CHILD & FAMILY
RESEARCH PARTNERSHIP
THE UNIVERSITY OF TEXAS AT AUSTIN
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Texas Home Visiting:

ASSESSING EARLY EXPERIENCES OF COVID-19 STUDY

Final Report

Executive Summary

The Texas Department of Family and Protective Services (DFPS) Prevention and Early Intervention (PEI) Division receives formula grant funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to oversee the implementation of Texas Home Visiting programs (THV). Grantees funded through PEI implement evidence-based home visiting services, build comprehensive early childhood systems, and enhance service delivery through training, data collection, and evaluation activities.

On March 13, Texas Governor Greg Abbott issued a disaster proclamation for the state of Texas in response to the health and safety concerns associated with the COVID-19 pandemic. Soon after, Governor Abbott implemented social distancing guidelines and limited in-person work and gatherings. As a result, home visiting programs across the state shifted suddenly and almost exclusively to a virtual service delivery model. PEI contracted with Dr. Cynthia Osborne and the Child and Family Research Partnership (CFRP) at the LBJ School of Public Affairs at The University of Texas at Austin to conduct a study of 30 MIECHV-funded home visiting programs in Texas during the COVID-19 pandemic to examine the changes in delivery of services and the evolving needs of Texas families and home visiting providers. CFRP hosted a series of focus groups with home visitors and other home visiting staff and sent out surveys to both home visitors and program leads who were currently implementing either the NFP, PAT, or HIPPY program models.

Our findings show that THV families commonly experienced stress and anxiety and needed support to meet their basic needs during the pandemic. Additionally, home visitors encountered challenges with recruiting new families, keeping families engaged, and adapting and providing services in the virtual environment, highlighting the importance of in-person services. Despite these challenges, home visitors found that overall, most THV families adapted well to virtual

services. During this time, programs also made innovations in data entry and service delivery methods that may inform future practices. Specifically, we find:

Family Needs and Experience

1) THV families often needed support during the COVID-19 pandemic to meet their basic needs, including food and housing, and commonly experienced increased stress and anxiety.
2) Home visitors found common reasons why some THV families struggled to stay engaged in home visiting during the pandemic, including because families did not have the tools needed for virtual home visits, did not know how to use video conferencing, or could no longer prioritize home visiting among other demands and new challenges.

Home Visitor Needs and Experience

3) Most home visitors across the state were concerned about the health-risks associated with returning to in-person home visits and faced several common challenges, such as school closures, loss of household income, and difficulty maintaining a healthy work-life balance.
4) A minority of home visitors did not have access to stable Wi-Fi, printers, laptops, and activity materials while working remotely and reported purchasing new supplies using their own funds or using personal supplies.

Changes in Service Delivery

5) Almost all home visitors switched to conducting all home visits virtually in response to the pandemic and continued to provide virtual services through the summer using a variety of modalities across their caseload, including video calls, phone calls, email, and text.
6) Programs generally found the guidance that program models and PEI provided on transitioning to virtual services helpful. However, three key areas in which programs requested more support include adjusting the program's finances to meet virtual service delivery needs, setting consistent assessment timelines and expectations, and identifying domestic violence and mental health concerns remotely.
7) More than half of programs reported that enrolling new families is more difficult since the pandemic started. As a result, most programs changed their primary recruitment strategy, with new strategies varying by program model.

Advantages and Disadvantages of Virtual Service Delivery

8) Most home visitors struggled to conduct assessments when delivering services virtually.
9) Though home visitors often found the transition to virtual services smooth with existing families, they reported that engaging with and building relationships with new families virtually is an ongoing challenge.
10) Though home visitors felt confident in their ability to provide high-quality services virtually, they acknowledged limitations to identifying and addressing health and safety concerns among approximately one-fourth of THV families and all NFP families.

11) Most home visitors found that THV families adapted well to virtual services and for some families, virtual service delivery improved home visitors' ability to connect with the family; key reasons included that it was less stressful to not have someone outside the family in their home and virtual visits provided more scheduling flexibility.

Innovations of Virtual Service Delivery

12) Home visitors reported that, in the future, a blended approach of in-person and virtual services after the pandemic would benefit families by providing more scheduling flexibility.
13) Two home visiting programs emphasized the benefits of changing data entry to allow home visitors to directly enter data into their case management system during visits instead of using paper forms.

Implications

Moving forward, opportunities for home visiting programs, PEI, and the state and national program model offices include:

1) Supporting home visitors while they are working remotely to avoid burnout and ensure they are equipped with the tools and knowledge to provide services virtually,
2) Seeking ways to support families to maintain engagement in home visiting,
3) Defining clear expectations around budget flexibility and conducting assessments,
4) Collaborating to meet recruitment and enrollment goals, and
5) Identifying and implementing service delivery methods that best address the needs of THV families and home visiting programs during and after the pandemic.

Background and Introduction

The multi-layer approach of the Texas Home Visiting (THV) Program includes both evidence-based home visiting services and the coordination of community coalitions that aim to build comprehensive systems of support for Texas families. The Texas Department of Family and Protective Services (DFPS) Prevention and Early Intervention (PEI) Division receives continued formula grant funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to continue leveraging state and federal funds to accomplish the following goals:

1. Effectively implement evidence-based home visiting services;
2. Build comprehensive early childhood systems; and
3. Enhance service delivery through training, data collection, and evaluation activities.

MIECHV formula and expansion state funds support strategically identified communities across all parts of the state. To best meet their localized needs, each community implements a unique combination of evidence-based home visiting program models from the following options: Nurse Family Partnership (NFP), Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY), Family Connects, and Healthy Families America (HFA).[1]

Home visiting traditionally relies on a strong, trusting relationship between a caregiver and professional or paraprofessional home visitor developed during regular in-home sessions to promote positive child and family outcomes among vulnerable families. However, over the course of 2020, the typical service delivery changed drastically to protect the health and safety of both THV families and home visitors as a result of the COVID-19 pandemic.

On January 20, 2020, the Centers for Disease Control and Prevention diagnosed the first case of COVID-19 in the United States.[2] Nearly two months later, on March 11, the World Health Organization declared COVID-19 a pandemic.[3] Two days later, Texas Governor Greg Abbott issued a disaster proclamation for the entire state of Texas in response to the COVID-19 pandemic, and shortly after, issued Executive Order GA-08 limiting social gatherings, closing schools, prohibiting the use of dine-in services and gyms, and visitation in retirement homes or long-term care facilities. The Governor also encouraged individuals who were able to work from home to do so

[1] Because Family Connects and HFA are implemented in only a few sites, we focus the study on PAT, HIPPY, and NFP.
[2] Harcourt, J., Tamin, A., Lu, X., Kamili, S., Sakthivel, S. K., Murray, J., et al. (2020). Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States. Emerging Infectious Diseases, 26(6), 1266-1273. https://dx.doi.org/10.3201/eid2606.200516.
[3] World Health Organization. (2020). Timeline: WHO's COVID-19 response. Retreived from https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#!

at this time. On March 30, 2020, the Governor further expanded restrictions with Executive Order GA-14. The Executive Order implemented stay-at-home orders that limited all in-person activities to essential services only. These restrictions remained in place until April 30, 2020.[4] As a result of the orders implemented by Texas Governor Greg Abbott in response to the health and safety concerns associated with COVID-19, home visiting programs across the state shifted suddenly and almost exclusively to a virtual service delivery model.

