

4 – Interview Protocol – Centralized Intake Agency

**FAMILY LEVEL ASSESSMENT AND STATE OF HOME VISITING:
CENTRALIZED INTAKE AGENCY INTERVIEW**

Your knowledge and insights are very important to us, and we want to thank you for taking the time to speak with me about the Family Level Assessment and State of Home Visiting project. To begin, I will read through the Informed Consent Form that I sent you prior to our call.

[Read through the Informed Consent Form.]

Do you have any questions before we begin? Do you agree to participate in this interview?

I was hoping to be able to record this interview, so that I can be more attentive to your responses to the questions and accurately capture your responses. Once we transcribe the recording, it will be destroyed. May I have your permission to record this interview?

[If interviewee has agreed to participate in the interview and has agreed to have the interview recorded, start the recording. If there is more than one participant on the phone, ask each participant to state their name and title so that the transcribers can differentiate the respondents' voices]

AA. Participant Names and Titles

Name of LIA: _____

Name 1:

Title 1:

Name 2:

Title 2:

A. Centralized Intake System Characteristics. I would like to start off by gathering some background information on your centralized intake system.

- a. Can you describe your centralized intake system? [PROBE: What is the name of your system? Where does it operate? Is it a statewide, regional, or local system? When was it established? Who is it funded by? Who is it operated by? What is the overall purpose or goal of your system?]
- b. As we have mentioned in our previous emails, we are interested in learning about the policies and procedures used by your centralized intake system around recruitment and referral.
 - i. [If CI has shared recruitment and enrollment materials]: Thank you for sending us [list documents provided by LIA]. Does your centralized intake system have any other written policies, procedures, forms, tools, materials, or guidance regarding recruitment and referral that you could share with the project team? [PROBE: This may include program eligibility criteria, waitlist procedures, referral processing diagram, informal guidance]
 - ii. [If CI has not shared recruitment and enrollment materials]: Does your centralized intake system have any written policies, procedures, forms, tools, materials, or guidance regarding recruitment and referral that you could share with the project team? [PROBE: This may include screening procedures, referral protocols, informal guidance]
- c. Are you aware of any other centralized intake systems and how they operate? If so, can you describe any differences you have observed between your centralized intake system and any others?
- d. Can you describe how your centralized intake system has evolved over time? [PROBE: Are there adaptations that your centralized intake system has made to accommodate your specific community?]
- e. Can you tell me what home visiting programs your system refers families to? This can include home visiting programs implementing evidence-based and non-evidence-based models, as well as MIECHV and non-MIECHV funded models. [PROBE: What models do these home visiting programs implement?]

- i. [If CI refers families to more than one home visiting program] Do any of these home visiting programs operate within the same service areas?
- f. In the community(ies) served by your centralized intake system, are you aware of other home visiting programs that your system does not refer families to? If so, do you have any ideas about why they are not participating in your centralized intake system? [PROBE: Reasons may include that they are not implementing an evidence-based model, they did not request to be part of your centralized intake system as an outgoing referral partner, or they are not receiving MIECHV funding]
- g. In addition to home visiting services, does your system refer families to other services like basic needs, health care, early learning, child care, mental health, substance use/abuse, domestic violence, or public assistance? [NOTE: General types of services are of interest, rather than specific names of programs]
 - i. If yes:
 - 1. On average, what proportion of incoming referrals does your system refer to home visiting programs compared to other services?
- h. Can you describe how service providers and referral sources become part of your centralized intake system?

B. Incoming Referral Sources. Now I would like to talk about the most frequent ways that families enter your centralized intake system.

- a. [If CI refers families to home visiting programs only] How do most families enter your centralized intake system? [PROBE: Are they referred by hospitals, WIC clinics, or health clinics? Does your system receive electronic medical records from primary care providers? Do most families refer themselves to your system?]
- b. [If CI refers families to services other than home visiting] Among the families that your system refers to home visiting services, how do most of them enter your system? [PROBE: Are they referred by hospitals, WIC clinics, or health clinics? Does your system receive

electronic medical records from primary care providers? Do most families refer themselves to the system?]

- c. Can you describe how these main referral sources determine which families they send to your centralized intake system? [PROBE: Does this differ across your system's main referral sources? If so, describe how this differs across these main referral sources.]
 - i. [If not mentioned above] Do these referral sources screen families prior to sending them to your system? If so, can you describe the screening tools or forms used?
 1. What items are on the screening tool(s)? Why do they use this(these) screening tool(s)? (E.g. required by your system, the referral agency, the state, MIECHV, your system's funders) Who created the screening tool(s)? (E.g. the referral agency, your system, the state)]
 - ii. [If not mentioned above] How do these referral sources send a family to your system? [PROBE: Do they send the family's information electronically, or do they notify your system by phone?]
 - iii. [If not mentioned above] When sending a family to your system, what information do these referral sources provide about the family? Do they provide any information beyond the family members' names and dates of birth, such as screening results?]
 - iv. [If not mentioned above] How often do these referral sources send families to your system?
 - v. Does your centralized intake system have formal agreements or MOUs with these referral sources?
 1. If yes:
 - a. Do you find the MOUs to be beneficial to your relationship with these referral sources? If so, how are the MOUs beneficial?
 2. If no:

- a. Is this something your system is considering or working on? If not, can you explain why?
- d. Do these referral sources ever send the same family to your centralized intake system, creating duplicate referrals? If so, how does your system handle these duplicate referrals?
- e. [If not mentioned above] Does your centralized intake system ever communicate with these referral sources about what services are offered to a referred family?
 - i. If yes:
 - 1. How often does this communication occur?
- f. Are you aware of any populations in the community(ies) served by your centralized intake system that you would expect to come through your system, but are not? [PROBE: Are you aware of any families that aren't reached by your system's referral sources]
 - 1. [If not mentioned above] Can you explain which populations or types of families you would expect to come through your system, but are not?
 - 2. [If not mentioned above] Do you have any ideas about why they are not coming through your system?

