HEALTH RESOURCES AND SERVICES ADMINISTRATION

ASSESSING AND DESCRIBING PRACTICE TRANSITIONS AMONG EVIDENCE-BASED HOME VISITING PROGRAMS IN RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY (ADAPT-HV)

VIRTUAL SERVICE DELIVERY MODE EXPECTATION SETTING

SEPTEMBER 2024

This document was prepared for the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), by The Policy & Research Group, with subcontract to Mathematica, under HRSA contract number 75R60220D00004.

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PURPOSE

The COVID-19 Public Health Emergency (PHE) drastically impacted the needs of families and societal norms for in-person interactions. In response, many home visiting programs adjusted their practices to better serve families, such as shifting to virtual home visits and setting expectations with families to appropriately tailor services in response to new circumstances they faced during the pandemic. These shifts in service delivery and practice have presented challenges but also opportunities for innovation in how home visiting programs operate to address families' health, education, and other needs. They also presented opportunities to innovate how home visiting programs engage and deliver services to families.

The goal of the Assessing and Describing Practice Transitions Among Evidence-Based Home Visiting Programs in Response to the COVID-19 Public Health Emergency (ADAPT-HV) project is to identify, develop, study, and disseminate evidence-informed strategies and resources that home visiting programs can use to strengthen home visiting services, and, ultimately, achieve better outcomes for children and families. The study team is conducting this project on behalf of the *Health Resources and Services Administration* (HRSA), and in collaboration with the *Office of Planning, Research, and Evaluation* (OPRE) in the *Administration for Children and Families* (ACF).

As part of ADAPT-HV, the study team first conducted an environmental scan to identify practice changes in home visiting and related social support programs implemented in response to the COVID-19 PHE. The practice changes they identified fell into five categories: service delivery modality, visit delivery and implementation, visit content, staffing practices and patterns, and family reach. The ADAPT-HV team identified these practice changes, supported by existing evidence that varied in amount and strength, as showing potential for further testing and implementation.

Box 1. Key Terms

Rapid-cycle learning (RCL): an iterative process in which data on short-term outcomes are collected and used repeatedly to refine a strategy until co-created goals are met

Learning cycle: one iteration of a RCL process

Practice change: the change adopted by home visiting programs during the COVID-19 PHE that was identified and selected from the ADAPT-HV project's environmental scan

Strategy: the specific ways home visiting programs implemented the practice change that will be identified in the co-definition stage of the RCL framework

Refinements: changes or modifications to the implementation of the strategies, or the strategies themselves, based on lessons learned during the learning cycles

Expectation setting: the practice of establishing a common understanding between the family and home visitor of how services may be appropriately tailored to a family's circumstance that will help promote their active participation and engagement, increase effectiveness of services received, and improve overall family satisfaction and retention

Program administrators: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Tribal MIECHV grant awardees and administrators with expertise in social service program delivery

Program: a local implementing agency (LIA) that delivers home visiting to families; program staff include managers, supervisors, home visitors, and support staff

Home visitors: individuals who conduct home visits with families; in some cases, the study team uses the term "provider" to refer to both home visitors and other types of service providers

Family: caregiving structures, which can include a single parent and one child or a unit of multiple caregivers and children; the study team uses this term rather than "parents" to be inclusive of diverse caregiving structures

This memo presents a study design examining how home visitors set expectations with families about the mode of service delivery (i.e., virtual, hybrid, in person). It is intended to help practitioners and policymakers understand the expectation-setting strategies implemented by home visitors for virtual service delivery, which promote families' active participation, engagement, satisfaction, and retention. It also describes how this practice change and associated strategies can be tested more broadly in home visiting programs. The study design presented in this memo can be implemented and achieve actionable findings for home visiting programs within approximately 10 months.

MOTIVATIONS FOR THE EXPECTATION-SETTING STUDY DESIGN

The COVID-19 PHE presented the need for home visiting programs to adjust services to meet families' needs, goals, and availability. Initially, some programs switched to virtual service delivery to adhere to social distancing guidelines and other restrictions imposed by states and localities after the onset of the PHE. As restrictions eased over time, some programs continued to offer flexibility to families in the delivery mode of home visits (i.e., virtual, hybrid, or in person). Providing this flexibility is one way that programs and home visitors have been able to match their services to families' needs and preferences. Although this flexibility may be beneficial for promoting families' active participation, satisfaction, and retention, these adjustments must fall within a program's capacity and maintain the standards and requirements of the evidence-based home visiting model that they implement. Setting expectations with families about service provision and engagement allows programs and families to have a common understanding about what, when, and how many services and interactions will occur, as well as what is expected for those involved. In this way, programs can help appropriately tailor services to a family's circumstances within the parameters of the model as well as the capacity of the home visitor and program.

To date, there is limited knowledge about how current home visiting programs have implemented strategies to set expectations with families about virtual and hybrid service delivery, including the extent to which a family is expected to engage in the program given a particular service delivery mode, visit frequency and length, and the mix of virtual and in-person visits that are possible. Emerging evidence indicates that some programs have piloted the practice of expectation setting by having home visitors engage families in planning a home visit beforehand and co-creating strategies to address challenges experienced during the home visit.[1, 2, 3] Understanding more about the strategies that home visitors used or are using to set service delivery and engagement expectations when tailoring services to a family's circumstance, how these strategies can be implemented, and how families perceive these strategies will provide information that home visiting programs can use to inform programming moving forward.

Early evidence also indicates that programs use reflective supervision and trainings (on topics such as how to communicate such expectations with families) to support home visitors implementing the practice of expectation setting. However, new practices such as expectation setting and providing appropriate support for implementation also have the potential to add burden to home visitors' workloads and increase the likelihood of burnout among program staff.[4, 5] It is important to understand how programs can sustainably build capacity for program staff to effectively tailor services to family contexts.

