Family Level Assessment and State of Home Visiting Outreach and Recruitment Study Report

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Authors

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Acknowledgments

Key Terms and Concepts

- **Capacity:** A program was identified as being "at capacity" if it served at least 85 percent of the number of families it had agreed to serve with the home visiting model and/or funder at a given point in time. A program was identified as being "under capacity" if it served less than 85 percent of this target.

- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program:** The MIECHV Program funds states, territories, and tribal entities to provide evidence-based early childhood home visiting services to support the well-being of expectant families and families with young children. While the study included MIECHV-funded programs, programs implemented with MIECHV and non-MIECHV funding were asked to consider capacity based on the total number of families enrolled.

- **Metropolitan status:** This study uses the Health Resources and Services Administration Federal Office of Rural Health Policy definition of rural, which includes all nonmetropolitan counties; it does not incorporate rural-urban commuting area codes, which define U.S. Census tracts on a rural-urban continuum.

- **MIECHV-funded programs:** Local implementing agencies supported with state and territory MIECHV funds and grantees supported with Tribal MIECHV funds.

- **Outreach and recruitment:** For the purposes of this study, outreach involves efforts to widen enrollment in services. Recruitment involves efforts to engage potentially eligible families to participate in services. They often overlap.

- **Program caseload capacity, or program capacity:** The number of families a program is able to serve at a given point in time.

- **Program caseload capacity target:** The number of families a program has agreed to serve with its home visiting model and/or funder.

- **Study timing:** Survey respondents were asked about two points in time: *before* March 2020 (when the COVID-19 pandemic began) and *after* March 2020. Unless otherwise specified in the report, "before March 2020" refers to the 1-year period before the pandemic (February 2019–February 2020) and "after March 2020" and "during the pandemic" refer to March 2020–June 2021. The survey was administered between March 2021 and June 2021.

Overview

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program has successfully expanded early childhood home visiting services, serving more than 72,000 families in 2020. MIECHV-funded programs reach approximately 15 percent of the more than 465,000 families who are likely eligible and could benefit from MIECHV services (HRSA, 2022). Limited slots mean that only some of these potential beneficiaries can be served. That makes it critical for local programs to maintain caseload capacity. The Family Level Assessment and State of Home Visiting (FLASH-V) outreach and recruitment study is one of the first national studies to ask home visiting programs about their perspectives on recruiting families for services. The study aimed to identify promising practices and strategies for further research and to inform future technical assistance, continuous quality improvement, and evaluation.

FLASH-V used qualitative and quantitative methods to examine how MIECHV-funded programs recruit families and to understand their challenges and accomplishments related to capacity. The 266 participating programs completed a survey, and a subset of 41 programs also completed an interview. Data collection included the following:

- A 30-minute online survey of 266 MIECHV-funded programs asked about caseload capacity, related challenges and accomplishments, outreach and recruitment strategies, and work with community referral partners. The questions covered two points in time: before and after the COVID-19 pandemic began.
- A 1-hour semi-structured interview with a subset of survey respondents (n=41) explored these topics in more depth. Thirty participants also provided copies of program outreach and recruitment materials.

Quantitative data analysis used primarily summary descriptive statistics to examine variations by program characteristics and time points. Qualitative data analysis involved coding transcript data to identify themes. A synthesis highlighted commonalities and differences in findings from the two data sources.

The findings suggest promising opportunities for programs to expand recruitment, including nurturing relationships with referral partners, maximizing referral sources families trust, streamlining the recruitment phase, using data to guide outreach, and using strategies that have been successful for other programs. Key takeaways include the following:

- **Understanding program capacity and family need.** The COVID-19 pandemic exacerbated challenges to reaching program capacity targets. Thirty-five percent of programs reported being under capacity prior to the pandemic; that number then rose to 53 percent after the pandemic began. Nearly two-thirds of programs reported no change in capacity status across time points.

Both before and during the pandemic, most programs perceived that more families could benefit from their services than were interested in those services.

- **Framing outreach as a dynamic and continual process.** Programs described using overlapping outreach strategies including working with multiple types of referral partners, participating in community events, using social media, and prioritizing self-referrals. Programs often conduct outreach using a team rather than a dedicated staff person.

- **Promoting family interest in home visiting.** Programs perceived several key factors in promoting family interest: hearing about the program from trusted sources such as friends, family, or former participants; developing meaningful relationships with staff; and receiving recommendations from service providers in the community. They reported that key messages to families include the ability to connect them to community resources, ways in which home visitors could support them, and what they could expect from home visiting. Programs use various types of outreach materials—often tailored to different types of families—as well as websites and Facebook.

- **Working with referral partners.** Most programs reported strong relationships with referral partners. Perceived facilitators to referrals include effective communication with and collaboration among providers. Challenges include receiving too few referrals, spending significant time building and maintaining relationships with partners, and navigating staff turnover at partner agencies.

- **Maintaining caseloads.** Most programs reported being able to identify families in need of services, build their trust, and enroll them in services. Challenges include limited family awareness of home visiting, program staff turnover, competition between programs, and stringent eligibility requirements. During the pandemic, referrals decreased, relationships with referral partners were hampered, staff turnover increased, and some families were uninterested or unable to participate in virtual services.

Future research could explore parent perceptions to identify factors that might influence them to enroll and use data to identify what recruitment and enrollment strategies work best for different groups of families. The home visiting field may consider how progress toward health equity can be achieved through recruitment, outreach, and enrollment methods.

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Executive Summary

Home visiting aims to improve a range of short- and long-term outcomes for caregivers and children, including maternal and child health, nurturing home environments, child development, school readiness, parenting attitudes and behaviors, child maltreatment, and family economic well-being (Filene et al., 2013; Health Resources and Services Administration [HRSA], 2020; Kendrick et al., 2000; Lugo-Gil & Tamis-LeMonda, 2008; Sama-Miller et al., 2017). The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funds states, territories, and tribal entities to provide evidence-based early childhood home visiting services to support the health and well-being of pregnant caregivers and families with young children. Recipients are required to implement one or more evidence-based models that meet U.S. Department of Health and Human Services criteria for evidence of effectiveness shown to improve outcomes for families (Home Visiting Evaluation of Evidence, 2021).

The MIECHV Program has successfully expanded early childhood home visiting services, serving more than 72,000 families in 2020. Despite MIECHV's success in expanding the reach of home visiting beyond what states and other funders support, more families could benefit from home visiting services than are served. MIECHV-funded programs reach approximately 15 percent of the more than 465,000 families who are likely eligible and could benefit from MIECHV services (HRSA, 2022).[1] Limited slots mean

Report at a Glance

FLASH-V is one of the first national studies to ask home visiting programs about their perspectives on recruiting families for services. The 266 participating programs completed a survey, and a subset of 41 programs also completed an interview. The questions covered two points in time: before and after the COVID-19 pandemic began.

The findings suggest promising opportunities for programs to expand recruitment, including nurturing relationships with referral partners, maximizing referral sources families trust, streamlining the recruitment phase, using data to guide outreach, and using strategies that have been successful for other programs.

Future research could explore parent perceptions to identify factors that might influence them to enroll and use data to identify what recruitment and enrollment strategies work best for different groups of families. The home visiting field may consider how addressing progress toward health equity can be achieved through recruitment, outreach, and enrollment methods.

[1] HRSA internal analysis using Current Population Survey data.

that only some of these potential beneficiaries can be served. That makes it critical for local programs to maintain caseload capacity.

The Administration for Children and Families (ACF), in collaboration with HRSA, sponsored the Family Level Assessment and State of Home Visiting (FLASH-V) project. As part of the project, a team of researchers from James Bell Associates and MDRC conducted an outreach and recruitment study to gather information about how MIECHV state and territory local implementing agencies and Tribal MIECHV grantees (hereafter referred to collectively as "MIECHV-funded programs" or "programs") recruit families, including how they work with community referral partners. This builds on an earlier phase of the project, which found that some programs struggle to reach caseload capacity. The descriptive study aims to identify and understand opportunities for programs to reach capacity by exploring recruitment and enrollment processes.

This report presents the results of the FLASH-V outreach and recruitment study. The following questions guided data collection and analysis:

1. What is the capacity status of MIECHV-funded programs?
2. What approaches do programs use to identify, reach, and recruit families? What types of community organizations refer families to home visiting? How do programs communicate and work with referral partners?
3. What accomplishments and challenges do programs experience in maintaining caseloads, including during the COVID-19 pandemic?
4. What opportunities exist to increase the number of identified families? How can programs work with referral partners to increase referrals and enrollment and rates of successful enrollment?

From March to May 2021, a total of 441 MIECHV-funded programs were invited to participate in the study. Participation was voluntary. Of the programs invited, 266 completed a survey between March and June 2021 that captured broad information on program capacity, outreach and recruitment, and referral partners. The survey asked participants about two points in time: *before* March 2020 (when the pandemic began) and *after* March 2020. Unless otherwise specified in the report, "before March 2020" refers to the 1-year period before the pandemic (February 2019–February 2020) and "after March 2020" and "during the pandemic" refer to March 2020–June 2021. A subset of 41 programs that completed the survey participated in semistructured interviews between April and August 2021. These interviews were designed to deepen understanding of program capacity, outreach and recruitment, and referral partners. Participants were asked to share recruitment materials prior to the interview.

Of the 266 survey participants, 16 (6 percent) reported that their program received Tribal MIECHV funding; 250 (94 percent) reported that their program received state and territory MIECHV funding. One-hundred and twenty-five (47 percent) programs reported being at capacity, and 141 (53 percent) reported being under capacity at the time they completed the survey (March–June 2021).

The study defined "at capacity" as serving at least 85 percent of the families the program had agreed to serve with its home visiting model and/or funder. It defined "under capacity" as serving less than 85 percent of this target.

Of the 41 interview participants, 4 (10 percent) reported that their program received Tribal MIECHV funds and 37 (90 percent) reported that their program received state and territory MIECHV funds. Twenty-two (54 percent) reported being at capacity and 19 (46 percent) reported being under capacity after March 2020.

Findings represent information shared by program representatives who participated in the study. Respondents represented multiple roles within the program. Forty-one percent of survey respondents were program managers and approximately a quarter were supervisors.

Program Perspectives on Program Capacity and Family Need

The COVID-19 pandemic exacerbated challenges to reaching program capacity targets. Thirty-five percent of programs reported being under capacity prior to the pandemic; that number then rose to 53 percent after the pandemic began. Nearly two-thirds of programs (62 percent) reported no change in capacity status across time points. Both before and during the pandemic, most respondents (60 percent) reported that there were more families that could benefit from their program than they could serve.[2] However, less than 40 percent perceived that there were more families in need of *and interested in* their program than they could serve.

Current Outreach and Recruitment Approaches

For the purposes of this study, outreach involves activities intended to increase enrollment in services. Recruitment involves engaging potentially eligible families to participate in services. These activities often overlap.

Program Perceptions of Factors Important for Promoting Families' Initial Interest

Programs perceived trusted sources such as friends, family, or former participants as most important for promoting families' initial interest in home visiting, followed closely by service providers. They also stressed the role of home visiting staff in building relationships and making meaningful connections with potential participants. Capacity status was not associated with program perceptions

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[2] The terms "in need of" and "could benefit from" are used interchangeably throughout the report. Survey respondents were asked to indicate whether they agreed with the statements "There were more families in need of our program than we could serve" and "There were more families in need of and interested in our program than we could serve." The survey did not define the phrase "in need of"; therefore, programs responded using their own interpretation.

of influences on families' initial interest in home visiting. Metro status was significantly associated with the perception that certain factors promote families' initial interest. Programs in nonmetro areas were more likely to indicate that hearing from a previous program participant was important (94 percent nonmetro versus 86 percent metro, $p < .10$), while those in metro areas placed higher value on the importance of referrals from a community service provider (83 percent metro versus 71 percent nonmetro, $p < .05$).

Program Perceptions of Factors Important for Initial Messaging to Families

Nearly all programs reported that initial messaging to families emphasized the ability to connect them to community resources. Key messages also included other ways in which home visitors can support families and clear expectations about the logistics of home visiting. Messages about the availability of concrete goods or material resources and group activities were the least common. Interviews identified additional messages about helping parents meet their goals and emphasizing the voluntary nature of the program. Outreach materials corroborated these reports and included a few additional messages (e.g., model is evidence based, staff qualifications). Program capacity status was not related to the perceived value of key messages, though other program characteristics were (e.g., type of organization, program size).

Outreach Strategies

Outreach is a dynamic and continual process for many programs, and strategies are commonly used together. Nearly all programs reported working with referral partners to reach and recruit families. Sixty-three percent have a memorandum of understanding (MOU) or other formal agreement in place with a partner that outlines shared commitments, such as making referrals to home visiting. Participation in community events was also a common strategy, though views of its success were mixed. While many programs reported using social media, respondents perceived it to be less successful than other strategies. Direct outreach (e.g., talking to families, calling families, putting flyers in family mailboxes) and distribution of material resources to families, such as food, diapers, or books, were less common than other strategies. Program capacity status was not related to types of outreach activities used but was associated with perceived success of certain strategies. Programs that were at capacity at the time of the survey reported significantly greater success than programs under capacity regarding reaching out to referral partners, using social media, and having memorandums of understanding (MOUs) or agreements with partners.

Referral Sources

Programs reported receiving referrals from multiple sources, with no change across time periods. Community partners (e.g., healthcare organizations or clinics; Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] offices; child welfare agencies) were the most commonly reported source; some respondents also received referrals from a centralized intake

process. Program capacity status had little correlation with referral sources across time periods. Some interview respondents discussed prioritizing families that self-referred, including through friends or family. Programs perceived that effective communication and collaboration with partners facilitated referrals. They also noted the importance of ensuring that partners have a clear understanding of the referral process.

Staffing and Management of Outreach Activities

Programs often use multiple staff or a team approach for outreach rather than one dedicated outreach person. Most programs tracked some or all information on referral eligibility or enrollment. In interviews, some programs reported regularly reviewing the information with home visitors to understand the number of open slots. A few reported using the information to guide outreach in ways beyond identifying number of available slots, such as informing recruitment plans, changing outreach strategies, and following up with certain referral partners. Programs commonly described the importance of intentionally managing new referrals to ensure enrollment. Whether programs had a dedicated outreach staff member significantly varied by type of organization.

Outreach Materials

Programs reported using multiple types of outreach materials. The materials used most commonly were program flyers, brochures, or pamphlets (reported by 99 percent of survey respondents). Programs at capacity and under capacity largely used similar messages in the outreach materials reviewed. Those at capacity were more likely to emphasize that the program was free and those under capacity were more likely to emphasize prenatal health. The most common messages across groups included home visiting could provide support for child health and development, support for parenting practices, and connection with or referrals to community resources.

Program websites and Facebook were the most common online forms of outreach, but programs at capacity were significantly less likely to use Facebook than programs under capacity. Materials were perceived to be more effective when used in combination with other outreach strategies (e.g., events, referral partners). Interviewees reported materials were commonly developed in house. In-depth family feedback on outreach materials was rarely reported. More than half of survey respondents (54 percent) reported tailoring outreach and recruitment materials to different types of families. Types of outreach materials also varied by metro status—programs in nonmetro areas were more likely than those in metro areas to use community newspapers (25 percent versus 11 percent, $p < .01$), visual advertisement such as billboards (36 percent versus 23 percent, $p < .05$), and Facebook (84 percent versus 64 percent, $p < .01$), and less likely to use other types of social media.

Accomplishments and Challenges Maintaining Caseloads

Programs shared perceived accomplishments and challenges related to maintaining caseloads before and during the COVID-19 pandemic. They discussed experiences related to two key components of maintaining caseloads:[3] working with referral partners and enrolling families. They also shared accomplishments and challenges that occurred during the pandemic.

Working with Referral Partners

Most programs reported strong relationships with community referral partners and viewed these relationships as an accomplishment. Additionally, survey respondents indicated that most families referred by the top referral partner are eligible for services. However, almost half (49 percent) said referrals by partners during the year before March 2020 were low or infrequent. Interview participants discussed challenges related to communicating with partners and building and maintaining relationships, which can take significant time and be hindered by partner staffing issues.

Enrolling Families

Reporting on the year before March 2020, 83 percent of survey respondents said they were able to *identify* families most in need of home visiting services, and 75 percent said they were able to *enroll* those families. Interview participants viewed their ability to build trust and "meet families where they are" by tailoring messaging to address family concerns (e.g., home visiting is flexible, voluntary, and not affiliated with the child welfare system) as an accomplishment that helped enroll families. Some described staff turnover, limited awareness of the program among families, and competition between programs as challenges for enrollment. While there was no substantial variability in programs' overall perceptions of reasons families choose not to enroll, survey and interview results suggest that program perceptions may differ based on community context and characteristics of families served.

COVID-19

Interview participants valued funding opportunities during the pandemic that allowed programs to provide material goods to families, which some perceived as increasing families' interest in home visiting. Interview participants also described new approaches to service delivery that they felt helped maintain caseloads during the pandemic. However, they noted that relationships with community partners suffered and referrals dropped. Programs reported that it became harder to identify, recruit, and enroll families during the pandemic; 41 percent of families referred by their top referral partner did not enroll in home visiting, and self-referrals decreased. Over half of survey

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[3] Components emerged from analysis of survey and interview data.

respondents (56 percent) reported that families were uninterested or unable to participate in virtual home visiting, which was a challenge for maintaining caseloads. Staffing challenges were also exacerbated by the pandemic.

Implications and Opportunities for Home Visiting Programs

The findings suggest promising opportunities for consideration for further study. Although some of the strategies described came from only one or two programs, they could be tested through continuous quality improvement or research efforts and applied broadly if effective.

Make Meaningful Connections and Maximize the Use of Trusted Sources

The findings suggest that home visiting programs may strengthen outreach and recruitment efforts by using referral sources families trust, such as program graduates or community service providers, and strategically using home visitors in outreach efforts to develop relationships with families in the recruitment phase. In the study, both trusted sources and home visitors were reported to strongly influence families to enroll.

Consider New Outreach and Recruitment Strategies and Identify and Recruit from Groups Underrepresented in Services

Some respondents described outreach and recruitment strategies they were trying or planning to try: conducting child development screenings and sending results to the pediatrician, recruiting at libraries during "story time," conducting activities for children in the waiting area of WIC offices, embedding the program within pediatricians' offices, and making videos or tailoring materials with culturally appropriate messages specific to underserved populations.

Programs may use data to identify groups underrepresented in home visiting services and target outreach efforts to those groups. Groups highlighted in interviews as underrepresented include Latino families and families who speak languages other than English, Black families, tribal populations, families affected by substance use, teen caregivers, families early in their pregnancy, families in geographically remote areas, and other groups unique to the program's locale, such as refugees. Underrepresentation was attributed to factors such as misalignment of messaging with the culture and distrust of systems that protect children (e.g., like child welfare and health care), which may create a distrust across systems, including home visiting. and systemic racism. Understanding why some groups are underrepresented in home visiting services may help programs target disparities in representation. Programs may consider developing or tailoring outreach materials for these groups in a way that aims to address or acknowledge contributing concerns. They may also consider identifying and connecting with less typical referral partners to reach these groups.

Nurture Relationships With Referral Partners

The findings suggest the importance of reaching out to partners, maintaining ongoing communication, and networking and cultivating relationships to increase referrals. Programs not already practicing these strategies could start by establishing a clear point of contact with each partner and maintaining communication.

Programs may prioritize referral partners that serve the same population they want to reach. In describing their top partner, most survey respondents indicated that serving the same target population contributed to the referrals received.

Make Outreach and Recruitment More Efficient

Programs reported the importance of dedicating staff time to identify and connect with families as soon as possible after receiving a referral. They also emphasized the importance of efficiency—for example, reducing the steps in the enrollment process or enrolling families during the initial contact. Some interview respondents prioritized enrollment of self-referrals over other sources, presuming high interest.

Use Data to Guide Outreach

While most programs surveyed track and monitor referrals, there may be an opportunity for programs to use referral data to conduct targeted outreach. Programs may consider tracking data on outreach, referrals, and enrollment to identify groups that are underrepresented in services but could benefit from home visiting. Data on enrollment may inform what outreach strategies work for different groups of families. Data may also inform other improvements to outreach and referral processes. Testing outreach strategies could help programs learn what works in their own community and adjust their practices accordingly.

Implications and Potential Opportunities for Future Research

This is one of the first national studies to ask home visiting programs for their perspectives on what works to reach and recruit families. Understanding their perspectives may facilitate the identification and testing of promising strategies and inform technical assistance to support programs. However, there is also an opportunity for programs to use family voices to guide outreach and recruitment efforts. Future research may consider exploring parents' perceptions about home visiting and what they want from services. Programs may seek family input on outreach materials or strategies, program descriptions, and services or supports they would like—all of which influence whether they want to enroll in home visiting services.

In addition to testing strategies to better understand ways to increase the recruitment and enrollment of families, there is an opportunity to better understand what strategies work best for different groups

of families. Disaggregating data may provide an opportunity to learn if and how strategies differentially affect recruitment and enrollment for different groups; learning who benefits most and least may point to disparities and provide opportunities to tailor efforts. The home visiting field may consider how progress toward health equity can be achieved through recruitment, outreach, and enrollment methods.

Efforts to expand recruitment and enrollment of families into evidence-based home visiting programs may include focusing on strategies that enhance relationships with referral partners, using referral sources trusted by families, streamlining the recruitment phase, using data to guide outreach, and strengthening the use of outreach and recruitment approaches programs perceive as successful.

Chapter 1. Introduction

Early childhood home visiting is a voluntary service delivery strategy that connects new and expectant families with a designated support person to help families meet their needs (National Home Visiting Resource Center [NHVRC], 2021). Home visiting services are provided by a trained professional—typically a trained nurse, social worker, or early childhood specialist who works with families to provide resources and build skills for parents and their children. Evidence indicates that home visiting has the potential to improve a range of short- and long-term outcomes for caregivers and children, including maternal and child health, nurturing home environments, child development, school readiness, parenting attitudes and behaviors, child maltreatment, and family economic well-being (Filene et al., 2013; Health Resources and Services Administration [HRSA], 2020; Kendrick et al., 2000; Lugo-Gil & Tamis-LeMonda, 2008; Sama-Miller et al., 2017).

Maternal, Infant, and Early Childhood Home Visiting Program

> **Chapter Overview**
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> The MIECHV Program has successfully expanded early childhood home visiting services beyond what states and other funders support. MIECHV reached more than 72,000 families in 2020—approximately 15 percent of the more than 465,000 families who are likely eligible and could benefit from MIECHV services. That makes it critical for local programs to maintain caseload capacity.
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> The FLASH-V outreach and recruitment study used qualitative and quantitative methods to examine how MIECHV-funded programs recruit families and to understand their challenges and accomplishments related to capacity. The study aimed to identify promising practices and strategies for further research and to inform future technical assistance, continuous quality improvement, and evaluation.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funds states, territories, and tribal entities to provide early childhood home visiting services to support the health and well-being of pregnant caregivers and families with young children. Recipients are required to implement one or more models that meet U.S. Department of Health and Human Services' criteria for evidence of effectiveness (Home Visiting Evaluation of Evidence, 2021).[4] MIECHV is administered by HRSA in partnership with the ACF.

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[4] Social Security Act, Title V, Section 511 (42 U.S.C. § 711) as amended by the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 2951m ,124 Stat. 334-343. See http://homvee.acf.hhs.gov. Throughout this report, the term *evidence-based model* is used to refer to a model that meets the Home Visiting Evidence of Effectiveness criteria.

Statute requires MIECHV-funded programs to prioritize communities with subpopulations of pregnant people under 21, families with low incomes, families with a history of child abuse or neglect, and children with developmental delay.[5] MIECHV funds all 50 states, the District of Columbia, and 5 U.S. territories. The 56 state and territory awardees served 71,000 families and provided 925,000 home visits in fiscal year 2020 (HRSA, 2021). To support child and family outcomes in tribal communities, Tribal MIECHV funds Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations. In 2020, Tribal MIECHV served 1,606 families and provided 17,129 home visits (NHVRC, 2021).

Despite MIECHV's success in expanding the reach of home visiting beyond what states and other funders support, more families could benefit from home visiting services than are served. MIECHV-funded programs reach approximately 15 percent of the more than 465,000 families who are likely eligible and could benefit from MIECHV services (HRSA, 2022).[6] Limited slots mean that only some of these potential beneficiaries can be served. That makes it critical for local programs to maintain caseload capacity.

Purpose of the Family Level Assessment and State of Home Visiting Outreach and Recruitment Study

ACF, in collaboration with HRSA, sponsored the FLASH-V project. As part of the project, a study team of researchers from James Bell Associates and MDRC conducted an outreach and recruitment study to gather information about how MIECHV state and territory local implementing agencies and Tribal MIECHV grantees (hereafter referred to collectively as "MIECHV-funded programs" or "programs") recruit families, including how they work with community referral partners. This descriptive study builds on an earlier phase of the project, which found that some programs struggle to reach capacity. The study intended to contribute to the field's understanding of how programs reach and recruit families and their challenges and accomplishments related to reaching program caseload capacity. The study also intended to identify promising practices and strategies for further study. Findings may support future technical assistance, continuous quality improvement (CQI), and evaluation.

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[5] Although the MIECHV statute does not define eligibility criteria, it does indicate priority populations for service delivery.

[6] HRSA internal analysis using Current Population Survey data.

Overview of the FLASH-V Study

The study used both qualitative and quantitative approaches to document and understand outreach and recruitment processes in MIECHV-funded programs. The study team explored relationships between survey and interview data to strengthen the quality and accuracy of the findings.

From March to May 2021, a total of 441 MIECHV-funded programs were invited to participate in the study. Participation was voluntary. Of the programs invited, 266 completed a survey between March and June 2021 that captured broad information on program capacity, outreach and recruitment, and referral partners. A subset of 41 programs participated in semistructured interviews between April and August 2021. The interviews were designed to generate a more thorough and detailed understanding of program capacity, outreach and recruitment, and referral partners. Participants were asked to share recruitment materials prior to the interview.

Questions Addressed by the Study

This report presents the results of the FLASH-V outreach and recruitment study. The following questions guided data collection and analysis:

1. What is the capacity status of MIECHV-funded programs?
2. What approaches do programs use to identify, reach, and recruit families? What types of community organizations refer families to home visiting? How do programs communicate and work with referral partners?
3. What accomplishments and challenges do programs experience in maintaining caseloads, including during the COVID-19 pandemic?
4. What opportunities exist to increase the number of identified families? How can programs work with referral partners to increase referrals and enrollment and rates of successful enrollment?

The report generally presents survey findings from the full sample first, followed by interview findings from a subset of participants when applicable. The final chapter discusses opportunities and implications for the field.

Chapter 2. Methods and Sample Characteristics

This chapter provides an overview of the FLASH-V study design methods.[7] It describes the data sources, program eligibility and selection, and analysis. It also describes key characteristics of the participating MIECHV-funded programs.

Data Sources

The study used a mixed-methods design to examine the guiding questions presented in chapter 1. This approach leveraged the strengths of quantitative and qualitative data collection and analysis to best address the guiding questions. Data collection included (1) a survey of 266 MIECHV-funded programs and (2) semistructured interviews with a subset (n = 41) of programs surveyed. The survey and interview samples are described later in this chapter. Thirty interview participants also provided copies of program outreach and recruitment materials. See appendices A and B for the survey and interview protocols.

Development of the survey and interview protocols was guided by the study aims, the team's knowledge of existing research and literature on family outreach and recruitment, consultation with MIECHV technical assistance providers and review of technical assistance materials, and review of state-led evaluations focused on outreach and recruitment. The study team pretested the survey and interview protocol with four individuals who were currently or previously associated with a home visiting program. Pretesting for the survey and the interview was completed to assess clarity of the

Chapter Overview

The FLASH-V outreach and recruitment study used qualitative and quantitative methods:

- A 30-minute online survey of 266 MIECHV-funded programs asked about caseload capacity, related challenges and accomplishments, outreach and recruitment strategies, and work with community referral partners. The questions covered two points in time: before and after the pandemic began.

- A 1-hour semistructured interview with a subset of survey respondents (n = 41) explored these topics in more depth. Thirty participants also provided copies of program outreach and recruitment materials.

Quantitative data analysis used primarily summary descriptive statistics to examine variations by program characteristics and time points. Qualitative data analysis involved coding transcript data to identify themes. A synthesis highlighted commonalities and differences in findings from the two data sources.

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[7] The FLASH-V Outreach and Recruitment Study received approval from the Office of Management and Budget on January 25, 2021, and WCG Institutional Review Board approval on March 1, 2021.

protocol and to monitor length. In response to pretest feedback, the study team added items to gather additional insights, deleted if they were unnecessary or duplicative, and reorganized for flow.

Survey

Two hundred sixty-six MIECHV-funded programs completed a 30-minute web-based survey, including 250 programs that reported implementing services with MIECHV state and territory awardee funds and 16 programs with Tribal MIECHV funds. Survey respondents answered questions about program caseload capacity, challenges and accomplishments in maintaining caseloads, outreach and recruitment strategies, and work with community referral partners. Respondents reflected on these topics at two points in time: *before* March 2020[8] (when the COVID-19 pandemic began) and *after* March 2020.

The survey included questions in the following areas:

- **Background information on the home visiting program,** such as the model(s) being implemented with MIECHV funding, the length of time the program has been serving families with the model, and the staffing strategies the program uses for outreach, recruitment, and enrollment activities

- **Caseload and capacity dynamics before and during the pandemic,** including changes in capacity status, factors that may have contributed to challenges with maintaining capacity (e.g., program perceptions of families' awareness of home visiting services or families not staying enrolled for as long as the program intends), and program perspectives on families in need of home visiting services and program capacity

- **Perspectives on factors that influence recruitment and enrollment of families,** such as which factors are important in getting families initially interested in home visiting (e.g., hearing about the program from a friend, family member, or trusted community leader); which messaging is important to get families interested in home visiting (e.g., messages about providing education and support around parenting practices); and which reasons may explain why families choose not to enroll in home visiting (e.g., not being comfortable with someone in the home on a regular basis)

- **Strategies for identifying and recruiting families,** which cover how the program identified potentially eligible families in the community and the perceived relative success of the strategies used

- **How the program works with community referral partners,** including factors that might contribute to patterns for referrals

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[8] Survey respondents were generally asked to reflect on program operations in the year before the COVID-19 pandemic began (approximately February 2019 to February 2020). Six items asked respondents to reflect on the past 2 years of program operations to better understand outreach and recruitment strategies over a longer period of time. Unless otherwise specified in the report, "before March 2020" refers to the 1-year period before the pandemic began.

Most questions in the survey allowed for discrete responses, although some items provided space for open-ended text responses.

Interviews

The study team conducted semistructured phone interviews with a subset (*n* = 41) of the 266 programs that completed a survey. Participants received a $25 gift card for taking part in the 1-hour interviews. The purpose of the interviews was to gather in-depth descriptions of and perspectives on program outreach and recruitment efforts. Respondents were asked about program caseload capacity, challenges and accomplishments in maintaining caseloads, outreach and recruitment strategies, and work with community referral partners.

The interviews included questions in the following areas:

- **How programs find potentially eligible families,** including an overview of the program, community, and family characteristics, and how the programs perceive those characteristics to influence recruitment

- **How programs track program caseload capacity,** including perspectives on capacity status and supports or guidance that programs receive on program capacity

- **Strategies programs use to reach out to and recruit families,** including perceptions of the effectiveness of those strategies and approaches for staffing outreach and recruitment efforts

- **Outreach and recruitment materials programs use to inform potentially eligible families about program services,** including how materials were developed and perceptions of the successes of those materials

- **Accomplishments and challenges programs experience in maintaining caseloads,** including how the pandemic has affected efforts to maintain caseloads

- **How programs communicate and work with referral partners,** including perceived opportunities to strengthen relationships with partners

Program Outreach and Recruitment Materials

The study team asked interview participants to share copies of outreach and recruitment materials prior to the interview—not only to understand what materials programs use and how they tailor these materials to their specific context, but also to help structure the interview questions. The team reviewed the messages, contact information, language, and photos in 75 discrete recruitment items from 30 programs (32 flyers/rack cards, 21 brochures, 7 websites, 7 referral forms, 5 videos, 1 postcard, 1 poster, and 1 PowerPoint presentation). The team also reviewed social media accounts (e.g., Facebook) provided by 7 programs.

Program Eligibility and Selection

All MIECHV-funded programs were eligible for participation—779 programs at the time of the study. The study team reached out to MIECHV state and territory recipient leads to request contact information for each of their MIECHV-funded programs. Eight of 56 state and territory awardees asked to opt out of participating; 48 responded with contact information. ACF provided contact information for Tribal MIECHV programs. This resulted in contact information for 441 programs, just over half (57 percent) of the total. The team used the contact information to invite one staff member from each program to voluntarily complete the survey.

From March to May 2021, the study team asked program staff via email to complete a 30-minute web survey.[9] To increase the survey response rate over time, the team sent weekly email reminders. By June 2021, when the survey closed, 266 programs had responded (60 percent response rate).[10] This represents about 34 percent of the total estimated number of MIECHV-funded programs at the time of the survey.