PEI contracted with Dr. Cynthia Osborne and the Child and Family Research Partnership (CFRP) at the LBJ School of Public Affairs at The University of Texas at Austin to conduct a study of MIECHV-funded home visiting services in Texas during the COVID-19 pandemic to examine the changes in delivery of services and the evolving needs of Texas families and home visiting providers.

We used a mixed methods approach to address the four main research aims of this study:

1) Assess how the needs of home visitors and the families they serve changed during the COVID-19 pandemic,
2) Assess how home visiting services changed as a result of the COVID-19 pandemic,
3) Assess challenges and successes for families and home visitors resulting from service delivery changes associated with the COVID-19 pandemic, and
4) Assess the lessons learned for long-term service delivery.

This brief presents our final findings based on survey data collected from home visitors and program leads as well as data collected during eight focus groups with home visiting staff. In the following section we outline our methodology, including our data collection procedures, sample, and analytic approach. We then present our key findings and conclusion.

Methodology

Data Collection

CFRP collected original data from program leads and home visitors from the 30 MIECHV-funded Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY), and Nurse-Family Partnership (NFP) programs in Texas.

CFRP developed two original surveys for the study. CFRP designed the first survey to collect data from one program lead per site to gather program-level data on how local providers adapted service delivery to a virtual environment, changes in enrollment, challenges the programs experienced, and lessons learned during the COVID-19 pandemic that can inform innovations in

[4] Office of the Texas Governor, Greg Abbott. (2020). Coronavirus Executive Orders, Funding and Waivers. Retrieved from https://gov.texas.gov/coronavirus-executive-orders.

how programs provide services in the future. The second survey CFRP designed collected data from home visitors to learn more about their experience providing home visiting services during the COVID-19 pandemic to inform future home visiting services and to better understand the needs and challenges home visitors and the families they serve experience during the pandemic. Home visitors completed their survey between July 15, 2020 and August 5, 2020, and program leads completed their survey between July 15, 2020 and August 12, 2020.

In addition to the program lead and home visitor surveys, CFRP held a series of focus groups to collect data from home visitors and other program staff. We began qualitative data collection by dedicating between 10 to 20 minutes to discussing the effects of the COVID-19 pandemic on home visiting services and families at the end of each of five virtual focus groups in May and June 2020 that we previously scheduled for another research project. Each of these focus groups included home visiting staff from lead grantee and subcontracting organizations from one home visiting site, including leadership, administrative, and direct service staff. Our goals were to learn more about the initial experiences of home visitors and supervisors during the COVID-19 pandemic to inform the survey design; gain a baseline understanding of the methods used by home visiting programs to adapt services to a virtual environment; and learn about the challenges home visitors encountered while providing virtual services. Fifty-one home visitors and supervisors participated in the preliminary focus groups.

To discuss the experiences of providing home visiting services during the COVID-19 pandemic in more detail, CFRP also conducted three virtual focus groups, one with home visitors from each of the three program models on August 5, 2020 (NFP) and August 6, 2020 (PAT and HIPPY). Each focus group lasted 1.5 hours and focused on six topics:

1) Changes to home visiting service delivery since the pandemic started,
2) Families' experience adapting to virtual home visits,
3) Changes to family needs during the pandemic and how programs are meeting these needs,
4) How programs are maintaining their caseloads during the pandemic,
5) Challenges and innovations of providing services in a virtual environment, and
6) Sustainability of the current model of service delivery and lessons for long-term service delivery.

Focus group and survey data collection occurred relatively early in the pandemic. As the COVID-19 pandemic and corresponding social and economic challenges continue across the state and country, we do not know to what extent the circumstances reflected in our findings remain true, or whether things are better or worse for families presently.

Study Sample

Surveys

CFRP distributed surveys to program leads across 30 MIECHV-funded programs and 151 home visitors.[5] We provide a comprehensive list of the home visiting programs included in the study in the Appendix (Appendix A, Table 1). CFRP received surveys from 104 home visitors (69% response rate) and 29 program leads (97% response rate), as shown in Table 1. We provide a description of the demographic characteristics of the home visitor sample in Table 2 and the program lead sample in Table 3.

Table 1. Final Survey Sample and Response Rate

Program Model	Program Leads	Home Visitors
PAT	14 (93%)	46 (68%)
HIPPY	8 (100%)	36 (71%)
NFP	7 (100%)	22 (69%)
Total	**29 (97%)**	**104 (69%)**

**CFRP sent out two additional program lead surveys to a second lead at Dallas ISD HIPPY and Any Baby Can PAT for a total of 32 surveys distributed. For programs that completed more than one survey, CFRP dropped the survey that was less complete, or when both surveys were complete, received last.*

[5] CFRP sent surveys to a total of 160 home visitors. However, seven emails bounced back and two home visitors were no longer employed at their home visiting program.

Table 2. Demographic Characteristics of Home Visitors in the Survey Sample

Home Visitor Demographic Characteristics				
	PAT (n=46)	HIPPY (n=36)	NFP (n=22)	Total (N=104)
Age				
18-24 years old	4.3%	8.3%	0.0%	4.8%
25-34 years old	39.1%	22.2%	40.9%	33.7%
35-44 years old	26.1%	41.7%	27.3%	31.7%
45-54 years old	21.7%	19.4%	22.7%	21.2%
55-64 years old	6.5%	8.3%	9.1%	7.7%
65 years old or older	2.2%	0.0%	0.0%	1%
Gender				
Female	89.1%	100.0%	100.0%	95.2%
Male	4.3%	0.0%	0.0%	1.9%
Missing	6.5%	0.0%	0.0%	2.9%
Race/ethnicity				
Hispanic (any race)	80.4%	72.2%	31.8%	67.3%
White (non-Hispanic)	13.0%	25.0%	54.5%	26.0%
Black (non-Hispanic)	2.2%	2.8%	9.1%	3.8%
Other race (non-Hispanic)	0.0%	0.0%	4.5%	1.0%
Missing	4.3%	0.0%	0.0%	1.9%
Experience Working as a Home Visitor				
Less than 3 months	0.0%	0.0%	0.0%	0.0%
3 months to less than 6 months	4.3%	5.6%	4.5%	4.8%
6 months to less than 1 year	17.4%	8.3%	18.2%	14.4%
1 year to less than 2 years	17.4%	8.3%	13.6%	13.5%
More than 2 years	60.9%	77.8%	63.6%	67.3%
Caseload Language				
Primarily in English	28.3%	50.0%	86.4%	48.1%
Primarily in Spanish	34.8%	22.2%	0.0%	23.1%
An equal combination of both English and Spanish	37.0%	27.8%	13.6%	28.8%