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[1] Rapid Response – Virtual Home Visiting Collaborative. (2020). *Engaging families in virtual visits: A protective factors' approach* [Webinar]. https://rrvhv.earlyimpactva.org/webinar/engaging-families-in-virtual-visits-a-protective-factors-approach

[2] Chazan-Cohen, R., Fisk, E., Ginsberg, I., Gordon, A., Green, B. L., Kappesser, K., Lau, S., Ordonez-Rojas, D., Perry, D. F., Reid, D., Rodriguez, L., & Tomkunas, A. (2021). *Parents' experiences with remote home visiting and infant mental health programs during COVID-19: Important lessons for future service delivery*. Perigee Fund. https://perigeefund.org/wp-content/uploads/2021/10/ParentVoices-FullReport-English.pdf

[3] Bultinck, E., Falletta, K., Stoeppelwerth, P., Crowne, S. S., & Hegseth, D. (2022). *Understanding the needs of ParentChild+ staff and families during the COVID-19 pandemic*. Child Trends. https://doi.org/10.56417/3442g5692k

[4] Parent 1, ADAPT-HV information gathering call, March 2, 2023.

[5] See footnote 3.

RESEARCH QUESTIONS AND STUDY DESIGN

RESEARCH QUESTIONS

The purpose of this study is to better understand how home visiting programs can engage in expectation setting with families about virtual service provision and engagement when tailoring services for families. Specifically, the study is designed to address three primary research questions and several secondary questions:

1. **For virtual service delivery, how do home visiting programs set expectations with families about service provision and engagement?**
    a. What are program, home visitor, and family expectations around service provision and engagement with services? How do programs and families communicate expectations to facilitate a common understanding?
    b. How do expectations vary among programs offering hybrid service delivery, and compared to those offering in-person only service delivery?
    c. Do home visitors' strategies differ when setting expectations virtually or in person?
    d. How, if at all, does training or guidance for expectation setting differ for virtual versus in-person settings?
    e. What programmatic, community, and family contexts serve as facilitators and barriers to the implementation of these strategies?
2. **How can programs improve strategies for setting expectations around virtual service provision and engagement?**
    a. What facilitated implementation of these strategies? What were the barriers to implementation?
    b. What refinements would make these implementation strategies scalable within or across programs?
    c. Do the refinements improve implementation? What further refinements are needed?
3. **How can strategies for setting expectations around virtual home visits promote family engagement and satisfaction with home visiting programs?**
    a. What improvements to family satisfaction do program staff see are a result of implementing these strategies?
    b. What improvements to family engagement do program staff see are a result of implementing these strategies?

STUDY DESIGN

Drawing on the principles of co-definition, implementation science, and iterative improvement processes, the study team will address the three primary research questions through a formative RCL framework.[6] Using a RCL framework provides an opportunity to identify expectation-setting strategies, then improve and deliver them as defined strategies that can be scaled across other programs and contexts (see Box 2).

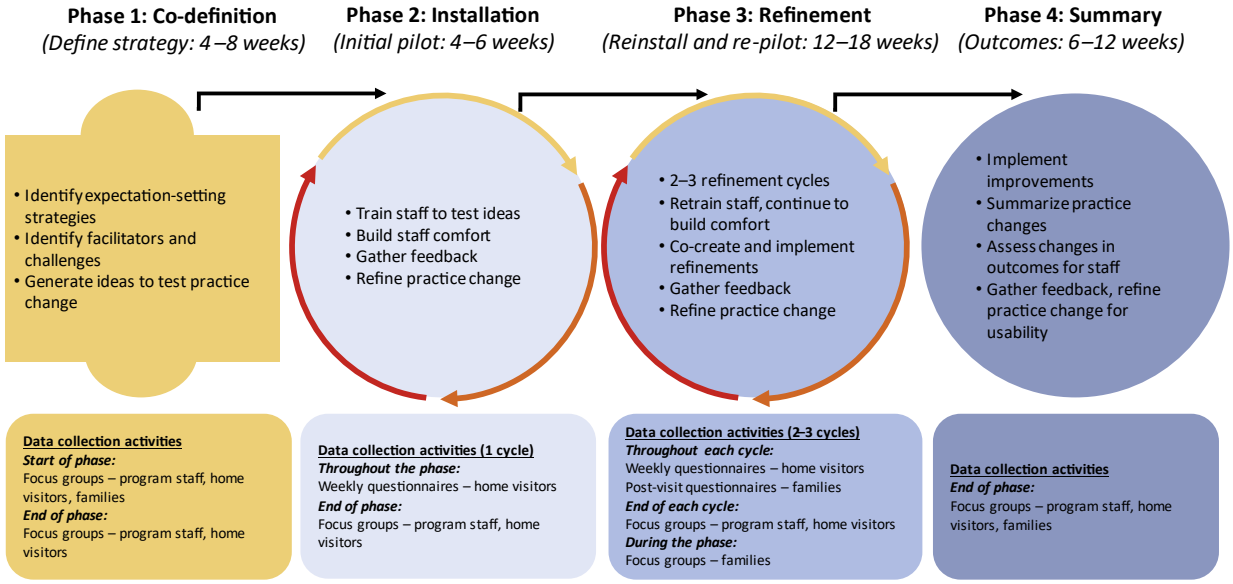
Box 2. Opportunities When Scaling Study Findings

Expanding the iterative findings from this study to larger samples and more diverse contexts could enable further investigation into:

- How expectation-setting strategies function across different family characteristics and contexts, and how they can be culturally responsive
- Variation in expectations about home visiting models, programs, contexts, and families
- Effective large-scale implementation and translation of these strategies

Drawing upon the environmental scan and best practices within the implementation science field, the study will identify and test strategies to strengthen programs in an analytic, evidence-informed, and sustainable way, through four phases described below and summarized in Figure 1.[7] The study's data collection period reflects the expected timing and frequency of when this strategy occurs throughout service receipt.

Figure 1. Illustrative Example of Co-definition Phase and Learning Cycles



Note: "Program staff" includes home visitors. Participant characteristic questionnaire will occur at the end of each focus group.