The survey asked respondents whether they would be interested in participating in a follow-up interview with members of the study team to discuss issues related to their program's particular experiences with maintaining caseloads, including challenges and opportunities. The team used survey data to identify respondents who expressed interest in participating in an interview and then reviewed their responses on select survey items to ensure variation in the programs selected for interviews. The goal was to increase the likelihood that programs would be able to provide rich detail on interview topics by maximizing diversity in the interview sample. Priority variables for selection included variation in capacity status before March 2020, source of MIECHV funding, types of outreach strategies used, and whether the program had a staff member dedicated to outreach. When possible, the team also selected interviewees who provided variation on a number of secondary priority variables such as use of centralized intake, type of main referral partners, and types of outreach materials used, among others.

The study team contacted 62 programs to invite them to participate in an interview; 41 participated. Interviews lasted approximately 1 hour, took place over audioconference, and were open-ended in

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[9] Seventy-two percent of fielded programs received an initial email in mid-March 2021 inviting them to participate. The additional 28 percent of fielded programs received an initial email between mid-March 2021 and mid-May 2021.

[10] Most survey respondents (89.9 percent; n = 239) completed the entire survey. An additional 27 respondents completed part of the survey; 2.6 percent answered at least one substantive question but did not finish section A, 3.0 percent finished section A but did not continue, 1.9 percent finished through section B, 0.4 percent finished through section C, and 2.3 percent finished through section D.

nature. The interview included up to three staff members designated by the program. These staff included dedicated outreach workers or other staff (such as home visitors or program managers).

Analysis

The study team developed a data analysis plan prior to quantitative and qualitative data collection. Quantitative data were collected first; a subset of those were data initially analyzed to inform selection of programs to participate in interviews. Subsequent quantitative analysis was conducted in tandem with qualitative data analysis to answer the guiding questions. Depending on the nature of each guiding question, quantitative and qualitative data were used to address the guiding question when available—the findings first present the survey data and then follow up with interview data in these cases. In other cases, data are available from only one data source. The study team analyzed the quantitative survey data using primarily summary descriptive statistics; they examined variations by program characteristics and time points where relevant and possible. Analysis of interview data involved coding transcript data to identify emerging themes and themes from analysis. A synthesis across the quantitative and qualitative findings highlighted commonalities and differences from the two data sources.

Analysis of Survey Responses

The study team processed and analyzed survey data in RStudio. To help answer the guiding questions, the team produced descriptive statistics for the full sample of survey respondents. The team also explored variation across programs by the program characteristics below:

- Source of MIECHV funding the program receives (i.e., state or territory, tribal)

- Locale of the program (i.e., metropolitan or nonmetropolitan county)[11]

- Type of organization (e.g., government health department, healthcare organization, community-based nonprofit, tribal)

- Length of program operation

- Program size (i.e., number of families served)

- Staff whose primary responsibility is outreach, recruitment, or enrollment of families

- If program was under capacity at the time of the survey

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[11] County is based on the address of the home visiting program agency's office. HRSA's Federal Office of Rural Health Policy's definition of metropolitan or nonmetropolitan status of the county is used as a proxy for urbanicity. It defines all nonmetropolitan counties as rural; for FLASH-V, metropolitan status does not incorporate the additional method of determining rurality using the Rural-Urban Commuting Area codes, which defines Census Tracts on a rural-urban continuum.

To assess differences between groups, the study team used chi-square tests for categorical variables and two-tailed *t*-tests for continuous variables. The team used a *p*-value less than 0.10 threshold to determine statistical significance. Outreach staff included multiple staff roles—supervisors, coordinators, or home visitors, depending on the program—though some had more responsibility than others. Although the team explored variation by staff outreach responsibilities (specifically, comparing programs that had a staff member whose primary responsibility was outreach with programs that did not), the team uncovered during the interviews that programs interpreted the question on the survey[12] differently. The study aimed to understand if outreach staff spent most of their time in relation to other responsibilities on outreach activities rather than whether the program had someone who was more responsible for outreach than other staff. Given the different possible interpretations of "primary responsibility" on the survey item, the reader should take caution when interpreting variation by staff outreach responsibilities considering what was learned in interviews. See appendices C–E for results of subgroup analyses.

Analysis of Interview Responses

Interviews were transcribed and uploaded to Dedoose qualitative software for coding. A study team of four experienced qualitative coders received a series of trainings on the coding process, practiced independently coding transcripts, and met regularly throughout interview coding to resolve questions and discrepancies.

The study team developed a codebook using a deductive approach, defining initial descriptive codes ahead of time. Study aims, research questions, primary areas of interest, and interview questions informed the development of deductive codes. During descriptive coding, coders also identified inductive codes appearing in the data through repetition and emerging patterns. The team met weekly to discuss potential new codes, update the codebook, and resolve coding questions and discrepancies. The codebook ultimately included overarching descriptive codes with subcodes under each.

The lead coder supervised the coding process and double-coded 20 percent of the transcripts at random for quality assurance purposes. The study team used spreadsheets to document emerging themes and example quotes. These spreadsheets served as the basis for summarizing findings and answering the guiding study questions.

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[12] Survey item: Does your program have an outreach worker or other key staff member whose primary responsibility is outreach, recruitment, or enrollment of families?

Analysis of Program Materials

The study team used Excel to catalog the content of submitted outreach materials. For each item, the reviewer tracked the type of material (e.g., flyer, brochure, website), messages included (e.g., the program provides support for child development, prenatal health), contact information provided (e.g., name of contact person, phone number, website), language (e.g., English, Spanish), and use of photos (e.g., show parent and child). Message categories incorporated those types of messages covered in the survey, additional message themes from the interviews, and the option for other types of messages that did not emerge in the survey or interviews. Descriptive statistics identified the most frequent messages across the outreach materials. The study team also reviewed social media sites (*n* = 7 programs) for messages, contact information, photos, and reach statistics such as number of likes and followers.

Sample Characteristics

Of the 266 survey participants, 16 programs (6 percent) reported that their program received Tribal MIECHV funding and 250 reported that their program received state and territory MIECHV funding. At the time of the survey, 125 programs (47 percent) reported being at capacity and 141 programs (53 percent) reported being under capacity. A program was identified as being "at capacity" if it served at least 85 percent of the number of families it had agreed to serve with its home visiting model and/or funder at a given point in time; a program was identified as being "under capacity" if it served less than 85 percent of this target. The study used a threshold of 85 percent because HRSA uses this level for monitoring and informing technical assistance.[13]

Of the 41 interview participants, 4 programs (10 percent) reported that their program received Tribal MIECHV funds and 37 programs (90 percent) reported that their program received state and territory MIECHV funds. Twenty-two programs (54 percent) reported being at capacity and 19 (46 percent) reported being under capacity.

Exhibit 2.1 presents study sample characteristics for programs that participated in the survey or interviews.[14]

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[13] See HRSA's FY 2021 Notice of Funding Opportunity Number HRSA-21-050: https://grants.hrsa.gov/2010/Web2External/Interface/Common/EHBDisplayAttachment.aspx?dm_rtc=16&dm_attid=e675275b-0d47-4673-b638-0bb1c4f1cb31.

[14] The study included 16 programs funded with Tribal MIECHV funds. A small number of programs receive two funding streams (state and territory MIECHV and Tribal MIECHV) and were invited to participate in the survey through each funding stream. Some programs that serve tribal communities identified as receiving state or territory funding; these programs are included in the count of programs funded by state or territory MIECHV.

Exhibit 2.1. Background Characteristics

Characteristic	Percentage of Web Survey Respondents	Percentage of Qualitative Interview Sample
Capacity status since March 2020		
Under capacity[a]	52.8	46.2
Not under capacity	47.2	53.8
Source of MIECHV funding		
State or territory	94.0	90.2
Tribal	6.0	9.8
Number of families served when operating at capacity		
50 or less	20.9	22.0
51-100	30.0	24.4
101-150	18.2	14.6
More than 150	30.8	39.0
Urbanicity[b]		
Metropolitan county	67.3	68.3
Non-metropolitan county	32.7	31.7
Organization type		
Community-based nonprofit	47.7	37.5
Government education department or agency	7.6	15.0
Government health department or agency	17.0	15.0
Health care organization	12.5	17.5
Tribal organization	6.1	7.5
Other/Multiple organization types	9.1	7.5
Main program model(s) implemented with MIECHV funding		
Early Head Start – Home-based option	6.0	4.9
Family Connects/Durham Connects	0.4	2.4
Family Spirit	0.4	0.0
Healthy Families America	25.3	31.7
Home Instruction for Parents of Preschool Youngsters	1.9	0.0
Maternal Infant Health Program	0.4	0.0
Nurse-Family Partnership	24.5	24.4
Parents as Teachers	39.6	36.6
Other[c]	1.5	0.0
Number of models implementing with MIECHV funds		
One	87.6	92.7
More than one	12.4	7.3
Length of time operating main program model		
Less than five years	16.5	12.2
Five years or more	83.5	87.8
Outreach, recruitment, and enrollment staffing strategies		
Use centralized intake or contract with another agency for outreach, recruitment, or enrollment activities	49.2	53.7
Mechanism for working with current, top referral partner		
Have frequent communication and clear point of contact	64.3	62.5

Characteristic	Percentage of Web Survey Respondents	Percentage of Qualitative Interview Sample
Geographic region		
Northeast	31.2	26.8
South	20.3	24.4
Midwest and Plains	23.3	22.0
Mountain and West[d]	25.2	26.8
Sample size	**266**	**41**

Source: Calculations based on the FLASH-V web survey data and qualitative interview data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve.
[b] County is based on the address of the home visiting program agency's office. HRSA's Federal Office of Rural Health Policy's definition of metropolitan or non-metropolitan status of the county is used as a proxy for urbanicity. This defines all non-metropolitan counties as rural; for FLASH-V, metropolitan status does not incorporate the additional method of determining rurality using the Rural-Urban Commuting Area codes, which defines Census Tracts on a rural-urban continuum.
[c] This includes programs implementing promising approaches as well as two other program models where the name was not clearly specified in the survey response.
[d] This includes territories in the Pacific Islands region.

Survey respondents represented multiple roles (see exhibit 2.2). Forty-one percent were program managers and approximately a quarter were supervisors. When program findings are presented, they represent information shared by program representatives who participated in the study.

Exhibit 2.2. Position of Staff who Responded to Survey

Role	Percentage
Program director/executive director[a]	78
Program manager only	41
Supervisor only	24
Program manager and supervisor	11
Supervisor and home visitor	5
Home visitor only	2
Outreach, recruitment, or enrollment specialist only	2
Program manager and supervisor and outreach specialist	2
Program manager and program director/executive director[a]	1
Other/Multiple roles[b]	4
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] The program director/executive director category includes roles specified as Chief Executive Officer, Chief Program Officer, Deputy Director, Director, Division Manager, Program Director, and Project Director.
[b] Respondents who do not have "multiple roles" presented, above, are included here.

Study Limitations

The FLASH-V Outreach and Recruitment Study represents the first national study of home visiting outreach and recruitment across home visiting models. While descriptive findings provided a snapshot of program perceptions of capacity, accomplishments, and challenges across participating MIECHV-funded programs, causal inferences cannot be made from study findings. Surveys and interviews captured program reports of outreach and recruitment strategies and the perceived effectiveness of those strategies, but the study team did not test the effectiveness of strategies. Also, the sample is not representative of all MIECHV-funded programs as not all states and territories participated, potentially limiting generalizability.

Although program perspectives provide important insights about approaches and promising strategies related to program outreach and recruitment, findings could have been strengthened by obtaining perspectives from other key groups, including community referral partners and families. This exploratory study of home visiting program perspectives addresses a gap in the literature; however, more research is needed to capture perspectives of potential beneficiaries of home visiting services and to understand perspectives of community partners, who play a significant role in the flow of referrals. Additionally, the data captured program reports of program caseload capacity, but program administrative data could be used to provide a more detailed picture of referral sources, community partners, and program enrollments.

Last, study planning began before the COVID-19 pandemic. As the pandemic set in, we took steps to understand how programs conducted outreach and recruitment both before and during the pandemic. It is unclear, though, if and how the pandemic may produce permanent change in home visiting outreach and recruitment and, therefore, how findings here may apply to a postpandemic time period.

Chapter 3. Program Capacity

This chapter describes program reports of capacity status before and after the COVID-19 pandemic began, changes in capacity status over time, length of time under capacity, and perspectives on program caseload capacity targets and maintaining capacity. The chapter also describes program perspectives on families' need for and interest in home visiting services, and how those needs and interests intersect with program capacity.

The FLASH-V study defines *program capacity* as the number of families a program is able to serve at a given point in time.[15] The study characterizes a program as being "at capacity"[16] if it served *at least* 85 percent of this target number of families at a given point in time and as being "under capacity" if it served less than this target.

> ### Chapter Overview
>
> This chapter describes program reports related to capacity.
>
> - Maintaining capacity was a challenge for programs before the pandemic and intensified after the pandemic began.
>
> - Most respondents reported no change in capacity status over time.
>
> - Most respondents perceived that more families could benefit from their services than were interested in those services.

Capacity Status

The COVID-19 pandemic exacerbated challenges to reaching program capacity targets. As shown in exhibit 3.1, 35 percent of programs reported being under capacity prior to the pandemic; that number then rose to 53 percent after the pandemic began.[17]

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[15] The FLASH-V survey asked respondents to provide a single program capacity target number, rather than a range. Family characteristics have implications for home visitor caseload size, which in turn may have implications for the program's overall caseload capacity target. Therefore, caseload capacity targets may fluctuate based on the characteristics of families served at a given point in time. This fluctuation would not be reflected in the program capacity targets respondents shared in the survey.

[16] The study did not distinguish between programs with waitlists and programs that were at capacity but could continue to enroll families.

[17] Survey respondents were not asked about their program capacity targets before March 2020 (although they were asked to report on their capacity status before March 2020). Program capacity targets may have changed during the pandemic because programs may have negotiated different targets. Therefore, programs may have been considered at capacity both before and after March 2020 based on different capacity targets (while serving a different number of families).

Exhibit 3.1. Programs Under Capacity
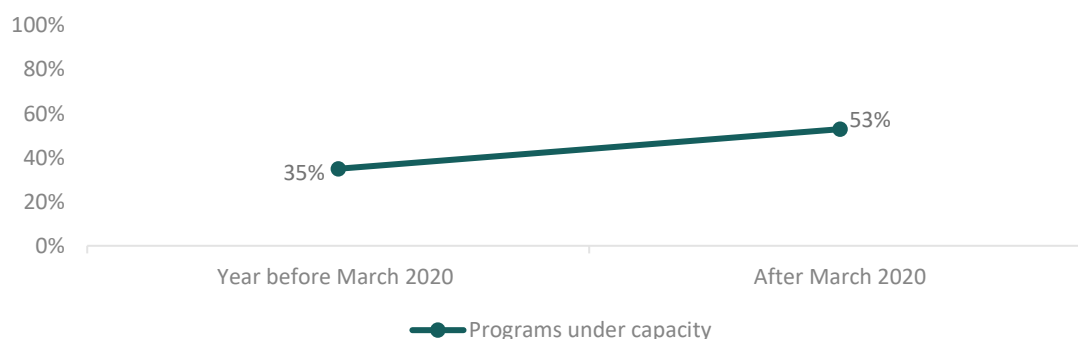
Note: Total programs with responses: year before March 2020 = 247; after March 2020 = 250.

Nearly two-thirds of programs surveyed (62 percent) reported no change in capacity status across time points. As shown in exhibit 3.2, 37 percent reported being at capacity at both time points, and 25 percent reported being under capacity at both time points. Programs that did change capacity status more often went from being at capacity before March 2020 to being under capacity after March 2020 (28 percent of respondents).

Exhibit 3.2. Change in Capacity Status

Capacity before and after March 2020[a]	Percentage
Under capacity (at both time points)	25
Under capacity before March 2020 and at capacity after March 2020	11
At capacity before March 2020 and under capacity after March 2020	28
At capacity (at both time points)	37
Percentage of months under capacity since March 2020[b]	48
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity. For the year before March 2020, under capacity is defined as serving fewer families than possible when operating at capacity for at least 6 of the last 12 months. For the period after March 2020, programs were asked about the number of families currently enrolled and their program's total capacity to determine capacity status.
[b] This measure includes responses from all programs (those currently at capacity and those currently under capacity). This measure generally coincides with whether a program listed itself as being under capacity. However, there were several programs (5) that listed themselves as currently being under capacity and also being under capacity for 0 months as well as programs (4) who listed themselves as currently being at capacity and also being under capacity for 14 months.

Programs that reported being under capacity after March 2020 were asked how long they had been under capacity between March 2020 and the time of the survey. These programs reported being under capacity for, on average, almost half of those months.[18]

Capacity Targets

In addition to understanding program capacity status, the FLASH-V study sought to understand program perceptions of capacity targets and efforts needed to maintain capacity.

The majority of survey respondents (86 percent) reported their capacity target to be a reasonable goal.[19] This was true for 81 percent of under-capacity programs and 92 percent of at-capacity programs. Programs that indicated capacity targets were not reasonable identified challenges such as staff turnover and retention, caseload intensity, low numbers of referrals, the voluntary nature of home visiting, geography (e.g., difficulty covering a catchment area), and the presence of other home visiting programs. Survey respondents were not asked about their perception of capacity targets for a particular time period; it is possible that the pandemic affected their perception.

Although the majority of programs found their capacity targets reasonable, some interview respondents, particularly those under capacity, reported constantly worrying about caseloads. As

Tribal Organizations—Capacity, COVID-19, and Community Need

Survey respondents that identified as representing tribal organizations (*n* = 16) reported similar experiences with program capacity targets as other types of organizations. Thirty-three percent of tribal organizations reported being under capacity prior to the pandemic, rising to 44 percent during the pandemic. Similarly, estimates prior to the pandemic for the four other organization types ranged from 30 percent for government education departments or agencies to 40 percent for government health departments or agencies, and estimates during the pandemic ranged from 32 percent for government education departments or agencies to 58 percent for government health departments or agencies.

In contrast to other organization types, tribal organizations did not appear to perceive a gap between family need and interest. Approximately 57 percent of respondents from tribal organizations perceived more families in need of their program than they could serve; 57 percent of these respondents also perceived more families in need of *and interested in* their program than they could serve.

See appendix C for detailed results.

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[18] The survey was fielded between March 2021 and June 2021.

[19] Survey respondents were asked, "In practice, have you found the target for capacity to be a reasonable goal?"

one respondent described, "We're always thinking about capacity. That's a big [concern] that's on my mind all the time because it's tied closely to our funding." Chapters 4 and 5 discuss program efforts to maintain capacity.

Family Need and Program Capacity

Survey respondents perceived more families in their community that could benefit from their program than families that were interested in it.[20] As shown in exhibit 3.3, both in the year before and since March 2020, approximately 60 percent of respondents perceived more families that could benefit from home visiting than they could serve. However, less than 40 percent of respondents perceived more families in need of *and interested in* their program than they could serve.

Exhibit 3.3. Family Need and Capacity Status

Characteristic[a]	Percentage Agreement	
	Year Before March 2020	Since March 2020
There are more families in need of our program than we can serve	58	61
There are more families in need of *and interested in* our program than we can serve	36	37
Sample size		266

Source: Calculations based on the FLASH-V web survey data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to indicate whether they agree or disagree with each statement.

This gap between perceived need and perceived interest suggests that there may be opportunities for programs to interest families in services. Not surprisingly, programs that were at capacity were almost twice as likely as those under capacity to report more families in need of and interested in their program than they could serve (shown in exhibit 3.4 and in appendices C.3.A–F).[21] Chapter 5 discusses program perceptions of factors that may affect families' interest in home visiting.

[20] The terms "in need of" and "could benefit from" are used interchangeably throughout the report. Survey respondents were asked to indicate whether they agreed with the statements "There were more families in need of our program than we could serve" and "There were more families in need of and interested in our program than we could serve." The survey did not define the phrase "in need of"; therefore, programs responded using their own interpretation.

[21] As shown in appendix C, there was little variation in program perceptions of family need based on other program characteristics.

Exhibit 3.4. Perceived Need and Interest, by Capacity Status

There are more families in need of and interested in our program than we can serve (since March 2020). — 47% (Programs at capacity), 28% (Programs under capacity)

■ Programs at capacity   ■ Programs under capacity
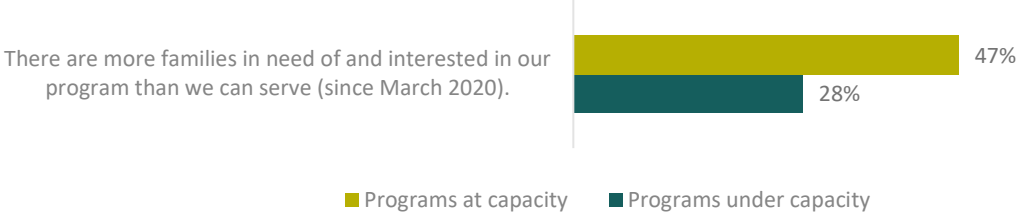
Notes: *p* < .01. Total programs with responses: programs under capacity = 126; programs at capacity = 115.

Chapter 4. Outreach and Recruitment Approaches

This section begins with a description of program perceptions of factors important to encourage families' interest in home visiting and initial program messaging to families. It then provides an overview of outreach strategies followed by a summary of types of community organizations that currently refer families to home visiting and ways programs communicate and work with these referral partners. It ends with a discussion of program staffing approaches and types of outreach materials programs use. For the purposes of this study, outreach involves activities intended to increase enrollment in services. Recruitment involves engaging potentially eligible families to participate in services. These activities often overlap.

Factors Promoting Families' Initial Interest in Home Visiting

Factors programs indicated were most important in getting families initially interested in services include families hearing about the programs from trusted sources and home visiting staff building relationships and making meaningful connections with potential participants. This section explores these factors as well as other factors programs identified as important (see exhibit 4.1).

Chapter Overview

This chapter describes program staff perceptions related to outreach and recruitment approaches.

- Key factors in promoting family interest include trusted sources, meaningful relationships with staff, and recommendations from service providers in the community.

- Key messages to families include the ability to connect them to community resources, ways in which home visitors could support them, and what they could expect from home visiting.

- Outreach is a dynamic and continual process with overlapping strategies including working with multiple types of referral partners, participating in community events, using social media, and prioritizing self-referrals.

- Perceived facilitators to referrals include effective communication with and collaboration among providers.

- Programs use various types of outreach materials—often tailored to different types of families—as well as websites and Facebook.

- Programs often conduct outreach using a team rather than a dedicated staff person.

Exhibit 4.1. Factors Important to Getting Families Interested

Characteristic	Percentage
Identified as important in getting families initially interested in participating in home visiting[a]	
Families hearing about the program from a friend or family member	89
Families hearing about the program from someone that participated in it before	88
Having home visitors meet and talk to families and establish a relationship	80
Families getting a recommendation or referral to the program from a service provider	79
Laying out clear expectations about what home visiting is	63
Having updated outreach materials (brochures/flyers, website)	62
Families hearing about the program from a trusted community leader	57
Conducting or participating in outreach efforts such as community fairs or events	56
Having services other than home visiting at our agency through which to reach or connect with families	52
Identified as important to emphasize in initial messaging to families[b]	
Messaging about providing referrals or connections to other community resources	95
Messaging about providing education and support around prenatal health or child health	93
Messaging about providing emotional and social support to parents	93
Messaging about providing education and support around parenting practices	90
Messaging about providing activities for child or for parent-child interactions	89
Clear expectations about the logistics of home visiting	82
Messaging about helping children be ready for school	81
Messaging about home visitors advocating for the family	80
Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)	76
Messaging about group activities	68
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to identify factors that are important.
[b] Respondents were asked to identify each factor as either important or not important.

Programs viewed trusted sources such as friends, family, or former participants as most important for promoting families' initial interest in home visiting. Eighty-nine percent of survey respondents indicated that hearing about the program from a friend or family member is an important factor in families' initial interest in home visiting; 88 percent identified hearing about the program from a former participant as important. Interview respondents echoed this statement: "We have just seen a lot of success of former or current participants referring their friends and their family. And that always seems to carry a lot of weight."

Programs also valued the role of home visiting staff in building relationships and making meaningful connections with potential participants. Eighty percent of survey respondents indicated that having home visitors connect with families during recruitment is important for getting families interested in participating. Building the relationship "right away" also emerged in the interviews as key for encouraging family interest. Many described this activity as a home visitor role,

though one respondent also described the importance of other outreach staff connecting with families during recruitment.

Service provider recommendations for families to consider home visiting are also important. Seventy-nine percent of survey respondents indicated recommendations or referrals from a service provider (e.g., health clinic, community-based nonprofit) are key in interesting families in home visiting. Interviews suggest this may be due to the positive relationship the family already has with their current providers. As one respondent explained, "Our community partners … they have a more personal relationship, and they can really share and explain the benefits of the program and make it relevant to that particular individual."

While fewer survey respondents endorsed other factors for encouraging families' initial interest in home visiting, over half identified each as important. See exhibit 4.1 for more details.

Capacity status was not associated with program perceptions of influences on family initial interest in home visiting; other program characteristics showed isolated influence. Programs that were at or under capacity identified the same top four factors. Other subgroup analyses showed metro status affects some perceptions of what influences families' initial interest in home visiting. Programs in nonmetro areas were more likely to indicate that hearing from a previous program participant was important (94 percent nonmetro versus 86 percent metro, $p < .10$), while those in metro areas placed higher value on the importance of referrals from a community service provider (83 percent metro versus 71 percent nonmetro, $p < .05$). See appendices D.1.A–F for additional subgroup analyses.

Factors in Initial Messaging to Families

Survey and interview respondents identified multiple factors as being important in the initial messaging to families to promote their interest in home visiting. This section describes program perceptions of key early messages to families (see exhibit 4.1).

Nearly all programs reported that initial messaging to families emphasized the ability to connect them to community resources. Ninety-five percent of survey respondents said they promote referrals to community resources. Many interview respondents agreed, with comments such as, "We are gonna link them with every community agency that we can for them to be successful, and that's what we tell them."

Key messages also included other ways in which home visitors can support families. Topics survey respondents identified as important to cover in messaging include providing education and support around prenatal health or child health (93 percent), providing emotional and social support to parents (93 percent), providing education and support around parenting practices (90 percent), providing activities for children or for parent-child interactions (89 percent), and helping children

become ready for school (81 percent). Interviewees provided examples of these messages, such as helping parents learn about child development, emphasizing the parent is "the child's number one teacher" and sharing activities parents can do with their children.

Being really friendly and frank about parenting, and [saying] it's hard work. And why do it alone when you can have somebody who can bring you education about things that you're wondering about, like what's coming next, when should my baby roll over? ...And so that's really the way we try to message to families.

Programs commonly describe what families can expect from home visiting and the home visitor. Most survey respondents (82 percent) identified that clear expectations about the logistics of home visiting are important to emphasize in initial messaging to families. Nearly the same proportion (80 percent) indicated the importance of telling families that home visitors will advocate for their family.

Messages about concrete goods or material resources and group activities were the least popular topics, though still quite common. Seventy-six percent of survey respondents said it was important to emphasize the ability to provide items such as diapers, vouchers, and clothes. However, some interviewees voiced caution about emphasizing the availability of these resources as those who join for free resources might not stay. This concern is described more in the upcoming section on outreach strategies. Messaging about group activities was the least common topic, though still endorsed by 68 percent of survey respondents.

Interviews identified additional messages about helping parents meet their goals. Interviewees commonly described messages about meeting parents "where they are," especially related to family goals. As one respondent explained, they tell families the focus is on "helping them to attain whatever goals they may have for themselves or their baby." Another gave an example of a teenage mom who wanted to go back to school but her mother was not supportive, so the home visiting program helped her enroll in school.

Emphasizing that the program is voluntary also emerged in the interviews. Several respondents described the importance of messaging that families can choose to participate for as long as they choose. Interviewees described telling families they can leave and come back later, or stay until the child turns a certain age set by the model or program.

Outreach materials corroborated reports of key messages in the interviews and included a few new messages. The most common messages emphasized a variety of supports that programs could provide related to child health and development, positive parenting practices, emotional and

social support for parents, and referrals to community services. Several materials stated that the home visiting model was evidence based and/or described results; for example, "Children entering kindergarten whose parents participated in the [home visiting] program for at least 2 years have a higher academic skill level." Others described staff qualifications such as training in child development or how they approach their work—for instance, working within the family's value system and encouraging parents to build on family strengths.

Program capacity status was not related to the perceived value of key messages, though other program characteristics were associated with the perceived value of certain messages. Messages varied by organization type. Community-based nonprofits were most likely to value messages about promoting parent-child interaction (96 percent for community-based nonprofits versus a range of 76 percent for government health departments to 93 percent for tribal organizations, $p < .01$ across the range). Tribal organizations were most likely to value messaging about group activities (87 percent for tribal organizations versus a range of 47 percent for government health departments to 74 percent for community-based nonprofits, $p < .01$ across the range). The largest programs were least likely to value messages on providing concrete resources such as diapers or vouchers (64 percent among those with more than 150 slots versus a range of 78 to 86 percent among those with fewer slots, $p < .05$ across the range). See appendices D.1.A–F for more subgroup analysis results.

Outreach Strategies

This section summarizes program outreach strategies (see exhibit 4.2). We expected to find strategies for identifying families distinct from strategies for recruiting families. However, interviews revealed that programs do not view these strategies as discrete steps, so we have not categorized them here.

The survey asked programs which strategies they used and how successful they viewed each strategy; we ranked the strategies based on the results. Findings show minor variation in average scores of perceived success of each strategy for reaching families. While strategies are presented as discrete approaches to identifying and recruiting families, interviews suggest programs often use them in combination, which is addressed in more detail after the discussion of each strategy.

Exhibit 4.2. Outreach and Recruitment Strategies Used

Characteristic	Percentage
Recruitment strategies used over the past two years	
Reach out to other programs or community service organizations	96
Attend other community events	83
Physically visit other programs or community service organizations	78
Host or participate in outreach and recruitment events	73
Use social media	71

Characteristic	Percentage
Have MOU or formal agreement in place with referral partners	63
Conduct direct outreach to potentially eligible families	57
Distribute resources to parents	57
Other	3

Characteristic	Mean (range from 1 to 4)[a]
Success of recruitment strategies used over the past two years	
Physically visit other programs or community service organizations	2.9
Reach out to other programs or community service organizations	2.8
Distribute resources to parents	2.7
Conduct direct outreach to potentially eligible families	2.6
Have MOU or formal agreement in place with referral partners	2.6
Attend other community events	2.3
Use social media	2.3
Host or participate in outreach and recruitment events	2.3
Other	3.1

Characteristics	Percentage
Sources of enrolled families over the past two years	
Referral partners or another agency	59
Direct outreach efforts	24
Seek services on their own	17
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] 1=not successful, 2=somewhat successful, 3=very successful, and 4=extremely successful.

Nearly all programs reported working with referral partners to reach and recruit families.

Almost all survey respondents reported reaching out to other service providers, such as through phone calls or emails, to introduce their program and encourage referrals (96 percent); 78 percent physically visit programs for this purpose. Sixty-three percent have MOUs or other formal agreements that outline shared commitments. Respondents ranked visiting and reaching out to other programs as the top two most successful recruitment strategies. This corresponds with the survey finding that 59 percent of enrolled families came from referral partners or other agencies over the past 2 years, by far the largest source.

Similarly, many interview participants described meeting regularly with partners to remind them of what the program offers and to continue making connections. These are often coalitions or community coordination meetings that include other local agencies. A smaller number described dropping off brochures, candy, and other items to partner agencies to encourage referrals.

Partner agencies also provided opportunities for programs to directly engage families. A few interview respondents said partners invited them to speak with the clients in groups individually—for

example, during a breastfeeding class or appointment. Other partners allowed the home visiting program to set up an informational table in a hallway or waiting room.

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Tribal Organizations—Sources of Enrolled Families

While most organization types reported receiving most referrals from community partners or other agencies, survey respondents identifying as tribal organizations reported that more families sought services on their own (including through recommendations from friends or family) compared to other organizations (36 percent for tribal organizations versus a range of 8 percent for government health departments to 21 percent for government education departments (p < .001 across the range). See appendix D.2.F.

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Participation in community events was a common strategy, though views of its success were mixed. Eighty-three percent of survey respondents reported attending community events such as health fairs to increase awareness or reach potentially eligible families. Many reported hosting or participating in events specifically designed for program outreach and recruitment, such as fairs or parent nights (73 percent of survey respondents).

Many interviewees discussed how important it was for program staff, especially home visitors, to talk directly with families at community events, describe the program, and answer their questions. Some indicated it was easy to follow up a few days later to remind families they met at the event. Others described the value of recruiting on the spot. For example, one respondent said, "It works really well, especially when we do things like the Hispanic festival … I send my Spanish-speaking home visitors … and they connect with the families right there, get them scheduled, and go."

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Selected Interview Responses About Working With Referral Partners

We were invited to … the biggest hospital in our area. And that is where a group of moms come together for their prenatal appointments. And so we were given the opportunity to speak to these moms two times throughout their pregnancy and see if they would enroll in our program.