Table 3. Demographic Characteristics of Program Leads in the Survey Sample

Program Lead Demographic Characteristics				
	PAT (n=14)	**HIPPY (n=8)**	**NFP (n=7)**	**Total (N=29)**
Age				
18-24 years old	0	1	0	1
25-34 years old	6	3	3	12
35-44 years old	6	3	3	12
45-54 years old	1	1	1	3
55-64 years old	1	0	0	1
65 years old or older	0	0	0	0
Gender				
Female	12	8	7	27
Male	2	0	0	2
Race/ethnicity				
Hispanic (any race)	7	6	2	15
White (non-Hispanic)	4	2	3	9
Black (non-Hispanic)	3	0	1	4
Other race (non-Hispanic)	0	0	0	0
Missing	0	0	1	1
Experience Working as a Supervisor				
Less than 3 months	0	0	2	2
3 months to less than 6 months	0	0	1	1
6 months to less than 1 year	2	1	0	3
1 year to less than 2 years	5	3	0	8
More than 2 years	7	4	4	15

**Note: We present frequencies instead of proportions because the number of program leads is too small to report meaningful proportions, (n=29).*

Focus Groups

CFRP invited all home visitors who completed their home visitor survey by August 5, 2020 to participate in the three August focus groups. In total, 28 home visitors expressed interest in participating in the focus groups. CFRP screened home visitors interested in participating for diversity across geographic location, caseload language, race/ethnicity, and age before confirming their participation. Table 4 presents home visitor participation in the May/June preliminary focus groups and August program model focus groups.

Table 4. Focus Group Participants

Program Model	Number of Participants in May/June Focus Groups*	Number of Participants in August Focus Groups
PAT	27	8
HIPPY	19	6
NFP	16	5
Total	**51**	**19**

**Total does not equal to 51 because some home visiting staff represented more than one program model. We included two participants that represented Family Connects in the total, but they are not included in the breakdown by program model.*

Analytic Approach

The primary purpose of the analyses is to understand how home visiting practices shifted in response to the pandemic and the types of flexibility and support that home visitors and families need. Below, we describe our analytic approach to address the research aims.

Surveys

CFRP cleaned and analyzed program lead and home visitor survey data downloaded from Qualtrics using the statistical software Stata. To address our research aims of understanding changes to home visiting services and learning about challenges encountered and innovations tried during the pandemic, we conducted descriptive analyses of the survey data with a focus on understanding patterns in responses by program model, as well as across other key home visitor and program characteristics, such as whether results are similar across home visitors who tend to serve clients in English and Spanish.

Focus Groups

To learn more about the experience of home visitors and the families that they served since the COVID-19 pandemic started, CFRP used the qualitative coding software MAXQDA to code the eight focus group transcripts using a coding schema that we developed based on the research aims of the study. After we coded the transcripts, we identified the key themes from the qualitative data and examined the themes in combination with the descriptive survey results to determine our findings.

Findings

Since the COVID-19 pandemic began in mid-March, THV families and home visitors have faced various changes to their home and work life. Overall, home visitors reported that they adapted well to the virtual environment and were confident in their ability to serve families during this time, despite numerous challenges along the way. The experiences, challenges, and opportunities that home visitors and program leads shared with us about delivering services during the first five months of the COVID-19 pandemic centered on five key topics: 1) family needs and experience, 2) home visitor needs and experience, 3) changes in service delivery, 4) advantages and disadvantages of virtual service delivery, and 5) innovations to service delivery.

Family Needs and Experience

Finding 1: THV families often needed support during the COVID-19 pandemic to meet their basic needs, including food and housing, and commonly experienced increased stress and anxiety.

Families throughout the country are facing new challenges because of the COVID-19 pandemic and the effect of the pandemic on child care, schools, jobs, and healthcare. THV families are no exception to these challenges, and in fact, many struggled to provide basic necessities for their families. Most home visitors were more concerned about housing instability, food insecurity, and economic insecurity among the families they served during the pandemic than they were before the pandemic (Figure 1).

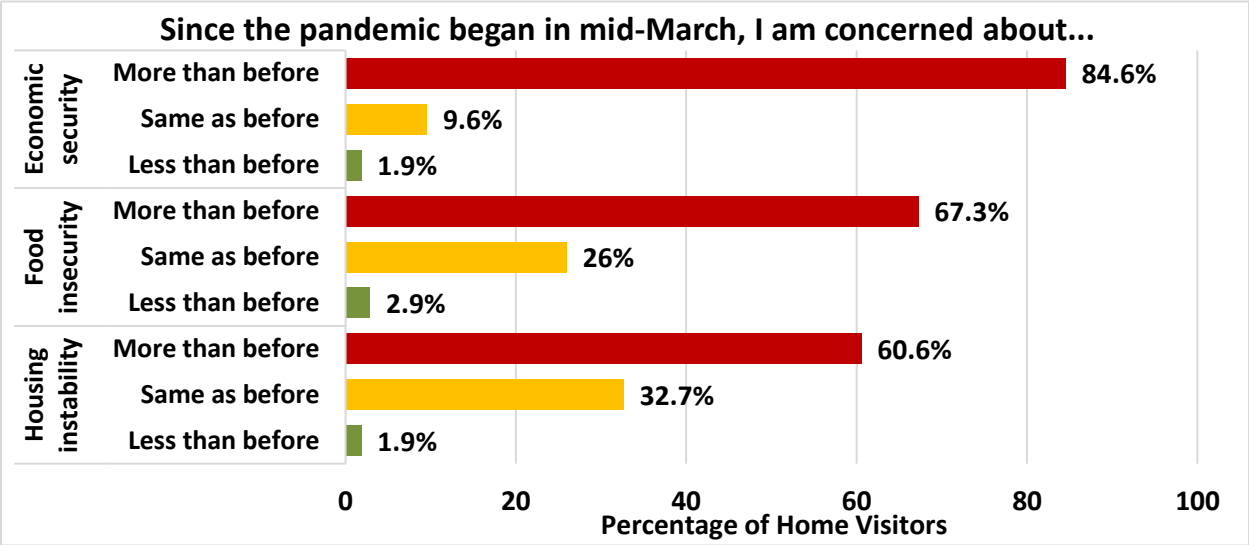
"For some of my families that were furloughed, either one parent or both parents, it came down to making sure the kids had food."
- HIPPY home visitor

As many THV families experienced a loss of household income during the shutdown, nearly all home visitors observed an increased in reliance on social safety net resources such as unemployment benefits (84.6%), food stamps/SNAP (76.0%) or other free food resources (83.7%), and/or rental and utility assistance (67.3%), as shown in Figure 2. One PAT home visitor shared, "some of [my families] are [getting] financial assistance because they needed help with rent. I've seen a huge increase in that. We do have some [families] that have the need for food, but a lot of them got that increase in food stamps...so that helped a lot."