CO-DEFINITION PHASE (4 TO 8 WEEKS)

The goals of the **co-definition phase** are to: (1) define the explicit expectations that home visitors believe will help promote families' active participation and engagement; (2) understand families' initial expectations about virtual services prior to engaging with home visitors; (3) understand how home

[6] Derr, M., Person, A., & McCay, J. (2017, December). *Learn, innovate, improve (LI²): Enhancing programs and improving lives*. Mathematica. https://www.acf.hhs.gov/sites/default/files/documents/opre/li2_brief_final_b508.pdf

[7] Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, *4*(1), 50. https://doi.org/10.1186/1748-5908-4-50

visitors have used strategies for setting expectations around virtual service provision and engagement with families (Research Question 1); (4) have participating sites prioritize and select an expectation-setting strategy (or strategies) to implement; and (5) define, with each site, the context, type, and purpose of the engagement strategy they will implement during Phase 2.

During the **co-definition phase**, the study team will work closely with program staff (i.e., program managers, supervisors, and home visitors) at each selected site to identify and define the strategy they will test. For example, strategies to test may include discussion scripts for home visitors to use when setting expectations with caregivers, or guidance for home visitors about how to involve caregivers in planning home visits. First, the study team will hold focus groups with program staff (one per site) to identify and understand the strategies they are using or intend to use to set expectations with families around virtual service provision and engagement, including the challenges and facilitators to implementing these strategies. Next, the study team will conduct family focus groups (one per site) to gather information on their awareness of, satisfaction with, and perception of the utility of the strategies. The phase will conclude with follow-up program staff focus groups (one per site) to co-define strategies to test (see Appendix A for sample focus group topics). During the follow-up focus groups with program staff, the study team will share lessons from the initial program staff focus group and family focus groups, as well as relevant findings from the environmental scan and best practices from the implementation science field. Through this process, the study team will work with each site to select a strategy to test that builds on their existing practices but further refines and standardizes the strategy.

In order to capture sufficient and appropriate data from both the program staff and families being served, the study team will also work with sites to understand the best data collection approach, sample, frequency, and timing that would align with their selected strategy, and adjust content in the questionnaire as needed. For example, if a site chooses a strategy that focuses only on a specific period of service delivery (such as the recruitment, enrollment, or goal-setting period), the study team would ensure that data collection occurred during that period to capture sufficient data from both the program staff and families being served.[8]

INSTALLATION AND INITIAL PILOT PHASE (4 TO 6 WEEKS)

The goals of the **installation and initial pilot phase** are to: (1) implement the expectation-setting strategies selected in the **co-definition phase**; (2) gather implementation data and program staff feedback on the strategies as initially defined; and (3) identify refinements that might improve implementation of the selected expectation-setting strategies at the sites.

This phase focuses on understanding how to initially implement identified changes or modifications to each program's selected strategy (or strategies). This information will be gathered through a brief, weekly or biweekly home visitor questionnaire and through program staff focus groups at the end of the phase (see Appendix A).[9] The questionnaires will provide contemporaneous feedback on how the strategies were implemented and their perceived utility. The focus group will provide time for reflection on the questionnaire data, identification of potential refinements, and agreement on refinements to be tested in the next phase.

[8] Other examples of modifications include adjusting the frequency of questionnaire completion to align with a strategy's expected occurrence, increasing the sample of families surveyed for strategies that are less frequent, or adjusting data collection to be on-demand.

[9] Or other appropriate data collection approach or frequency as described in the **co-definition phase**.

REFINEMENT PHASE (12 TO 18 WEEKS)

Following the **installation phase** are two or three cycles of strategy refinement.[10] The goals of this phase are to: (1) implement the refinements to strategies identified at each site (identified refinements come from the **installation and initial pilot phase** and potentially the first cycle of this phase); (2) gather implementation data and program staff and family feedback on the refinements; and (3) assess perceived improvements in the implementation of expectation-setting strategies resulting from refinements (Research Question 2).

Similar to the **installation phase**, each four-week cycle continues to use (1) weekly or biweekly brief home visitor questionnaires and (2) program staff focus groups at the conclusion of the cycle to gather rapid formative feedback on implementation successes and barriers, review the data collected during the learning cycle, and select refinements to test in the next cycle.

During each cycle, families will also be asked to respond to brief post-visit questionnaires describing their perceptions of how the strategy was implemented (see Appendix A). As with the home visitor questionnaire, the study team will take the timing and frequency of an expectation-setting strategy into account when working with sites during the **co-definition phase** to determine the most appropriate sample and frequency for administering the questionnaire and adjust questionnaire content as needed. For example, if an expectation-setting strategy only occurred during the onboarding period of service receipt, families would only be surveyed during that point in time, and the total number of families surveyed could be increased. Alternatively, if a strategy was only expected to occur on an ad hoc basis, or a very limited number of times during a study period, data collection could be adjusted to be on-demand.

SUMMARY PHASE (6 TO 12 WEEKS)

The **summary phase** focuses on reviewing and assessing overall implementation and process outcomes collected during the previous phases. The goals of this final phase are to: (1) assess the perceived potential of expectation-setting strategies to improve service delivery and promote family engagement and family satisfaction with home visiting programs (Research Question 3); and (2) summarize the strategy in its most useful form based on the iterative testing and the perceived potential of the strategy (or strategies) to improve home visiting services. In this phase, the study team will hold another program staff focus group, during which they will ask participants to identify lessons learned from the **refinement phase** and discuss the rapid-cycle findings. The study team will also hold a final set of focus groups with families who have received services and experienced the implemented strategies to discuss awareness of, satisfaction with, and perception of the utility of the strategies.

STUDY DESIGN LIMITATIONS AND PROPOSED SOLUTIONS

It may be difficult to identify and recruit programs that have the interest and capacity to participate in a RCL study. To address this, the study team built several months into the study design timeline to identify potential study sites four to six months before the start of study enrollment. The study team will build flexibility in the eligibility criteria as needed, such as the extent that a site has implemented expectation-setting strategies, while also balancing the feasibility of implementing measurable changes within the study timeline. To minimize burden on program staff and participants, the study design incorporates

[10] The number and duration of refinement cycles can be modified depending on the needs and contexts of participating sites and their chosen strategies. For example, researchers could choose to implement additional refinement cycles to accommodate additional tests and refinements, or modify the length of cycles depending on the frequency or scale of strategies being tested. As cycles progress, it is also possible that the topics and focus of cycles may change to fit any evolving contexts.

small-scale and iterative testing with small sample sizes and short data collection periods. The study team will tailor the procedures to reduce burden on site staff. When recommending data sources, the study team will be cognizant of the burden participation in research can place on programs and participants, and will work closely with programs to ensure the methods build on existing processes and data.