The Department of [Social] Services…had a table in their waiting room…So, every week, for 2 hours, we were allowed to sit at that table and engage famil[ies] … they came up and asked us, you know, what we did … that was very, very impactful.

And then, the WIC program … did … a challenge to see how many referrals … the WIC counselors could get.

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When it comes to doing a community event, the home visitors go … because it's a different feel often to talk to the person…. [Families] leave the table with [the home visitor's] card and their first visit scheduled and they've had a chance to have a conversation, get down and play with their child. The parent can see that.

Community baby showers are a common type of event targeting potentially eligible families. Interviewees indicated these events are often hosted by the home visiting program or local hospitals and provide information and door prizes such as car seats and strollers. In addition to the potential to reach families during the event, some interviewees reported that participants tell others in the community who may then contact the program and ask, "'Hey, how do we go about getting a car seat or a diaper bag?' or 'Is there any program that can help me because I need help with my rent?'"

Despite the popularity of events, survey respondents rated them among the least successful strategies for reaching out to families, though the variation across success scores was modest (see exhibit 4.3. Some interviewees lent insight into the lower ranking, noting that they received few referrals from events. Another reflected that attendees take the candy, toothbrushes, and other free items but ignore the brochures. One interviewee stated her program stopped attending events because they had not been effective for recruiting families.

While many programs reported using social media, with some using it in novel ways, respondents perceived it to be less successful than other strategies. Seventy-one percent of survey respondents indicated they have used social media to reach and interest families. Interviewees who indicated social media was a key strategy described relying on staff who were adept with social media or using a team approach. Some described sending families to their Facebook page to learn more about the program and sign up for home visiting. One site described embedding interactive family engagement activities on their Facebook page.

We are always putting things on [Facebook] … we've been putting a lot of book readings. So, we'll take turns reading books to the kids or do physical activities. And we came up with, like, a little mascot and we call him FlatPAT. And so, we'll put him in different places and the kids have to find him. So, that interactive kind of thing.

Despite some programs describing innovative uses of Facebook, social media tied with events as the strategy perceived to be least successful. The review of outreach materials found that social

media sites are often managed by the program's umbrella organization. In some cases, posts are geared to a wide audience (e.g., senior citizens, general public) and not specific to home visiting or parenting, perhaps helping to explain the perceived lower degree of success. One interviewee indicated that the national office for their home visiting model handles social media, which the program views as less successful than local outreach.

Direct outreach to families was less common than other strategies. Still, over half (57 percent) of survey respondents used direct outreach such as talking to families face-to-face, handing flyers to families or putting flyers in their mailboxes, or directly calling families. Many interview respondents discussed the importance of interactions at community events, referral partner offices, grocery stores, or other locations. As one illustrated, "We had a couple advocates really take a couple of days and go to different places … [to] hand out brochures, talk to people … the hair salons, some other grocery stores … places where we know families are going on a regular basis." Survey respondents ranked direct outreach in the middle among strategies in terms of perceived success in reaching families, though again, variation in success scores was modest.

Distributing material resources to families was also less common than other strategies. Fifty-seven percent of survey respondents indicated their program distributes resources such as food, diapers, and books as a strategy to reach potential families. Those that use the strategy rated it as one of the top three most successful strategies. Many interview respondents indicated concrete resources encourage families to enroll in home visiting. A couple of respondents also said that they wished they had funding to offer more resources, with one suggesting that being able to provide additional resources would help their program compete with other home visiting programs in their service area.

As described above in initial messaging, other interviewees had concerns that families that enroll in home visiting to receive goods do not stay enrolled. They suggested that while the free items are helpful to families, meeting those basic needs for resources is not the main mission of their program. Instead, some are using goods to encourage participating families to continue in home visiting rather than to enroll new families into the program.

Interview respondent perspectives on incentives varied somewhat based on capacity status. Those at capacity after March 2020 were more likely to discuss using incentives during the pandemic. They were also more likely to use incentives to encourage families to stay in home visiting.

We will tell them that there are incentives, but we don't want people to be involved in our program just because we're gonna bring them a pack of diapers here and there. Although that's really super helpful to them, that's not our mission.

Strategies may overlap and are commonly used together. Interviewees described hosting events with referral partner agencies, doing direct outreach at events or partner offices, and giving away goods or resources at events. For instance, one interviewee explained, "We worked with [a program] within our school system here and we've been able to provide lunch for the young ladies in a more relaxed setting and be able to talk to them about our program one-on-one." In another example, a program attends hospital tours for pregnant people and tells families their program will be at the hospital after they deliver to schedule a follow-up nurse home visit.

Outreach is a dynamic and continual process for many programs. Some described their approach as "nonstop recruitment," with program managers regularly attending meetings to inform partner agencies about their program and home visitors also regularly participating in recruitment activities. One respondent explained, "And we work at [increasing and maintaining capacity] every single day … Monday through Friday, sometimes on Saturday, depending on when the community event is going to occur. It's an ongoing process." In addition to planned outreach activities, several told stories about connecting with families in line at the store, handing them outreach materials and engaging in conversation about home visiting. Likewise, many interviewees described changes to recruitment activities they had recently made or were planning to make, such as the following:

- Working in new ways with partners (e.g., attending story hour at local libraries, embedding the program within a pediatrician's office, providing activities for children in the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] offices waiting area, conducting screenings and sending results to the pediatrician)

- Creating videos explaining the program to families (e.g., YouTube videos featuring program graduates or home visitors)

- Using technology to aid recruitment and enrollment (e.g., fillable enrollment form, JotForm on Facebook, QR code for program website on flyers)

- Updating messaging (e.g., honing "script" used to tell families about the program, new brochures)

Program capacity status was not related to types of outreach activities used but was associated with perceived success of certain strategies. Programs that were at capacity at the time of the survey reported significantly greater success with reaching out to referral partners than programs that were under capacity (2.9 versus 2.7, $p < .05$). Those at capacity also indicated greater success with using social media (2.4 versus 2.2, $p < .10$) and with having MOUs or agreements with partners (2.8 versus 2.4, $p < .01$).

Exhibit 4.3. Success of Selected Recruitment Strategies, by Capacity Status
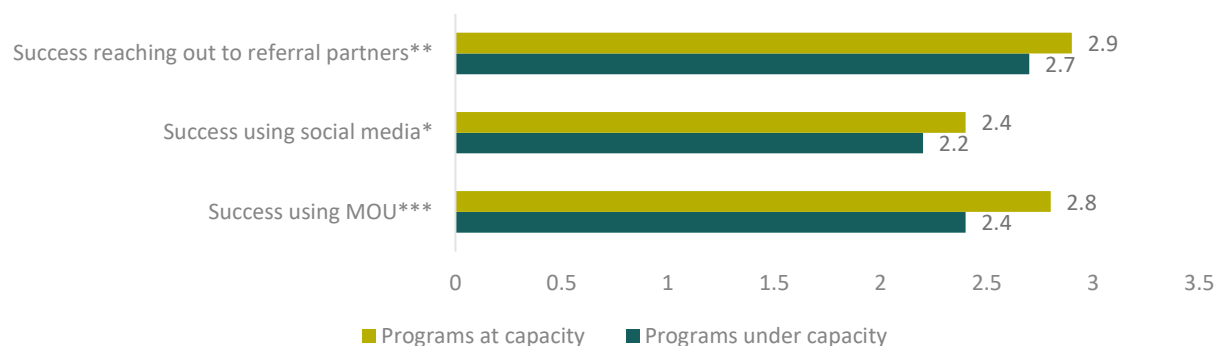
Notes: Perceived success of recruitment strategies over the past 2 years. Mean of range from 1 to 4, where 1 = not successful, 2 = somewhat successful, 3 = very successful, and 4 = extremely successful.
Total programs with responses:
Success reaching out to referral partners: programs under capacity = 117; programs at capacity = 105
Success using social media: programs under capacity = 85; programs at capacity = 72
Success using MOU: programs under capacity = 76; programs at capacity = 70
*$p < .10$
**$p < .05$
***$p < .01$

Outreach strategies and success also varied somewhat based on other program characteristics. For example, those in nonmetro areas were more likely to use social media (80 percent versus 66 percent, $p < .05$) and have success with it (2.4 versus 2.2, $p < .10$) compared to programs in metro areas. Programs with a staff member whose primary responsibility was outreach reported conducting more direct outreach (68 percent versus 53 percent, $p < .10$) and using more social media (79 percent versus 67 percent, $p < .10$) than programs without a dedicated outreach staff member. Appendices D.2.A–F show all subgroup findings.

Referral Sources

This section summarizes the types of community organizations that refer families to home visiting, both before and during the pandemic (see exhibit 4.4). It also explores variation in the types of referral organization by program characteristics and program capacity status.

Exhibit 4.4. Referral Organizations

Characteristic	Percentage
Organizations from whom referrals are received (Year before March 2020)	
Health care organization or clinic	83
WIC office	76
Child welfare agency	63
Government health department or agency	50
Centralized intake	35
Government education department or agency	24

Characteristic	Percentage
Child care resource agency	17
Tribal organization	8
Other community-based nonprofit	62
Organizations from whom referrals are received (Since March 2020)	
Health care organization or clinic	75
Child welfare agency	61
WIC office	57
Government health department or agency	37
Centralized intake	33
Government education department or agency	19
Child care resource agency	13
Tribal organization	8
Other community-based nonprofit	56
Organizational type of top, current referral partner	
Health care organization/clinic	35
WIC office	14
Government health department/agency	10
Child welfare agency	10
Centralized intake	7
Government education department/agency	4
Hospital, health center, or health care provider	3
Tribal organization	2
Child care resource agency	1
Early intervention	1
Other community-based nonprofit	11
Other	3
Organizational type of current referral partner that could provide more referrals	
Health care organization/clinic	33
WIC office	22
Government health department/agency	14
Child welfare agency	11
Government education department/agency	6
Centralized intake	2
Tribal organization	2
Early intervention	1
Child care resource agency	0
Other community-based nonprofit	5
Other	3
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Note: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Programs reported receiving referrals from multiple types of referral partners. Survey respondents most commonly cited healthcare organizations or clinics, WIC offices, child welfare agencies, and other community-based nonprofits. Several interviewees said their programs specialized in working with certain populations, such as mothers with substance use issues, and

received many referrals from partners who serve those populations, such as residential treatment facilities. Several other programs have partnered with local school districts to serve pregnant teens.

The organization types most commonly making referrals did not change across time points. According to survey respondents, the top three partners were consistent across time points—healthcare, WIC, and child welfare. However, during the pandemic, referrals from all types of partners declined except for tribal organizations: 8 percent of programs received referrals from tribal organizations at both time points. The largest decline was in referrals from WIC offices: 76 percent of survey respondents reported receiving referrals from WIC offices in the year before March 2020, but that declined to 57 percent after March 2020. Other notable declines were from government health departments or agencies (50 percent to 37 percent), healthcare organizations or clinics (83 percent to 75 percent), and other community-based nonprofits (62 percent to 56 percent; see exhibit 4.4).

Three Tribal MIECHV-funded organizations interviewed relied on other tribal entities for most referrals, including health clinics, WIC offices, health departments, and Indian child welfare agencies. Almost all survey respondents (93 percent) that self-identified as tribal organizations reported receiving referrals from other tribal organizations. One respondent stated, "We get a lot from the [local] Indian Health Boards, like their WIC … and their prenatal; they used to have a … prenatal [event], so that was really good for us because we would have the elders sit there and the moms could come and talk to them."

In addition to community referral partners, some respondents also received referrals from a centralized intake process. Forty-nine percent of survey respondents reported having centralized intake for outreach, recruitment, and enrollment activities. Interviewees described two types of centralized intake: an organization that coordinates referrals across a county or geographic area (traditional centralized intake), or a portal, link, or form on a website or social media site for submitting referrals or self-referrals. The first type may screen families for eligibility or conduct other screening measures to ensure they address all the program requirements. Some programs receive all referrals through centralized intake, while others receive only a portion of their referrals this way. Some centralized intakes conduct eligibility screenings, which several programs credited for helping to identify families that are well-matched for the program and thus improve capacity or retention.

> **Selected Interview Responses About the Role of a Centralized Intake Process in Improving Capacity and Retention of Families**
>
> *Because we had the online referral system, when COVID hit, it affected our capacity, but it didn't affect our capacity. In other words, our numbers went up because we had the online referral system … the WIC office was able to go into our referral system and simply submit the referral … there was no need for that face-to-face.*
>
> *I think with the JotForm … where they can refer themselves right there on the spot … families that have come that way have stayed … and we use that a lot of the time too. If I'm talking to someone, I'll say, "Go to our Facebook and fill out a JotForm," instead of giving them the form or filling it out with them right then, because then they get a chance to look at all of the stuff on there, and the videos that we upload and stuff, and they get a better idea of what they're signing up for and they make a more informed choice … and if they decide to fill that out, then it does seem that they are more engaged.*

Some interview respondents discussed prioritizing families that self-referred, including through referrals from friends or family. Commonly referred to by programs as self-referrals, families that reach out to the program seeking services on their own may be given priority over others because they are often interested in the program and may be "easy to go and convert to an enrollment."

Program capacity status had little correlation with referral sources across time periods. However, fewer programs at capacity received referrals from other community-based nonprofit organizations than programs under capacity at both time points (53 percent versus 70 percent in the year before March 2020, p < .01; 47 percent versus 64 percent after March 2020, p < .05). There was some variation in partner organization type by locale, length of operation, and of home visiting program organization type. For instance, programs in nonmetro areas were less likely than those in metro areas to receive referrals from tribal organizations (16 percent versus 4 percent, p < .01 at both time points) and other community-based nonprofits (45 percent versus 70 percent, p < .01; 39 percent versus 64 percent, p < .01) before March 2020 and after March 2020. At both time points, programs operating for less than 5 years were less likely to receive referrals from healthcare organizations or clinics (67 percent versus 87 percent, p < .01; 54 percent versus 79 percent, p < .01) and WIC offices (64 percent versus 79 percent, p < .10; 36 percent versus 61 percent, p < .01) than those in operation for 5 years or more. See appendices D.4.A–F for more subgroup analysis.

Approaches to Working With Referral Partners

Community referral partners are a vital resource in recommending potentially eligible families to home visiting programs. As such, it is critical for programs to build and nurture relationships with

partners. Survey respondents were asked to provide details about partners that provide the most referrals (i.e., primary partner) and partners that provide fewer referrals than the program perceives they could. This section describes how programs communicate with partners, the type of information shared with partners, and how relationships with partners have changed during the pandemic (see exhibit 4.5).

Exhibit 4.5. Approaches to Working With Referral Partners

Characteristic	Percentage
Currently track or monitor how referral partners or families hear about the program	74
Factors that contribute to the number of referrals received for current, top referral partner	
Many of the families served by referral partner are part of the target population the program serves	87
Referral partner has a clear understanding of the referral process	74
Program has a clear point of contact at referral partner	73
Program has frequent communication with referral partner	72
Program has a memorandum of understanding (MOU) with referral partner	33
Referral partner is in the same agency or organization	2
Other	8
For current referral partner that could provide more referrals	
Percentage of referred families deemed eligible for services	62
Percentage of referred families ultimately enrolled/received a first home visit	39
Factors that contribute to the number of referrals received for current referral partner that could provide more referrals	
Program does not have frequent communication with referral partner	45
Program does not have a clear point of contact at referral partner	45
Referral partner does not have a clear understanding of the referral process	41
Program does not have a memorandum of understanding (MOU) with referral partner	36
Lack of commitment/effort from referral partner	6
Few of the families served by referral partner are part of the target population the program serves	5
COVID-19 pandemic	4
Partner refers to other programs	4
Referral partner's policies prevent referrals	2
Staff turnover	2
Need a change in point of contact	2
Referral partner staff do not understand home visiting or benefits	2
Families are not interested or willing to participate	1
Referral partner is understaffed	1
Families have too many services	1
Referral partner does not identify eligible families for referral	1
Other	7
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Note: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Programs perceived effective communication as facilitating referrals. Most survey respondents identified frequent communication (72 percent) and a clear point of contact (73 percent) with the primary partner as factors that contribute to referrals. Factors contributing to the lower number of referrals for partners perceived as being able to provide more were lack of frequent communication (45 percent) and lack of a clear point of contact (45 percent).

Programs use a multifaceted approach when communicating with different referral partners (e.g., phone, text, email, in person). They reported having to adjust communication approaches and rely on remote communication, including phone and email, during the pandemic.

Programs often communicate with partners about program openings. Several programs interviewed reported that they do not change their communication with referral sources, regardless of capacity status, because they don't want to disrupt the steady flow of referrals. One interviewee used waitlist data to justify the need for more home visitors. Most programs interviewed reported that they provide updates to referral sources regarding the status of the referral (e.g., family enrolled in program). Several described the feedback loop as a critical piece to nurturing the relationship with the partner, citing the importance of letting them know "what the outcome was." Some home visiting programs interviewed reported sending enrolled families to the partner agency to receive certain services there (reciprocal referrals). This occurs with external partners and with programs under the same umbrella organization.

Interviewees reported that having a point person identified at the referral partner helps establish a strong relationship and facilitates information sharing and referrals. One interviewee noted the need to have a backup contact or relationship with the whole agency to maintain referral flow when the point person leaves. Interview respondents reported the importance of cultivating relationships with partners, stressing that it takes time and effort to build and maintain productive and successful relationships. Some interviewees also noted that it is important to show appreciation for referrals by stopping by, calling, or providing items such as candy, pens/notepads, or cookies.

> **Selected Interview Responses About Working With Referral Partners**
>
> *We just nurture those partners that we currently have who refer once, sending them again that thank-you card or calling them up and letting them know what happened, because one of the feedback items I used to have when I was a home visitor was when I would make a referral, I never knew what the outcome was.*
>
> *Referrals for us operate in a circle sometimes because not only will we receive referrals, we're able to refer our families … so it's a cycle.*

It all goes back to that relationship … putting the time and effort to just kind of keep that relationship alive and well-fed … really, I think is what it comes down to.

Collaboration among community service providers also facilitated referrals. Most (87 percent) survey respondents indicated that serving the same target population as referral partners contributes to the number of referrals received (see exhibit 4.5). Interview respondents reported that community service providers that serve families with young children may work together to recruit families, share referrals, provide a warm handoff, and help families access services. Consistent with findings from an earlier phase of the project, having an MOU was identified less often (by only 33 percent of survey respondents) as a factor that facilitates referrals from the primary partner. However, one interviewee reported MOUs as critical for making the partnership "feel more legit."

Ensuring referral partners have a clear understanding of the referral process and eligibility is also important. Nearly three-quarters (74 percent) of survey respondents indicated that having a clear understanding of the referral process contributes to referrals from their primary partner; 41 percent indicated that lacking a clear understanding contributes to fewer referrals from their partner that could provide more.

One of our CQI projects … found that the true reason the referrals dropped was that the providers were … only sending over the most high-needs, highly acute families … so the new clinical supervisors decided that it would just be best to send all positive pregnancies over and let them assess it for eligibility because the providers kind of crafted their own set of eligibility requirements and we were missing a lot of families.

Outreach Staffing and Management

This section describes program staffing approaches for outreach activities. It also describes how programs track information on eligibility and enrollment and how that information is used to improve outreach and recruitment (see exhibit 4.6).

Exhibit 4.6. Staffing and Management of Outreach Activities

Characteristic	Percentage
Programs that currently have a staff member whose primary responsibility is outreach, recruitment, or enrollment of families	30
Programs that currently have other staff who are responsible for outreach, recruitment, or enrollment of families	76
Programs that currently have centralized intake or another agency that they use for outreach, recruitment, or enrollment of families	49
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Note: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Programs often use multiple staff or a team approach for outreach rather than one dedicated outreach person.[22] Only 30 percent of programs surveyed reported they have a staff member whose primary responsibility is outreach. Seventy-six percent indicated that their programs use staff with other primary responsibilities, such as home visitors, to conduct outreach. Interview participants often described staff members with primary outreach coordination responsibility, such as the director and/or outreach coordinator, while other staff, such as home visitors, had secondary responsibility. For instance, program managers often oversee recruitment activities and represent the program at coordination meetings with community partners, while a home visitor without a full caseload would represent the program at an outreach event. Other programs pair each home visitor with a different referral partner to conduct outreach at that organization and serve as the contact. Still others described assigning home visitors to certain geographic areas "where they're more well-known" to conduct both outreach and home visits. While interviewees commonly described this program philosophy that all staff are responsible for outreach, an outlier reported they do not use home visitors for outreach because those staff members have "got enough to do."

As program supervisors … we have responsibility to always be the face of our home visiting programs and to recruit and to find ways to make sure that recruitment is happening or that we're being communicative with providers.

Most programs tracked some or all information on referral eligibility or enrollment. About 75 percent of survey respondents reported they track or monitor how referral partners or families hear about their program. Programs interviewed commonly tracked percentage of capacity served, initial contact or outreach to a potentially eligible family, and follow-up attempts. They were less likely to track reasons why potentially eligible families do not enroll in services. Some programs interviewed track this information in the same software the home visitors use to document home visits (e.g., Penelope, Efforts to Outcome), though others use Excel spreadsheets.

Some programs interviewed reported regularly reviewing the information on eligibility and enrollment with home visitors to understand the number of open slots. One noted they use a census that is updated daily and is accessible to all home visitors. Another respondent does a

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[22] More than half of programs reported using a combination of staffing strategies. The most commonly reported staffing strategies were (1) a team approach with shared responsibilities across multiple staff and (2) a combination of a team approach plus use of a centralized intake.

monthly update with staff "so they have a better understanding of … our capacity and how many new families we can potentially enroll, how many openings we have."

A small number of programs interviewed reported using the information to guide outreach beyond identifying the number of available slots. One interviewee reported their program used tracking data to update recruitment and performance improvement plans. Similarly, another program noted they share tracking data with their advisory council who review to determine the need for changes in outreach strategies and materials. Two others described using referral data to identify and follow up with partners on trends such as low referral numbers from certain agencies or families from a particular referral source choosing not to enroll in home visiting.

We use [tracking data] to strategically plan for recruitment … to create our performance improvement plans … and to also inform any adjustments … like if something is working really well … it gives us an opportunity to spread that way of thinking to other home visitors.

Programs commonly described the importance of intentionally managing new referrals to help ensure enrollment. Some interview respondents described trying to reach out to families within 1 week of the referral, with initial contact with a family ranging from the same day to 7 business days. As one program noted, "I try really hard to get them in … within that first week … if it takes longer than a few days we lose them." The length of time programs target to conduct the first visit ranged from 5 to 14 days after the referral. Others described the need to build in time and effort upfront for locating and connecting with some families after they have been referred. While some families respond to phone calls or emails, others do not. One interviewee described doing "drive-bys" where staff knock on the door and ask for help finding the family that signed up.

Several described their efforts to reduce enrollment from a two-step process (intake or eligibility screening followed by approval and enrollment) to a one-step process. One program accomplished this reduction by combining the screening call and visit into one intake call. Another program similarly combined the initial screening with enrollment in a single call. A third program described their flexibility with enrollment, enrolling families "on the spot" when possible.

Whether programs had a dedicated outreach staff member significantly varied by type of organization. Government education agencies were least likely to have a staff member whose primary responsibility was outreach compared to other types of organizations (15 percent versus a range of 20 to 37 percent, $p < .10$). Program capacity status was not associated with staffing and

management of outreach. See appendices D.5.A–G for subgroup analyses of programs using referral tracking data and appendices D.6.A–E for subgroup analyses of outreach staffing.

Outreach Materials

This section describes the outreach materials and methods programs reported using, perceptions of their effectiveness, and whether programs develop or tailor existing materials. Appendix D.6 details comparisons across subgroups on use of outreach materials.

Programs reported using multiple types of outreach materials—by far the most common were program flyer, brochure, or pamphlet (reported by 99 percent of survey respondents; see exhibit 4.7). Similar to the survey findings, among flyers and brochures the interviewees shared (n = 53), the most common messages focused on support for child health and development and support for parenting practices. Nearly all flyers and brochures reviewed provided a phone number to contact for more information, while less than half listed a website. Photos appeared in the majority of materials, most commonly showing a child with an adult and many showing both families of color and White families.

Exhibit 4.7. Outreach Materials and Strategies Programs Use

Percent of programs that use:

Material/Strategy	Percent
Program flyer, brochure, or pamphlet	99
Program website	74
Facebook	73
Visual program advertisement	27
Instagram	17
Community newspapers	16
Twitter	12
Commercials	4
Other	2
Website (agency or other)	2
Radio	1
YouTube	1
Other social media site	1
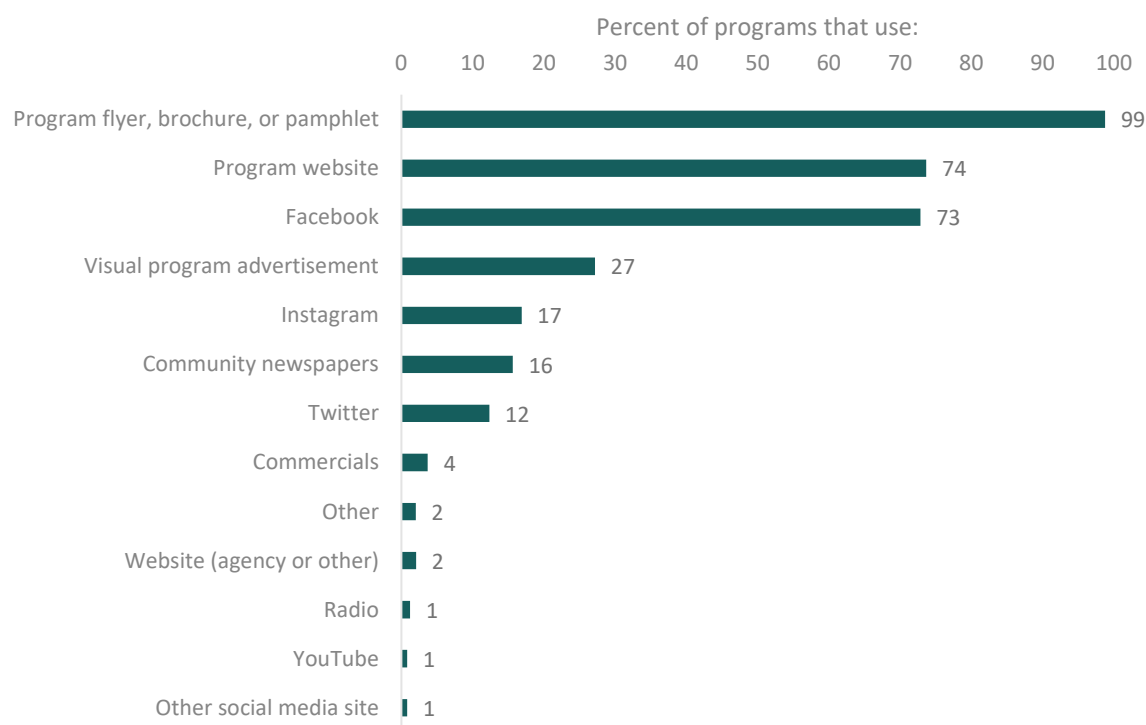
Note: Total programs with responses: n = 243.

Programs at capacity and under capacity reported using similar messages in their outreach materials. The top five messages were nearly the same for both groups. However, those at capacity were more likely to emphasize that the program was free and those under capacity were more likely to emphasize prenatal health. The most common messages across groups included home visiting support for child health and development, support for parenting practices, and connection with or referrals to community resources.

Program websites and Facebook were the most common online forms of outreach. Almost 75 percent of survey respondents reported using a program website for outreach and recruitment, notably higher than the proportion of outreach materials that listed the program website. Community-based nonprofits were most likely to use a website (see appendix D.7.F). Facebook was the most common social media platform (73 percent of survey respondents reported using Facebook) and significantly more common in nonmetro programs and those under capacity (see appendices D.7.A and E). Instagram and Twitter were less common (17 percent and 12 percent respectively); a few programs reported using YouTube or another social media site.

Programs used other types of outreach materials to a lesser extent. These include visual program advertisements such as billboards and posters (27 percent), community newspapers (16 percent), commercials (4 percent), radio (1 percent), and video (less than 1 percent). While video was least common, several interviewees indicated their programs planned to create brief promotional videos, some featuring program graduates, to post on their websites and/or to share with referral partners to help market the program.

Materials were perceived to be more effective when used in combination with other outreach strategies. Some interviewees praised their brochures and flyers, but when asked about the impact those materials had on recruiting, they often said outreach materials rarely make a substantial difference on their own. One even noted, "I stopped using them because they are a lot of money and I don't get a referral from a brochure." Programs more commonly described using materials in combination with another strategy (e.g., pass out to families they talk to at events, give to community partners to share with families when they make a referral). Many discussed needing direct contact with families during recruitment and providing a brochure as an important secondary resource, so families "can go home and look at it and get a better understanding of the services that we provide."

Interviewees reported materials were commonly developed in house. Some said specialized departments in their organization (e.g., communications, marketing) created outreach materials, while others said home visiting staff designed the materials. Those developing materials in house often start with information from the model developer and then add content the program considers important. This flexibility enabled some programs to feature program graduates in their outreach materials.

Other interviewees described constraints in developing their own materials. For example, some programs located within larger umbrella organizations such as a health department indicated their program information must be incorporated into broader agency materials. Others implementing a particular home visiting model said they were required to use materials from the program's national office.

In-depth family feedback on outreach materials was rare. A few interviewees sought feedback from families when developing their resources. One described this happening during a tribal council meeting that included clients. Another discussed using ideas from their parent council to develop outreach materials, then testing the materials in a CQI project. More described getting high-level positive feedback from families and referral partners after the outreach materials were developed. As one noted, "The flyers went over very well, with positive feedback from the families and partners and the staff on the flyers because they're colorful, they're bright, they go directly to the information needed."

More than half of survey respondents (54 percent) reported tailoring outreach and recruitment materials to different types of families (see appendix D.8)**.** Among those that reported tailoring, the most common practice was to provide materials in multiple languages (indicated by 56 percent of those who reported tailoring materials; see appendix D.8). Several interviewees also described offering materials in multiple languages (e.g., English, Spanish) and/or using photos of different racial/ethnic groups. One program went beyond translation, developing distinctive messages culturally aligned with their target population.

We are currently working with some consultants … [developing some materials] from the beginning with Spanish speaking or Latinx in mind … [J]ust taking something that you made in English and translating it into Spanish doesn't actually create what we were looking for.

Program capacity status was somewhat related to types of outreach materials programs use. Programs at capacity at the time of the survey were less likely to use Facebook than programs under capacity (66 percent versus 77 percent, $p < .10$; see appendix D.7.E). However, program location and type of organization were much greater predictors of outreach materials. Those in nonmetro areas were more likely to use community newspapers (25 percent versus 11 percent, $p < .01$), visual advertisement such as billboards (36 percent versus 23 percent, $p < .05$), and Facebook (84 percent versus 64 percent, $p < .01$) but less likely to use other types of social media than programs in metro areas. Outreach materials vary across types of organizations as well, though with few distinct patterns of use. See appendices D.7.A–F for subgroup analyses.

Chapter 5. Accomplishments and Challenges Maintaining Caseloads

This chapter describes programs' perceived accomplishments and challenges related to maintaining caseloads before and during the COVID-19 pandemic. Programs discussed experiences related to two key components of maintaining caseloads:[23] working with referral partners and enrolling families. This chapter is organized around these two components of caseload maintenance, and the sections related to working with referral partners and enrolling families present findings for the year before the pandemic began. This chapter also describes the unique challenges programs faced during the pandemic and presents examples of the resilience and creativity programs demonstrated in response.

Accomplishments and Challenges Working With Referral Partners

Survey and interview participants described accomplishments and challenges related to working with community referral partners in several domains: partner awareness of home visiting program, relationships and communication with partner agencies, staffing at partner agencies, and number of referrals received.

Chapter Overview

This chapter describes program reports related to accomplishments and challenges maintaining caseloads.

- Most programs reported strong relationships with referral partners. Challenges include receiving too few referrals, spending significant time building and maintaining relationships with partners, and navigating staff turnover at partner agencies.

- Most programs reported being able to identify families in need of services, build their trust, and enroll them in services. Challenges include limited family awareness of home visiting, staff turnover, competition between programs, and stringent eligibility requirements.

- During the pandemic, referrals decreased, relationships with referral partners were hampered, staff turnover increased, and some families were uninterested or unable to participate in virtual services.

Perceived Accomplishments Related to Working With Referral Partners

Most programs reported strong relationships with community referral partners. Eighty-seven percent of survey respondents perceived having strong relationships with partners during the year

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[23] Components emerged from analysis of survey and interview data.

before March 2020. On average, survey respondents said 83 percent of families referred from programs' top referral partners were eligible for services (see exhibit 5.1; see appendix E.1.A–F for additional information and subgroup analyses).