Home visitors also reported an increase in reliance on other services such as Medicaid/CHIP (48.1%), WIC (48.1%), TANF (35.6%), and child care subsidies (44.2%) among THV families; however, not as many home visitors saw an increase for these supports compared to unemployment benefits, food stamps/SNAP, and food, rental, and utility assistance.

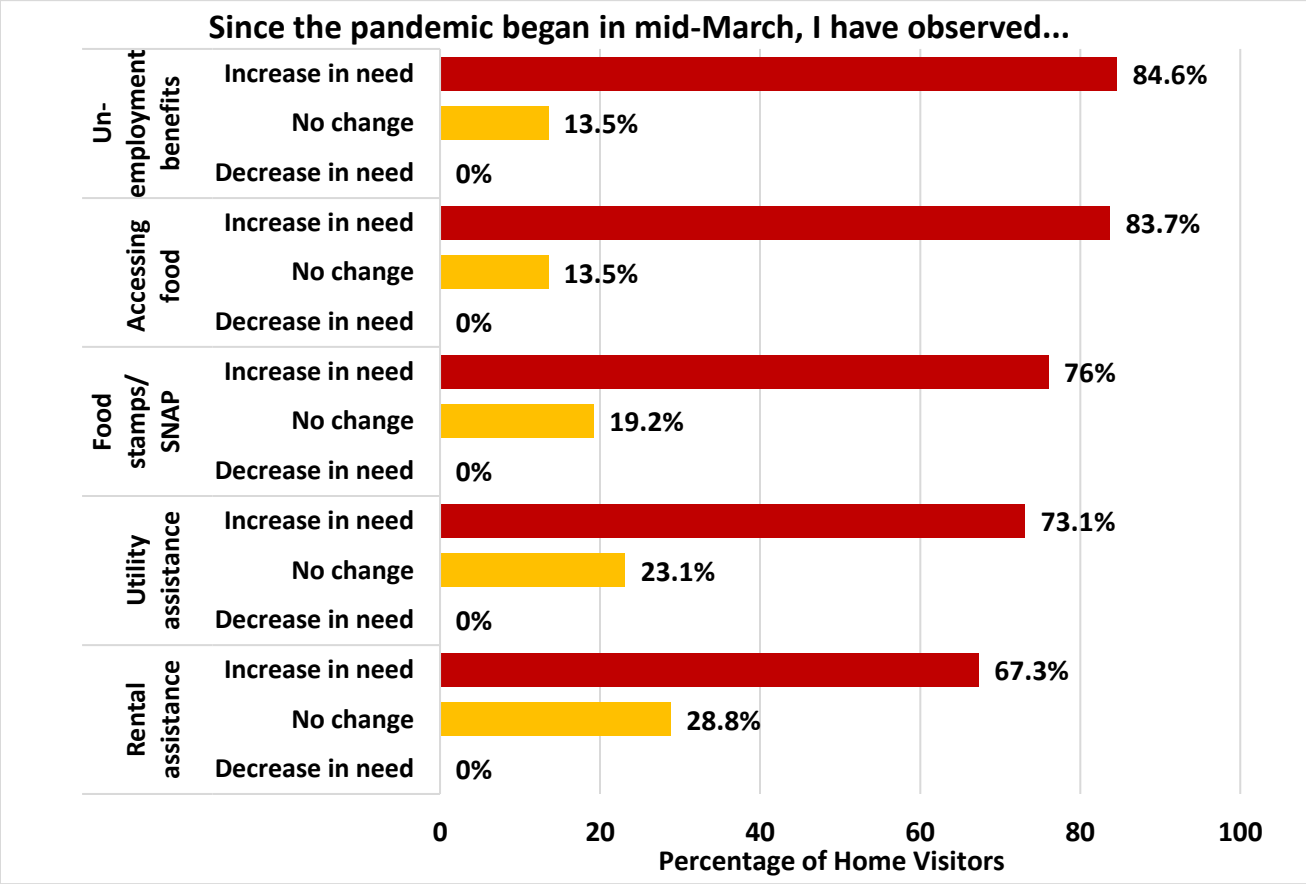
When possible, some home visiting programs provided families with additional support to help THV families meet their basic needs. Programs provided support by giving THV families things such as diapers and gift cards to H-E-B. Some home visiting programs that are a part of their local school district also reported that families received free hotspots and meals from their schools.

Figure 1. Changes in Home Visitor Concerns about THV Families



**Note: N=104. Home visitors were additionally asked about change in concern about access to child care, substance abuse, and domestic violence. Items selected for the graph include items for which home visitors most commonly selected "More than before". Source: Home visitor survey.*

Figure 2. Changes in Needs among THV Families

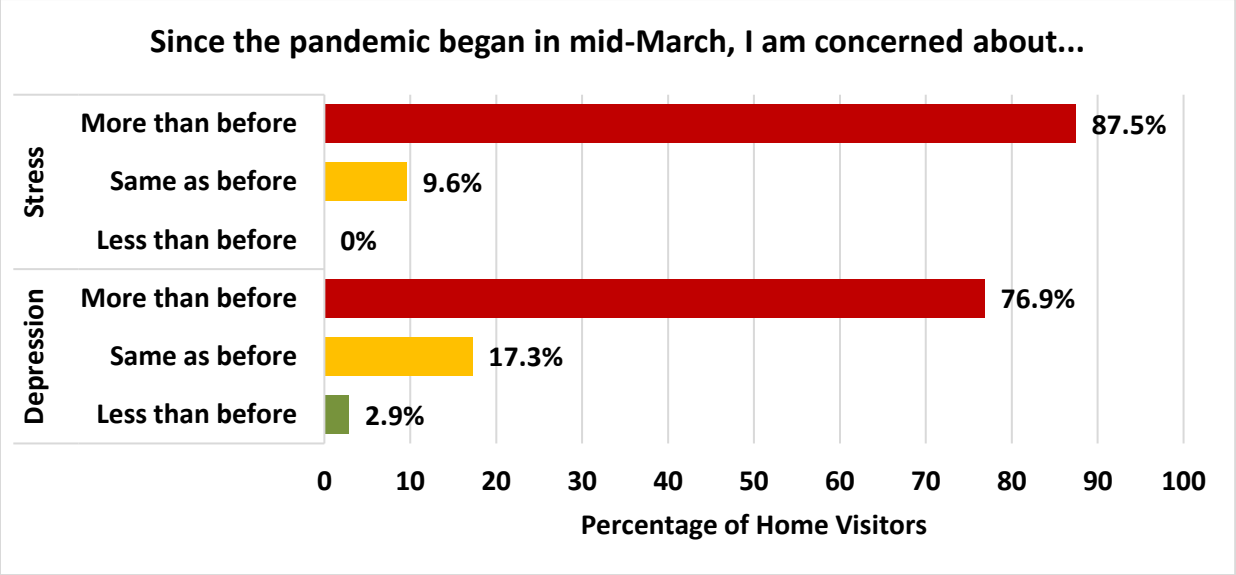


**Note: N=104. Home visitors were additionally asked to assess change in need for Medicaid/CHIP; WIC; TANF; Child Care; and Child Care Subsidies. Items selected for the graph include items for which home visitors most commonly selected "Increase in need." Source: Home visitor survey.*

In addition to struggling to provide for their basic needs, home visitors also worried about increased stress and anxiety in THV families (Figure 3). In fact, when asked to identify the biggest concern for the families that they served on the survey, most home visitors identified mental health as their biggest concern.