It may be difficult to measure constructs over short periods of time in a single learning cycle due to how the practice change is implemented. For example, home visitors may discuss strategies for setting expectations around virtual service provision and engagement primarily during recruitment, enrollment, or goal setting. They could then revisit the discussions periodically throughout the service delivery period or in response to family changes (such as transitions to work or school), or after identifying new goals. The use of expectation setting around virtual service provision and engagement may also depend on home visitor style and their relationship with families. To address this issue, the study team will focus on recruiting program sites with large service areas to increase the likelihood of families beginning services during each learning cycle. The study team will also use the **co-definition phase** to identify and better understand aspects of strategies that home visitors find successful (such as frequency and timing of discussions with families about expectation setting), and co-define measures that are achievable and measurable over each learning cycle. Finally, the study team will work with programs during the **installation phase** to try to standardize those strategies and data collection periods in a way that can be measurable over the course of each learning cycle.

By using a co-creative approach, a strength of this study design is that the study team can work with home visitors to tailor strategies in response to the needs and contextual factors of a specific program and family. However, this may also mean that applicability of certain strategies for setting expectations around virtual service provision and engagement will vary depending on the home visiting models and/or other characteristics of the programs. The definitions and applications of expectation setting may also vary across sites, with inconsistent terminology across home visitors and families. To address this variability, the study team will explicitly define the adaptations and contextual factors that the study responded to when framing the findings, so that future programs can examine their own contexts and pursue appropriate strategies.

DATA COLLECTION PLAN

SITE IDENTIFICATION AND RECRUITMENT

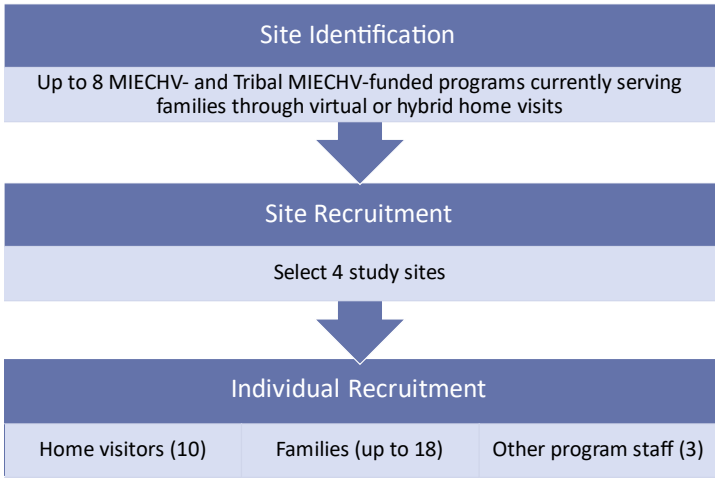
The study team will follow a staged process to identify and recruit LIAs to participate in ADAPT-HV.[11]

[11] The number of participating LIAs can vary, if researchers can ensure that sufficient data are available for meaningful analysis of implementation changes. Typically, to keep the RCL process nimble, efficient, and iterative, studies first engage with a small subset of one to five sites, and may gradually expand to additional sites as needed. These additional sites can adjust and refine any iterative findings to better fit their circumstances, and explore different levels of analyses (e.g., simultaneously exploring implementation across different contexts, or increasing the number of strategies being tested throughout a study).

SITE IDENTIFICATION

Before the program site recruitment phase, the study team will identify up to eight MIECHV- and Tribal MIECHV-funded home visiting program sites that implement or are interested in implementing expectation-setting strategies. Identifying a larger number of sites initially than the study team ultimately recruits will allow us to account for sites that are unable to join the study. The study team expects some variation in the stages of strategy implementation among the identified program sites. These sites will still be considered eligible to participate in the study. For example, programs may already be systematically implementing an explicit strategy, initially testing implementation of potential strategies, implementing a strategy within a subset of home visitors, or implementing strategies informally or on an ad hoc basis. The study team will work closely with federal partners to identify potential program sites.

Figure 2. Site Identification and Recruitment Process



After identifying six to eight program sites, the study team will prioritize sites for outreach. Prioritization characteristics, aimed at recruiting diverse sites, may include geographic location, program size, home visiting model, child age ranges of eligible families, and community-level race and ethnicity makeup.

SITE RECRUITMENT

The study team will contact home visiting program administrators to select four study sites. The first recruitment step will be a phone call with site-level program directors. Study staff will follow a 60-minute screening protocol to confirm the LIA's eligibility and assess the program's willingness and capacity to participate in the study (see Appendix A for sample screening protocol topics). To facilitate conversations during this step, the study team will create easy-to-understand information sheets to help communicate what would be asked of the site, and potential benefits of participating to the site and the families they serve. The study team will offer an honorarium to any program that participates in the initial eligibility discussion, regardless of whether they agree to participate and/or are selected as a study site.

Once the study team has selected programs and they have agreed to participate, they will work with site-level leadership to complete a study agreement that lays out roles and responsibilities. Sites will receive an honorarium for participation in the full study, including the participation of staff in data collection and assistance recruiting families. They will receive half of the payment at the start of their participation and the other half after study completion. The study team will work with the director of each participating program to designate a site liaison who will help with individual-level recruitment, coordinating focus groups with program staff, and ongoing data collection efforts.

If a selected program declines to participate, the study team will continue recruitment efforts by contacting the next prioritized site on the approved list. Throughout the site recruitment process, if necessary, the study team will return to the site identification and approval phases to generate more sites to approach for study participation until the study team secures four sites.

INDIVIDUAL RECRUITMENT

The study team will work with each selected site to formalize a recruitment plan for staff and families. Site leadership will select up to three program administrative staff (such as program directors, managers, and supervisors), and their participation will be confirmed during the site recruitment phase and documented in the study agreement. Home visitors will self-select for participation or be recommended by program leadership. To meet a study sample of 5 to 6 family members per focus group, the study team will work with site leadership to recruit up to 18 family members (6 per focus group) with whom home visitors have applied expectation-setting strategies.[12] In cases where a program has not yet implemented any strategies, families that have previously received services will be recruited for focus groups during the co-definition phase to provide their perspective. The study team will conduct outreach using flyers developed by the study team that outline the purpose and benefits of participation. Only one individual from each family may be recruited for focus group participation. Up to 10 home visitors will complete an online form where they provide contact information to study staff for interested family members. Study staff will then contact individuals to schedule data collection activities. To account for different lengths of service receipt and potential study attrition, at least 4 and up to 12 family members will be asked to complete a post-visit form.