C. Eligibility Assessment of Referred Families. After a family enters a centralized intake system, we understand that the system usually assesses their needs and eligibility prior to referring them to services. I would like to walk through the process that your system uses after a family enters your system.

- a. Can you explain step-by-step what your centralized intake system typically does once a family enters your system?
 - i. [If not mentioned above] Describe how your centralized intake system determines which resources to refer a family to.
 - 1. Does your centralized intake system assess a family's needs and/or eligibility for services? If so, does your

centralized intake system complete any needs-based or eligibility screenings on a family?

- a. Describe the screening process: which tool(s) is(are) used, who created the tool(s) (e.g. the referral agency, your program, the state), are different tools used to screen for different types of services (e.g. screening for home visiting services vs. screening for other services), who administers the screening, how do they administer the screening (e.g. over the phone, office visit, home visit), when do they administer the screening (e.g. at the first contact), is the screening information entered into a data system, is the family required to provide any paperwork such as income verification?
- b. Are all families assessed for needs and/or eligibility for services, or only some? If only some, which families are assessed for needs and/or eligibility?
- b. How did your centralized intake system develop the process used to assess a family's needs and/or eligibility after they enter your system (E.g. requirements of participating home visiting programs, developed by centralized intake system leadership) [PROBE: What role, if any, did the service providers and referral sources participating in your system play in developing this process?]
- c. Do families ever re-enter your centralized intake system after your system has referred them to services?
 - i. If yes:
 1. Can you explain why this typically happens?
 2. How often does this happen?
 3. What does your system do when this happens?
- d. Can you think of a time when your centralized intake system deviated from its typical process after a family entered your system? If so, please describe the situation.

D. Outgoing Referral Allocation. Lastly, I would like to talk about how your centralized intake system determines which families are referred to home visiting programs. This includes MIECHV and non-MIECHV funded home visiting programs.

- a. Can you explain which factors are typically considered when referring a family to a home visiting program? [PROBE: Factors may include a family's level of need or risk, home address, program eligibility, first come first served, interest in a program, or a home visiting program's availability of slots]
 - i. [If not mentioned above] Are certain types of families referred to certain types of home visiting programs? (E.g. high-risk families are referred to evidence-based home visiting programs, low-risk families are referred to universal "light-touch" home visiting programs)
 1. Describe which families are typically referred to which home visiting programs and why?
 2. Is there a written protocol, process diagram, or algorithm that is used to determine which families are referred to which home visiting programs? If so, can you share those materials with the FLASH-V team?
 3. Who developed this protocol, process, or algorithm? (E.g. state, home visiting models, centralized intake system leadership, funders)
 4. Does this process differ when referring families to MIECHV-funded programs compared to non-MIECHV-funded programs?
 5. Can you think of a time when your centralized intake system deviated from its typical process of determining which families are referred to which home visiting programs? If so, please describe the situation.
 - ii. [If not mentioned above] Does your centralized intake system consider a home visiting program's availability of slots when determining which program to refer a family to?

1. If yes:
 - a. How often does your system communicate with the home visiting programs regarding their availability of slots?
 - b. Does your system adjust its referring behaviors based on the information the home visiting programs provide? (E.g. Does your system stop sending referrals to a program when there are no current openings?)
- iii. [If not mentioned above] Does your system consider a family's preference for one home visiting program over another when determining which program to refer them to? If so, can you describe how your system assesses a family's preference for a particular home visiting program?
 1. [PROBE: What questions are asked, who asks the questions, how do they ask the questions (e.g. over the phone, office visit, home visit), when do they ask the questions (e.g. at the first contact), is a family's preference for a home visiting program documented (e.g. on a form, in a data system)?]
- b. After a family enters your centralized intake system, how long does it typically take for them to be referred to a home visiting program?
- c. How does your centralized intake system send the referral to a home visiting program? [PROBE: Is the referral sent electronically or provided by phone?]
- d. What information does your centralized intake system send to the home visiting program regarding a family?
- e. After referring a family to a home visiting program, does your system track whether that family enrolls in the program?
 - i. If so, does your system take any actions if it discovers that a family did not enroll in the home visiting program? [PROBE: Can you describe what your system does once it discovers this?]

E. **Wrap-up.** That covers all of the questions I had for you today. Thank you so much for taking the time to speak with me. Before we end, I wanted to see if you have any questions for me or any clarifications that you would like to make? Is there anything else you think I should know about your recruitment and referral processes that I have not already asked about?