Key drivers of increased stress and anxiety included uncertainty related to the pandemic, isolation, and economic insecurity. Child care and school closures were also a top concern leading to stress and anxiety; some parents faced ongoing challenges balancing work and child care while child care centers were closed or operating with reduced hours. Other families worried about keeping their children safe as they returned to school and child care. One HIPPY home visitor highlighted, "everybody's scared and worried. They have this stress. They don't want to send their kids back to school."

Figure 3. Changes in Home Visitor Concerns about Mental Health among THV Families



**Note: N=104. Home visitors were additionally asked about change in concern about access to child care, substance abuse, domestic violence. Items selected for the graph include items for which home visitors most commonly selected "More than before". Source: Home visitor survey.*

Overall, for THV families, the COVID-19 pandemic increased food, housing, and economic insecurity, as well as increased stress and anxiety. In response, families turned to social safety net programs such as SNAP/food stamps and unemployment benefits to meet their basic needs. School districts and home visiting programs also supported families during this time by providing families with gift cards, diapers, meals, and Wi-Fi hotspots to facilitate access to online school.

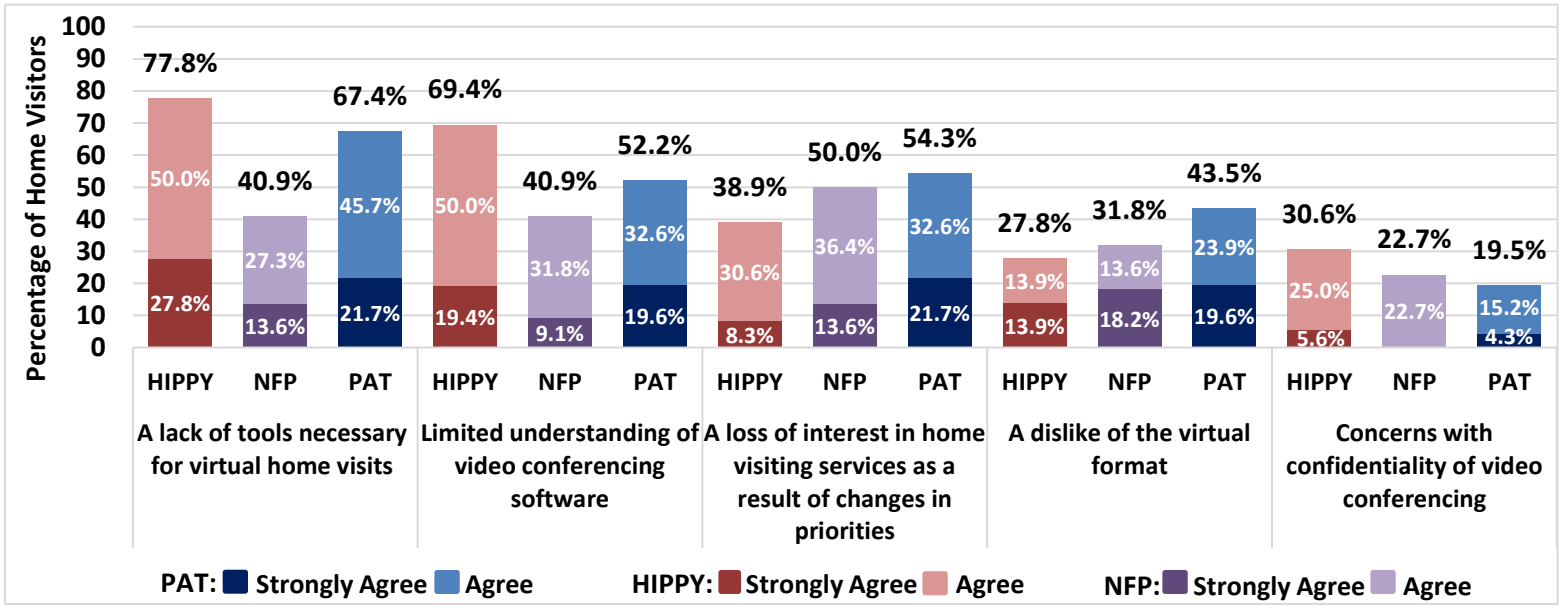
As families continue to struggle through the changes brought on by the pandemic, THV families will need both the emotional and relationship support that home visiting programs provide, as

well as any material support that home visitors can provide or direct families toward to get through this difficult time. These results also indicate that home visitors play an important role in monitoring the families they serve for signs of increased stress, anxiety, or depression to provide extra support or referrals to external services as families need them.

Finding 2: Home visitors found common reasons why some THV families struggled to stay engaged in home visiting during the pandemic, including because families did not have the tools needed for virtual home visits, did not know how to use video conferencing, or could no longer prioritize home visiting among other demands and new challenges.

In addition to changes in child care, school, and employment contributing to increased stress and anxiety among THV families, school closures and changes in employment and child care also made it more difficult for families to remain engaged in their home visiting program. Across all three program models, the effects of school closures and changes in employment and child care resulted in THV families shifting their priorities during the pandemic and engaging less with their home visitors; in fact, among NFP programs, a change in priorities was the most common challenge families faced to staying engaged in home visiting (Figure 4). For some families, home visiting became less of a priority because they had to help children complete school work or take care of multiple children at home. For example, one HIPPY home visitor shared that families "had to put HIPPY on the backburner because they felt like they needed to get the schoolwork done or their kids were going to flunk." For other families, their focus shifted away from home visiting because they found themselves without employment and preoccupied with trying to figure out how to feed their children.

Figure 4. Challenges Families Faced to Engagement in Home Visiting



**Note: N=104. Source: Home visitor survey.*

Among PAT and HIPPY programs, another key reason THV families struggled to stay engaged included that they did not have stable Wi-Fi, computers, or tablets and they had a limited understanding of video conferencing (i.e., Zoom, FaceTime, WhatsApp, Google Meets, Microsoft Teams, etc.) (Figure 4). Often, home visitors instructed families on how to use virtual conferencing software to overcome this challenge; however, a small group of families remained resistant to learning about video conferencing software.