The study team will consider criteria to ensure diversity when recruiting home visitors and families, if possible, such as family length of enrollment and frequency of service receipt, and home visitor caseload and use of virtual or hybrid home visiting. During learning cycles, the study team will work with sites to recruit home visitors and families who can appropriately reflect on the relevant implementation strategies and refinements being tested.

In all interactions with families, home visitors, and program staff, the study team will use plain language to describe the studies, their purpose, and the level of effort required by study participants. The study team will offer gift cards as tokens of appreciation for families' participation in the focus groups.

DATA SOURCES

Each phase and learning cycle could use multiple sources of data to assess implementation and the success of the tested expectation-setting strategies that are identified by the program. The study team will work with programs to implement the following data collection opportunities, as appropriate for the strategy being tested.[13] See Appendix A for sample protocol and questionnaire topics.

PROGRAM ELIGIBILITY PROTOCOL

To select the four sites for the study, the study team will conduct recruitment calls with site-level program directors from potential study sites using a 60-minute screening protocol. The study team will collect data to confirm the home visiting program's eligibility; assess the program's willingness to participate; determine their capacity to participate in the study; identify a potential site liaison; and determine strategies to recruit staff and families.

HOME VISITOR LEARNING CYCLE FORM

The study team will ask home visitors to complete brief (15-minute) online questionnaires throughout each learning cycle of the **installation** and **refinement phases**. The questionnaires will measure home visitors' ongoing use of expectation-setting strategies and their perceptions of implementation. Forms

[12] Estimated range of family respondents assumes that families may or may not be available to participate in more than one focus group.

[13] See footnote 8.

will collect data on the frequency, mode, and purpose of expectation-setting strategies; content delivered through mode of service delivery; home visitor self-efficacy; challenges; perception of how expectation-setting strategies affect family satisfaction and engagement with services; and rapport with family. Respondents can use any Wi-Fi-enabled device (e.g., phone, computer, tablet) to complete the form.

FAMILY POST-VISIT FORM

During each learning cycle of the **refinement phase**, home visitors will distribute a brief (three-minute) post-visit self-administered questionnaire to families who received the strategies being tested at the end of a home visit. The questionnaire will measure a family's feedback on implementation of expectation-setting strategies. Targeting families within the caseloads of home visitors who are implementing strategies, rather than across the entire home visiting program, will minimize the site's data collection burden and allow for focused analysis of the implementation changes made to strategies over the course of the study. Forms will collect data on expectation-setting strategies used; mode of contacts; and family satisfaction and engagement with services. The home visitors will provide the questionnaire to families in the form of a self-administered web survey, developed by the study team, via a tablet or laptop. The web survey will include a consent form explaining that home visitors will not have access to any families' responses. To protect confidentiality, home visitors will instruct families to return the tablet or laptop only after they have pressed the "submit" button on the web survey. If they are conducting a virtual visit, the link to the feedback questionnaire will be shared with the family member through the video platform chat or by email/text.

PROGRAM STAFF AND FAMILY FOCUS GROUP LEARNING CYCLE AND SUMMARY PROTOCOLS

The study team will conduct focus groups at several points during the study, drawing upon findings in the environmental scan and best practices in implementation science to develop the discussion topics.[14] The study team will collect demographic information of all focus group participants using a brief (two-minute) questionnaire. During the **co-definition phase**, program staff and family focus groups will provide qualitative information about existing expectation-setting strategies for families, as well as contexts relating to their implementation.

At the end of each learning cycle within the **installation** and **refinement phases**, the study team will conduct focus groups to gather staff perspectives on the overall strategies and refinements tested during each cycle. Specifically, staff focus groups will use a review-reflect-revise approach during these focus groups. They will review and reflect on data gathered from the questionnaire about how they implemented expectation-setting strategies, their perceptions of how strategies are working, and suggestions for improvement. They will then use this information to identify refinements for the next cycle.

During the **refinement phase**, family focus groups will deepen the understanding of their impressions of the services they received and assess how these strategies might have influenced their behaviors and opinions. During the **summary phase**, program staff and family focus groups will be used to reflect on lessons learned about refinements tested across cycles, understand family reactions to those services, and discuss the perceived potential to improve services.

[14] See footnote 7.

DOCUMENTATION REQUEST FORM

In the **co-definition phase**, the study team will use an online form to request documentation from program staff that contains guidance they have received or created on expectation-setting strategies and information about planning for and measuring the success of their expectation-setting strategies. The study team will use these data to help define strategies and suggest updates to guidance documentation based on the lessons learned.

ADMINISTRATIVE DATA

If available, the study team can also collaborate with home visiting program(s) to identify any existing administrative data sources that may be relevant to the study, such as a method of measuring components of family satisfaction and engagement. The study team can use these data to compare families receiving expectation strategies to those who do not (either retrospectively or concurrently, depending on the level of strategy implementation).

Table 1 presents the data collection activities that will help answer each research question.