Exhibit 5.1. Accomplishments and Challenges Related to Working with Referral Partners

Characteristic	Percentage
Programs that indicated the following was a challenge in terms of maintaining capacity[a]	
The number of families referred to the program by community partners was low or infrequent (Year before March 2020)	49
For current, top referral partner	
Percentage of referred families deemed eligible for services	83
Percentage of referred families ultimately enrolled/received a first home visit	59
Agreement with the following statement[b]	
Our program has strong relationships with other community partners that provide referrals (Year before March 2020)	87
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to identify factors that were challenges.
[b] Respondents were asked to indicate whether they agree or disagree with each statement.

Programs identified several factors they perceive as contributing to successful relationships, including establishing a presence in the community and collaborating with community partners on initiatives that serve children and families. Some interview participants linked positive relationships with partners to success in receiving referrals.

One of the reasons we're successful is just presence. We have made sure that we collaborate or are a part of pretty much anything that has to do with children and families in our counties as much as possible.

Perceived Challenges Related to Working With Referral Partners

Programs highlighted the following challenges related to working with partners: receiving too few referrals, receiving referrals for families that are not interested in home visiting, spending significant time building and maintaining relationships with partners, and staffing turnover at partner agencies.

Almost half of survey respondents (49 percent) said referrals by community partners during the year before March 2020 were low or infrequent (see exhibit 5.1). Capacity status at the time of the survey related to the perception of this challenge. As exhibit 5.2. shows, programs under

capacity were more likely to report that receiving low or infrequent referrals was a challenge than programs at capacity (57 percent versus 39 percent, $p < .01$).

Exhibit 5.2. Receiving Low or Infrequent Referrals Was a Challenge, by Capacity Status
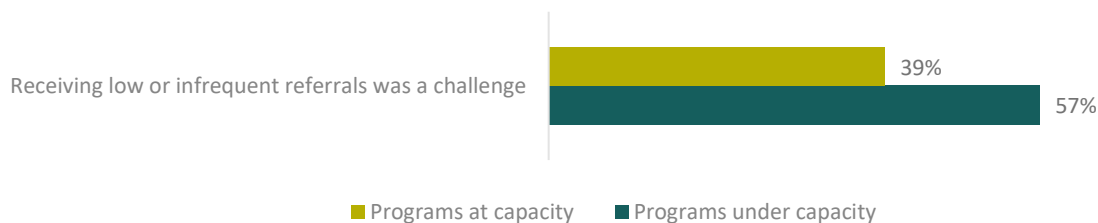
Receiving low or infrequent referrals was a challenge
- 39% (Programs at capacity)
- 57% (Programs under capacity)

■ Programs at capacity ■ Programs under capacity

Notes: $p < .01$. Total programs with responses: programs under capacity = 128; programs at capacity = 101.

Interview participants discussed challenges related to communicating with partners and building and maintaining relationships, which can take significant time and be hindered by partner staffing issues. In particular, turnover at partner agencies requires repeating outreach and relationship-building activities with new staff. Dedicating insufficient time could limit referrals, but repeating efforts takes staff time that could be spent on other tasks. Interview participants also cited limited partner awareness or understanding of home visiting and/or limited interest in discussing the service with clients as challenges.

Accomplishments and Challenges Enrolling Families

Programs described numerous accomplishments and challenges related to enrolling families in home visiting. Program perceptions of accomplishments include identifying families that might benefit from home visiting services and modifying recruitment messaging and strategies to best meet family needs. Program perceptions of challenges include limited family awareness of home visiting and factors that may influence a family's decision or ability to enroll, such as discomfort with service providers entering the home or having limited time to participate.

Perceived Accomplishments Related to Enrolling Families

Eighty-three percent of survey respondents said they were able to identify families most in need of home visiting services, and 75 percent said they were able to enroll families most in need during the year before March 2020 (see exhibit 5.3; see appendix E.4.A–E.4.F for additional information and subgroup analyses). Interestingly, programs reported greater success with enrollment than recruitment. The reasons are unclear, but it is possible that some programs may not consider receiving referrals to be a form of recruitment.

Exhibit 5.3. Accomplishments and Challenges Related to Enrolling Families

Characteristic	Percentage
Programs that indicated the following was a challenge in terms of maintaining capacity for the year before March 2020[a]	
Families in the community were generally not aware of our services	41
There were other home visiting programs in the community that serve similar types of families	31
Certain subgroups of families in our community (e.g., families in shelter) were not aware of our services	26
There were other non-home visiting programs in the community that serve similar types of families	11
Agreement with the following statement for the year before March 2020	
Our program has been able to identify the families most in need in our community	83
Our program has been able to recruit the families most in need in our community	64
Our program has been able to enroll the families most in need in our community	75
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to identify factors that were challenges.

Interview participants viewed their ability to build trust with families as an accomplishment.
They explained that strategies used to build trust include "meeting families where they are" and tailoring messages about home visiting to address family concerns (e.g., home visiting is flexible, voluntary, and not affiliated with the child welfare system). Additionally, while 26 percent of survey respondents said that the number of self-referrals was low or infrequent during the year prior to March 2020 (see exhibit 5.3), interview participants said receiving self-referrals was an accomplishment.

I always feel like it's an achievement when a current or graduated family wants to see their friends and family involved. That to me seems like a great achievement.

Perceived Challenges Related to Enrolling Families

Some programs indicated that limited awareness of the program among families was a challenge for enrollment. Forty-one percent of survey respondents indicated that limited awareness made enrollment challenging during the year before March 2020 (see exhibit 5.3). Capacity status may relate to perceptions of this challenge. As exhibit 5.4 illustrates, a larger percentage of respondents whose programs were under capacity reported lack of awareness among families as a challenge than respondents whose programs were at capacity (47 percent versus 34 percent, $p < .10$).

Exhibit 5.4. Limited Family Awareness of Home Visiting Was a Challenge, by Capacity Status

Limited family awareness of home visiting was a challenge
- Programs at capacity: 34%
- Programs under capacity: 47%

■ Programs at capacity   ■ Programs under capacity
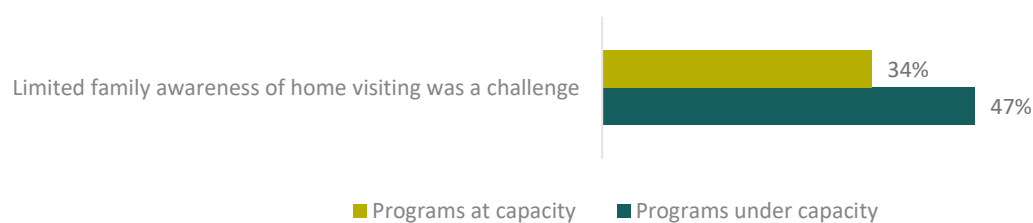
Notes: *p* < .10. Total programs with responses: programs under capacity = 128; programs at capacity = 101.

Survey respondents shared perceptions about why families do not enroll in home visiting, rating a list of reasons by importance (see exhibit 5.5; see appendix E.5.A–F for additional information and subgroup analyses).

Interview participants also discussed the importance of home visitor fit and explained that it can be a challenge to enroll families when home visitor characteristics, such as race or language, do not align with the characteristics of families served.

We would love to have a Spanish-speaking person again because that was a great factor that really played into engaging those families. We have not had one for probably over a year now. It is still hard to engage [Spanish-speaking] families without someone that they feel as comfortable with.

Exhibit 5.5. Reasons Families Do Not Enroll in Home Visiting

Reasons families do not enroll in home visiting services	Mean (range from 1 to 4)[a]	Percentage			
		1 (not important)	2 (somewhat important)	3 (moderately important)	4 (very important)
Families feel that they do not have time/are too busy to commit to schedule of visits	3.2	0.8	15.6	43.0	40.6
Families do not fully understand what the program is/all the resources that the program can provide	3.2	2.9	19.7	36.9	40.6
Families fear they will be at greater risk of becoming involved in the child welfare system	3.1	6.5	18.8	30.6	44.1

Reasons families do not enroll in home visiting services	Mean (range from 1 to 4)[a]	Percentage			
		1 (not important)	2 (somewhat important)	3 (moderately important)	4 (very important)
Families believe they are doing fine without our services	3.0	4.5	22.0	38.8	34.7
Families are uncomfortable with having a service provider visit the home on a regular basis	2.8	5.3	30.2	38.8	25.7
Families do not engage or respond to service delivery strategies that are not in person (e.g., televisits)	2.8	9.8	29.4	34.3	26.5
Families think they are already involved enough with other social service providers	2.6	9.8	34.0	38.1	18.0
Families are generally distrustful of service providers in the community	2.6	10.7	35.7	34.8	18.9
Families fear they will be at greater risk of involvement with immigration authorities	2.6	24.6	22.1	21.7	31.6
Families are worried about privacy concerns (e.g., if home visitors are members of their community)	2.3	26.5	31.8	22.0	19.6
Families fear their future eligibility for citizenship will be put at risk (public charge rule)	2.3	35.2	22.1	19.3	23.4
Families are discouraged by other family members from participating	2.2	29.4	35.5	21.6	13.5
Families are worried that they will be stigmatized by their involvement	2.1	33.9	31.4	21.6	13.1
Families feel that their identities are not reflected in the characteristics of home visitors	2.0	36.3	34.7	18.0	11.0
Families think they are not eligible for services	2.0	40.6	27.5	20.1	11.9
Sample size					266

Source: Calculations based on the FLASH-V web survey data.
Notes: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] 1=not important, 2=somewhat important, 3=moderately important, and 4=very important.

While there was no substantial variability in programs' overall perceptions of reasons families do not enroll, survey and interview results suggest that program perceptions may

differ based on community context and characteristics of families served. For example, metro programs placed more importance than nonmetro programs on family concerns about involvement with immigration authorities (urban mean = 2.8; rural mean = 2.3; $p < .01$). In addition to potentially influencing perceptions of reasons families do not enroll, community characteristics were occasionally cited as challenges in and of themselves. For example, programs in rural communities described challenges related to privacy and confidentiality, though in some cases being in a small community facilitated relationship-building and trust.

Some programs described staff turnover as negatively affecting family enrollment. Overall, only 36 percent of survey respondents said their program had staff turnover issues; however, as exhibit 5.6 illustrates, 44 percent of respondents whose programs were under capacity said staff turnover was a challenge before March 2020 compared to 27 percent of respondents whose programs were at capacity ($p < .05$).

Exhibit 5.6. Staff Turnover Was a Challenge, by Capacity Status
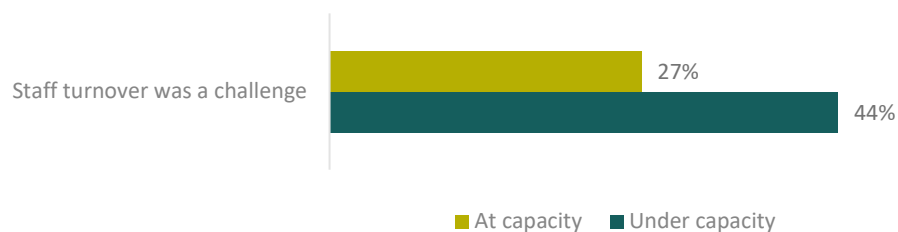
Notes: $p < .05$. Total programs with responses: programs under capacity = 128; programs at capacity = 101.

Almost 20 percent of survey respondents identified short-term staffing issues—including parental or other types of leave, diversion to other duties, or a recent program expansion—as a challenge before March 2020 (see appendix E.3.A–E.3.F for additional information and subgroup analyses). Interview participants also described many instances in which staff turnover negatively affected family enrollment. Programs explained that it can be hard to find the right match for a home visiting position, it takes time to hire and train new home visitors, and having fewer fully trained home visitors on staff reduces the number of families they are able to enroll.

Programs also identified competition between home visiting programs as a barrier to enrollment. Thirty-one percent of survey respondents said the presence of other home visiting programs that serve similar families was a challenge before March 2020, and 11 percent said the presence of other non-home visiting programs that serve similar families was a challenge (see exhibit 5.3). Programs explained that competition can be particularly difficult if the competing programs offer material goods and incentives.

Some interview participants felt that program eligibility requirements, particularly income requirements, occasionally limited their ability to enroll families. Some programs perceived eligibility requirements as overly strict given their local context. In particular, several programs identified income requirements as challenges for enrollment, given the needs of families whose income is just above the program's requirement.

> ### Selected Interview Responses About Challenges Enrolling Families
>
> *Some of our counties have some mistrust in government. Corruption even with sheriffs and county leaders, and I absolutely think that plays into it. Especially in the South … we still have racial tension…*
>
> *The counties with the competing home visiting programs also have a … lower enrollment. We have certain constraints on our program that [the competing programs] do not. For example, they can give families a prepaid gift card, [and] our state agency … will not allow that.*
>
> *It is somewhat difficult because … you have to be within 100 percent of the poverty guideline. This year for a family of four, it is $26,500. We're able to enroll another 35 percent, but we don't usually have a lot of families that fall in this category, up to 130 percent of the poverty level. For a family of four, that's $34,450. Families struggle, I would say, up to 300 percent of poverty. Probably even higher than that … in some of our areas, we might have 10 families on our waitlist that are over income, but we can't … they'll never be served.*

Accomplishments and Challenges Related to COVID-19

Programs demonstrated notable creativity and resilience in response to challenges encountered during the COVID-19 pandemic. Challenges relate to the components described above: working with referral partners and enrolling families.

Perceived Accomplishments During the COVID-19 Pandemic

Interview participants valued funding opportunities during the pandemic that allowed programs to provide material goods to families. Some programs felt these opportunities allowed them to demonstrate a commitment to families and connected this to increased interest in home visiting and family retention.

Interview participants also cited flexibility, creativity, and "thinking outside the box" as factors that helped maintain caseloads during the pandemic. Interview participants described new approaches to service delivery and family communication that some perceived as successfully mitigating negative effects of the pandemic. These included connecting with families in new locations, delivering items that could be used during virtual visits, and adjusting visit schedules.

Selected Interview Responses About Accomplishments During the COVID-19 Pandemic

We received two grants that allowed us to purchase phone cards for families who maybe were running out of cell phone data because they didn't have access to the internet. So, we were able to … give them an additional resource during COVID.

During COVID we would do porch drop-offs and [give the families] a couple masks if they still had to go out for a visit or just to go to the grocery store. We gave out hand sanitizers. When we were doing all of those things it assured them, hey, these people really care about us.

This winter, a couple of my home visitors were going ice fishing with their families. You know, just thinking out of the box. They might stop by and put some curriculum ideas or an activity on [a family's] porch and then go to the office and then Zoom them and then they do it together … just trying to think of things that made us not feel so isolated.

Perceived Challenges Related to Working With Referral Partners During the COVID-19 Pandemic

Referral numbers dropped during the pandemic and referrals from partner agencies were harder to attain. As exhibit 5.7 shows, 64 percent of survey respondents said referrals from community partners were low or infrequent after March 2020, compared to 49 percent the year before (see appendix E.1.A–E.1.F for additional information and subgroup analyses). Programs explained that this drop in referrals was frequently the result of partner agencies closing temporarily, which meant partners were not seeing clients and thus were unable to refer. It also meant home visiting programs were unable to conduct in-person outreach or recruitment at these offices.

Exhibit 5.7. Perceived Challenges and Accomplishments During the COVID-19 Pandemic

Characteristic	Percentage	
	Year before March 2020	Since March 2020
Programs that indicated the following was a challenge		
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	50	59
The number of families referred to the program by community partners is low or infrequent	49	64
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	36	40
The number of families that are self-referred or that are referred through a family member or friend is low or infrequent	26	42
Short-term staffing issues, including parental or other types of leave or a recent program expansion	19	34
Family or staff have concerns about health and safety due to COVID-19	N/A	63
Families are not interested in or able to participate in virtual home visiting	N/A	56
Agreement with the following statement[a]		
Our program has strong relationships with other community partners that provide referrals	87	82
Sample size		**266**

Source: Calculations based on the FLASH-V web survey data.
Notes: N/A = not applicable. The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to indicate whether they agree or disagree with each statement.

Relationships with referral partners were also negatively affected by the pandemic. Fewer survey respondents (82 percent) reported having strong relationships with partners after the pandemic began than during the year before March 2020 (87 percent; see exhibit 5.7). Survey respondents also indicated that, in 2021, 41 percent of families referred by their top referral partner did not enroll (see exhibit 5.1).

I found our coalitions with other agencies in the community … just kind of fell apart. It just seemed like some of that partnership and communication between agencies broke down somewhat during COVID.

Perceived Challenges Related to Enrolling Families During the COVID-19 Pandemic

Programs explained that it was harder to identify, recruit, and enroll families after March 2020 than prior to the pandemic. As exhibit 5.8 shows, programs reported declines in their ability to *identify* families most in need of home visiting services (from 83 percent to 73 percent), *recruit* families most in need (from 64 percent to 52 percent), and *enroll* families most in need (from 75 percent to 62 percent). Interview participants said virtual outreach and enrollment was more challenging than in-person outreach and enrollment.

Exhibit 5.8. Program Ability to Identify, Recruit, and Enroll Families Before and During the COVID-19 Pandemic
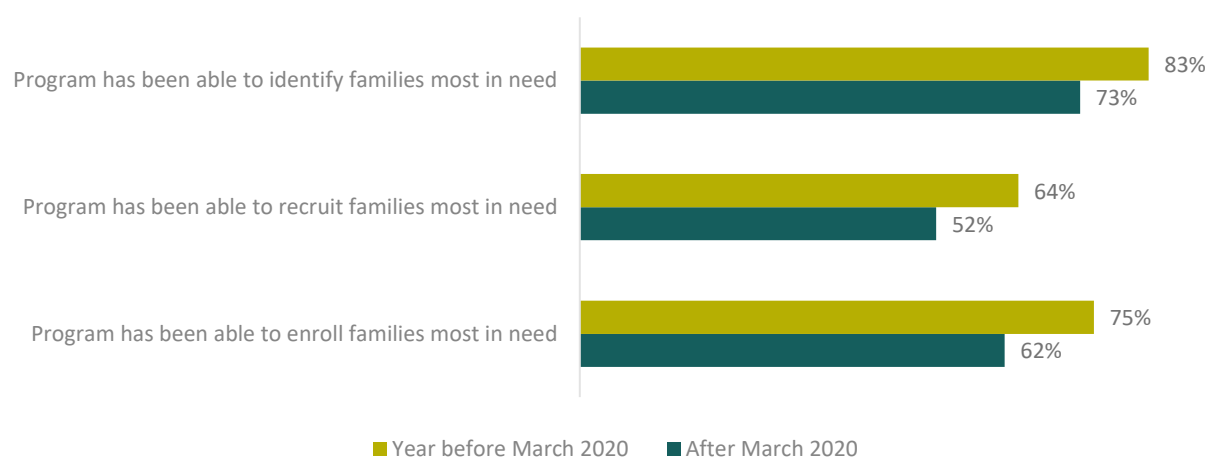
Note: Total programs with responses: year before March 2020 = 247; after March 2020 = 241.

Face-to-face has been really important. It's really hard to connect with someone for the first time over the internet or just over the phone.

Staffing challenges were exacerbated by the pandemic. The percentage of survey respondents experiencing short-term staffing issues almost doubled from the year before March 2020 (19 percent) to the year after March 2020 (34 percent). Additionally, a greater percentage of programs reported turnover issues after March 2020 (40 percent) than during the year before March 2020 (36 percent; see exhibit 5.7).

Over half of survey respondents (56 percent) reported that families being uninterested or unable to participate in virtual home visiting was a challenge to maintaining caseloads (see

exhibit 5.7). Programs also perceived enrolled families to be less likely to stay engaged during the pandemic. Fifty-nine percent of survey respondents identified this as a challenge since March 2020, compared to only 50 percent in the year before March 2020. Interview participants identified other factors that may have influenced enrollment during the pandemic, including the technology gap in rural and impoverished communities, families being overwhelmed, and "Zoom fatigue."

We're very rural…. [W]e did provide our families with a computer if they wanted to do virtual visits with us … but many of our families, even if we could provide them with a hotspot, there's not service to set up a hotspot.

Chapter 6. Implications and Opportunities

This chapter describes the implications of the study findings for outreach and recruitment and promising opportunities for consideration for further study. Although some of the strategies described came from only one or two programs, they could be tested through CQI or research efforts and applied broadly if effective.

Implications and Opportunities for Home Visiting Programs

Themes from the survey and interviews highlight the importance of facilitating ongoing communication with key community referral partners, prioritizing partners that serve the same population, and ensuring partners understand the program and referral process. Other potential strategies for increasing capacity include making meaningful connections with families in the recruitment phase, maximizing the use of referral sources families trust, considering creative recruitment strategies other programs use, identifying and recruiting from groups underrepresented in services, and using data to guide outreach. Findings highlight potential opportunities to increase the use of outreach and recruitment approaches programs perceive as successful and to improve relationships with community referral partners and families to strengthen the flow of referrals.

Make Meaningful Connections and Maximize the Use of Trusted Sources

Findings suggest that home visiting programs may strengthen outreach and recruitment efforts by using referral sources families trust, such as program graduates or community service providers, and strategically using home visitors in outreach efforts to develop relationships with families in the recruitment phase. Interview respondents highlighted that hearing about the program from program graduates greatly influences families to

Chapter Overview

This chapter describes implications of the study findings for practice and further research.

- Outreach and recruitment is an ongoing effort with multiple overlapping strategies, even for programs at capacity.

- Potential strategies for increasing capacity include building relationships with families and referral partners, maximizing trusted sources, considering strategies other programs have found successful, recruiting from groups underrepresented in services, making recruitment more efficient, and using data to guide outreach.

- Potential areas for future research include exploring parent perceptions of home visiting and what recruitment and enrollment strategies work best for different groups of families.

- Home visiting's potential to promote health equity depends on enrolling families in particular communities.

enroll, suggesting the value of increasing the use of program graduates in recruitment efforts.[24] Programs may feature program graduates in videos and materials, and/or hire them to help recruit families.

Hearing about the program from trusted community service providers was also reported to greatly influence families to enroll. Programs rated contacting service providers by phone or email or physically visiting other organizations as successful recruitment approaches. For those programs not already visiting community providers, this suggests an opportunity post-COVID to cultivate and nurture relationships with referral partners through site visits.

Interview respondents also described the key role home visiting staff play in getting families interested in home visiting. For those programs not already doing so, it may be important to consider how home visitors can start to develop relationships with potentially eligible families, even in the recruitment phase. Building relationships with families at the early stages of recruitment may increase the likelihood of enrollment and initial engagement. This is consistent with the literature in other fields, such as nursing and social work, which highlight the importance of relationships and connections to establish the foundation for engagement (Hanson & Taylor, 2000; Rollins, 2020).

Consider New Outreach and Recruitment Strategies and Identify and Recruit from Groups Underrepresented in Services

Some respondents described outreach and recruitment strategies they were trying or planning to try: conducting child development screenings and sending results to the pediatrician to remind health care providers about the home visiting program, recruiting at libraries during "story time," conducting activities for children in the waiting area of WIC offices, embedding the program within pediatrician offices, and making videos or tailoring materials with culturally appropriate messages specific to underserved populations.[25]

Programs may use data to identify groups underrepresented in home visiting services and target outreach efforts to those groups. Groups highlighted in interviews as underrepresented include Latino families and families who speak languages other than English, Black families, tribal populations, families affected by substance use, teen caregivers, families early in their pregnancy, families in geographically remote areas, and other groups unique to the program's locale, such as refugees. Underrepresentation was attributed to factors such as misalignment of messaging with the

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[24] This is consistent with a MIECHV state-led evaluation that found that satisfied clients make great referral sources.

[25] This is consistent with a MIECHV state-led evaluation that developed brochures, posters, a Facebook page, a website, and a recruitment video to build a positive awareness of home visiting among potentially eligible families and referral partners and found an association with increased enrollment. Another MIECHV awardee through their state-led evaluation developed vignettes showcasing home visitors and the families they serve and features these videos on a website and seven other social media networks, including Facebook and Twitter.

culture and distrust of systems that protect children (e.g., like child welfare and health care), which may create a distrust across systems, including home visiting. Understanding why some groups are underrepresented in home visiting services may help programs target disparities in representation. Programs may consider developing or tailoring outreach materials for these groups in a way that aims to address or acknowledge contributing concerns.[26] They may also consider identifying and connecting with less typical referral partners to reach these groups.

Nurture Relationships With Referral Partners

Although surveyed programs reported that most of their referrals came from community referral partners, most felt there was an opportunity to increase referrals from these partners. Findings highlighted the importance of maintaining ongoing communication with key partners, prioritizing partners that serve families with similar characteristics, and ensuring that partners understand both the home visiting program and the referral process. This is consistent with the literature that identifies knowledge and familiarity with home visiting services as the strongest predictor of making a referral to home visiting (Whitaker et al., 2015).

To increase referrals, the findings highlighted the importance of reaching out to partners and maintaining ongoing communication with key partners as successful strategies that contribute to the number of referrals received,[27] but a quarter of programs surveyed do not have frequent communication with their partners. Additionally, approximately a quarter of programs surveyed did not report having a clear point of contact with top partners, suggesting opportunities to strengthen communication. Programs not already practicing these strategies could start by establishing a clear point of contact with each partner and maintaining communication.

Interview respondents reported the importance of networking, cultivating relationships with referral partners, and being patient. They explained it took time and effort to build and maintain relationships with partners. They said it was also important to show appreciation for referrals (e.g., providing candy, pens/notepads, or cookies; inviting partners to client graduation).

Programs may prioritize referral partners that serve the same population they want to reach. In describing their top partner, most survey respondents indicated that serving the same target population contributes to the referrals received.

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[26] This is consistent with a MIECHV state-led evaluation that tailored marketing materials, such as including images of fathers or prenatal women and teens, and resulted in broadening the types of families they were able to reach.

[27] This is consistent with a MIECHV state-led evaluation that identified the importance of routinely providing feedback, reminders, and encouragement to referral partners to strengthen or maintain the flow of referrals.

Regarding partners that survey respondents identified as providing the most and fewest referrals, programs perceive a substantial gap between the percentage of referred families deemed eligible for services and the percentage of referred families that ultimately enroll (in both cases, an average gap of almost 25 percentage points). Survey and interview respondents reported that some partners may not adequately explain home visiting services. On average, survey respondents reported that about 40 percent of families referred from their top partner do not enroll. This may be in part because referred families are not eligible or interested, which suggests an opportunity to work with partners to refine and improve their communication with families about home visiting services.[28] Partners could help identify families that are eligible and interested in services before the referral is made, which may help improve the rate of families that ultimately enroll.

Make Outreach and Recruitment More Efficient

How programs handle referrals may provide opportunities to increase enrollment. Findings indicated that programs understand the importance of dedicating staff time to identify and connect with families as soon as possible after receiving a referral. Programs also emphasized the importance of efficiency—for example, reducing the number of steps in the enrollment process or enrolling families during the initial contact. Some interview respondents prioritized enrollment of self-referrals over other referral sources, presuming high interest.

Use Data to Guide Outreach

While most programs surveyed track and monitor referrals, there may be an opportunity for programs to use referral data to conduct targeted outreach (e.g., identifying underrepresented populations or key partners and tailoring outreach).

Two programs interviewed reported using data to identify underrepresented families; however, programs generally did not report doing this. Programs may consider tracking data on outreach, referrals, and enrollment to identify groups that are underrepresented in services but could benefit. Data on enrollment may inform what outreach strategies work for different groups of families. Data may also inform other improvements to outreach and referral processes. One program interviewed reported using CQI to test outreach strategies. Strategies outlined in the report are those that at least some programs perceive to be successful. Testing outreach strategies could help programs learn what works in their own community and adjust their practices accordingly.

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[28] This is consistent with a MIECHV state-led evaluation whose strategy for coaching referral sources on program eligibility included sharing talking points about the program, embedding eligibility screening criteria on patient checklists, and providing short referral forms for the referral partner to use.

Implications and Opportunities for Future Research

This is one of the first national studies to ask home visiting programs for their perspectives on what works to reach and recruit families. Understanding their perspectives may facilitate the identification and testing of promising strategies and inform technical assistance to support programs. However, there is also an opportunity for programs to use family voice to guide outreach and recruitment efforts. Future research may consider exploring parent perceptions about home visiting and what they want from services. Identifying strategies that influence potentially eligible families' readiness to engage in services at the recruitment stage requires an understanding of participant perspectives (King & Petersen, 2014; Lindsey et al., 2014).[29] Programs may seek family input on outreach materials or strategies, program descriptions, and services or supports they would like—all of which influence whether they want to enroll. By better understanding parents' goals and expectations for services, programs may be better able to reach and recruit families into services.

In addition to testing strategies to better understand ways to increase the recruitment and enrollment of families, there is an opportunity to better understand what strategies work best for whom. Disaggregating data may provide an opportunity to learn if and how strategies differentially affect recruitment and enrollment for different groups (Home Visiting Applied Research Collaborative, 2018). While research findings often reveal average effects, according to Chicago Beyond, learning who benefits most and least may point to disparities and provide opportunities to tailor efforts to reach different groups of families (2019). There is a dearth of literature on identifying potentially eligible families from different groups, but home visiting's potential to promote health equity depends on enrolling those families (Slack & Berger, 2020). The home visiting field may consider how progress toward health equity can be achieved through recruitment, outreach, and enrollment methods.

Conclusion

Improving outreach and recruitment is an ongoing effort for programs, even for those at capacity. Programs use multiple approaches and strategies to recruit families, and those strategies often overlap and are used together. Efforts to expand recruitment and enrollment of families into evidence-based home visiting programs may include focusing on strategies that enhance relationships with referral partners, using referral sources trusted by families, streamlining the

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[29] While this points to a gap in home visiting research, at least two MIECHV state-led evaluations have successfully explored parent perspectives on ways to tailor outreach materials to better engage families' and parents' motivation to enroll. One awardee uses a parent advisory board composed of former clients that play an integral role in developing outreach and recruitment materials and strategies to engage families in services.

recruitment phase, using data to guide outreach, and strengthening the use of outreach and recruitment approaches programs perceive as successful.

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Appendices

Appendix A. LIA Web Survey

Screener

SC1. Does your home visiting program receive MIECHV (Maternal, Infant and Early Childhood Home Visiting) funding?

    (1)   Yes
    (2)   No

If SC1=1 (YES):

SC2.   What source of MIECHV funding does your home visiting program receive?

    (1)   State or territory MIECHV funding
    (2)   Tribal MIECHV funding
    (3)   Don't know

GO TO SURVEY INTRODUCTION AND CONSENT

If SC1=2 (NO): Thank you for your time. We will not be able to include your agency in the study since we are seeking home visiting programs that receive MIECHV funding.

Survey Introduction and Consent

We invite you to participate in this voluntary data collection. There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life. There are no direct benefits to you from participation; however, the information you provide about your home visiting program may provide valuable information to help reach and serve eligible families through home visiting and assist the federal government with future planning for the home visiting field.

Your responses will be kept strictly private to the extent permitted by law. Only the project study team will have access to this information. If you participate in a follow up interview, some responses you share in the survey may be discussed during the interview. Your answers will not be shared with any other agencies. Your responses will be combined with responses from other home visiting program staff and conveyed in a report prepared for the Administration for Children and Families, Office of Planning, Research, and Evaluation. In our research report, the information you provide will not be attributed by name to you or your individual program.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. You have the right to refuse a question and stop participation at any time, but we appreciate complete responses when possible so our study findings can reflect your experiences and perspectives.

The survey will take approximately 30 minutes to complete. The survey is designed to understand recruitment and enrollment processes in home visiting programs by examining challenges to reaching caseload capacity and opportunities to overcome those challenges. We are asking that the survey is completed by a staff member at your home visiting program who has responsibility for outreach, recruitment, or enrollment of families. If you feel you are not the best person to complete the survey, please stop here and share the survey link with someone at your home visiting program who has responsibility for outreach, recruitment and enrollment of families.

Although we are seeking MIECHV-funded home visiting programs to participate in the survey, we are interested in hearing about the experience of your program as a whole (not only about the MIECHV-funded case slots).

Please note that you may start/restart the survey as needed but once you click "submit" your answers are final and you cannot go back into the survey to make changes.

By clicking next, you consent to participate in this survey. Please click next to begin.

Section A. Background on your Agency

A1.   What is your current position or role within your agency? [Select all that apply.]

(1)   Program manager
(2)   Supervisor
(3)   Home visitor
(4)   Outreach/Recruitment/Enrollment specialist
(5)   Other (PLEASE SPECIFY): _____

A2.   What is the name of your home visiting program's agency?

_____[WRITE-IN RESPONSE]

A3.   What is the address of your home visiting program agency's office?

Street number and street name _____

City _____

State _____

Zip code _____

A4.   What type of organization is your implementing agency? [Select all that apply]

(1)   Government health department/agency
(2)   Government education department/agency
(3)   Health care organization
(4)   Community-based nonprofit
(5)   Tribal organization
(6)   Other (PLEASE SPECIFY): _____

A5.   In addition to home visiting, does your agency offer any of these other types of services or operate other programs that provide services to families? [Select all that apply.]