Additionally, though some home visitors noted that families were less engaged because they disliked virtual visits (Figure 4), disliking virtual services was not a main barrier to engagement. Similarly, relatively few home visitors reported that their families were concerned about the confidentiality of video conferencing compared to the other possible challenges. Home visitors may occasionally need to reassure families about security concerns or avoid video conferencing when families feel it is unsafe, however, confidentiality concerns were not a primary barrier to virtual visits, specifically through video conferencing platforms.

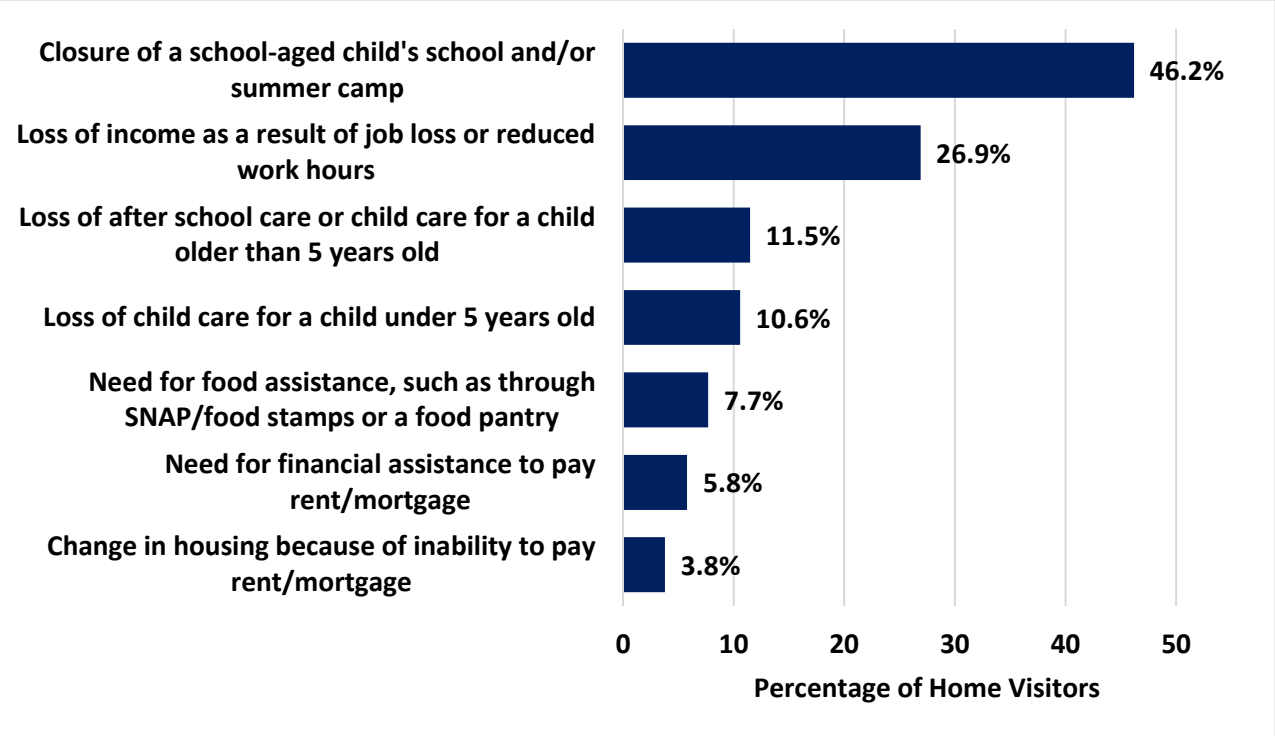
Overall, these results indicate that the most important strategies to maintaining engagement in home visiting include supporting families to meet their basic needs so that they have time and energy for home visiting and ensuring that families have the flexibility, knowledge, and tools to engage virtually.

Home Visitor Needs and Experience

Finding 3: Most home visitors across the state were concerned about the health-risks associated with returning to in-person home visits and faced several common challenges, such as school closures, loss of household income, and difficulty maintaining a healthy work-life balance.

Just as THV families faced new challenges during the pandemic, home visitors also faced challenges and barriers. Approximately 27 percent of home visitors stated that their household lost income as a result of job loss or reduced work hours since the pandemic began. However, the loss of household income did not appear to affect home visitors' access to basic necessities; fewer than 10 home visitors (8%) indicate that they needed financial assistance to pay their rent or mortgage or buy food (Figure 5).

Figure 5. Economic and Educational Challenges Faced by Home Visitors



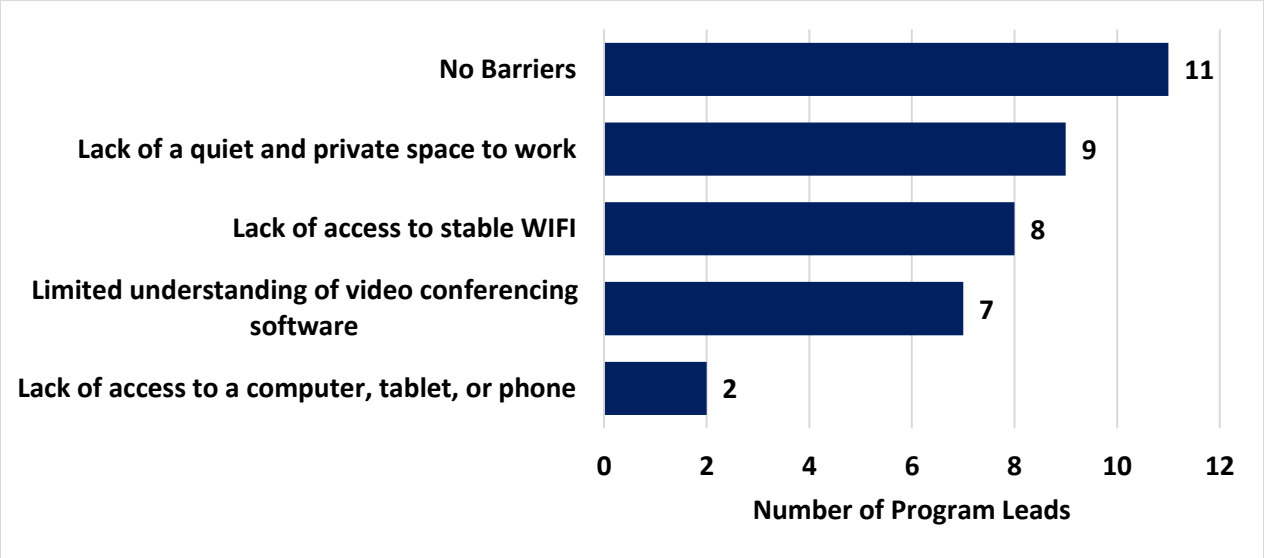
**Note: N=104. Source: Home visitor survey.*

Similar to THV families, home visitors also struggled to balance work and family life during school and child care closures. Approximately 12 percent of home visitors indicated that they lost child care for a child older than five years old, 11 percent lost child care for a child younger than five years old, and 46 percent experienced the closure of a school-aged child's school or summer camp (Figure 5). Child care and school closures, some home visitors highlighted, contributed to

increased feelings of stress among providers and difficulty maintaining a healthy work-life balance. One NFP home visitor shared, "I have some kids at home and so like, it's definitely been hard because like trying to do anything while they're in the background, even when like somebody is watching them, you still hear what's happening. So it's kind of hard to like have work life and family life."