Table 1. Research Questions and Data Sources

Research Question	Data Source(s)
1. For virtual service delivery, how do home visiting programs set expectations with families about service provision and engagement?	• Home visitor questionnaires • Program staff focus groups • Program-level documentation request • Administrative data request
1a. What are program, home visitor, and family expectations around service provision and engagement with services? How do programs and families communicate expectations to facilitate a common understanding?	• Family questionnaires • Program staff focus groups • Family focus groups
1b. How do expectations vary among programs offering hybrid service delivery, and compared to those offering in-person only service delivery?	• Home visitor questionnaires • Program staff focus groups
1c. How, if at all, does training or guidance for expectation setting differ for virtual versus in-person settings?	• Program staff focus groups • Program-level documentation request
1d. What programmatic, community, and family contexts serve as facilitators and barriers to the implementation of these strategies?	• Family questionnaires • Program staff focus groups • Family focus groups
2. How can programs improve strategies for setting expectations around virtual service provision and engagement?	• Home visitor questionnaires • Program staff focus groups • Administrative data request
2a. What facilitated implementation of these strategies? What were the barriers to implementation?	• Home visitor questionnaires • Program staff focus groups
2b. What refinements would make these implementation strategies scalable within or across programs?	• Home visitor questionnaires • Family questionnaires • Program staff focus groups
2c. Do the refinements improve implementation? What further refinements are needed?	• Home visitor questionnaires • Program staff focus groups

Table 1. Research Questions and Data Sources (Continued)

Research Question	Data Source(s)
3. How can strategies for setting expectations around virtual home visits promote family engagement and satisfaction with home visiting programs?	• Home visitor questionnaires • Family questionnaires • Program staff focus groups • Family focus groups • Administrative data request
3a. What improvements to family satisfaction do program staff see are a result of implementing these strategies?	• Program staff focus groups
3b. What improvements to family engagement do program staff see are a result of implementing these strategies?	• Program staff focus groups

Note: Program staff focus groups may include managers, supervisors, and home visitors.

PRIMARY DATA COLLECTION ACTIVITIES

Table 2 summarizes the primary data collection plan activities. Appendix A provides an illustrative list of sample topics, constructs or measures, and items that the proposed quantitative and qualitative data collection instruments may include.

Table 2. Summary of Data Collection Activities

Instrument	Phase	Respondent, Content, Purpose of Collection	Mode	Duration and Frequency
Program Eligibility Protocol	Recruitment Phase	**Respondents:** Program director **Estimated number of respondents per site:** 1–2 **Estimated number of respondents across all programs:** 4–8 **Content:** Program eligibility, interest, and capacity to participate in study **Purpose:** Prepare the program to sign a Memorandum of Understanding and develop plans for formative evaluation	Phone, or virtual meeting platform	60 minutes (once)
Program Staff Focus Group Protocol	Co-definition Phase	**Respondent:** Program staff (e.g., director, managers, supervisors, and home visitors) **Estimated number of respondents per site:** 6 **Estimated number of respondents across all programs:** 24 **Content:** Guidance on expectation-setting strategies for service delivery mode(s), facilitators of and challenges to implementation, family and community contexts, home visitor self-efficacy, participant characteristics (race/ethnicity, tenure in position, tenure with agency, enrollment capacity, actual enrollment staff capacity, race/ethnicity of families served) **Purpose:** Understand the strategies that have been implemented to establish expectations around service delivery mode, implementation successes and challenges	In-person, phone, or virtual meeting platform	90 minutes (twice)
Documentation Request Form	Co-definition Phase	**Respondent:** Program staff (e.g., director, managers, supervisors) **Estimated number of respondents per site:** 1 **Estimated number of respondents across all programs:** 4 **Content:** Guidance on service delivery mode expectation-setting strategies, information about planning for and measuring the success of those strategies to promote family engagement and satisfaction **Purpose:** Monitor factors and outcomes related to the strategies	Web-based	20 minutes (once)

Table 2. Summary of Data Collection Activities (Continued)

Instrument	Phase	Respondent, Content, Purpose of Collection	Mode	Duration and Frequency
Family Focus Group Protocol	Co-definition, Refinement, and Summary Phases	**Respondent:** Families **Estimated number of respondents per site:** 5–18[15] **Estimated number of respondents across all programs:** 20–72 **Content:** Awareness of, satisfaction with, and perceived utility of service delivery mode expectation setting; family needs and contexts; participant characteristics (parent and child gender identity, ages, race/ethnicity of parent, participation/number of home visiting sessions attended, how long they have been receiving services) **Purpose:** Understand families' initial expectations about service delivery, impressions of how service delivery mode expectations are established and maintained during the services they received over the study, perceptions of how they work, and suggestions for improvement	Phone or virtual meeting platform	60 minutes (once per phase)
Program Staff Focus Group Protocol	Installation and Refinement Phases	**Respondent:** Program staff and home visitors **Estimated number of respondents per site:** 6 **Estimated number of respondents across all programs:** 24 **Content:** Use of service delivery mode expectation-setting strategies, perception of family engagement and satisfaction, rapport with family **Purpose:** Understand how staff implement a strategy, their perceptions of how it is working, and suggestions for improvement	Phone or virtual meeting platform	60 minutes (once per cycle)
Home Visitor Learning Cycle Form	Installation and Refinement Phases	**Respondent:** Home visitors **Estimated number of respondents per site:** 10 **Estimated number of respondents across all programs:** 40 **Content:** Use of service delivery mode expectation-setting strategies, mode of content delivery during visits, perception of family engagement and satisfaction, rapport with family **Purpose:** Understand staff use of expectation-setting strategies over each learning cycle	Web-based	15 minutes, semiweekly (3 per cycle)
Family Post-Visit Form	Refinement Phase	**Respondent:** Families **Estimated number of respondents per site:** 4–12 **Estimated number of respondents across all programs:** 16–48 **Content:** Expectation-setting strategies used, mode of content delivery during visits, understanding of home visit expectations, family engagement and satisfaction, rapport with home visitor **Purpose:** Understand impressions of the expectation-setting strategies used for a service delivery mode and of family engagement and satisfaction	Web-based	3 minutes (once per visit)
Program Staff Focus Group Protocol	Summary Phase	**Respondent:** Program staff and home visitors **Estimated number of respondents per site:** 6 **Estimated number of respondents across all programs:** 24 **Content:** Lessons learned and reflection about service delivery mode expectation-setting strategies used throughout learning cycles, home visitor self-efficacy, perceptions of family engagement and satisfaction in relation to the strategies, self-efficacy, rapport with family **Purpose:** Understand type, frequency, and purpose of implementation practices used, perceived potential to improve services	Phone or virtual meeting platform	60 minutes (once)

[15] See footnote 12.