(1)   Early childhood education
(2)   Child care/day care
(3)   Parenting groups
(4)   Health care services
(5)   Mental health services
(6)   Substance use/dependency- related services
(7)   Adult education or employment services
(8)   Transportation services
(9)   Food assistance-related services
(10) Other (PLEASE SPECIFY): _____

A6. Which home visiting model(s) does your agency implement <u>with MIECHV funding</u>? [Select all that apply.]

- (1) Attachment and Biobehavioral Catch-Up (ABC) Intervention
- (2) Child FIRST
- (3) Early Head Start – Home-Based Option
- (4) Early Intervention Program for Adolescent Mothers
- (5) Early Start (New Zealand)
- (6) Family Check-Up for Children
- (7) Family Connects/Durham Connects
- (8) Family Spirit
- (9) Health Access Nurturing Development Services (HANDS) Program
- (10) Healthy Beginnings
- (11) Healthy Families America (HFA)
- (11) Home Instruction for Parents of Preschool Youngsters (HIPPY)
- (12) Maternal Early Childhood Sustained Home-Visiting Program (MECSH)
- (13) Maternal Infant Health Program (MIHP)
- (13) Minding the Baby
- (14) Nurse-Family Partnership (NFP)
- (15) Parents as Teachers (PAT)
- (16) Play and Learning Strategies – Infant (PALS Infant)
- (17) SafeCare Augmented
- (18) Other (PLEASE SPECIFY): _____

IF MORE THAN ONE MODEL IS SELECTED IN A6: GO TO A7

IF ONLY ONE MODEL IS SELECTED IN A6: GO TO A8

A7. Of the MIECHV-funded models your agency implements, which home visiting program currently serves the largest number of families? [Please select one option only.]

[ONLY SHOW THE RESPONSE OPTIONS THAT THE RESPONDENT SELECTED IN QUESTION A6]

- (1) [FIRST MODEL SELECTED IN A6]
- (2) [SECOND MODEL SELECTED IN A6]
- (3) [THIRD MODEL SELECTED IN A6]
- (4) [FOURTH MODEL SELECTED IN A6]
- (5) [FIFTH MODEL SELECTED IN A6]

AFTER A7 RESPONSE: For the remainder of the survey, we'd like you to answer questions as they relate to operating the [INSERT MODEL NAME FROM RESPONSE SELECTED IN A7, HEREAFTER REFERRED TO AS "MODEL NAME"] home visiting program. For example, when questions are asked about program capacity or home visitor caseloads, please respond based only on your knowledge or experience with the [INSERT MODEL NAME] program, and not the other program models.

As a reminder, if your [INSERT MODEL NAME] home visiting program includes MIECHV and non-MIECHV funded case slots, we are interested in hearing about the experience of your

program as a whole (not only about the MIECHV-funded case slots within the [INSERT MODEL NAME] home visiting program).

If SC2=2, display: If you are implementing [INSERT MODEL NAME] program in more than one site, please select the largest of those sites and respond to the remaining questions as they relate to that site only.

A8. How long has your agency been serving families using the [INSERT MODEL NAME] program?

(1) Less than 1 year
(2) 1 to up to 2 years
(3) 2 years to up to 5 years
(4) 5 years or longer

A9. Does your [INSERT MODEL NAME] program have an outreach worker or other key staff member whose <u>primary responsibility</u> is outreach, recruitment or enrollment of families?

(1) Yes
(2) No
(3) Not currently, but we have in the past

A10. Does your [INSERT MODEL NAME] program have any other staff members that are tasked with outreach, recruitment or enrollment? This could include home visitors who are responsible for recruiting families into the program.

(1) Yes
(2) No
(3) Not currently, but we have in the past

A11. Do you use centralized intake, or contract with another agency to conduct outreach, recruitment, and enrollment activities at your [INSERT MODEL NAME] program? SELECT ALL THAT APPLY.

(1) Yes, use centralized intake
(2) Yes, contract with another agency
(3) We have contracted with another agency in the past but do not currently
(4) We have used centralized intake in the past but do not currently
(5) No

Section B. Caseloads and Capacity Dynamics Before and Since COVID-19 Pandemic

B1. How many families are currently enrolled at your [INSERT MODEL NAME] program?

If your program includes MIECHV and non-MIECHV funding, we are interested in the *total* number of families enrolled.

_____ [ALLOW VALUES RANGING FROM 1-999]

B2. What is the total number of families that your [INSERT MODEL NAME] program is able to serve when operating <u>at capacity</u>? This is the number you have agreed to serve with your program model and/or funder.

We are interested in the *total* number of families your [INSERT MODEL NAME] program is able to serve, regardless of how many program slots are funded by MIECHV.

_____ [ALLOW VALUES RANGING FROM 1-999]

B2a. In practice, have you found the target for capacity to be a reasonable goal?

   (1) Yes
   (2) No
   (3) Don't know

IF B2a=2 (NO): GO TO B2bIF B2a=1 (YES) or 3 (DON'T KNOW): GO TO B3

B2b. What has made the target for capacity an unreasonable goal?

_____

First, we'd like you to think back to what program operations were like in the **year before** the COVID-19 pandemic outbreak in the U.S. (approximately February 2019 to February 2020).

B3. To the best of your ability, please think back to what program operations were like in the **year before** the COVID-19 pandemic outbreak in the U.S. (February 2019 to February 2020). **In the year prior to March 2020**, was your [INSERT MODEL NAME] program <u>typically under capacity</u> in terms of the number of families it served during that time?

For the purposes of this study, "typically under capacity" is defined as a program providing home visiting services to less than 85 percent of the number of families that program is able to serve when operating at capacity for at least half of the time (6 or more months) over the year.

   (1) Yes
   (2) No
   (3) Don't know

B4. Thinking back to what program operations were like for your [INSERT MODEL NAME] program in the **year before** the COVID-19 pandemic outbreak in the U.S. (February 2019 to February 2020), were the following factors challenges in your ability to maintain capacity (that is, to serve the number of families that your program has agreed to serve)? [CHECK ALL THAT APPLY]

a. Families in the community were generally not aware of our services	
b. Certain subgroups of families in our community (for example, families in shelter) were not aware of our services	
c. The number of families referred to the program by community partners was low or infrequent	
d. The families referred to the program by community partners were ineligible for services	
e. The number of families that are self-referred or that are referred through a family member or friend was low or infrequent	
f. The families who were self-referred or referred by a family member/friend were ineligible for services	
g. Families that were initially interested in and eligible for home visiting did not receive a first home visit	
h. Families that enrolled (received a first home visit) did not stay engaged for as long as our program intends	
i. Our program did not have enough staff resources to focus on outreach and recruitment	
j. Our program had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	
k. Our program faced short-term staffing issues, including parental or other types of leave or a recent program expansion	
l. Our program struggled with maintaining caseloads due to seasonal variation (winter holiday or summer break)	
m. There were other home visiting programs in the community that serve similar types of families	
n. There were other non-home visiting programs in the community that serve similar types of families	
o. The caseload target was too high given the intensity of family needs	

B5. For each of the following statements, please reflect on your [INSERT MODEL NAME] program's experience of community need and program capacity in the **year before** the COVID-19 pandemic outbreak in the U.S. (February 2019 to February 2020), and indicate if you agree or disagree.

	Agree	Disagree
a. There were more families in need of our program than we could serve		
b. There were more families in need of **and** interested in our program than we could serve		
c. Our program was able to identify the families most in need in our community		

d. Our program was able to <u>recruit</u> the families most in need in our community		
e. Our program was able to <u>enroll</u> the families most in need in our community		
f. Our program had strong relationships with other community partners that provide referrals		
g. There were more referrals into our program than we could serve		

Now we'd like to ask about the period since March 2020 (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now).

B6. <u>**Since March 2020**</u> (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now), how many months in total has your [INSERT MODEL NAME] program been <u>under capacity</u>?

For the purposes of this study, "under capacity" is defined as a program providing home visiting services to less than 85 percent of the number of families that program is able to serve when operating at capacity.

(1) 0 months/ Never
(2) 1 months
(3) 2 months
(4) 3 months
(5) 4 months
(6) 5 months
(7) 6 months
(8) 7 months
(9) [8 months]
(10) [9 months]
(11) [10 months]
(12) [11 months]
(13) [Longer than 11 months]
(14) Don't know

B7. <u>**Since March 2020**</u> (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now), have the following factors been challenges in your ability to maintain capacity (that is, to serve the number of families that your program has agreed to serve)? [CHECK ALL THAT APPLY]

We'd like to know about **all** challenges your program has experienced during the period since March 2020, whether or not they are directly related to the COVID-19 pandemic.

a. Families in the community are generally not aware of our services	
b. Certain subgroups of families in our community (for example, families in shelter) are not aware of our services	
c. The number of families referred to the program by community partners is low or infrequent	

d. The families referred to the program by community partners are ineligible for services	
e. The number of families that are self-referred or that are referred through a family member or friend is low or infrequent	
f. The families who are self-referred or referred by a family member/friend are ineligible for services	
g. Families that are initially interested in and eligible for home visiting do not receive a first home visit	
h. Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	
i. Families are not interested in or able to participate in virtual home visiting	
j. Our program does not have enough staff resources to focus on outreach and recruitment	
k. Our program has had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	
l. Our program faces short-term staffing issues, including parental or other types of leave, diversion to other duties, or a recent program expansion	
m. Our program struggles with maintaining caseloads due to seasonal variation (winter holiday or summer break)	
n. There are other home visiting programs in the community that serve similar types of families	
o. There are other non-home visiting programs in the community that serve similar types of families	
p. Family or staff have concerns about health and safety due to COVID-19	
q. The caseload target is too high given the intensity of family needs	

B8. For each of the following statements, please reflect on your [INSERT MODEL NAME] program's experience of community need and program capacity **since March 2020** (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now) and indicate if you agree or disagree.

	Agree	Disagree
a. There are more families <u>in need</u> of our program than we can serve		
b. There are more families <u>in need</u> of **and** <u>interested</u> in our program than we can serve		
c. Our program has been able to <u>identify</u> the families most in need in our community		
d. Our program has been able to <u>recruit</u> the families most in need in our community		
e. Our program has been able to <u>enroll</u> the families most in need in our community		

f. Our program has strong relationships with other community partners that provide referrals		
g. There are more referrals into our program than we can serve		

Section C. Perspectives on Factors that Influence Recruiting and Enrolling Families

Now we'd like to learn about your general perspectives on recruitment and enrollment of families.

C1. Based on your experiences, which of these factors are important in getting families **initially interested in** participating in home visiting? [CHECK ALL THAT APPLY]

a. Families hearing about the program from a friend or family member	
b. Families hearing about the program from someone that participated in it before	
c. Families hearing about the program from a trusted community leader	
d. Families getting a recommendation or referral to the program from a service provider	
e. Our program having services other than home visiting at our agency through which to reach or connect with families	
f. Our program conducting or participating in outreach efforts such as attending community fairs or events	
g. Our program having home visitors meet and talk to families and establish a relationship	
h. Our program having updated outreach materials (brochures/flyers, website)	
i. Our program laying out clear expectations about what home visiting is	

C2. Based on your experiences, which of these factors are important to emphasize in your initial **messaging to families** to get them interested in home visiting? [CHECK ALL THAT APPLY]

	Not important	Important
a. Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)		
b. Messaging about providing referrals or connections to other community resources		
c. Messaging about providing education and support around parenting practices		
d. Messaging about providing education and support around prenatal health or child health		

e. Messaging about providing emotional and social support to parents		
f. Messaging about helping children be ready for school		
g. Messaging about providing activities for child or for parent-child interactions		
h. Messaging about home visitors advocating for the family		
i. Messaging about group activities		
j. Clear expectations about the logistics of home visiting		

C3. Based on your experiences, how important are each of the following reasons for explaining why families choose **not to enroll** in home visiting services?

	Not important	Somewhat important	Moderately important	Very important
a. Families are uncomfortable with having a service provider visit the home on a regular basis				
b. Families do not fully understand what the program is/all the resources that the program can provide				
c. Families believe they are doing fine without our services				
d. Families fear they will be at greater risk of becoming involved in the child welfare system				
e. Families fear they will be at greater risk of involvement with immigration authorities				
f. Families fear their future eligibility for citizenship will be put at risk (public charge rule)				
g. Families feel that they do not have time/are too busy to commit to schedule of visits				

h. Families are generally distrustful of service providers in the community				
i. Families think they are not eligible for services				
j. Families think they are already involved enough with other social service providers				
k. Families are worried about privacy concerns (for example, if home visitors are members of their community)				
l. Families are worried that they will be stigmatized by their involvement				
m. Families do not engage or respond to service delivery strategies that are not in person (for example, televisits)				
n. Families feel that their identities are not reflected in the characteristics of home visitors				
o. Families are discouraged by other family members from participating				

Section D. Program Strategies for Identifying and Recruiting Families

D1. Has your [INSERT MODEL NAME] program engaged in any of the following activities to identify potentially eligible families in your community over the past two years? For this question, we are interested in the activities your program conducts related to initially just finding where families may be, not the outreach and recruitment strategies you might then use after you find families. [Select all that apply.]

    (1)   Find and connect with other community services that serve similar types of families
    (2)   Use existing data sources to identify neighborhoods where potentially eligible families reside
    (3)   Using program graduates to identify families
    (4)   Other (PLEASE SPECIFY): _____

D2. Has your [INSERT MODEL NAME] program engaged in any of the following strategies for reaching families in the community and getting them interested in participating in home visiting services over the past two years? [Select all that apply.]

    (1)   Conduct direct outreach to potentially eligible families (for example, directly talking to families, handing fliers to families or putting fliers in their mailboxes, or directly calling families)
    (2)   Distributing resources to parents (for example, food distribution, diaper distribution, lending library)
    (3)   Host or participate in program outreach and recruitment events like special events, fairs or parent nights
    (4)   Attend other community events, like health fairs, for community awareness or because you think potential eligible families may be present
    (5)   Reach out to other programs or community service organizations where you know potential eligible families may be present (for example, WIC offices, doctor's offices, community health centers, hospitals, child care centers)
    (6)   Physically visit other programs or community service organizations where you know potential eligible families may be present (e.g., WIC offices, doctor's offices, community health centers, hospitals, child care centers)
    (7)   Use social media
    (8)   Have memorandum of understanding (MOU) or formal agreement in place with referral partners
    (9)   Other (PLEASE SPECIFY): _____

D3. For each of the strategies you use, please rate the success of this method for reaching out to families on a scale of 1 to 4.

[PREFILL WITH ONLY THE RESPONSE OPTIONS SELECTED IN D2]	Not successful (1)	Somewhat Successful (2)	Very Successful (3)	Extremely successful (4)
STRATEGY 1 (FROM D2)				
STRATEGY 2 (FROM D2)				
STRATEGY 3 (FROM D2)				
STRATEGY 4 (FROM D2)				

STRATEGY 5 (FROM D2)				
STRATEGY 6 (FROM D2)				
STRATEGY 7 (FROM D2)				
STRATEGY 8 (FROM D2)				
STRATEGY 9 (FROM D2)				

D4. Does your [INSERT MODEL NAME] program tailor outreach materials or strategies to different types of potentially eligible families?

(1) Yes
(2) No
(3) Don't know

If D4=1 (YES): GO TO QUESTION D5

If D4=2 (NO): GO TO QUESTION D6

D5. Please briefly describe:

_____[WRITE-IN RESPONSE]

D6. Does your [INSERT MODEL NAME] program use any of the following outreach and recruitment materials? [Select all that apply]

(1) Program flyer, brochure or pamphlet
(2) Community newspapers
(3) Program website
(4) Visual program advertisement (for example, billboard, posters)
(5) Commercials
(6) Facebook
(7) Instagram
(8) Twitter
(9) Other social media site (PLEASE SPECIFY)_____
(10) Other (PLEASE SPECIFY): _____
(11) Don't know

D7. Do you track or monitor how referral partners or families hear about your [INSERT MODEL NAME] program?

(1) Yes
(2) No
(3) Don't know

D8. Thinking about all the families enrolled in your [INSERT MODEL NAME] program over the past two years, approximately what percentage came from referral partners or another agency? Your best guess is fine.

_____% [ALLOW VALUES RANGING FROM 0-100]

D9. Thinking about all the families enrolled in your program over the past two years, approximately what percentage came from direct outreach efforts? Your best guess is fine.

_____% [ALLOW VALUES RANGING FROM 0-100]

D10. Thinking about all the families enrolled in your program over the past two years, approximately what percentage came seeking services on their own (including through referrals from friends or family)? Your best guess is fine.

_____% [ALLOW VALUES RANGING FROM 0-100]

Section E. Work With Community Referral Partners

E1. In the **year before** the COVID-19 pandemic outbreak in the U.S. (February 2019 to February 2020), what types of organizations referred families to your [INSERT MODEL NAME] program? [CHECK ALL THAT APPLY]

(1) Government health department/agency
(2) Government education department/agency
(3) Health care organization/clinic
(4) WIC office
(5) Child welfare agency
(6) Child care resource agency
(7) Centralized intake
(8) Tribal organization
(9) Other community-based nonprofit
(10) Don't know

E2. **Since March 2020** (the approximate beginning of the COVID-19 pandemic outbreak in the U.S. until now), what types of organizations have referred families to your [INSERT MODEL NAME] program? [CHECK ALL THAT APPLY]

(1) Government health department/agency
(2) Government education department/agency
(3) Health care organization/clinic
(4) WIC office
(5) Child welfare agency
(6) Child care resource agency
(7) Centralized intake
(8) Tribal organization
(9) Other community-based nonprofit
(10) Don't know

E3. For the following set of questions, we'd like you to think of the organization that currently provides **the most referrals** into your [INSERT MODEL NAME] program. Please fill in the name of this community organization.*

> *We are asking for the names of these organizations so we can ask you some questions about them. These names will not be used or shared outside the study team.

(1) Name 1: _____[WRITE-IN RESPONSE]

For the organization that provides the most referrals into your program, please answer the following questions:

E4. What is the organizational type of [NAME FROM E3]?

(1) Government health department/agency

(2) Government education department/agency
(3) Health care organization/clinic
(4) WIC office
(5) Child welfare agency
(6) Child care resource agency
(7) Centralized intake
(8) Tribal organization
(9) Other community-based nonprofit. If (9), please specify: _____
(10) Other (PLEASE SPECIFY) _____
(11) Don't know

E5. What factors do you think contribute to the number of referrals your [INSERT MODEL NAME] program receives from [NAME FROM E1]? [CHECK ALL THAT APPLY]

(1) We have a memorandum of understanding (MOU) with [NAME FROM E1]
(2) We have frequent communication with [NAME FROM E1]
(3) We have a clear point of contact at [NAME FROM E1]
(4) Many of the families served by [NAME FROM E1] are part of the target population we serve
(5) [NAME FROM E1] has a clear understanding of the referral process
(6) Other, specify:_____

E6.　　Out of the referrals you received from [NAME FROM E3] in the past year, approximately what percentage of referred families were deemed eligible for services by your [INSERT MODEL NAME] program? Your best guess is fine.

_____% [ALLOW VALUES RANGING FROM 1-100]

E7.　　Out of those families that were referred by [NAME FROM E3] in the past year, what percentage enrolled in your [INSERT MODEL NAME] program (received a first home visit)? Your best guess is fine.

_____% [ALLOW VALUES RANGING FROM 1-100]

E8.　　Do you think that the number of families referred from [NAME FROM E3] is less than it could be?

(1) Yes
(2) No
(3) Don't know

E9.　　For the following set of questions, we'd like you to think of one organization that currently provides **fewer referrals** into your [INSERT MODEL NAME] program than it potentially

could. Please choose an organization other than the one that currently provides the most referrals for your program. Please fill in the name of this community organization.*

> ***We are asking for the name of this organization so we can ask you some questions. This name will not be used or shared outside the study team.

Name: _____[WRITE-IN RESPONSE]

E10. What is the organizational type of [NAME FROM E9]?

(1) Government health department/agency
(2) Government education department/agency
(3) Health care organization/clinic
(4) WIC office
(5) Child welfare agency
(6) Child care resource agency
(7) Centralized intake
(8) Tribal organization
(9) Other community-based nonprofit. If (9), please specify: _____
(10) Other (PLEASE SPECIFY) _____
(11) Don't know

E11. What factors do you think contribute to [NAME FROM E9] providing fewer referrals into your [INSERT MODEL NAME] program than it potentially could? [CHECK ALL THAT APPLY]

(1) We do not have a memorandum of understanding (MOU) with [NAME FROM E9]
(2) We do not have frequent communication with [NAME FROM E9]
(3) We do not have a clear point of contact at [NAME FROM E9]
(4) Few of the families served by [NAME FROM E9] are part of the target population we serve
(5) [NAME FROM E9] does not have a clear understanding of the referral process
(6) Other, specify:_____

E12. Out of the referrals you received from [NAME FROM E9] in the past year, approximately what percentage of referred families were deemed eligible for services by your [INSERT MODEL NAME] program? Your best guess is fine.

_____% [ALLOW VALUES RANGING FROM 0-100

E13. Out of those referrals you received from [NAME FROM E13] in the past year, what percentage enrolled in your [INSERT MODEL NAME] program (received a first home visit)? Your best guess is fine.

_____% [ALLOW VALUES RANGING FROM 0-100]

Section F. Closing Questions

F1. Would you be open to participating in a follow-up conversation with members of the study team? These follow-up interviews would be under 1 hour long, would take place over the phone or video-conference, and would be open-ended in nature. These interviews would allow the study team to learn more about issues related to your program's particular experiences, including challenges and opportunities, with maintaining caseloads and would help us understand your program's broader community context and dynamics.

    (1)   Yes
    (2)   No

F2. What is the best email address to reach you at?

    _____ [WRITE-IN RESPONSE]

F3. What is the best phone number to reach you at?

    (XXX) XXX-XXXX

F4. What is your preferred method of contact?

    (1)   Email
    (2)   Phone call
    (3)   Text (IF DIFFERENT FROM F3, PLEASE SPECIFY): _____

F5. Please share any additional information about your [INSERT MODEL NAME] **program's outreach, recruitment, and enrollment in the space below. For example, we'd like to hear about challenges and successes you haven't already mentioned, as well as innovations you've tried:**

Appendix B. LIA Interview Protocol

Your knowledge and insights are very important to us, and I 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 provide an overview of the project study and what we hope to talk about today and then we will read through the Informed Consent Form that I sent prior to our call.

The purpose of this project is to understand how home visiting programs recruit families for program participation and challenges they may face, as well as accomplishments, in program recruitment and enrollment. During our discussion, I will ask about several topics, including:

- Your program's caseload capacity
- Challenges and accomplishments your program has experienced related to caseload capacity
- Outreach and recruitment strategies your program uses
- How you staff program outreach and recruitment activities
- Your work with community referral partners

We also recognize that many of these topics may have changed due to the COVID-19 pandemic, which we will touch on throughout our discussion. Additionally, there are several questions during our discussion that refer to survey responses your program previously provided. We are hoping that the person that completed the survey is participating in the call today, is that the case? If no, you can refer to the provided summary of survey responses when we reference your program's survey responses. We will be sure to let you know the exact questions and responses we are referencing as we go through today's discussion.

Your participation in today's interview will help contribute to the field's understanding of how programs find potential eligible families and the strategies programs use to recruit families for home visiting services.

Do you have any questions before we read through the informed consent?

[Read through the Informed Consent Form.]

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

[If interviewee previously indicated they do not want to be recorded.] Before we begin, I wanted to note that my colleague (name of notetaker) is also on the call today to take notes so I can concentrate on our discussion. Is this okay with you?

[If interviewee did not previously indicate they do not want to be recorded.] 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.]

[If interviewee has agreed to participate and to have note taker participate but does not agree to have the interview recorded, start the interview. If there is more than one participant on the phone, ask each participant to state their name and title so that the notetaker can differentiate the respondents' voices.]

[If interviewee has agreed to participate and previously agreed to having the call recorded but now does not agree to recording the call, tell the interviewee that you will need to reschedule the call for a time when you can have a note taker participate in the call.]

AA. Participant Names and Titles
Name of LIA: _____

Name 1:
Title 1:

Name 2:
Title 2:

Name 3:
Title 3:

A. **Introduction and Background.** I would like to start by first understanding more about your home visiting program, your community, and the families you serve.

1. Let's start with your home visiting program.
   a. We know that families might participate in home visiting services for a variety of reasons. In your survey, you indicated that you felt several strategies *[are important strategies for getting families initially interested and willing to participate in home visiting. For example, you indicated that [*provide examples of 2-3 strategies LIA rated as important]* are important strategies for getting families initially interested in home visiting.
      i. Based on your experiences with families, which of these strategies would you say are most important in getting families interested and willing to participate in home visiting?
         a. Why do you think these strategies are particularly effective, compared to other strategies?
         b. Can you describe how your program makes sure these strategies are in place? [*Prompt: For example, can you describe a specific time when your program used this strategy or type of support to successfully recruit a family for program participation?]*
         c. How, if at all, has your program's ability to make sure these strategies or types of support are in place changed as a function of the COVID-19 pandemic?

ii.   How, if at all, have families' reasons for being interested in home visiting services changed since the COVID-19 pandemic?

b. We recognize that there are also many reasons why a family may not be interested in receiving home visiting services. In your survey, you indicated that *[name most important reasons families do not enroll]* are important reasons for why some families are not interested.

i.   Can you describe how your program works to overcome these common barriers? [*Prompt: For example, can you provide an example of when your program worked with a family to overcome common reasons for not enrolling? What specific strategies or approaches did you use in this instance? Which were successful?*]

   a.   How has your program's ability to overcome these barriers changed as a function of the COVID-19 pandemic?

ii.   How, if at all, have families' reasons for not being interested in receiving home visiting services changed as a function of the COVID-19 pandemic?

c. Many programs feel there are certain ways of messaging home visiting to families that are more effective. Your survey responses indicate several factors that are important in messaging to families about why they might want to participate in home visiting. For example, you indicated that *[list 2-3 factors LIA rated as important]* are important ways of messaging to families. From your experience with families, which of these factors are most important?

i.   From you experience, why are these factors important?

ii.   Can you describe a time when one of these factors helped your program successfully enroll a family in home visiting services?

d. I understand that your program offers *[name additional services offered by LIA]*. I recognize you may not be able to offer these services due to the COVID-19 pandemic, however, can you reflect back on how you feel offering these other services (or programs) influenced your program's ability to reach out to and recruit families in home visiting services? [*Prompt: For example, can you describe a time when you were able to engage a family in home visiting services as a result of them receiving other services at your agency?*]

2.   Now, let's talk about the community your home visiting program operates in.

a. Can you describe any characteristics of the community your program operates in that influence your ability to reach out to families and get them interested in receiving home visiting services? [*Prompt: For example, issues of privacy in small communities or concerns over trust in communities with high rates of involvement in social service or justice systems.*]

b. You indicated in your survey response that *[summarize responses related to community need and program capacity]*. Can you describe how and if community needs and capacity to meet those needs has changed since COVID-19?

c. Is there anything you think would be helpful or could be changed to better meet community needs and the demand for home visiting? If yes, please explain.

3.   Next, let's talk about the families your home visiting program serves.

a. How would you describe the families that your program typically serves? [*Prompt: For example, are they mainly English-speaking families or Spanish speaking families? Mostly two-parent families or more evenly split?*] Have the characteristics of families you serve changed at all since the COVID-19 pandemic? If so, how?

b. Can you describe any family characteristics or circumstances families may be experiencing that influence their interest or ability to enroll in home visiting services?

c. How, if at all, has the COVID-19 pandemic impacted families' interest or ability to enroll in home visiting services?

B. **Number of Families Served.** Next, I would like to talk about the number of families your program typically serves and how your program feels about the number of families you typically serve.

1. Does your program track information on eligibility and enrollment in efforts to maintain required caseloads? *[If yes, ask questions below.]*

   a. What information is tracked?
      i. Percentage of capacity served (y/n)
      ii. Initial contact or outreach to a potential eligible family (y/n)
      iii. Follow-up attempts to contact a potential eligible family (y/n)
      iv. Reasons why potential eligible family does not enroll in services (y/n)
      v. Is any other information, other than what we have already discussed tracked? If yes, what information is tracked?

   b. How often is this information reviewed? *[Prompt: For example, monthly or once a year]*

   c. Who reviews it? *[Prompt: Program supervisor or home visitors]*

   d. How is the information used? *[Prompt: Does it impact how you engage in program outreach and recruitment?]*

   e. Is this information shared with staff that participate in outreach and recruitment efforts, and if so, how? Is this information shared with home visitors, and if so, how?

2. In your survey responses, it appears that your program has mostly been *[either at or under capacity]* since March 2020. Tell me about your program's perspective or thoughts with respect to *[being under or at capacity]* [*Prompt: For example, is being at capacity something your program actively works on and tries to find new avenues and strategies for outreach and recruitment or is it something your program is not necessarily actively working on?]*

   a. How has your program's perspective on capacity changed since the COVID-19 pandemic?

   b. Can you tell me about any discussions, guidance/support, or feedback your program has had or received from either your funder, program leadership, or program model on the topic of program capacity?

      i.   What was the nature and content of these conversations or guidance/support? What kind of feedback or suggestions, if any, did you receive?

      ii.   How do you feel about these conversations or guidance/support? [*Prompt: Are they helpful? Why or why not?*]

      iii.   Can you describe any changes, if any, that have been made as a result of these conversations or guidance/support?

      iv.   Can you recall approximately when you received this guidance/support? [*Prompt: In the past two months, a year ago?*]

3. In your survey responses, you mentioned several challenges your program faces in maintaining caseloads. For example, you indicated *[list 2-3 challenges LIA identified]]* are some of the challenges your program faces in maintaining caseloads.

    a. Which of these challenges would you say your program struggles with the most?

    b. Are there any other challenges your program has encountered in maintaining caseloads?

    c. How, if at all, have these challenges changed since the COVID-19 pandemic?

    d. What factors do you think contribute to these challenges?

    e. What is your perspective or thoughts on these challenges? [*Prompt: For example, do you see these challenges as problems that need to be addressed or a concern of yours or of program leadership? Why or why not?*]

    f. How has your program worked to overcome these challenges? What has worked well? What has not worked as well?

    g. Other than the guidance and support previously discussed, what kind of support or resources might be helpful in addressing these challenges?

4. What are some of the biggest achievements your program has experienced in maintaining caseloads?

    a.   What factors contributed to these achievements? [*Prompt: For example, use of specific recruitment and outreach strategies or establishing referral relationships with key community service providers.*]

    b.   Can you describe the specific steps your program took to make these achievements? Which of these steps do you see as critical and why?

    c.   [*If staffing is the primary achievement respondent mentions*] What other achievements or steps, outside of staffing changes, do you feel like your program made that contributed to maintaining required (or desired) caseloads? [*Prompt: For example, maybe you made changes to your outreach and recruitment strategies or started working with a new referral partners or developed new outreach materials.*]

    d.   How, if at all, have these accomplishments changed since the COVID-19 pandemic?

C. **Strategies for Engaging Families in Home Visiting Services.** Next, I would like to learn more about the strategies you feel work best for your program and community in reaching out to families to inform them about available home visiting services and engage them in services.

1. To start, in your survey, you said that *[list of strategies identified as most successful]* are the most successful method(s) for reaching out to families. *[For each strategy mentioned, ask:]*
   a. Can you explain how your program uses this strategy? [*Prompt: For example, can you describe a specific time when this strategy was used to successfully recruit a family for program services?]*
   b. If I were a new staff member, how would you describe this strategy to me and help me understand when and how to use it?
   c. What makes you say this is one of the most successful strategies? *[Prompt: For example, is this based on staff observations and reflections or on program data?]*
   d. What percentage of families would you estimate are recruited using this strategy?
   e. How do you decide which families to use this strategy with? *[Prompt: For example, do you use it with all families or with specific families?]*. Please explain.
   f. In your experience, are there specific types of families that some strategies work better with than others? If yes, please explain.
   g. What challenges or draw backs, if any, are there in using this strategy? How do these challenges/draw backs compare to the benefits of using this strategy? *[Prompt: For example, does the time required to use this strategy outweigh the benefits of using this strategy?]*
   h. Has use of this strategy changed at all since the COVID-19 pandemic? If yes, please explain.
   i. Have you modified any outreach and recruitment strategies specifically to deal with the COVID-19 pandemic?