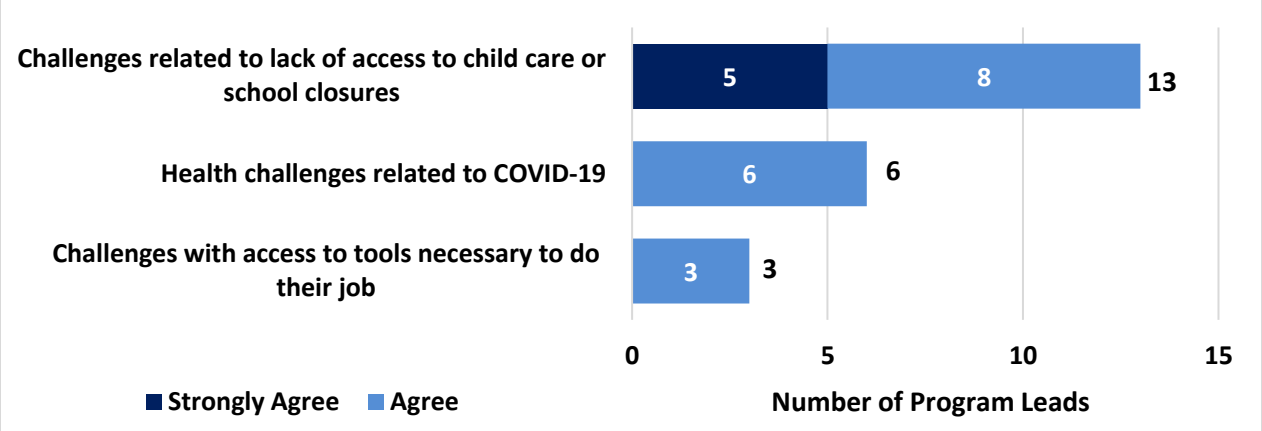
Program leads provided more context on the challenges school and child care closures created for home visitors: nine program leads (out of 29) noted that home visitors in their program faced barriers related to finding a quiet and private place to work (Figure 6) and 13 program leads indicated that lack of access to child care or school closures affected staffing in their program (Figure 7).

Figure 6. Home Visitor Barriers to Serving Families Remotely



**Note: N=29. Source: Program lead survey.*

Figure 7. Home Visitor Challenges Resulting in Interruptions of Staffing



**Note: N=29. Source: Program lead survey.*

Overall, 26 percent of home visitors and ten program leads indicated that they were less able to maintain a work-life balance since the pandemic began (Appendix B, Table 12 and Appendix C, Table 5). In addition to disruptions from children and partners also at home, during the focus groups, home visitors described that THV families sometimes texted or called them in the evenings or on the weekends because of the families' schedules, and home visitors found it difficult to cut off communication with families after five o'clock because home visitors wanted to help their families whenever they reached out. Others mentioned that working at home made it difficult to separate work and family. One home visitor shared, "I think my biggest challenge is I don't feel like I'm ever done for the day...before when we were at the office, I could kind of like, okay, I'm done go home...but not as much now. And even on the weekends, like I feel like if I didn't finish, like there I am trying to catch up on the weekends."

In addition to work-life balance challenges, program leads from seven programs indicated that limited understanding of video conferencing presented another barrier to working from home for some home visitors in their program. Though in focus groups most home visitors felt comfortable with these platforms, survey results indicate that perhaps a small number of home visitors need extra support to confidently use video conferencing software such as Zoom, WhatsApp, FaceTime, Google Meet, and Microsoft Teams (Figure 6).

Despite the challenges they faced while working from home, home visitors were not ready to return to in-person home visits given the health risks associated with COVID-19. Approximately 67 percent of home visitors indicated that they had "a lot" of concern about returning to in-person home visits, with similar results from home visitors who work across the state in different regions (Appendix B, Table 25).

These findings suggest that as home visitors struggle to balance work and family life during the pandemic, it remains important for home visiting programs to support their staff to avoid burnout and additional stress, particularly as staff work remotely and supervisors find it more difficult to identify staff who are stressed or struggling.

Finding 4: A minority of home visitors did not have access to stable Wi-Fi, printers, laptops, and activity materials while working remotely and reported purchasing new supplies using their own funds or using personal supplies.

Though most survey and focus group participants clearly indicated that their home visiting program adequately equipped them to work remotely, home visitors in six programs struggled to access materials required to do their job from home. Most home visitors reported that their program provided them with the materials and equipment that they needed to work from home, however, some home visitors did not receive the necessary support from their program and were responsible for using their own laptop, printer, and/or Wi-Fi for work. Eight program leads also reported that home visitors in their program experienced challenges because the home visitors did not have stable Wi-Fi, as shown in Figure 6, indicating that a lack of adequate technology was also a barrier to virtual service delivery among some home visitors.

Home visitors who had to buy new supplies emphasized that purchasing new resources, such as a printer or additional Wi-Fi bandwidth, was a substantial cost to bear. Home visitors also explained that they felt like they could not support families adequately when they did not have access to the materials necessary for an activity. When working in the home with a family, home visitors can directly show families how to complete the activity. However, when working remotely, home visitors ideally need to have a duplicate set of supplies to model the activity and avoid confusion. For example, one home visitor in a PAT program stated,

> *For the parent educators and the home visitors, we need to be provided the specific materials, laptops, the internet hotspots, things of that nature and the materials for the activities. Not only for the parents, but for us too...We have some at the office that we can go get, but that's not enough for 10 parent educators to go do the activities. We're not all going to be doing the same activity, but still, we have one set of things and not three sets of things. And so...we go to the office to go pick up the toys and then come back or just do the stuff that we have. Like, we've been improvising. But I really truly believe that we need materials in our home to be able to do an effective visit with the families...it's hard to show the family how to interact with this toy or this activity if we don't have it ourselves.*

Overall, our results indicate that most home visiting programs equipped staff with the resources, including technology and supplies, needed to transition to virtual service delivery. However, some home visitors did not have what they needed or used personal resources to do their job remotely, indicating variation in procedures for transition to remote service delivery across programs or possible miscommunication among staff at different levels of home visiting programs about procedures for obtaining needed supplies for remote service delivery.