FOCUS GROUPS

Two members of the study team will conduct focus groups via phone or a virtual meeting platform. The study team will have one facilitator and one notetaker from the study team at each session. To encourage a high level of engagement, the study team recommends a maximum of six participants in each focus group. At the beginning of each session, the facilitator will explain to participants the purpose of the study, their privacy rights, and that their participation in the study is voluntary. If participants consent to be recorded, the study team will record each focus group. The recordings will be transcribed. The recordings and transcriptions will only be shared within the study team and will be destroyed at the conclusion of the study. Families who participate in focus groups will receive a gift card after the session.

QUESTIONNAIRES

After each focus group, the study team will administer the two-minute web-based *Focus Group Participant Characteristics Form* via email to participating families, home visitors, and program administrative staff. Home visitors will complete the 15-minute *Home Visitor Learning Cycle Form* on a semiweekly basis during each learning cycle. Home visitors will request families complete a self-administered three-minute *Family Post-Visit Form* at the end of each visit during learning cycles. The study team will provide paper versions of the questionnaires if web-based data collection is not possible.

EXTANT DATA COLLECTION (ADMINISTRATIVE DOCUMENTS)

DOCUMENTATION REQUEST

The study team will seek to obtain and review written materials from programs to document how system-level requirements influence expectation-setting strategies. At the end of the program staff focus groups, the study team will use the *Documentation Request Form* to request any relevant written materials programs have from model developers that guide their program practice related to service delivery mode expectation-setting strategies. If the study team is unable to request available administrative documents during the program staff focus group, they will request documents from LIA program staff that are relevant to expectation-setting strategies by email. The study team will also obtain relevant materials from the MIECHV or Tribal MIECHV programs via a web search when applicable. The study team will review document contents to collect more information on how the strategies were implemented in the home visiting program.

DATA QUALITY

For consistent data collection, the study team will develop appropriate processes for each data collection activity. For all questionnaires, the study team will develop web-based survey response criteria. For example, the study team will have numeric range restrictions on questions about caseload, age, and program start and end dates, among others. The study team will also implement skip patterns to ask respondents only the most relevant questions.

All facilitators and notetakers leading the focus groups will be trained by the ADAPT-HV study team. The study team will meet regularly during the data collection period to support ongoing training. For instance, the team will revisit the intent of questions or tips to help elicit on-track responses. The study team will train study team members to review each type of administrative material received from the program, using a standardized checklist to satisfy the goals of each document request and support consistent extraction of administrative information.

OFFICE OF MANAGEMENT AND BUDGET AND INSTITUTIONAL REVIEW BOARD APPROVAL

The study team will begin developing study instruments at least 10 months before the start of data collection, to account for the time needed to obtain Office of Management and Budget (OMB) and Institutional Review Board (IRB) approval. The study team will seek approval to provide tokens of appreciation to study participants, including site payments. Where required, the study team will obtain consent from participants for data collection activities. Early in the site recruitment process the study team will determine if a potential study site has a local IRB process that needs to be factored into the planning process.

INTERESTED PARTY ENGAGEMENT

The study team will engage interested parties (including program administrators, home visitors, subject matter experts, family representatives, and model developers) to provide feedback on several aspects of the study design and implementation.

As the study team develops focus group protocols, they will gather input from program staff, home visitors, and home visiting families through the advisory boards developed for this study. This will provide a valuable opportunity to ensure that the questions are easy to understand and based on the real-world operations or actions of programs, home visitors, and families. If an insufficient number of home visiting programs are identified during the recruitment phase through expert recommendations, the study team will ask model developers to identify sites that use service delivery mode expectation-setting strategies. Program implementers, program administrators, and model developers in the interested party group will be asked to provide feedback on the study approach and feasibility of changes or refinements being tested throughout the learning cycle process.

Learning from subject matter experts who have studied similar research questions about expectation setting and successfully recruited LIAs and home visiting families will be particularly valuable. During the recruitment phase, the study team will ask subject matter experts to help identify and nominate home visiting program sites currently using expectation setting with families. Understanding how the themes and findings align with existing research, practice, and policy will help us to frame this study's findings in a larger context and help to confirm the interpretations of the data.

ANALYSIS PLAN

Throughout the study, the study team will assess the installation of strategies, refinements to strategies, and changes in proximal outcomes. The study team will work with programs to identify indicators and set benchmarks for the success of a strategy based on both: (1) data from the previous learning cycle, when available; and (2) programming goals, such as family satisfaction or home visitor self-efficacy. Throughout each learning cycle, the study team will meet with program staff to discuss progress, identify challenges and barriers, monitor data (such as home visitor self-efficacy or family satisfaction), and refine the strategy as necessary. Next, the study team discusses these analysis steps for all types of data.

QUESTIONNAIRE DATA

In collaboration with the programs, the study team will collect and analyze data regularly to examine whether strategies are affecting implementation or proximal outcomes. When analyzing quantitative questionnaire data, such as from a *Home Visitor Learning Cycle Form*, the study team will use simple

descriptive statistics and cross tabulations to assess sample size, characteristics, response rates, and data quality.

FOCUS GROUPS

After collecting data during each learning cycle, the study team will complete a multistep process through which the study team prepares data for analysis; extracts topics and themes from each source; and summarizes themes and findings. The study team will use a professional service to transcribe all recorded conversations. After transcriptions are complete, interviewers will review the transcripts for accuracy and completeness. As needed, they will use the recording and their notes to fill in any information the transcriptionist omitted or miswrote because of a recording's inaudibility.

To analyze qualitative data, the study team will develop and apply a coding scheme to identify common themes across topics or respondent types. The codes will be based on topics from the research questions, data collection instruments, and input from data collectors. For example, the study team will review the focus group protocols to identify potential codes, as the protocol questions reflect topics of interest relevant to the research questions. During the co-definition phase of the study, the study team will use these codes to develop a codebook to promote coder reliability. A senior qualitative researcher will review the codebook. The study team will use the finalized codebook during each learning cycle to complete a two-step analytic process encompassing primary coding of transcripts and secondary analysis of transcript and document review data. A senior qualitative researcher will oversee these processes to ensure reliable coding and theme generation.

After each round of data collection, the study team will use a deductive approach to code all focus group transcripts, extract key ideas about each coded excerpt, and group data thematically for analysis. During the analysis, coders will read output for various codes and summarize any high-level theme(s) about individual codes or groups or pairs of codes.