2. Next, I would like to walk through a few additional outreach and recruitment strategies you indicated your program uses according to your survey responses.

   a. *[Ask only if LIA said they engage in direct outreach and not addressed above]* You indicated your program engages in direct outreach to potentially eligible families. For example, directly talking to families, handing fliers to families or putting fliers in their mailboxes, or directly calling families.
      i. Can you explain how your program uses this strategy? [*Prompt: For example, can you describe a specific time when this strategy was used to successfully recruit a family for program services?]*
      ii. What challenges or draw backs, if any, are there in using this strategy? How do these challenges/draw backs compare to the benefits of using this strategy? *[Prompt: For example, does the time required to use this strategy outweigh the benefits of using this strategy?]*

   b. *[Ask only if LIA said they host or participate in program outreach and recruitment events and not addressed above]* You indicated that your program offers or collaborates with others to offer program outreach and recruitment events like special events, fairs, or parent nights.
      i. Can you describe the purpose and broad nature of the main outreach and recruitment events your program offered or collaborated in hosting in the past year?

ii. What challenges or draw backs, if any, are there in using this strategy? How do these challenges/draw backs compare to the benefits of using this strategy? *[Prompt: For example, does the time required to use this strategy outweigh the benefits of using this strategy?]*

c. *[Ask only if LIA said they attend other community events for recruitment purposes and not addressed above]* You indicated that your program attends other community events, like health fairs, where you know potential eligible families may be present.
    i. Can you describe the purpose and nature of the main community events you recall your program attending in the past year?
        a. Did you attend these events for the sole purpose of program outreach and recruitment? Or, did you attend these events for other reasons but to also spread the word about the benefits of home visiting in doing so?
    ii. What challenges or draw backs, if any, are there in using this strategy? How do these challenges/draw backs compare to the benefits of using this strategy? *[Prompt: For example, does the time required to use this strategy outweigh the benefits of using this strategy?]*

d. *[Ask only if LIA said they reach out to or physically visit other programs for recruitment purposes and not addressed above]* You indicated that your program reaches out to or visits other programs or community service organizations where you know potential eligible families may be present.
    i. How do you decide which programs or community service organizations to target?
        a. Are these programs/organizations targeted because there is overlap in the populations they serve and the populations you target for home visiting services?
    ii. What challenges or draw backs, if any, are there in using this strategy? How do these challenges/draw backs compare to the benefits of using this strategy? *[Prompt: For example, does the time required to use this strategy outweigh the benefits of using this strategy?]*

3. What challenges, if any, has your program experienced in reaching potential eligible families in your community? *[Prompt: For example, are there certain types of families, like first time moms or Spanish speaking families, you are trying to serve that you have had a hard time reaching?]*
    i. If yes, how do you know this is a challenge? Is it something you track using program data? Is it something you know based on your knowledge of your program?
    ii. *[Ask only if program has not described the types of families they are struggling to reach]* Which kinds of families are you struggling to reach? Why do you think that is?
    iii. Has your program experienced challenges reaching potential eligible families due to the presence of other programs in your service area that target similar families or offer similar types of services? [*Prompt: For*

> *example, competition with other home visiting programs, parenting groups, or similar social services families participate in?]*
>> a. If yes, how do you know this is a challenge? Is it something you track using program data? Is it something you know based on your knowledge of your program?
>> b. What specifically is the challenge? How does this challenge influence your ability to find and enroll families in home visiting services?
> iv. Have any of these challenges changed as a function of the COVID-19 pandemic? If yes, please explain.

4. Can you describe your program's accomplishments in reaching potential eligible families within your community? [*Prompt: For example, are there certain types of families your program has been especially successful at reaching?]*
   a. If yes, how do you know this is an accomplishment? Is it something you track using program data? Or, is it something you know based on your knowledge of your program?
   b. Which kinds of families is your program reaching particularly well? Why do you think that is?
   c. Have any of these accomplishments changed as a function of the COVID-19 pandemic? If yes, please explain.

5. Do you think there are certain types of families in your community that could benefit from home visiting services that you aren't serving? And if so, do you have challenges serving those types of families? If yes, please explain.

6. How do you feel about the outreach and recruitment strategies we have discussed?
   a. Do you feel like the strategies your program uses are enough? Why or why not?
   b. How could outreach and recruitment strategies be improved or expanded?

D. **Outreach and Recruitment Materials**. Now, I would like to talk about the outreach and recruitment materials you mentioned your program uses, according to your survey responses. In your survey, you indicated that your program uses *[name selected outreach and recruitment materials]* to recruit families for program participation.

1. How frequently do you use each of these materials? Which of these materials does your program use most often?

2. Can you describe how these materials were developed? *[Ask questions below if not already addressed]*
   a. Who developed the materials? *[Prompt: For example, did program staff develop materials, did you receive materials from your funder or the national program model, or did you adapt existing materials? If adaptions made to materials from national program, what types of changes were made? Why? Are there any materials provided by the model that you do not use at all? Why?]*

b. *[If any materials were developed by the program.]* Did you receive input from anyone, like your funder, model representatives, or families when developing the material?

c. How are materials used? *[Prompt: For example, are they provided directly to families in person? Or, provided to representatives at community organizations to give to families?]*

d. What do you expect families or referral partners to do after receiving the materials?

3. Have you ever received feedback from families or referral partners about the outreach and recruitment materials? *[Prompt: For example, a family said they were confused by the material or referral partner mentioned the material is particularly useful.]* If yes, have you made changes to materials based on this feedback?

4. Are there any types of outreach and recruitment materials your program would find helpful that you do not currently have? If yes, please explain what kind of material would be helpful and why.

E. **Staffing for Program Outreach and Recruitment.** Next, let's talk about how your program staffs program outreach and recruitment efforts.

1. Let's start with the different roles and responsibilities associated with your program's outreach and recruitment efforts. *[Prompt: For example, someone might be responsible for hosting outreach events and someone else is responsible for working with referral partners or engaging in direct outreach to families.]* What are the main roles, or positions, at your program as it relates to program outreach and recruitment? *[For each role mentioned]*

a. *[If not already mentioned]* Who is responsible for each role?

b. *[If not already mentioned]* What are their specific responsibilities associated with this role as it relates to outreach and recruitment?

c. Why was the staff member assigned this role? *[Prompt: For example, because of a certain skill set, experience, or knowledge they have]*

d. Is a certain percentage of their time set aside for carrying out their program outreach and recruitment responsibilities?

2. Are there times when staff must stop or complete fewer program outreach and recruitment responsibilities in order to prioritize other job responsibilities? If yes, how so? How often?

3. What kind of training or support do staff receive for carrying out their program outreach and recruitment responsibilities?
   a. How often do they receive this training or support?
   b. *[If not already addressed]* Has any training or support been provided to staff on how to develop relationships and establish trust with families during program outreach and recruitment? If yes, please explain.

4. Are staff expected to develop or maintain relationships with organizations/agencies for the purposes of receiving incoming referrals? If yes, please explain.

F. **Work with Community Referral Partners.** Now, I would like to talk about your program's community referral partners. By community referral partners we mean any organizations or agencies that refer families to your home visiting program.
1. In thinking about the referral partners that provide the most referrals, compared to referral partners that provides fewer referrals, what kind of differences, if any, have you noticed with respect to how your program works with those organizations or your program's relationship with them?
2. How does your program typically communicate with your referral partners overall? For example, in-person contact with an identified point person, through email, by telephone.
    a. Does the way you communicate with referral partners vary across referral partners that provide more referrals compared to referral partners that provide fewer referrals? If yes, how so?
3. In thinking about your communication with referral partners, those that provide more referrals and partners that provide fewer referrals, what kind of information is typically shared?
    a. Do you communicate when program slots are available for families? If yes, how do you share this information? How often do you share this information? Does this vary across the referral partners? If yes, please explain.
    b. Do you provide feedback or information on the status of referrals received? If so, what type of feedback or information do you provide? [*Prompt: For example, whether families are typically eligible for or enroll in services or whether families seem to have a good understanding of the services you provide.]* Does this vary across the referral partners? If yes, please explain.
    c. Have you ever received any information from the organization/agency about why families are hesitant to or do not access referrals or enroll in services? Does this vary across the referral partners? If yes, please explain.
    d. Do these referral agencies ever communicate any other kind of information to you? [*Prompt: For example, if families are trying to reach the program, if they have questions or clarifications about the referral process, or if they have a lot of families that might be eligible for services during a time].* Does this vary across the referral partners? If yes, please explain.
    e. What kind of communication do you find most beneficial in developing and maintaining effective relationships with referral partners, overall? Does this vary across the referral partners? If yes, please explain.

4. How has your program's relationships with referral partners changed since the COVID-19 pandemic?[*Prompt: For example, less frequent or different types of communication with referral partners or receipt of fewer referrals from partners?]*

5. Can you describe what typically happens after you receive a referral from referral partners?

    a. Do you contact the family or does the family contact you?
    b. Who does the family initially speak with at your program?

c. How long does it usually take, from the time you receive a referral to making initial contact with the family?

d. When, in this process, does the family typically make their first in-person appointment or home visit?

6. Has this process of what happens after you receive a referral changed since the COVID-19 pandemic? If yes, how so?

7. Do you ever provide referrals to your referral partner organizations for families that you serve? If yes, what kinds of services are you typically referring families to? How often would you say this happens?

8. Can you describe any challenges your program has experienced in developing and maintaining effective relationships with referral partners?

9. Can you describe any successes your program has experienced in developing and maintaining effective relationships with referral partners? *[Prompt: For example, has anything worked particularly well to increase the number of eligible referrals you receive from referral partners?]*

10. Are there any other challenges or successes your program has experienced related to program outreach and recruitment, that we have not discussed already, that you think are important to mention? If yes, please describe.

11. Are there any other community organizations or agencies your program would like to receive referrals from that you do not currently work with? If yes, what kinds of organizations/agencies would you like to work with more or do you think could provide referrals to your program? Why is this a particular organization/agency you would like to work with more? What are challenges or barriers to working with these organizations/agencies?

G. **Wrap-up.** That covers all 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? Also, when we review our notes from today's call, if we have any questions or clarifications, may we contact you again?

Appendix C. Exploratory Analyses of Variation Across Program Characteristics—Program Capacity Measures

As described in Chapter 2, the study team explored variation across several program characteristics. Appendix C shows results for these exploratory analyses for the measures discussed in Chapter 3.

All results are exploratory and should therefore be interpreted with caution. In addition, some groups had small sample sizes, and those results should be interpreted with additional caution (as indicated in the tables).

Appendix Tables C.1.A through C.2.E show variation across:

1. Source of MIECHV funding program receives (state or territory, tribal).
2. Locale of program (metropolitan or non-metropolitan county).
3. Type of organization (e.g., government health department, health care organization, community-based nonprofit, tribal).
4. Length of program operation.
5. Program size (i.e., number of families served).
6. Staff approaches for outreach and recruitment (e.g., program has an outreach worker or other staff whose primary responsibility is outreach and recruitment).
7. If program was under capacity at the time of the survey.

Exhibit C.2.A. Capacity Status, by Program Locale

Characteristic	Percentage by program locale		p-value
	Non-Metro	Metro	
Under capacity in year before March 2020[a]	31	37	0.446
Under capacity after March 2020[a]	47	56	0.248
Capacity before and after March 2020			0.103
Under capacity (at both time points)	25	25	
Under capacity before March 2020 and at capacity after March 2020	8	12	
At capacity before March 2020 and under capacity after March 2020	21	31	
At capacity (at both time points)	47	32	
Percentage of months under capacity since March 2020[b]	43	51	0.120
Sample size	87	179	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity. For the year before March 2020, this is defined as being under capacity for at least 6 of the last 12 months. For the period after March 2020, programs were asked about the number of families currently enrolled and their program's total capacity to determine capacity status.
[b] This measure includes responses from all programs (those currently at capacity and those currently under capacity). This measure generally coincides with whether a program listed itself as being under capacity. However, there were several programs (5) that listed themselves as currently being under capacity and also being under capacity for 0 months as well as programs (4) who listed themselves as currently being at capacity and also being under capacity for 14 months.

Exhibit C.2.B. Capacity Status, by Program Operation Length

Characteristic	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Under capacity in year before March 2020[a]	33	36	0.931
Under capacity after March 2020[a]	55	52	0.913
Capacity before and after March 2020			[0.907]
Under capacity (at both time points)	26	24	
Under capacity before March 2020 and at capacity after March 2020	8	11	
At capacity before March 2020 and under capacity after March 2020	26	28	
At capacity (at both time points)	39	36	
Percentage of months under capacity since March 2020[b]	45	49	0.556
Sample size	44	222	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity. For the year before March 2020, this is defined as being under capacity for at least 6 of the last 12 months. For the period after March 2020, programs were asked about the number of families currently enrolled and their program's total capacity to determine capacity status.

[b] This measure includes responses from all programs (those currently at capacity and those currently under capacity). This measure generally coincides with whether a program listed itself as being under capacity. However, there were several programs (5) that listed themselves as currently being under capacity and also being under capacity for 0 months as well as programs (4) who listed themselves as currently being at capacity and also being under capacity for 14 months.

Exhibit C.2.C. Capacity Status, by Program Size

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Under capacity in year before March 2020[a]	24	38	41	37	0.283
Under capacity after March 2020[a]	51	47	74	47	0.016**
Capacity before and after March 2020					[0.052]*
Under capacity (at both time points)	20	24	35	22	
Under capacity before March 2020 and at capacity after March 2020	4	13	7	16	
At capacity before March 2020 and under capacity after March 2020	30	21	39	26	
At capacity (at both time points)	46	42	20	36	
Percentage of months under capacity since March 2020[b]	48	47	58	41	0.181
Sample size	53	76	46	78	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity. For the year before March 2020, this is defined as being under capacity for at least 6 of the last 12 months. For the period after March 2020, programs were asked about the number of families currently enrolled and their program's total capacity to determine capacity status.

[b] This measure includes responses from all programs (those currently at capacity and those currently under capacity). This measure generally coincides with whether a program listed itself as being under capacity. However, there were several programs (5) that listed themselves as currently being under capacity and also being under capacity for 0 months as well as programs (4) who listed themselves as currently being at capacity and also being under capacity for 14 months.

Exhibit C.2.D. Capacity Status, by Outreach Strategies

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		*p*-value
	Percentage Yes	Percentage No	
Under capacity in year before March 2020[a]	45	31	0.061*
Under capacity after March 2020[a]	59	50	0.229
Capacity before and after March 2020			0.132
Under capacity (at both time points)	34	20	
Under capacity before March 2020 and at capacity after March 2020	11	11	
At capacity before March 2020 and under capacity after March 2020	25	29	
At capacity (at both time points)	30	40	
Percentage of months under capacity since March 2020[b]	52	47	0.339
Sample size	**81**	**185**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity. For the year before March 2020, this is defined as being under capacity for at least 6 of the last 12 months. For the period after March 2020, programs were asked about the number of families currently enrolled and their program's total capacity to determine capacity status.

[b] This measure includes responses from all programs (those currently at capacity and those currently under capacity). This measure generally coincides with whether a program listed itself as being under capacity. However, there were several programs (5) that listed themselves as currently being under capacity and also being under capacity for 0 months as well as programs (4) who listed themselves as currently being at capacity and also being under capacity for 14 months

Exhibit C.2.E. Capacity Status, by Program Organizational Type

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Under capacity in year before March 2020[a]	40	30	34	34	33	0.939
Under capacity after March 2020[a]	58	32	57	57	44	0.262
Capacity before and after March 2020						[0.661]
Under capacity (at both time points)	27	16	21	24	27	
Under capacity before March 2020 and at capacity after March 2020	13	16	14	9	7	
At capacity before March 2020 and under capacity after March 2020	31	16	36	32	13	
At capacity (at both time points)	29	53	29	34	53	
Percentage of months under capacity since March 2020[b]	56	32	50	49	38	0.159
Sample size	**45**	**20**	**33**	**126**	**16**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity. For the year before March 2020, this is defined as being under capacity for at least 6 of the last 12 months. For the period after March 2020, programs were asked about the number of families currently enrolled and their program's total capacity to determine capacity status.
[b] This measure includes responses from all programs (those currently at capacity and those currently under capacity). This measure generally coincides with whether a program listed itself as being under capacity. However, there were several programs (5) that listed themselves as currently being under capacity and also being under capacity for 0 months as well as programs (4) who listed themselves as currently being at capacity and also being under capacity for 14 months.

Exhibit C.3.A. Family Need and Capacity Status, by Program Locale

Agreement with the following statement[a]	Percentage by program locale		p-value
	Non-Metro	Metro	
Year before March 2020			
There were more families in need of our program than we could serve	54	60	0.414
There were more families in need of and interested in our program than we could serve	34	36	0.838
Since March 2020			
There are more families in need of our program than we can serve	57	64	0.334
There are more families in need of and interested in our program than we can serve	31	40	0.246
Sample size	**87**	**179**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit C.3.B. Family Need and Capacity Status, by Program Operation Length

Agreement with the following statement[a]	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Year before March 2020			
There were more families in need of our program than we could serve	51	60	0.409
There were more families in need of and interested in our program than we could serve	27	37	0.272
Since March 2020			
There are more families in need of our program than we can serve	58	62	0.702
There are more families in need of and interested in our program than we can serve	30	38	0.415
Sample size	**44**	**222**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit C.3.C. Family Need and Capacity Status, by Program Size

Agreement with the following statement[a]	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Year before March 2020					
There were more families in need of our program than we could serve	56	57	64	59	0.815
There were more families in need of and interested in our program than we could serve	27	37	36	40	0.495
Since March 2020					
There are more families in need of our program than we can serve	59	61	67	62	0.891
There are more families in need of and interested in our program than we can serve	37	32	36	42	0.670
Sample size	**53**	**76**	**46**	**78**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit C.3.D. Family Need and Capacity Status, by Outreach Strategies

Agreement with the following statement[a]	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Year before March 2020			
There were more families in need of our program than we could serve	57	59	0.955
There were more families in need of and interested in our program than we could serve	31	38	0.361
Since March 2020			
There are more families in need of our program than we can serve	55	64	0.258
There are more families in need of and interested in our program than we can serve	32	39	0.414
Sample size	**81**	**185**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit C.3.E. Family Need and Capacity Status, by Current Capacity Status

Agreement with the following statement[b]	Percentage by current capacity status[a]		p-value
	At capacity	Under capacity	
Year before March 2020			
There were more families in need of our program than we could serve	73	46	0.000***
There were more families in need of and interested in our program than we could serve	45	27	0.003***
Since March 2020			
There are more families in need of our program than we can serve	75	51	0.000***
There are more families in need of and interested in our program than we can serve	47	28	0.003***
Sample size	**118**	**132**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.

[b] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit C.3.F. Family Need and Capacity Status, by Organizational Type

Agreement with the following statement[a]	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Year before March 2020						
There were more families in need of our program than we could serve	61	40	59	61	47	0.376
There were more families in need of and interested in our program than we could serve	30	20	47	36	40	0.314
Since March 2020						
There are more families in need of our program than we can serve	63	50	65	65	57	0.761
There are more families in need of and interested in our program than we can serve	30	25	52	38	57	0.132
Sample size	**45**	**20**	**33**	**126**	**16**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Respondents were asked to indicate whether they agree or disagree with each statement.

Appendix D. Exploratory Analyses of Variation Across Program Characteristics—Outreach and Recruitment Approaches Measures

As described in Chapter 2, the study team explored variation across several program characteristics. Appendix D shows results for these exploratory analyses for the measures discussed in Chapter 4.

All results are exploratory and should therefore be interpreted with caution. In addition, some groups had small sample sizes, and those results should be interpreted with additional caution (as indicated in the tables).

Appendix Tables D.1.A through D.8.A show variation across:

1. Source of MIECHV funding program receives (state or territory, tribal).
2. Locale of program (metropolitan or non-metropolitan county).
3. Type of organization (e.g., government health department, health care organization, community-based nonprofit, tribal).
4. Length of program operation.
5. Program size (i.e., number of families served).
6. Staff approaches for outreach and recruitment (e.g., program has an outreach worker or other staff whose primary responsibility is outreach and recruitment).
7. If program was under capacity at the time of the survey.

Exhibit D.1.A. Factors Important to Getting Families Interested, by Program Locale

Characteristic	Percentage by program locale		*p*-value
	Non-Metro	Metro	
Identified as important in getting families initially interested in participating in home visiting[a]			
Families hearing about the program from a friend or family member	92	87	0.444
Families hearing about the program from someone that participated in it before	94	86	0.083*
Having home visitors meet and talk to families and establish a relationship	82	80	0.795
Families getting a recommendation or referral to the program from a service provider	71	83	0.039**
Laying out clear expectations about what home visiting is	60	65	0.586
Having updated outreach materials (brochures/flyers, website)	59	63	0.588
Families hearing about the program from a trusted community leader	52	60	0.281
Conducting or participating in outreach efforts such as community fairs or events	61	53	0.277
Having services other than home visiting at our agency through which to reach or connect with families	54	51	0.719
Identified as important to emphasize in initial messaging to families[b]			
Messaging about providing referrals or connections to other community resources	93	96	[0.439]
Messaging about providing emotional and social support to parents	90	95	0.290
Messaging about providing education and support around parenting practices	88	92	0.428
Messaging about providing activities for child or for parent-child interactions	91	87	0.453
Clear expectations about the logistics of home visiting	85	81	0.540
Messaging about helping children be ready for school	84	79	0.495
Messaging about home visitors advocating for the family	78	80	0.809
Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)	83	73	0.148
Messaging about providing education and support around prenatal health or child health	91	95	0.506
Messaging about group activities	75	64	0.122
Sample size	**87**	**179**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Respondents were asked to identify factors that are important.
[b] Respondents were asked to identify each factor as either important or not important.

Exhibit D.1.B. Factors Important to Getting Families Interested, by Program Operation Length

Characteristic	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Identified as important in getting families initially interested in participating in home visiting[a]			
Families hearing about the program from a friend or family member	85	89	[0.623]
Families hearing about the program from someone that participated in it before	78	90	[0.046]**
Having home visitors meet and talk to families and establish a relationship	83	80	0.818
Families getting a recommendation or referral to the program from a service provider	80	79	0.991
Laying out clear expectations about what home visiting is	71	62	0.359
Having updated outreach materials (brochures/flyers, website)	76	59	0.074*
Families hearing about the program from a trusted community leader	54	58	0.742
Conducting or participating in outreach efforts such as community fairs or events	66	54	0.223
Having services other than home visiting at our agency through which to reach or connect with families	54	52	0.951
Identified as important to emphasize in initial messaging to families[b]			
Messaging about providing referrals or connections to other community resources	95	95	[1.000]
Messaging about providing education and support around prenatal health or child health	95	93	[0.937]
Messaging about providing emotional and social support to parents	97	92	[0.411]
Messaging about providing education and support around parenting practices	83	92	[0.128]
Messaging about providing activities for child or for parent-child interactions	83	90	[0.295]
Clear expectations about the logistics of home visiting	90	81	0.238
Messaging about helping children be ready for school	88	80	0.346
Messaging about home visitors advocating for the family	90	78	0.139
Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)	70	77	0.418
Messaging about group activities	77	66	0.251
Sample size	**44**	**222**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Respondents were asked to identify factors that are important.
[b] Respondents were asked to identify each factor as either important or not important.

Exhibit D.1.C. Factors Important to Getting Families Interested, by Program Size

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Identified as important in getting families initially interested in participating in home visiting[a]					
Families hearing about the program from a friend or family member	88	86	91	89	0.877
Families hearing about the program from someone that participated in it before	86	86	98	86	0.178
Having home visitors meet and talk to families and establish a relationship	82	82	78	79	0.902
Families getting a recommendation or referral to the program from a service provider	82	73	80	84	0.365
Laying out clear expectations about what home visiting is	72	57	69	61	0.278
Having updated outreach materials (brochures/flyers, website)	70	59	69	57	0.333
Families hearing about the program from a trusted community leader	58	46	64	62	0.142
Conducting or participating in outreach efforts such as community fairs or events	58	50	69	53	0.208
Having services other than home visiting at our agency through which to reach or connect with families	58	53	56	42	0.279
Identified as important to emphasize in initial messaging to families[b]					
Messaging about providing referrals or connections to other community resources	100	96	89	95	[0.098]*
Messaging about providing education and support around prenatal health or child health	96	93	95	92	[0.766]
Messaging about providing emotional and social support to parents	96	90	95	93	[0.586]
Messaging about providing education and support around parenting practices	92	85	89	96	[0.127]
Messaging about providing activities for child or for parent-child interactions	94	90	86	87	[0.547]
Clear expectations about the logistics of home visiting	86	83	86	79	0.714
Messaging about helping children be ready for school	82	77	86	80	0.693
Messaging about home visitors advocating for the family	86	77	80	79	0.724
Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)	80	86	78	64	0.020**
Messaging about group activities	73	71	67	60	0.408

| Characteristic | Percentage by program size (families) | | | | p-value |
	50 or fewer	51 to 100	101 to 150	More than 150	
Sample size	53	76	46	78	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Respondents were asked to identify factors that are important.
[b] Respondents were asked to identify each factor as either important or not important.

Exhibit D.1.D. Factors Important to Getting Families Interested, by Outreach Strategies

| Characteristic | Program has staff member whose primary responsibility is outreach, recruitment, or enrollment? | | p-value |
	Percentage Yes	Percentage No	
Identified as important in getting families initially interested in participating in home visiting[a]			
Families hearing about the program from a friend or family member	91	88	0.694
Families hearing about the program from someone that participated in it before	88	89	1.000
Having home visitors meet and talk to families and establish a relationship	76	82	0.330
Families getting a recommendation or referral to the program from a service provider	83	78	0.475
Laying out clear expectations about what home visiting is	69	61	0.241
Having updated outreach materials (brochures/flyers, website)	67	60	0.394
Families hearing about the program from a trusted community leader	63	55	0.315
Conducting or participating in outreach efforts such as community fairs or events	65	52	0.071*
Having services other than home visiting at our agency through which to reach or connect with families	49	53	0.679
Identified as important to emphasize in initial messaging to families[b]			
Messaging about providing referrals or connections to other community resources	97	94	[0.397]
Messaging about providing education and support around prenatal health or child health	99	91	[0.065]*
Messaging about providing emotional and social support to parents	96	92	[0.415]

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Messaging about providing education and support around parenting practices	92	90	0.780
Messaging about providing activities for child or for parent-child interactions	92	87	0.418
Clear expectations about the logistics of home visiting	89	79	0.114
Messaging about helping children be ready for school	84	80	0.607
Messaging about home visitors advocating for the family	90	75	0.013**
Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)	76	76	1.000
Messaging about group activities	75	65	0.185
Sample size	81	185	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Respondents were asked to identify factors that are important.
[b] Respondents were asked to identify each factor as either important or not important.

Exhibit D.1.E. Factors Important to Getting Families Interested, by Current Capacity Status

Characteristic	Percentage by current capacity status[a]		p-value
	At capacity	Under capacity	
Identified as important in getting families initially interested in participating in home visiting[b]			
Families hearing about the program from a friend or family member	87	90	0.631
Families hearing about the program from someone that participated in it before	88	88	1.000
Having home visitors meet and talk to families and establish a relationship	81	80	1.000
Families getting a recommendation or referral to the program from a service provider	82	77	0.472
Laying out clear expectations about what home visiting is	66	60	0.384
Having updated outreach materials (brochures/flyers, website)	61	64	0.739
Families hearing about the program from a trusted community leader	57	57	1.000
Conducting or participating in outreach efforts such as community fairs or events	50	61	0.085*

Characteristic	Percentage by current capacity status[a]		p-value
	At capacity	Under capacity	
Having services other than home visiting at our agency through which to reach or connect with families	57	46	0.119
Identified as important to emphasize in initial messaging to families[c]			
Messaging about providing referrals or connections to other community resources	97	93	0.192
Messaging about providing education and support around prenatal health or child health	96	92	0.396
Messaging about providing emotional and social support to parents	91	95	0.324
Messaging about providing education and support around parenting practices	92	89	0.518
Messaging about providing activities for child or for parent-child interactions	89	90	1.000
Clear expectations about the logistics of home visiting	83	83	1.000
Messaging about helping children be ready for school	82	81	0.896
Messaging about home visitors advocating for the family	77	83	0.343
Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)	79	75	0.621
Messaging about group activities	69	67	0.832
Sample size	**118**	**132**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.

[b] Respondents were asked to identify factors that are important.

[c] Respondents were asked to identify each factor as either important or not important.

Exhibit D.1.F. Factors Important to Getting Families Interested, by Program Organizational Type

Characteristic	Percentage by organizational type					
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	p-value
Identified as important in getting families initially interested in participating in home visiting[a]						
Families hearing about the program from a friend or family member	79	95	90	89	93	[0.304]
Families hearing about the program from someone that participated in it before	86	85	84	90	93	[0.814]
Having home visitors meet and talk to families and establish a relationship	79	85	94	79	60	[0.100]
Families getting a recommendation or referral to the program from a service provider	77	80	87	78	80	[0.829]
Laying out clear expectations about what home visiting is	53	45	71	69	67	0.121
Having updated outreach materials (brochures/flyers, website)	49	65	58	68	73	0.184
Families hearing about the program from a trusted community leader	47	70	55	60	67	0.372
Conducting or participating in outreach efforts such as community fairs or events	33	55	48	65	73	0.003***
Having services other than home visiting at our agency through which to reach or connect with families	44	45	45	56	53	0.574
Identified as important to emphasize in initial messaging to families[b]						
Messaging about providing referrals or connections to other community resources	100	85	97	95	87	[0.085]*
Messaging about providing education and support around prenatal health or child health	93	90	94	93	100	[0.836]

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Messaging about providing emotional and social support to parents	91	95	93	94	80	[0.399]
Messaging about providing education and support around parenting practices	88	95	94	88	93	[0.765]
Messaging about providing activities for child or for parent-child interactions	76	85	77	96	93	[0.003]***
Clear expectations about the logistics of home visiting	77	70	81	86	87	[0.413]
Messaging about helping children be ready for school	71	80	77	83	100	[0.171]
Messaging about home visitors advocating for the family	77	60	83	83	73	[0.182]
Messaging about providing concrete goods or material resources (for example, diapers, vouchers, clothes)	74	70	72	79	80	[0.835]
Messaging about group activities	47	65	61	74	87	[0.007]***
Sample size	45	20	33	126	16	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

a Respondents were asked to identify factors that are important.

b Respondents were asked to identify each factor as either important or not important.

Exhibit D.2.A. Outreach and Recruitment Strategies Used, by Program Locale

Characteristic	Program locales		p-value
	Non-Metro	Metro	
Recruitment strategies used over the past two years	**Percentage**		
Reach out to other programs or community service organizations	95	96	[0.917]
Attend other community events	85	83	0.745
Physically visit other programs or community service organizations	78	78	1.000
Host or participate in outreach and recruitment events	78	71	0.317
Use social media	80	66	0.030**
Have MOU or formal agreement in place with referral partners	67	61	0.460
Conduct direct outreach to potentially eligible families	56	58	0.778
Distribute resources to parents	54	58	0.709
Other	2	4	[0.892]
Success of recruitment strategies used over the past two years	**Mean, range from 1 to 4[a]**		
Physically visit other programs or community service organizations	2.9	2.9	0.990
Reach out to other programs or community service organizations	2.8	2.8	0.610
Distribute resources to parents	2.6	2.7	0.395
Conduct direct outreach to potentially eligible families	2.8	2.5	0.096*
Have MOU or formal agreement in place with referral partners	2.5	2.7	0.203
Attend other community events	2.4	2.3	0.462
Use social media	2.4	2.2	0.072*
Host or participate in outreach and recruitment events	2.2	2.3	0.518
Other	3.0	3.1	0.689
Sources of enrolled families over the past two years	**Percentage**		
Referral partners or another agency	50	64	0.001***
Direct outreach efforts	31	21	0.003***
Seek services on their own	21	15	0.016**
Sample size	**87**	**179**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] 1=not successful, 2=somewhat successful, 3=very successful, and 4=extremely successful.

Exhibit D.2.B. Outreach and Recruitment Strategies Used, by Program Operation Length

Characteristic	Operation length		p-value
	Less than 5 years	5 years or more	
Recruitment strategies used over the past two years	**Percentage**		
Reach out to other programs or community service organizations	92	97	[0.435]
Attend other community events	87	83	0.656
Physically visit other programs or community service organizations	72	79	0.450
Host or participate in outreach and recruitment events	79	72	0.436
Use social media	74	70	0.718
Have MOU or formal agreement in place with referral partners	54	65	0.278
Conduct direct outreach to potentially eligible families	67	56	0.273
Distribute resources to parents	64	55	0.393
Other	0	4	[0.440]
Success of recruitment strategies used over the past two years	**Mean, range from 1 to 4[a]**		
Physically visit other programs or community service organizations	2.9	2.9	0.881
Reach out to other programs or community service organizations	2.9	2.8	0.334
Distribute resources to parents	2.8	2.7	0.507
Conduct direct outreach to potentially eligible families	2.8	2.6	0.214
Have MOU or formal agreement in place with referral partners	2.6	2.6	0.890
Attend other community events	2.6	2.2	0.023**
Use social media	2.2	2.3	0.806
Host or participate in outreach and recruitment events	2.5	2.2	0.075*
Other	---	3.1	---
Sources of enrolled families over the past two years	**Percentage**		
Referral partners or another agency	61	59	0.738
Direct outreach efforts	19	25	0.144
Seek services on their own	16	17	0.630
Sample size	**44**	**222**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] 1=not successful, 2=somewhat successful, 3=very successful, and 4=extremely successful.

