall, what works well about your process for sharing information with [the centralized intake system]?
  - a. What challenges do you experience collecting, using, and sharing information or data with [the centralized intake system]? How have you overcome those challenges?
3. How is family privacy protected?
  - a. *If not yet addressed:* Did you encounter concerns about privacy from state or community organizations, funders, or families? If so, how did you address those concerns?

- I. Did you set up any data use agreements, memoranda of understanding (MOUs), or business associate agreements (BAAs) with [the centralized intake system]? How have these helped you?
  - II. Do you ask families to give 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.*).
4. Do you ask families for feedback on [the centralized intake system]? If so, how?
    - a. How is this information shared back with [the centralized intake system]?
  5. Do you see reports with implementation outcomes of [the centralized intake system] in addition to 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?*)

## **H. 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. Are there specific populations that your program would like to be more represented? Which ones? Why?
2. To what extent do you think the home visiting programs you offer in your agency meet the needs of families in your service area?
  - a. What are the barriers to meeting the needs of families in your service area?

## **I. Successes and challenges of the system and opportunities for technical assistance**

Our final questions are about the strengths of your system and opportunities for improvement and technical assistance.

1. Has the [centralized intake system] benefited your home visiting program? If so, how?
2. To what extent do you feel that your program's goals for participating in [the centralized intake system] are being met? (*Reiterate goals mentioned above in Section D. If their goals are not clear, ask them to clarify*)
3. What would you say are some of the strengths of [the centralized intake system]?
  - a. What has helped contribute to these strengths?
4. What areas of [the centralized intake system] need improvement?
  - a. What are the barriers to making these improvements?
5. If there was one thing you could change about [the centralized intake system], what would it be?

6. To better collaborate with [the centralized intake system], what opportunities for training, coaching, or additional TA would [the home visiting program] benefit from?
7. 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?
8. (*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?

## **J. 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 team! 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 as now, it would be very helpful for completing our data collection!

Thanks again.