SUMMARY OF THEMES AND FINDINGS

Following each learning cycle, the study team will share findings with program staff, such as summary statistics from a learning cycle form, or initial themes identified during the analysis of focus group data. Then, as described above, the study team will facilitate a discussion with program staff about interpreting the data and determining next steps. Based on the discussion, programs could: (1) adjust the strategy based on their experience and test the version of the strategy in the next cycle; (2) identify another emerging challenge to address in the next learning cycle; or (3) potentially implement the strategy with new staff at sites that are interested in scaling up the strategies within their program.

At the end of study, the study team will summarize high-level themes identified across learning cycles and sites, and share summative findings with program staff (including home visitors) and federal partners, such as themes and recommendations identified through data collection activities and analysis. Findings will be shared in a summative report, as well as through other dissemination methods. The study team will craft a dissemination plan that includes outreach to program staff and families. For example, summative findings and recommendations could be adapted into a shorter and more accessible brief or fact sheet, or into presentation format. The summative report will also serve as the basis for other dissemination products (such as conference presentations, manuscripts, and web-based products) that can inform practice, policy, technical assistance, and future research.

ESTIMATED TIMELINE

Table 3 presents the key tasks within the proposed study schedule.

Table 3. Estimated Timeline for Study Activities

		Year 1						Year 2						Year 3			
Task		1	3	5	7	9	11	1	3	5	7	9	11	1	3	5	7
3	Interested party engagement																
5	Study design and OMB																
	OMB clearance																
	IRB																
6	Conduct research study																
6.1	Site identification																
6.2	Site and individual recruitment																
6.3	Data collection																
6.4	Progress reports																
7	Analysis and reports																
8	Dissemination																

APPENDIX A. SAMPLE DATA COLLECTION TOPICS AND QUESTIONS

Tables A.1 and A.2 provide illustrative lists of sample topics, constructs or measures, and items that the proposed quantitative and qualitative data collection instruments may include.

Table A.1. Sample Topics, Constructs or Measures, and Items for Learning Cycle Forms

Instrument	Topic	Key Constructs	Sample Items
Home Visitor Learning Cycle Form	Strategy implementation	• Expectation-setting strategies used • Challenges • Home visitor self-efficacy	• How well do you think you understand families' needs and interest when setting expectations around service delivery mode for home visits this week? • What types of strategies did you use this week to set expectations around the service delivery mode of the home visit?
	Service delivery	• Number of families served • Home visiting model • Mode of delivery • Child and family characteristics	• What service delivery modes did you use this week?
	Family engagement and satisfaction	• Family engagement and satisfaction • Home visitor rapport	• On a scale of 1 to 5 (1 being not at all engaged and 5 being very engaged), how engaged have families been during home visits this week? • What were the biggest challenges for you this week to keep to the expectations you set around service delivery mode? • How would you describe the overall level of rapport you have had with families in this learning cycle?
Family Post-Visit Form	Strategy implementation	• Satisfaction with expectation-setting strategies used • Overall visit satisfaction	• How well did the home visitor keep to the expectations you set together about the way you receive services? • Do you think setting expectations about the way you receive services enhanced the quality of your visit? • How satisfied are you overall with this home visit?

Table A.2. Sample Topics, Items, and Probes for Focus Groups

Instrument	Topic	Sample Items	Sample Probes
Program Staff Focus Group Protocol – co-definition phase	Guidance	• Do you have any guidance for home visitors on strategies for setting service delivery mode expectations?	• What guidance documents are provided to your program, such as from local, state, or funding agencies, or by home visiting model developers?
	Family and community contexts	• Are there any cultural or community contexts of the families you typically serve that influence the mode of service delivery? • What feedback do families have about whether or how expectation setting enhances their home visits?	• How do you collect this feedback? • What strategies did you use to minimize the challenges related to setting service delivery mode expectations?
	Implementation and challenges	• What strategies does your program use to set service delivery mode expectations with families? • What challenges has your program experienced with setting expectations around service delivery mode? • How and why did your program begin setting service delivery mode expectations?	• What are key topics you discuss with families when setting service delivery mode expectations? • Does setting expectations around service delivery mode present any challenges that you feel might influence family participation? • Does expectation setting present any challenges that you feel might influence a home visitor's workload?
	Self-efficacy	• Do you feel that you are able to set expectations around service delivery mode with families?	• What has made it particularly difficult to effectively set expectations with families around service delivery mode? • Could you tell me more about why you do or do not feel confident to set expectations with families around service delivery mode?
Program Staff Focus Group Protocol – learning cycles (installation and refinement phases)	Implementation strategies progress	• What strategies have been effective setting expectations with families around service delivery mode?	• What strategies have worked to help communicate these expectations?
	Perceptions of child and family engagement and participation	• Have you and a family ever had different understandings about the expectations you set together? How did this affect the home visit? • Do you think expectation setting enhanced families' experience with the program?	
	Suggestions for improvement	• What barriers or challenges have come up when trying to set expectations around service delivery mode? • What suggestions do you have for how to improve the strategies you've been using?	• Any other ideas on changes or strategies that you could try to improve setting expectations around service delivery mode?
Family Focus Group Protocol – co-definition and summary phases	Family contexts and needs Experience and perception of services	• Describe your recent experiences when it comes to setting expectations with your home visitor. • Tell me about a time when you and a family had different expectations around service delivery. How did this affect the home visit? • What do you like and not like about these expectations?	• Do you feel like the home visitor understands your families' needs when setting expectations about the way you receive services? • What does your home visitor say when setting expectations?

Table A.2. Sample Topics, Items, and Probes for Focus Groups (Continued)

Instrument	Topic	Sample Items	Sample Probes
Program Staff Focus Group Protocol – summary phase	Lessons learned	• What expectation-setting strategies around service delivery mode do you feel have been the most successful to implement? • What challenges have you faced when implementing these strategies?	
	Home visitor self-efficacy	• On a scale of 1 to 5 (1 being not at all confident and 5 being very confident), how confident are you that you are able to set expectations with families around service delivery mode?	• How do you feel the strategies that you tested affected your confidence to set expectations with families around service delivery mode?