Exhibit D.2.C. Outreach and Recruitment Strategies Used, by Program Size

Characteristic	Program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Recruitment strategies used over the past two years	**Percentage**				
Reach out to other programs or community service organizations	94	97	96	96	[0.825]
Attend other community events	85	75	89	86	0.143
Physically visit other programs or community service organizations	70	70	84	85	0.065*
Host or participate in outreach and recruitment events	68	68	84	74	0.197
Use social media	66	83	76	58	0.008***
Have MOU or formal agreement in place with referral partners	66	65	62	59	0.878
Conduct direct outreach to potentially eligible families	70	49	62	54	0.120
Distribute resources to parents	60	55	60	51	0.751
Other	2	1	2	7	[0.279]
Success of recruitment strategies used over the past two years	**Mean, range from 1 to 4a**				
Physically visit other programs or community service organizations	3.0	2.8	2.9	2.9	0.467
Reach out to other programs or community service organizations	2.9	2.7	2.9	2.8	0.318
Distribute resources to parents	2.9	2.9	2.2	2.7	0.010***
Conduct direct outreach to potentially eligible families	2.8	2.5	2.4	2.7	0.420
Have MOU or formal agreement in place with referral partners	2.7	2.5	2.5	2.7	0.465
Attend other community events	2.5	2.2	2.2	2.3	0.332
Use social media	2.3	2.4	2.2	2.1	0.125
Host or participate in outreach and recruitment events	2.4	2.2	2.1	2.3	0.250
Other	3.0	2.0	2.5	3.6	0.126
Sources of enrolled families over the past two years	**Percentage**				
Referral partners or another agency	58	54	60	63	0.324
Direct outreach efforts	21	32	18	22	0.009***
Seek services on their own	19	17	19	15	0.471
Sample size	**53**	**76**	**46**	**78**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
a 1=not successful, 2=somewhat successful, 3=very successful, and 4=extremely successful.

Exhibit D.2.D. Outreach and Recruitment Strategies Used, by Outreach Strategies

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		*p*-value
	Yes	**No**	
Recruitment strategies used over the past two years	**Percentage**		
Reach out to other programs or community service organizations	96	96	[1.000]
Attend other community events	89	81	0.219
Physically visit other programs or community service organizations	79	77	0.907
Host or participate in outreach and recruitment events	77	71	0.413
Use social media	79	67	0.098*
Have MOU or formal agreement in place with referral partners	62	63	0.978
Conduct direct outreach to potentially eligible families	68	53	0.055*
Distribute resources to parents	58	56	0.931
Other	3	4	[1.000]
Success of recruitment strategies used over the past two years	**Mean, range from 1 to 4[a]**		
Physically visit other programs or community service organizations	3.0	2.9	0.359
Reach out to other programs or community service organizations	2.9	2.8	0.558
Distribute resources to parents	2.6	2.7	0.430
Conduct direct outreach to potentially eligible families	2.6	2.6	0.725
Have MOU or formal agreement in place with referral partners	2.7	2.6	0.595
Attend other community events	2.4	2.3	0.135
Use social media	2.3	2.3	0.906
Host or participate in outreach and recruitment events	2.4	2.2	0.132
Other	3.5	3.0	0.490
Sources of enrolled families over the past two years	**Percentage**		
Referral partners or another agency	51	62	0.010**
Direct outreach efforts	28	22	0.093*
Seek services on their own	19	16	0.252
Sample size	**81**	**185**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] 1=not successful, 2=somewhat successful, 3=very successful, and 4=extremely successful.

Exhibit D.2.E. Outreach and Recruitment Strategies Used, by Current Capacity Status

Characteristic	Current capacity status[a]		p-value
	At capacity	Under capacity	
Recruitment strategies used over the past two years	**Percentage**		
Reach out to other programs or community service organizations	95	96	[1.000]
Attend other community events	79	86	0.198
Physically visit other programs or community service organizations	76	79	0.739
Host or participate in outreach and recruitment events	68	77	0.149
Use social media	66	73	0.304
Have MOU or formal agreement in place with referral partners	64	61	0.815
Conduct direct outreach to potentially eligible families	55	59	0.693
Distribute resources to parents	62	51	0.118
Other	5	2	[0.210]
Success of recruitment strategies used over the past two years	**Mean, range from 1 to 4[b]**		
Physically visit other programs or community service organizations	3.0	2.9	0.422
Reach out to other programs or community service organizations	2.9	2.7	0.047**
Distribute resources to parents	2.7	2.7	0.962
Conduct direct outreach to potentially eligible families	2.6	2.6	0.751
Have MOU or formal agreement in place with referral partners	2.8	2.4	0.008***
Attend other community events	2.4	2.2	0.145
Use social media	2.4	2.2	0.067*
Host or participate in outreach and recruitment events	2.3	2.3	0.995
Other	3.5	2.3	0.045**
Sources of enrolled families over the past two years	**Percentage**		
Referral partners or another agency	57	61	0.333
Direct outreach efforts	24	25	0.783
Seek services on their own	19	16	0.295
Sample size	**118**	**132**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.

[b] 1=not successful, 2=somewhat successful, 3=very successful, and 4=extremely successful.

Exhibit D.2.F. Outreach and Recruitment Strategies Used, by Program Organizational Type

Characteristic	By organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Recruitment strategies used over the past two years	Percentage					
Reach out to other programs or community service organizations	98	100	97	96	93	[0.846]
Attend other community events	62	90	87	89	87	[0.001]***
Physically visit other programs or community service organizations	74	80	87	79	67	[0.568]
Host or participate in outreach and recruitment events	52	85	67	82	87	[0.001]***
Use social media	50	90	57	81	80	[0.000]***
Have MOU or formal agreement in place with referral partners	40	55	67	71	80	0.006***
Conduct direct outreach to potentially eligible families	50	60	47	63	80	0.159
Distribute resources to parents	29	75	47	66	60	0.000***
Other	0	0	7	4	7	[0.427]
Success of recruitment strategies used over the past two years	Mean, range from 1 to 4[a]					
Physically visit other programs or community service organizations	3.1	3.2	3.0	2.8	2.9	0.249
Reach out to other programs or community service organizations	3.1	2.8	2.9	2.7	2.8	0.132
Distribute resources to parents	2.6	2.7	2.6	2.7	3.0	0.780
Conduct direct outreach to potentially eligible families	2.7	2.6	2.6	2.6	2.5	0.973
Have MOU or formal agreement in place with referral partners	2.5	2.6	2.6	2.6	2.8	0.976

Characteristic	By organizational type					*p*-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Attend other community events	1.9	2.6	2.3	2.4	2.7	0.020**
Use social media	2.0	2.3	2.3	2.3	2.6	0.215
Host or participate in outreach and recruitment events	1.7	2.4	2.4	2.3	2.3	0.005***
Other	---	---	3.3	3.0	3.0	0.897
Sources of enrolled families over the past two years	**Percentage**					
Referral partners or another agency	74	52	67	57	34	0.000***
Direct outreach efforts	28	27	17	24	31	0.253
Seek services on their own	8	21	12	19	36	0.000***
Sample size	**45**	**20**	**33**	**126**	**16**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
a 1=not successful, 2=somewhat successful, 3=very successful, and 4=extremely successful.

Exhibit D.4.A. Referral Organizations, by Program Locale

Organizations from whom referrals are received	Percentage by program locale		p-value	
	Non-Metro		**Metro**	
Year before March 2020				
WIC office	79		75	0.665
Health care organization or clinic	74		88	0.007***
Child welfare agency	68		60	0.358
Other community-based nonprofit	45		70	0.000***
Government health department or agency	43		53	0.158
Centralized intake	28		39	0.109
Government education department or agency	19		27	0.203
Tribal organization	16		4	0.003***
Child care resource agency	10		21	0.052*
Since March 2020				
Health care organization or clinic	69		78	0.173
Child welfare agency	66		58	0.275
WIC office	59		56	0.739
Other community-based nonprofit	39		64	0.000***
Government health department or agency	33		40	0.358
Centralized intake	26		36	0.179
Government education department or agency	16		20	0.552
Tribal organization	16		4	0.002***
Child care resource agency	9		15	0.261
Sample size	**87**		**179**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.4.B. Referral Organizations, by Program Operation Length

Organizations from whom referrals are received	Percentage by operation length		p-value	
	Less than 5 years		**5 years or more**	
Year before March 2020				
Health care organization or clinic	67		87	0.004***
WIC office	64		79	0.075*
Child welfare agency	46		66	0.030**
Government health department or agency	49		50	1.000
Centralized intake	23		37	0.124
Government education department or agency	23		25	0.997
Child care resource agency	18		17	1.000

Organizations from whom referrals are received	Percentage by operation length	p-value	
	Less than 5 years	5 years or more	
Tribal organization	8	8	[1.000]
Other community-based nonprofit	54	63	0.367
Since March 2020			
Health care organization or clinic	54	79	0.002***
Child welfare agency	54	62	0.433
WIC office	36	61	0.008***
Government health department or agency	33	38	0.716
Centralized intake	23	34	0.228
Government education department or agency	21	19	0.969
Child care resource agency	10	13	[0.795]
Tribal organization	5	8	[0.715]
Other community-based nonprofit	51	57	0.658
Sample size	**44**	**222**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.4.C. Referral Organizations, by Program Size

Organizations from whom referrals are received	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Year before March 2020					
Health care organization or clinic	77	79	82	95	0.023**
WIC office	73	80	78	76	0.829
Child welfare agency	50	67	71	61	0.148
Government health department or agency	48	49	49	51	0.981
Centralized intake	31	30	33	43	0.343
Government education department or agency	19	30	31	20	0.293
Child care resource agency	17	16	22	16	0.811
Tribal organization	10	11	9	4	[0.406]
Other community-based nonprofit	46	54	69	76	0.003***
Since March 2020					
Health care organization or clinic	68	65	69	92	0.001***
Child welfare agency	53	69	64	53	0.150
WIC office	53	56	53	61	0.813
Government health department or agency	32	38	36	39	0.864
Centralized intake	28	30	27	42	0.217
Government education department or agency	11	24	24	18	0.247

Organizations from whom referrals are received	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Child care resource agency	15	15	9	12	0.741
Tribal organization	11	11	7	4	[0.370]
Other community-based nonprofit	34	51	69	68	0.001***
Sample size	53	76	46	78	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.4.D. Referral Organizations, by Outreach Strategies

Organizations from whom referrals are received	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Year before March 2020			
Health care organization or clinic	81	85	0.545
WIC office	78	76	0.879
Child welfare agency	68	61	0.340
Government health department or agency	58	46	0.103
Centralized intake	26	39	0.088*
Government education department or agency	25	24	1.000
Child care resource agency	19	16	0.709
Tribal organization	10	8	0.779
Other community-based nonprofit	64	61	0.735
Since March 2020			
Health care organization or clinic	76	74	0.834
Child welfare agency	64	59	0.611
WIC office	50	59	0.227
Government health department or agency	46	34	0.096*
Centralized intake	26	35	0.230
Government education department or agency	18	19	0.947
Child care resource agency	11	14	0.761
Tribal organization	7	8	0.936
Other community-based nonprofit	57	55	0.925
Sample size	81	185	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.4.E. Referral Organizations, by Current Capacity Status

Organizations from whom referrals are received	Percentage by current capacity status[a]		p-value
	At capacity	Under capacity	
Year before March 2020			
Health care organization or clinic	85	82	0.628
WIC office	76	77	1.000
Child welfare agency	62	63	0.971
Government health department or agency	41	56	0.025**
Centralized intake	40	31	0.220
Government education department or agency	23	27	0.592
Child care resource agency	16	18	0.916
Tribal organization	9	8	0.963
Other community-based nonprofit	53	70	0.009***
Since March 2020			
Health care organization or clinic	76	73	0.773
Child welfare agency	59	61	0.808
WIC office	59	53	0.376
Government health department or agency	35	37	0.823
Centralized intake	38	28	0.166
Government education department or agency	18	20	0.779
Child care resource agency	17	9	0.095*
Tribal organization	9	7	0.815
Other community-based nonprofit	47	64	0.011**
Sample size	**118**	**132**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates $p < 0.01$, ** $p < 0.05$, * $p < 0.10$.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.

Exhibit D.4.F. Referral Organizations, by Program Organizational Type

Organizations from whom referrals are received	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Year before March 2020						
Health care organization or clinic	79	74	94	83	86	[0.366]
WIC office	88	68	81	70	86	[0.128]
Child welfare agency	43	63	42	72	79	0.001***
Government health department or agency	52	68	39	47	50	0.343
Centralized intake	29	42	32	42	14	0.187
Government education department or agency	12	42	19	25	29	[0.112]
Child care resource agency	5	32	6	21	29	[0.016]**
Tribal organization	2	11	3	2	93	[0.000]***
Other community-based nonprofit	45	58	68	70	57	0.063*
Since March 2020						
Health care organization or clinic	73	55	100	72	79	[0.004]***
Child welfare agency	44	60	39	68	71	0.007***
WIC office	80	35	65	48	57	0.002***
Government health department or agency	41	40	35	37	29	0.928
Centralized intake	24	35	35	39	14	[0.264]
Government education department or agency	12	40	16	18	14	[0.114]
Child care resource agency	5	15	6	15	36	[0.036]**
Tribal organization	2	10	3	2	86	[0.000]***
Other community-based nonprofit	41	45	61	66	29	0.009***
Sample size	**45**	**20**	**33**	**126**	**16**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.5.A. Approaches to Working With Referral Partners, by Program Locale

Characteristic	Percentage by program locale		p-value
	Non-Metro	Metro	
Currently track or monitor how referral partners or families hear about the program	68	78	0.161
Sample size	87	179	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.5.B. Approaches to Working With Referral Partners, by Program Operation Length

Characteristic	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Currently track or monitor how referral partners or families hear about the program	72	75	0.900
Sample size	44	222	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.5.C. Approaches to Working With Referral Partners, by Program Size

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Currently track or monitor how referral partners or families hear about the program	68	75	74	76	0.803
Sample size	53	76	46	78	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.5.D. Approaches to Working With Referral Partners, by Outreach Strategies

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		*p*-value
	Percentage Yes	Percentage No	
Currently track or monitor how referral partners or families hear about the program	78	73	0.478
Sample size	81	185	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.5.E. Approaches to Working With Referral Partners, by Current Capacity Status

Characteristic	Percentage by current capacity status[a]		*p*-value
	At capacity	Under capacity	
Currently track or monitor how referral partners or families hear about the program	70	77	0.258
Sample size	118	132	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.

Exhibit D.5.F. Approaches to Working With Referral Partners, by Program Organizational Type

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Currently track or monitor how referral partners or families hear about the program	63	68	83	80	77	[0.194]
Sample size	**45**	**20**	**33**	**126**	**16**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.5.G. Approaches to Working With Referral Partners, by Mechanism for Working With Referral Partner

Characteristic	Have frequent communication and clear point of contact?		p-value
	Percentage Yes	Percentage No	
Currently track or monitor how referral partners or families hear about the program	75	73	0.857
Sample size	155	86	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.6.A. Staffing and Management of Outreach Activities, by Program Locale

Characteristic	Percentage by program locale		p-value
	Non-Metro	Metro	
Staff member whose primary responsibility is outreach, recruitment, or enrollment of families	25	33	0.257
Other staff who are responsible for outreach, recruitment, or enrollment of families	78	75	0.697
Centralized intake or another agency that they use for outreach, recruitment, or enrollment of families	44	52	0.256
Sample size	87	179	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.6.B. Staffing and Management of Outreach Activities, by Program Operation Length

Characteristic	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Staff member whose primary responsibility is outreach, recruitment, or enrollment of families	25	32	0.496
Other staff who are responsible for outreach, recruitment, or enrollment of families	77	76	0.961
Centralized intake or another agency that they use for outreach, recruitment, or enrollment of families	50	49	1.000
Sample size	44	222	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.6.C. Staffing and Management of Outreach Activities, by Program Size

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Staff member whose primary responsibility is outreach, recruitment, or enrollment of families	34	20	41	32	0.069*
Other staff who are responsible for outreach, recruitment, or enrollment of families	70	78	71	81	0.429
Centralized intake or another agency that they use for outreach, recruitment, or enrollment of families	55	45	37	55	0.166
Sample size	53	76	46	78	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

Exhibit D.6.D. Staffing and Management of Outreach Activities, by Current Capacity Status

Characteristic	Percentage by current capacity status[a]		p-value
	At capacity	Under capacity	
Staff member whose primary responsibility is outreach, recruitment, or enrollment of families	26	34	0.229
Other staff who are responsible for outreach, recruitment, or enrollment of families	74	78	0.596
Centralized intake or another agency that they use for outreach, recruitment, or enrollment of families	49	48	1.000
Sample size	118	132	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve.

Exhibit D.6.E. Staffing and Management of Outreach Activities, by Program Organizational Type

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Staff member whose primary responsibility is outreach, recruitment, or enrollment of families	20	15	24	37	31	[0.091]*
Other staff who are responsible for outreach, recruitment, or enrollment of families	76	80	82	74	81	[0.839]
Centralized intake or another agency that they use for outreach, recruitment, or enrollment of families	40	55	52	53	44	0.594
Sample size	**45**	**20**	**33**	**126**	**16**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.7.A. Outreach Materials and Strategies Programs Use, by Program Locale

Outreach materials	Percentage by program locale		p-value
	Non-Metro	Metro	
Program flyer, brochure, or pamphlet	98	99	[0.538]
Program website	67	77	0.110
Facebook	84	67	0.009***
Visual program advertisement	36	23	0.047**
Instagram	6	22	0.003***
Community newspapers	25	11	0.010**
Twitter	5	16	0.023**
Commercials	5	3	[0.719]
Other	1	2	[0.873]
Website (program or other)	1	2	[0.873]
Radio	1	1	[1.000]
YouTube	0	1	[0.802]
Other social media site	0	1	[0.802]
Sample size	87	179	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.7.B. Outreach Materials and Strategies Programs Use, by Program Operation Length

Outreach materials	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Program flyer, brochure, or pamphlet	100	99	[1.000]
Program website	77	73	0.759
Facebook	69	74	0.721
Visual program advertisement	23	28	0.668
Instagram	13	18	0.614
Community newspapers	13	16	0.773
Twitter	8	13	[0.485]
Commercials	3	4	[1.000]
Other	3	2	[1.000]
Website (program or other)	3	2	[1.000]
Radio	0	1	[1.000]
YouTube	0	1	[1.000]
Other social media site	0	1	[1.000]
Sample size	44	222	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.7.C. Outreach Materials and Strategies Programs Use, by Program Size

Outreach materials	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Program flyer, brochure, or pamphlet	96	99	100	100	[0.199]
Program website	65	77	64	81	0.104
Facebook	65	77	82	66	0.116
Visual program advertisement	29	28	27	26	0.987
Instagram	8	15	20	22	0.222
Community newspapers	20	18	11	14	0.556
Twitter	8	11	9	19	0.220
Commercials	2	3	2	7	[0.427]
Other	0	1	2	4	[0.448]
Website (program or other)	6	0	2	1	[0.135]
Radio	2	0	2	1	[0.685]
YouTube	0	1	0	1	[0.725]
Other social media site	0	1	0	1	[0.725]
Sample size	**53**	**76**	**46**	**78**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.7.D. Outreach Materials and Strategies Programs Use, by Outreach Strategies

Outreach materials	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Program flyer, brochure, or pamphlet	100	98	[0.611]
Program website	74	74	1.000
Facebook	75	72	0.676
Visual program advertisement	26	28	0.918
Instagram	15	18	0.760
Community newspapers	19	14	0.422
Twitter	11	13	0.827
Commercials	3	4	[0.880]
Other	3	2	[1.000]

Outreach materials	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Website (program or other)	3	2	[1.000]
Radio	0	2	[0.611]
YouTube	0	1	[0.876]
Other social media site	1	1	[1.000]
Sample size	81	185	

Source: This is the source of the exhibit. The style is Exhibit/Source Note.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.7.E. Outreach Materials and Strategies Programs Use, by Current Capacity Status

Outreach materials	Percentage by current capacity status[a]		p-value
	At capacity	Under capacity	
Program flyer, brochure, or pamphlet	100	98	[0.299]
Program website	78	69	0.163
Facebook	66	77	0.087*
Visual program advertisement	29	25	0.594
Instagram	15	18	0.576
Community newspapers	20	12	0.119
Twitter	12	13	1.000
Commercials	5	2	[0.569]
Other	2	2	[1.000]
Website (program or other)	2	2	[1.000]
Radio	2	1	[0.899]
YouTube	0	2	[0.543]
Other social media site	1	1	[1.000]
Sample size	118	132	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.

Exhibit D.7.F. Outreach Materials and Strategies Programs Use, by Program Organizational Type

Outreach materials	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Program flyer, brochure, or pamphlet	98	100	100	98	100	[0.844]
Program website	59	75	68	82	67	[0.050]**
Facebook	54	95	55	82	80	[0.000]***
Visual program advertisement	24	25	23	28	53	[0.233]
Instagram	10	15	6	27	0	[0.006]***
Community newspapers	12	20	6	15	53	[0.001]***
Twitter	10	5	6	18	7	[0.190]
Commercials	2	10	3	4	0	[0.592]
Other	0	5	6	2	0	[0.335]
Website (program or other)	2	0	0	3	7	[0.632]
Radio	0	0	3	2	0	[0.738]
YouTube	0	0	0	2	0	[0.755]
Other social media site	0	0	3	1	0	[0.634]
Sample size	45	20	33	126	16	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

Exhibit D.8.A. Tailoring of Outreach Materials or Strategies

Ways programs tailor outreach materials or strategies[a]	Percentage
Tailor outreach materials or strategies to different types of potentially eligible families	**54**
Use languages other than English	64
Show racial or ethnic diversity	13
For prenatal or parenting families	8
To be inclusive of varied family units	6
Mention provision of specific services	5
By literacy level	5
To reach other programs	4
For tribal or Native American families	4
Mention incentives or material goods	4
Other	30
Sample size	**266**

Source: Calculations based on the FLASH-V web survey data.

Note: The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] A program could provide a response that covers more than one category, so percentages sum to more than 100.

Appendix E. Exploratory Analyses of Variation Across Program Characteristics—Accomplishments and Challenges

As described in Chapter 2, the study team explored variation across several program characteristics. Appendix E shows results for these exploratory analyses for the measures discussed in Chapter 5.

All results are exploratory and should therefore be interpreted with caution. In addition, some groups had small sample sizes, and those results should be interpreted with additional caution (as indicated in the tables).

Appendix Tables E.1.A through E.2.D show variation across:

1. Source of MIECHV funding program receives (state or territory, tribal).
2. Locale of program (metropolitan or non-metropolitan county).
3. Type of organization (e.g., government health department, health care organization, community-based nonprofit, tribal).
4. Length of program operation.
5. Program size (i.e., number of families served).
6. Staff approaches for outreach and recruitment (e.g., program has an outreach worker or other staff whose primary responsibility is outreach and recruitment).
7. If program was under capacity at the time of the survey.

Exhibit E.1.A. Accomplishments and Challenges Related to Working With Referral Partners, by Program Locale

Characteristic	Percentage by program locale		*p*-value
	Non-Metro	Metro	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]			
Year before March 2020			
The number of families referred to the program by community partners was low or infrequent	53	47	0.408
The families referred to the program by community partners were ineligible for services	8	15	0.171
Since March 2020			
The number of families referred to the program by community partners is low or infrequent	66	63	0.736
The families referred to the program by community partners are ineligible for services	7	12	0.387
Agreement with the following statement[b]			
Year before March 2020			
Our program has strong relationships with other community partners that provide referrals	89	85	0.453
There are more referrals into our program than we can serve	20	34	0.027**
Since March 2020			
Our program has strong relationships with other community partners that provide referrals	82	82	1.000
There are more referrals into our program than we can serve	17	31	0.028**
Sample size	**87**	**179**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a]Respondents were asked to identify factors that were challenges.
[b]Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.1.B. Accomplishments and Challenges Related to Working With Referral Partners, by Program Operation Length

Characteristic	Percentage by operation length		*p*-value
	Less than 5 years	5 years or more	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]			
Year before March 2020			
The number of families referred to the program by community partners was low or infrequent	53	48	0.726
The families referred to the program by community partners were ineligible for services	13	13	1.000
Since March 2020			

Characteristic	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
The number of families referred to the program by community partners is low or infrequent	60	65	0.715
The families referred to the program by community partners are ineligible for services	8	11	[0.726]
Agreement with the following statement[b]			
Year before March 2020			
Our program has strong relationships with other community partners that provide referrals	78	88	0.114
There are more referrals into our program than we can serve	24	31	0.548
Since March 2020			
Our program has strong relationships with other community partners that provide referrals	83	82	1.000
There are more referrals into our program than we can serve	20	27	0.445
Sample size	**44**	**222**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

[a] Respondents were asked to identify factors that were challenges.

[b] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.1.C. Accomplishments and Challenges Related to Working With Referral Partners, by Program Size

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]					
Year before March 2020					
The number of families referred to the program by community partners was low or infrequent	47	53	53	44	0.645
The families referred to the program by community partners were ineligible for services	13	13	18	10	0.674
Since March 2020					
The number of families referred to the program by community partners is low or infrequent	57	66	80	56	0.056*
The families referred to the program by community partners are ineligible for services	9	8	18	10	[0.324]
Agreement with the following statement[b]					

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Year before March 2020					
Our program has strong relationships with other community partners that provide referrals	84	88	87	86	0.933
There are more referrals into our program than we can serve	31	28	24	34	0.678
Since March 2020					
Our program has strong relationships with other community partners that provide referrals	84	85	80	80	0.837
There are more referrals into our program than we can serve	27	22	24	33	0.460
Sample size	**53**	**76**	**46**	**78**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Respondents were asked to identify factors that were challenges.
[b] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.1.D. Accomplishments and Challenges Related to Working With Referral Partners, by Outreach Strategies

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]			
Year before March 2020			
The number of families referred to the program by community partners was low or infrequent	51	48	0.790
The families referred to the program by community partners were ineligible for services	12	13	0.989
Since March 2020			
The number of families referred to the program by community partners is low or infrequent	69	62	0.339
The families referred to the program by community partners are ineligible for services	8	11	0.610
Agreement with the following statement[b]			
Year before March 2020			

| Characteristic | Program has staff member whose primary responsibility is outreach, recruitment, or enrollment? | | p-value |
	Percentage Yes	Percentage No	
Our program has strong relationships with other community partners that provide referrals	83	88 ~~85~~	0.328
There are more referrals into our program than we can serve	29	30 ~~34~~	1.000
Since March 2020			
Our program has strong relationships with other community partners that provide referrals	76	85	0.137
There are more referrals into our program than we can serve	23	27	0.566
Sample size	**81**	**185**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to identify factors that were challenges.
[b] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.1.E. Accomplishments and Challenges Related to Working With Referral Partners, by Current Capacity Status

| Characteristic | Percentage by current capacity status[a] | p-value | |
	At capacity	Under capacity	
Programs that indicated the following was a challenge in terms of maintaining capacity[b]			
Year before March 2020			
The number of families referred to the program by community partners was low or infrequent	39	57	0.008***
The families referred to the program by community partners were ineligible for services	10	16	0.281
Since March 2020			
The number of families referred to the program by community partners is low or infrequent	51	75	0.000***
The families referred to the program by community partners are ineligible for services	12	9	0.668
Agreement with the following statement[c]			
Year before March 2020			
Our program has strong relationships with other community partners that provide referrals	91	83	0.122
There are more referrals into our program than we can serve	42	19	0.000***
Since March 2020			

Characteristic	Percentage by current capacity status[a]		p-value
	At capacity	Under capacity	
Our program has strong relationships with other community partners that provide referrals	94	73	0.000***
There are more referrals into our program than we can serve	38	16	0.000***
Sample size	**118**	**132**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.

[b] Respondents were asked to identify factors that were challenges.

[c] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.1.F. Accomplishments and Challenges Related to Working With Referral Partners, by Program Organizational Type

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]						
Year before March 2020						
The number of families referred to the program by community partners was low or infrequent	53	63	29	52	40	0.119
The families referred to the program by community partners were ineligible for services	13	5	14	16	0	[0.386]
Since March 2020						
The number of families referred to the program by community partners is low or infrequent	67	68	45	72	57	[0.080]*
The families referred to the program by community partners are ineligible for services	12	0	10	12	14	[0.591]
Agreement with the following statement[b]						
Year before March 2020						
Our program has strong relationships with other community partners that provide referrals	86	85	94	87	86	[0.851]
There are more referrals into our program than we can serve	25	20	41	29	20	[0.430]
Since March 2020						
Our program has strong relationships with other community partners that provide referrals	79	85	87	82	71	[0.745]
There are more referrals into our program than we can serve	26	20	35	28	21	[0.750]

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Sample size	45	20	33	126	16	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

a Respondents were asked to identify factors that were challenges.

b Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.3.A. Accomplishments and Challenges Related to Enrolling Families, by Program Locale

Characteristic	Percentage by program locale		p-value
	Non-Metro	Metro	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]			
Year before March 2020			
Families in the community were generally not aware of our services	35	43	0.280
There were other home visiting programs in the community that serve similar types of families	22	36	0.047**
There were other non-home visiting programs in the community that serve similar types of families	10	11	1.000
Certain subgroups of families in our community (e.g., families in shelter) were not aware of our services	16	31	0.019**
The families who were self-referred or referred by a family member or friend were ineligible for services	3	5	[0.599]
Families that were initially interested in and eligible for home visiting did not receive a first home visit	13	19	0.345
Families that enrolled (received a first home visit) did not stay engaged for as long as program intends	38	56	0.012**
Our program did not have enough staff resources to focus on outreach and recruitment	16	24	0.195
Our program had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	32	38	0.518
Our program faced short-term staffing issues, including parental or other types of leave or a recent program expansion	8	25	0.004***
Our program struggled to maintain caseloads due to seasonal variation (winter holiday/summer break)	12	11	1.000
The caseload target was too high given the intensity of family needs	5	9	0.386
Since March 2020			
Families in the community are generally not aware of our services	29	43	0.055*
There are other home visiting programs in the community that serve similar types of families	20	37	0.010***
There are other non-home visiting programs in the community that serve similar types of families	7	16	0.107
Certain subgroups of families in our community (e.g., families in shelter) are not aware of our services	22	30	0.212
The families who are self-referred or referred by a family member or friend are ineligible for services	5	4	[1.000]
Families that are initially interested in and eligible for home visiting do not receive a first home visit	15	26	0.062*
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	57	60	0.835

Characteristic	Percentage by program locale		*p*-value
	Non-Metro	Metro	
Our program does not have enough staff resources to focus on outreach and recruitment	18	27	0.195
Our program has had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	35	42	0.371
Our program faces short-term staffing issues, including parental or other types of leave, diversion to other duties, or a recent program expansion	27	38	0.115
Our program struggles to maintain caseloads due to seasonal variation (winter holiday/summer break)	6	9	0.538
The caseload target is too high given the intensity of family needs	5	12	0.131
Family or staff have concerns about health and safety due to COVID-19	59	65	0.379
Families are not interested in or able to participate in virtual home visiting	55	57	0.842
Programs that indicated the following was a challenge			
Year before March 2020			
Our program was able to identify the families most in need in our community	86	82	0.515
Our program was able to recruit the families most in need in our community	67	63	0.611
Our program was able to enroll the families most in need in our community	73	76	0.625
Since March 2020			
Our program has been able to identify the families most in need in our community	72	74	0.815
Our program has been able to recruit the families most in need in our community	51	52	0.934
Our program has been able to enroll the families most in need in our community	58	64	0.454
Sample size	**87**	**179**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Respondents were asked to identify factors that were challenges.

Exhibit E.3.B. Accomplishments and Challenges Related to Enrolling Families, by Program Operation Length

Characteristic	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]			
Year before March 2020			
Families in the community were generally not aware of our services	55	38	0.065*
There were other home visiting programs in the community that serve similar types of families	30	32	0.987
There were other non-home visiting programs in the community that serve similar types of families	15	10	[0.545]
Certain subgroups of families in our community (e.g., families in shelter) were not aware of our services	28	26	0.949
The families who were self-referred or referred by a family member or friend were ineligible for services	5	4	[1.000]
Families that were initially interested in and eligible for home visiting did not receive a first home visit	18	17	1.000
Families that enrolled (received a first home visit) did not stay engaged for as long as program intends	53	49	0.862
Our program did not have enough staff resources to focus on outreach and recruitment	10	23	0.091*
Our program had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	25	38	0.158
Our program faced short-term staffing issues, including parental or other types of leave or a recent program expansion	8	21	0.068*
Our program struggled to maintain caseloads due to seasonal variation (winter holiday/summer break)	10	12	[0.967]
The caseload target was too high given the intensity of family needs	3	9	[0.273]
Since March 2020			
Families in the community are generally not aware of our services	50	36	0.136
There are other home visiting programs in the community that serve similar types of families	33	31	0.954
There are other non-home visiting programs in the community that serve similar types of families	15	12	0.837
Certain subgroups of families in our community (e.g., families in shelter) are not aware of our services	28	28	1.000
The families who are self-referred or referred by a family member or friend are ineligible for services	5	4	[1.000]
Families that are initially interested in and eligible for home visiting do not receive a first home visit	20	23	0.871

Characteristic	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	48	61	0.156
Our program does not have enough staff resources to focus on outreach and recruitment	15	26	0.216
Our program has had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	33	41	0.383
Our program faces short-term staffing issues, including parental or other types of leave, diversion to other duties, or a recent program expansion	13	38	0.003***
Our program struggles to maintain caseloads due to seasonal variation (winter holiday/summer break)	15	7	[0.165]
The caseload target is too high given the intensity of family needs	3	11	[0.177]
Family or staff have concerns about health and safety due to COVID-19	65	63	0.910
Families are not interested in or able to participate in virtual home visiting	53	57	0.714
Programs that indicated the following was a challenge			
Year before March 2020			
Our program was able to identify the families most in need in our community	86	83	0.793
Our program was able to recruit the families most in need in our community	69	63	0.600
Our program was able to enroll the families most in need in our community	83	74	0.285
Since March 2020			
Our program has been able to identify the families most in need in our community	80	72	0.359
Our program has been able to recruit the families most in need in our community	46	53	0.570
Our program has been able to enroll the families most in need in our community	73	60	0.175
Sample size	**44**	**222**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates $p < 0.01$, ** $p < 0.05$, * $p < 0.10$.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Respondents were asked to identify factors that were challenges.

Exhibit E.3.C. Accomplishments and Challenges Related to Enrolling Families, by Program Size

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]					
Year before March 2020					
Families in the community were generally not aware of our services	42	40	40	42	0.989
There were other home visiting programs in the community that serve similar types of families	40	26	24	37	0.214
There were other non-home visiting programs in the community that serve similar types of families	13	9	7	15	0.403
Certain subgroups of families in our community (e.g., families in shelter) were not aware of our services	24	16	36	32	0.059*
The families who were self-referred or referred by a family member or friend were ineligible for services	2	4	4	6	[0.855]
Families that were initially interested in and eligible for home visiting did not receive a first home visit	11	16	24	18	0.394
Families that enrolled (received a first home visit) did not stay engaged for as long as program intends	47	44	53	56	0.484
Our program did not have enough staff resources to focus on outreach and recruitment	16	19	36	18	0.070*
Our program had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	27	37	47	34	0.249
Our program faced short-term staffing issues, including parental or other types of leave or a recent program expansion	11	11	27	28	0.020**
Our program struggled to maintain caseloads due to seasonal variation (winter holiday/summer break)	16	14	7	8	0.394
The caseload target was too high given the intensity of family needs	4	4	11	11	[0.286]
Since March 2020					
Families in the community are generally not aware of our services	36	36	55	34	0.138

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
There are other home visiting programs in the community that serve similar types of families	30	27	27	40	0.334
There are other non-home visiting programs in the community that serve similar types of families	11	7	14	21	0.091*
Certain subgroups of families in our community (e.g., families in shelter) are not aware of our services	28	23	43	25	0.096*
The families who are self-referred or referred by a family member or friend are ineligible for services	6	4	9	1	[0.248]
Families that are initially interested in and eligible for home visiting do not receive a first home visit	15	26	34	18	0.100*
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	51	58	70	58	0.297
Our program does not have enough staff resources to focus on outreach and recruitment	9	23	39	26	0.009***
Our program has had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	26	38	50	42	0.101
Our program faces short-term staffing issues, including parental or other types of leave, diversion to other duties, or a recent program expansion	21	26	41	48	0.005***
Our program struggles to maintain caseloads due to seasonal variation (winter holiday/summer break)	9	14	5	4	[0.151]
The caseload target is too high given the intensity of family needs	4	5	18	11	[0.068]*
Family or staff have concerns about health and safety due to COVID-19	66	58	66	64	0.764
Families are not interested in or able to participate in virtual home visiting	49	51	64	60	0.365
Programs that indicated the following was a challenge					
Year before March 2020					
Our program was able to identify the families most in need in our community	87	76	80	89	0.137
Our program was able to recruit the families most in need in our community	75	57	62	64	0.178

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Our program was able to enroll the families most in need in our community	88	63	71	79	0.008
Since March 2020					
Our program has been able to identify the families most in need in our community	78	66	67	82	0.110
Our program has been able to recruit the families most in need in our community	56	46	45	59	0.321
Our program has been able to enroll the families most in need in our community	69	50	53	75	0.007
Sample size					

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a]Respondents were asked to identify factors that were challenges.

Exhibit E.3.D. Accomplishments and Challenges Related to Enrolling Families, by Outreach Strategies

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]			
Year before March 2020			
Families in the community were generally not aware of our services	33	44	0.154
There were other home visiting programs in the community that serve similar types of families	36	29	0.369
There were other non-home visiting programs in the community that serve similar types of families	15	9	0.318
Certain subgroups of families in our community (e.g., families in shelter) were not aware of our services	21	28	0.357
The families who were self-referred or referred by a family member or friend were ineligible for services	4	4	[1.000]

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Families that were initially interested in and eligible for home visiting did not receive a first home visit	19	16	0.769
Families that enrolled (received a first home visit) did not stay engaged for as long as program intends	48	51	0.780
Our program did not have enough staff resources to focus on outreach and recruitment	12	25	0.029**
Our program had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	35	37	0.881
Our program faced short-term staffing issues, including parental or other types of leave or a recent program expansion	17	20	0.776
Our program struggled to maintain caseloads due to seasonal variation (winter holiday/summer break)	11	12	0.972
The caseload target was too high given the intensity of family needs	4	10	0.192
Since March 2020			
Families in the community are generally not aware of our services	35	40	0.602
There are other home visiting programs in the community that serve similar types of families	34	30	0.616
There are other non-home visiting programs in the community that serve similar types of families	12	13	1.000
Certain subgroups of families in our community (e.g., families in shelter) are not aware of our services	28	27	0.976
The families who are self-referred or referred by a family member or friend are ineligible for services	7	4	[0.441]
Families that are initially interested in and eligible for home visiting do not receive a first home visit	24	21	0.723
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	61	58	0.787
Our program does not have enough staff resources to focus on outreach and recruitment	12	29	0.008***

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		*p*-value
	Percentage Yes	Percentage No	
Our program has had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	42	39	0.784
Our program faces short-term staffing issues, including parental or other types of leave, diversion to other duties, or a recent program expansion	31	36	0.602
Our program struggles to maintain caseloads due to seasonal variation (winter holiday/summer break)	4	10	0.189
The caseload target is too high given the intensity of family needs	8	10	0.810
Family or staff have concerns about health and safety due to COVID-19	73	59	0.046**
Families are not interested in or able to participate in virtual home visiting	65	53	0.104
Programs that indicated the following was a challenge			
Year before March 2020			
Our program was able to identify the families most in need in our community	86	82	0.630
Our program was able to recruit the families most in need in our community	70	62	0.301
Our program was able to enroll the families most in need in our community	84	71	0.049**
Since March 2020			
Our program has been able to identify the families most in need in our community	74	73	0.971
Our program has been able to recruit the families most in need in our community	56	50	0.440
Our program has been able to enroll the families most in need in our community	67	59	0.321
Sample size	**81**	**185**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates $p < 0.01$, ** $p < 0.05$, * $p < 0.10$.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Respondents were asked to identify factors that were challenges.

Exhibit E.3.E. Accomplishments and Challenges Related to Enrolling Families, by Current Capacity Status

Characteristic	Percentage by current capacity status[a]		*p*-value
	At capacity	Under capacity	
Programs that indicated the following was a challenge in terms of maintaining capacity[b]			
Year before March 2020			
Families in the community were generally not aware of our services	34	47	0.060*
There were other home visiting programs in the community that serve similar types of families	29	34	0.441
There were other non-home visiting programs in the community that serve similar types of families	13	10	0.665
Certain subgroups of families in our community (e.g., families in shelter) were not aware of our services	23	28	0.443
The families who were self-referred or referred by a family member or friend were ineligible for services	5	4	[0.954]
Families that were initially interested in and eligible for home visiting did not receive a first home visit	16	19	0.689
Families that enrolled (received a first home visit) did not stay engaged for as long as program intends	50	51	1.000
Our program did not have enough staff resources to focus on outreach and recruitment	18	24	0.313
Our program had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	27	44	0.012**
Our program faced short-term staffing issues, including parental or other types of leave or a recent program expansion	12	25	0.020**
Our program struggled to maintain caseloads due to seasonal variation (winter holiday/summer break)	15	8	0.138
The caseload target was too high given the intensity of family needs	4	11	0.089*
Since March 2020			
Families in the community are generally not aware of our services	33	44	0.121
There are other home visiting programs in the community that serve similar types of families	29	35	0.405
There are other non-home visiting programs in the community that serve similar types of families	12	14	0.773
Certain subgroups of families in our community (e.g., families in shelter) are not aware of our services	22	33	0.089*
The families who are self-referred or referred by a family member or friend are ineligible for services	5	5	1.000
Families that are initially interested in and eligible for home visiting do not receive a first home visit	23	23	1.000

| Characteristic | Percentage by current capacity status[a] | | p-value |
	At capacity	Under capacity	
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	57	61	0.624
Our program does not have enough staff resources to focus on outreach and recruitment	19	28	0.152
Our program has had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	31	46	0.019**
Our program faces short-term staffing issues, including parental or other types of leave, diversion to other duties, or a recent program expansion	31	38	0.305
Our program struggles to maintain caseloads due to seasonal variation (winter holiday/summer break)	9	7	0.712
The caseload target is too high given the intensity of family needs	6	13	0.105
Family or staff have concerns about health and safety due to COVID-19	56	70	0.030**
Families are not interested in or able to participate in virtual home visiting	49	62	0.059*
Programs that indicated the following was a challenge			
Year before March 2020			
Our program was able to identify the families most in need in our community	83	83	1.000
Our program was able to recruit the families most in need in our community	69	58	0.104
Our program was able to enroll the families most in need in our community	78	71	0.294
Since March 2020			
Our program has been able to identify the families most in need in our community	80	69	0.064*
Our program has been able to recruit the families most in need in our community	61	44	0.013**
Our program has been able to enroll the families most in need in our community	70	56	0.028**
Sample size	**118**	**132**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.
[b] Respondents were asked to identify factors that were challenges.

Exhibit E.3.F. Accomplishments and Challenges Related to Enrolling Families, by Program Organizational Type

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Programs that indicated the following was a challenge in terms of maintaining capacity[a]						
Year before March 2020						
Families in the community were generally not aware of our services	50	32	50	39	20	0.206
There were other home visiting programs in the community that serve similar types of families	28	42	18	38	27	[0.220]
There were other non-home visiting programs in the community that serve similar types of families	13	11	11	12	7	[0.982]
Certain subgroups of families in our community (e.g., families in shelter) were not aware of our services	28	21	36	25	7	[0.322]
The families who were self-referred or referred by a family member or friend were ineligible for services	0	5	7	4	7	[0.616]
Families that were initially interested in and eligible for home visiting did not receive a first home visit	13	26	14	16	27	[0.558]
Families that enrolled (received a first home visit) did not stay engaged for as long as program intends	50	58	36	52	47	0.551
Our program did not have enough staff resources to focus on outreach and recruitment	33	11	18	20	20	[0.335]

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Our program had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	38	16	39	39	40	0.409
Our program faced short-term staffing issues, including parental or other types of leave or a recent program expansion	15	5	39	20	13	[0.038]**
Our program struggled to maintain caseloads due to seasonal variation (winter holiday/summer break)	13	5	11	10	27	[0.329]
The caseload target was too high given the intensity of family needs	10	11	7	8	7	[0.983]
Since March 2020						
Families in the community are generally not aware of our services	45	32	39	39	21	0.566
There are other home visiting programs in the community that serve similar types of families	33	42	26	32	29	[0.819]
There are other non-home visiting programs in the community that serve similar types of families	14	11	16	12	7	[0.923]
Certain subgroups of families in our community (e.g., families in shelter) are not aware of our services	33	16	26	30	14	[0.466]
The families who are self-referred or referred by a family member or friend are ineligible for services	7	5	3	4	7	[0.933]
Families that are initially interested in and eligible for home visiting do not receive a first home visit	24	32	19	21	7	[0.542]

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	60	68	45	60	43	0.359
Our program does not have enough staff resources to focus on outreach and recruitment	40	21	26	19	29	[0.107]
Our program has had staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	38	26	42	46	36	0.500
Our program faces short-term staffing issues, including parental or other types of leave, diversion to other duties, or a recent program expansion	52	26	39	30	29	[0.092]*
Our program struggles to maintain caseloads due to seasonal variation (winter holiday/summer break)	5	5	3	9	21	[0.247]
The caseload target is too high given the intensity of family needs	12	11	3	10	7	[0.764]
Family or staff have concerns about health and safety due to COVID-19	52	63	65	64	79	0.470
Families are not interested in or able to participate in virtual home visiting	48	68	55	59	36	0.281
Programs that indicated the following was a challenge						
Year before March 2020						
Our program was able to identify the families most in need in our community	82	90	81	84	69	[0.535]
Our program was able to recruit the families most in need in our community	61	70	63	63	69	0.955

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Our program was able to enroll the families most in need in our community	80	65	66	79	67	[0.339]
Since March 2020						
Our program has been able to identify the families most in need in our community	67	70	77	74	93	[0.372]
Our program has been able to recruit the families most in need in our community	56	58	61	48	53	0.698
Our program has been able to enroll the families most in need in our community	60	70	73	61	43	0.344
Sample size	**45**	**20**	**33**	**126**	**16**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

[a] Respondents were asked to identify factors that were challenges.

Exhibit E.5.A. Reasons Families Do Not Enroll in Home Visiting, by Program Locale

Reasons families do not enroll in home visiting services	By program locale (Mean, range from 1 to 4[a])		p-value
	Non-Metro	**Metro**	
Families feel that they do not have time/are too busy to commit to schedule of visits	3.2	3.2	0.720
Families do not fully understand what the program is/all the resources that the program can provide	3.1	3.2	0.383
Families fear they will be at greater risk of becoming involved in the child welfare system	3.2	3.1	0.141
Families believe they are doing fine without our services	3.0	3.0	0.875
Families are uncomfortable with having a service provider visit the home on a regular basis	2.7	2.9	0.134
Families do not engage or respond to service delivery strategies that are not in person (e.g., televisits)	2.8	2.7	0.452
Families think they are already involved enough with other social service providers	2.6	2.7	0.279
Families are generally distrustful of service providers in the community	2.6	2.6	0.896
Families fear they will be at greater risk of involvement with immigration authorities	2.3	2.8	0.002***
Families are worried about privacy concerns (e.g., if home visitors are members of their community)	2.5	2.3	0.065*
Families fear their future eligibility for citizenship will be put at risk (public charge rule)	2.0	2.5	0.004***
Families are discouraged by other family members from participating	2.1	2.3	0.159
Families are worried that they will be stigmatized by their involvement	2.3	2.1	0.193
Families feel that their identities are not reflected in the characteristics of home visitors	1.8	2.1	0.027**
Families think they are not eligible for services	2.2	2.0	0.174
Sample size	**87**	**179**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] 1=not important, 2=somewhat important, 3=moderately important, and 4=very important.

Exhibit E.5.B. Reasons Families Do Not Enroll in Home Visiting, by Program Operation Length

Reasons families do not enroll in home visiting services	By operation length (Mean, range from 1 to 4[a])		p-value
	Less than 5 years	5 years or more	
Families feel that they do not have time/are too busy to commit to schedule of visits	3.3	3.2	0.887
Families do not fully understand what the program is/all the resources that the program can provide	3.2	3.1	0.853
Families fear they will be at greater risk of becoming involved in the child welfare system	3.2	3.1	0.705
Families believe they are doing fine without our services	3.1	3.0	0.466
Families are uncomfortable with having a service provider visit the home on a regular basis	2.8	2.9	0.566
Families do not engage or respond to service delivery strategies that are not in person (e.g., televisits)	2.8	2.8	0.728
Families think they are already involved enough with other social service providers	2.6	2.7	0.601
Families are generally distrustful of service providers in the community	2.5	2.6	0.380
Families fear they will be at greater risk of involvement with immigration authorities	2.8	2.6	0.251
Families are worried about privacy concerns (e.g., if home visitors are members of their community)	2.2	2.4	0.301
Families fear their future eligibility for citizenship will be put at risk (public charge rule)	2.4	2.3	0.677
Families are discouraged by other family members from participating	1.9	2.3	0.028**
Families are worried that they will be stigmatized by their involvement	2.1	2.2	0.577
Families feel that their identities are not reflected in the characteristics of home visitors	2.3	2.0	0.187
Families think they are not eligible for services	2.1	2.0	0.758
Sample size	44	222	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] 1=not important, 2=somewhat important, 3=moderately important, and 4=very important.

Exhibit E.5.C. Reasons Families Do Not Enroll in Home Visiting, by Program Size

Reasons families do not enroll in home visiting services	By program size (families) (Mean, range from 1 to 4[a])				*p*-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Families feel that they do not have time/are too busy to commit to schedule of visits	3.2	3.3	3.2	3.2	0.852
Families do not fully understand what the program is/all the resources that the program can provide	3.1	3.1	3.2	3.2	0.888
Families fear they will be at greater risk of becoming involved in the child welfare system	3.2	3.0	3.1	3.2	0.307
Families believe they are doing fine without our services	3.0	3.1	3.0	2.9	0.722
Families are uncomfortable with having a service provider visit the home on a regular basis	2.9	2.8	2.7	2.9	0.600
Families do not engage or respond to service delivery strategies that are not in person (e.g., televisits)	2.8	2.8	2.7	2.8	0.856
Families think they are already involved enough with other social service providers	2.6	2.7	2.5	2.7	0.701
Families are generally distrustful of service providers in the community	2.7	2.6	2.5	2.7	0.501
Families fear they will be at greater risk of involvement with immigration authorities	2.8	2.4	2.6	2.8	0.150
Families are worried about privacy concerns (e.g., if home visitors are members of their community)	2.5	2.3	2.2	2.3	0.622
Families fear their future eligibility for citizenship will be put at risk (public charge rule)	2.5	2.1	2.2	2.5	0.088*
Families are discouraged by other family members from participating	2.2	1.9	2.3	2.4	0.022**
Families are worried that they will be stigmatized by their involvement	2.2	2.0	2.1	2.2	0.663
Families feel that their identities are not reflected in the characteristics of home visitors	2.2	1.9	2.0	2.2	0.277
Families think they are not eligible for services	2.2	2.0	1.9	2.1	0.662
Sample size	**53**	**76**	**46**	**78**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] 1=not important, 2=somewhat important, 3=moderately important, and 4=very important.

Exhibit E.5.D. Reasons Families Do Not Enroll in Home Visiting, by Outreach Strategies

Reasons families do not enroll in home visiting services	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment? (Mean, range from 1 to 4[a])		p-value
	Yes	No	
Families feel that they do not have time/are too busy to commit to schedule of visits	3.2	3.2	0.975
Families do not fully understand what the program is/all the resources that the program can provide	3.1	3.2	0.625
Families fear they will be at greater risk of becoming involved in the child welfare system	3.2	3.1	0.750
Families believe they are doing fine without our services	2.9	3.1	0.043**
Families are uncomfortable with having a service provider visit the home on a regular basis	3.0	2.8	0.048**
Families do not engage or respond to service delivery strategies that are not in person (e.g., televisits)	2.9	2.7	0.349
Families think they are already involved enough with other social service providers	2.6	2.6	0.885
Families are generally distrustful of service providers in the community	2.7	2.6	0.399
Families fear they will be at greater risk of involvement with immigration authorities	2.7	2.6	0.399
Families are worried about privacy concerns (e.g., if home visitors are members of their community)	2.4	2.3	0.932
Families fear their future eligibility for citizenship will be put at risk (public charge rule)	2.4	2.3	0.450
Families are discouraged by other family members from participating	2.3	2.1	0.216
Families are worried that they will be stigmatized by their involvement	2.2	2.1	0.294
Families feel that their identities are not reflected in the characteristics of home visitors	2.1	2.0	0.855
Families think they are not eligible for services	1.9	2.1	0.338
Sample size	81	185	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] 1=not important, 2=somewhat important, 3=moderately important, and 4=very important.

Exhibit E.5.E. Reasons Families Do Not Enroll in Home Visiting, by Current Capacity Status

Characteristic	By current capacity status[a] (Mean, range from 1 to 4[b])		p-value
	At capacity	Under capacity	
Families feel that they do not have time/are too busy to commit to schedule of visits	3.2	3.3	0.499
Families do not fully understand what the program is/all the resources that the program can provide	3.1	3.2	0.493
Families fear they will be at greater risk of becoming involved in the child welfare system	3.1	3.1	0.599
Families believe they are doing fine without our services	3.1	3.0	0.466
Families are uncomfortable with having a service provider visit the home on a regular basis	2.9	2.8	0.263
Families do not engage or respond to service delivery strategies that are not in person (e.g., televisits)	2.5	3.0	0.000***
Families think they are already involved enough with other social service providers	2.7	2.6	0.292
Families are generally distrustful of service providers in the community	2.6	2.6	0.969
Families fear they will be at greater risk of involvement with immigration authorities	2.7	2.6	0.582
Families are worried about privacy concerns (e.g., if home visitors are members of their community)	2.3	2.4	0.508
Families fear their future eligibility for citizenship will be put at risk (public charge rule)	2.4	2.3	0.649
Families are discouraged by other family members from participating	2.1	2.2	0.430
Families are worried that they will be stigmatized by their involvement	2.1	2.2	0.291
Families feel that their identities are not reflected in the characteristics of home visitors	2.0	2.1	0.728
Families think they are not eligible for services	2.0	2.1	0.740
Sample size	118	132	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[ ] indicates chi-square approximation may be incorrect due to small cell sizes.
[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.
[b] 1=not important, 2=somewhat important, 3=moderately important, and 4=very important.

Exhibit E.5.F. Reasons Families Do Not Enroll in Home Visiting, by Program Organizational Type

Reasons families do not enroll in home visiting services	By organizational type (Mean, range from 1 to 4[a])					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Families feel that they do not have time/are too busy to commit to schedule of visits	3.4	3.5	2.9	3.3	3.3	0.051*
Families do not fully understand what the program is/all the resources that the program can provide	3.3	3.1	3.2	3.2	2.8	0.270
Families fear they will be at greater risk of becoming involved in the child welfare system	3.1	3.5	3.0	3.2	3.1	0.413
Families believe they are doing fine without our services	3.2	3.4	3.0	3.0	2.9	0.197
Families are uncomfortable with having a service provider visit the home on a regular basis	2.9	2.9	2.9	2.9	2.8	0.989
Families do not engage or respond to service delivery strategies that are not in person (e.g., televisits)	2.6	2.9	2.7	2.8	2.9	0.523
Families think they are already involved enough with other social service providers	2.7	2.9	2.6	2.7	2.5	0.723
Families are generally distrustful of service providers in the community	2.8	2.8	2.3	2.6	2.6	0.173
Families fear they will be at greater risk of involvement with immigration authorities	2.7	2.5	2.8	2.6	2.2	0.510
Families are worried about privacy concerns (e.g., if home visitors are members of their community)	2.4	2.7	2.1	2.3	2.7	0.290
Families fear their future eligibility for citizenship will be put at risk (public charge rule)	2.3	2.2	2.4	2.3	1.8	0.511
Families are discouraged by other family members from participating	2.5	2.2	2.5	2.2	1.7	0.048**

Reasons families do not enroll in home visiting services	By organizational type (Mean, range from 1 to 4[a])					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Families are worried that they will be stigmatized by their involvement	2.1	2.2	1.9	2.3	2.1	0.591
Families feel that their identities are not reflected in the characteristics of home visitors	2.1	2.2	1.9	2.1	1.9	0.801
Families think they are not eligible for services	2.1	2.3	1.8	2.1	1.9	0.638
Sample size	45	20	33	126	16	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[ ] indicates chi-square approximation may be incorrect due to small cell sizes.

[a] 1=not important, 2=somewhat important, 3=moderately important, and 4=very important.

Exhibit E.7.A. Accomplishments and Challenges During the COVID-19 Pandemic, by Program Locale

Characteristic	Percentage by program locale		p-value
	Non-Metro	Metro	
Programs that indicated the following was a challenge			
Year before March 2020			
The number of families that were self-referred or that were referred through a family member or friend is low or infrequent	23	28	0.585
The number of families referred to the program by community partners was low or infrequent	53	47	0.408
Families that enrolled (received a first home visit) did not stay engaged for as long as our program intends	38	56	0.012**
Short-term staffing issues, including parental or other types of leave or a recent program expansion	8	25	0.004***
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	32	38	0.518
Since March 2020			
Family or staff have concerns about health and safety due to COVID-19	59	65	0.379
The number of families that are self-referred or that are referred through a family member or friend is low or infrequent	41	42	1.000
The number of families referred to the program by community partners is low or infrequent	66	63	0.736
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	57	60	0.835
Families are not interested in or able to participate in virtual home visiting	55	57	0.842
Short-term staffing issues, including parental or other types of leave or a recent program expansion	27	38	0.115
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	35	42	0.371
Agreement with the following statement[a]			
Year before March 2020			
Our program has strong relationships with other community partners that provide referrals	89	85	0.453
Since March 2020			
Our program has strong relationships with other community partners that provide referrals	82	82	1.000
Sample size	**87**	**179**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
a Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.7.B. Accomplishments and Challenges During the COVID-19 Pandemic, by Program Operation Length

Characteristic	Percentage by operation length		p-value
	Less than 5 years	5 years or more	
Programs that indicated the following was a challenge			
Year before March 2020			
The number of families that were self-referred or that were referred through a family member or friend is low or infrequent	25	27	0.997
The number of families referred to the program by community partners was low or infrequent	53	48	0.726
Families that enrolled (received a first home visit) did not stay engaged for as long as our program intends	53	49	0.862
Short-term staffing issues, including parental or other types of leave or a recent program expansion	8	21	0.068*
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	25	38	0.158
Since March 2020			
Family or staff have concerns about health and safety due to COVID-19	65	63	0.910
The number of families that are self-referred or that are referred through a family member or friend is low or infrequent	30	44	0.148
The number of families referred to the program by community partners is low or infrequent	60	65	0.715
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	48	61	0.156
Families are not interested in or able to participate in virtual home visiting	53	57	0.714
Short-term staffing issues, including parental or other types of leave or a recent program expansion	13	38	0.003***
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	33	41	0.383
Agreement with the following statement a			
Year before March 2020			
Our program has strong relationships with other community partners that provide referrals	78	88	0.114
Since March 2020			
Our program has strong relationships with other community partners that provide referrals	83	82	1.000
Sample size	**44**	**222**	

Source: Calculations based on the FLASH-V web survey data.

Exhibit E.7.C. Accomplishments and Challenges During the COVID-19 Pandemic, by Program Size

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Programs that indicated the following was a challenge					
Year before March 2020					
The number of families that were self-referred or that were referred through a family member or friend is low or infrequent	29	33	27	20	0.359
The number of families referred to the program by community partners was low or infrequent	47	53	53	44	0.645
Families that enrolled (received a first home visit) did not stay engaged for as long as our program intends	47	44	53	56	0.484
Short-term staffing issues, including parental or other types of leave or a recent program expansion	11	11	27	28	0.020**
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	27	37	47	34	0.249
Since March 2020					
Family or staff have concerns about health and safety due to COVID-19	66	58	66	64	0.764
The number of families that are self-referred or that are referred through a family member or friend is low or infrequent	36	46	48	37	0.482
The number of families referred to the program by community partners is low or infrequent	57	66	80	56	0.056*
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	51	58	70	58	0.297
Families are not interested in or able to participate in virtual home visiting	49	51	64	60	0.365
Short-term staffing issues, including parental or other types of leave or a recent program expansion	21	26	41	48	0.005***

Characteristic	Percentage by program size (families)				p-value
	50 or fewer	51 to 100	101 to 150	More than 150	
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	26	38	50	42	0.101
Agreement with the following statement[a]					
Year before March 2020					
Our program has strong relationships with other community partners that provide referrals	84	88	87	86	0.933
Since March 2020					
Our program has strong relationships with other community partners that provide referrals	84	85	80	80	0.837
Sample size	**53**	**76**	**46**	**78**	

Source: Calculations based on the FLASH-V web survey data.
Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.
To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.
The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.
[a] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.7.D. Accomplishments and Challenges During the COVID-19 Pandemic, by Outreach Strategies

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Programs that indicated the following was a challenge			
Year before March 2020			
The number of families that were self-referred or that were referred through a family member or friend is low or infrequent	24	27	0.702
The number of families referred to the program by community partners was low or infrequent	51	48	0.790
Families that enrolled (received a first home visit) did not stay engaged for as long as our program intends	48	51	0.780
Short-term staffing issues, including parental or other types of leave or a recent program expansion	17	20	0.776
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	35	37	0.881
Since March 2020			

Characteristic	Program has staff member whose primary responsibility is outreach, recruitment, or enrollment?		p-value
	Percentage Yes	Percentage No	
Family or staff have concerns about health and safety due to COVID-19	73	59	0.046**
The number of families that are self-referred or that are referred through a family member or friend is low or infrequent	43	41	0.834
The number of families referred to the program by community partners is low or infrequent	69	62	0.339
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	61	58	0.787
Families are not interested in or able to participate in virtual home visiting	65	53	0.104
Short-term staffing issues, including parental or other types of leave or a recent program expansion	31	36	0.602
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	42	39	0.784
Agreement with the following statement[a]			
Year before March 2020			
Our program has strong relationships with other community partners that provide referrals	83	88	0.328
Since March 2020			
Our program has strong relationships with other community partners that provide referrals	76	85	0.137
Sample size	**81**	**185**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.7.E. Accomplishments and Challenges During the COVID-19 Pandemic, by Current Capacity Status

Characteristic	Percentage by current capacity status[a]		p-value	
	At capacity	Under capacity		
Programs that indicated the following was a challenge				
Year before March 2020				
The number of families that were self-referred or that were referred through a family member or friend is low or infrequent		25	29	0.581
The number of families referred to the program by community partners was low or infrequent		39	57	0.008***
Families that enrolled (received a first home visit) did not stay engaged for as long as our program intends		50	51	1.000
Short-term staffing issues, including parental or other types of leave or a recent program expansion		12	25	0.020**
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures		27	44	0.012**
Since March 2020				
Family or staff have concerns about health and safety due to COVID-19		56	70	0.030**
The number of families that are self-referred or that are referred through a family member or friend is low or infrequent		39	44	0.500
The number of families referred to the program by community partners is low or infrequent		51	75	0.000***
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends		57	61	0.624
Families are not interested in or able to participate in virtual home visiting		49	62	0.059*
Short-term staffing issues, including parental or other types of leave or a recent program expansion		31	38	0.305
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures		31	46	0.019**
Agreement with the following statement[b]				
Year before March 2020				
Our program has strong relationships with other community partners that provide referrals		91	83	0.122
Since March 2020				
Our program has strong relationships with other community partners that provide referrals		94	73	0.000***

Characteristic	Percentage by current capacity status[a]		*p*-value
	At capacity	Under capacity	
Sample size	118	132	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Under capacity is defined as a program serving less than 85 percent of the number of families the program is able to serve when operating at capacity.

[b] Respondents were asked to indicate whether they agree or disagree with each statement.

Exhibit E.7.F. Accomplishments and Challenges During the COVID-19 Pandemic, by Program Organizational Type

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Programs that indicated the following was a challenge						
Year before March 2020						
The number of families that were self-referred or that were referred through a family member or friend is low or infrequent	38	21	18	23	27	[0.343]
The number of families referred to the program by community partners was low or infrequent	53	63	29	52	40	0.119
Families that enrolled (received a first home visit) did not stay engaged for as long as our program intends	50	58	36	52	47	0.551
Short-term staffing issues, including parental or other types of leave or a recent program expansion	15	5	39	20	13	[0.038]**
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	38	16	39	39	40	0.409
Since March 2020						
Family or staff have concerns about health and safety due to COVID-19	52	63	65	64	79	0.470
The number of families that are self-referred or that are referred through a family member or friend is low or infrequent	45	47	35	41	29	0.751
The number of families referred to the program by community partners is low or infrequent	67	68	45	72	57	[0.080]*

Characteristic	Percentage by organizational type					p-value
	Government health department or agency	Government education department or agency	Health care organization	Community-based nonprofit	Tribal organization	
Families that enroll (receive a first home visit) do not stay engaged for as long as our program intends	60	68	45	60	43	0.359
Families are not interested in or able to participate in virtual home visiting	48	68	55	59	36	0.281
Short-term staffing issues, including parental or other types of leave or a recent program expansion	52	26	39	30	29	[0.092]*
Staff turnover issues, including retaining home visitors and hiring and training of new home visitors to replace staff departures	38	26	42	46	36	0.500
Agreement with the following statement[a]						
Year before March 2020						
Our program has strong relationships with other community partners that provide referrals	86	85	94	87	86	0.851
Since March 2020						
Our program has strong relationships with other community partners that provide referrals	79	85	87	82	71	0.745
Sample size	**45**	**20**	**33**	**126**	**16**	

Source: Calculations based on the FLASH-V web survey data.

Note: *** indicates p < 0.01, ** p < 0.05, * p < 0.10.

To assess differences between groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

The maximum sample size has been displayed; however, sample sizes may vary depending on a specific measure's data source and the frequency of missing values within that data source.

[a] Respondents were asked to indicate whether they agree or disagree with each statement.