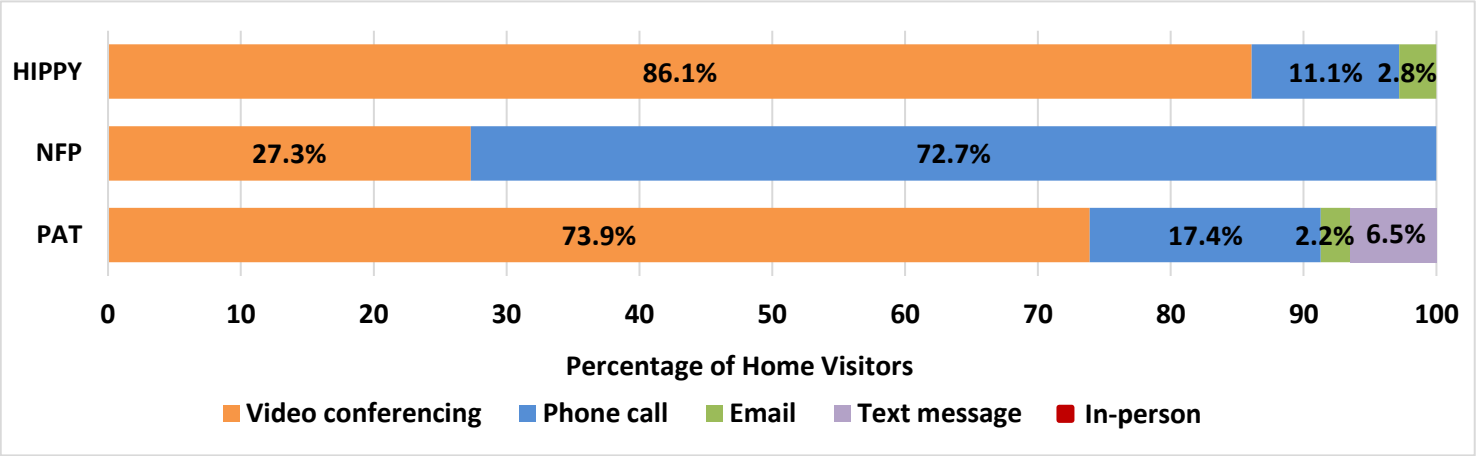
Changes in Service Delivery

Finding 5: Almost all home visitors switched to conducting all home visits virtually in response to the pandemic and continued to provide virtual services through the summer using a variety of modalities across their caseload, including video calls, phone calls, email, and text.

According to home visitors, the COVID-19 pandemic prompted all except two MIECHV-funded home visiting programs to switch to an entirely virtual method of service delivery using a range of technology modalities, including video calls, phone calls, text messaging, or email (Appendix B, Table 14). The two programs that did not switch to an entirely virtual method of service delivery used a combination of virtual and in-person visits to provide services. Though most home visitors preferred to use video calls (including Zoom, WhatsApp, and FaceTime) to complete home visits with THV families, home visitors often used other modalities to accommodate the needs and preferences of their families.

Across all three program models, home visitors most commonly used video and phone calls for service delivery. As demonstrated in Figure 8 and Appendix B, Table 16, among NFP programs, in particular, home visitors used phone calls as the most common method to cover curriculum content, complete activities and assessments, and provide referrals. Among PAT and HIPPY programs, however, home visitors used video calls as the most common modality to provide services (Appendix B, Table 16).

Figure 8: Primary Service Delivery Modality for Delivering Curricula



**Note: N=104. Source: Home visitor survey.*

Figure 8 depicts the patterns for modalities used to deliver home visiting curricula. When conducting assessments and completing activities, home visitors showed similar patterns in modalities as delivering curricula. When providing referrals, most home visitors used phone or video calls as their

most common method of service delivery, and some home visitors relied on texts (17.3%) and emails (7.7%). The proportion of home visitors using texts and emails to provide referrals was more than the proportion of home visitors using texts and emails when conducting assessments, completing activities, or delivering curriculum content (Appendix B, Table 16). We present the distribution of modalities for conducting assessments, completing activities, and providing referrals in Appendix B, Table 16 because there were no noteworthy differences from the distributions presented in Figure 8.

In the focus groups, home visitors stated that they typically preferred to use video conferencing so that they could see families during the home visit. However, home visitors described accommodating numerous needs for alternative service delivery modalities for families on their caseload, primarily when families did not have adequate data plans, Wi-Fi, smart phones, or laptops for virtual visits. Additionally, some families experienced connection problems or did not understand video conferencing. One PAT home visitor provided an example, stating, "a lot of [my visits] are phone calls because a lot of my families may not have the phone capabilities to the video chat."

Home visitors also reported instances in which families preferred not to use video calls because they could not find a quiet, private place to talk or because they preferred not to be on camera. An NFP home visitor shared,

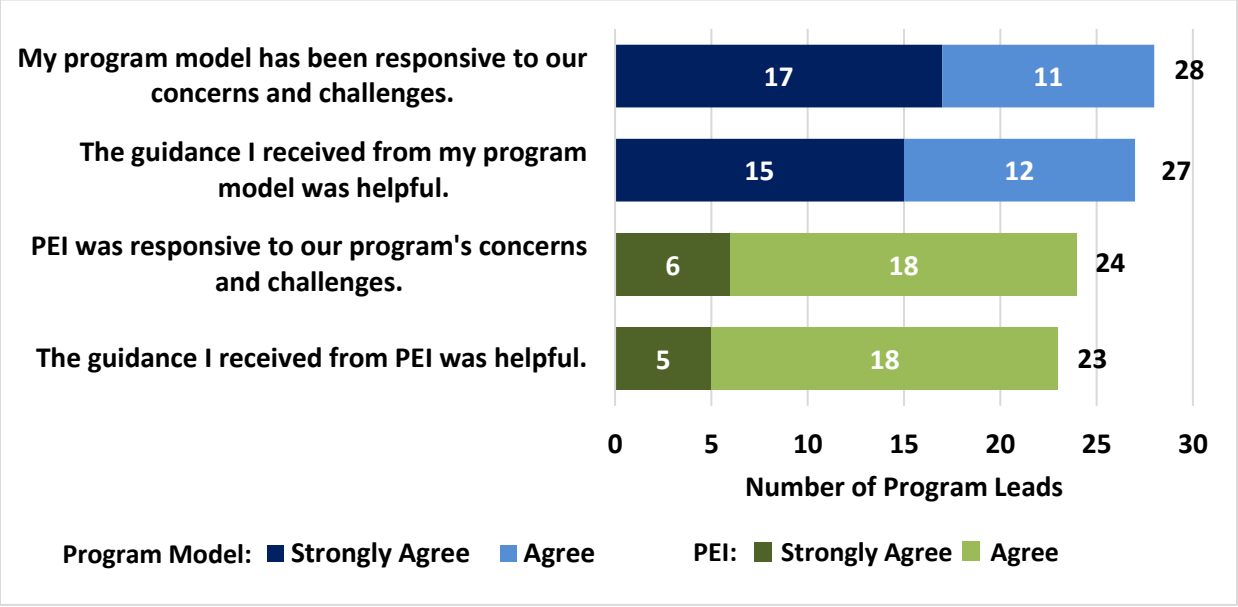
> *[My families are resistant to video calls] because other family members [are] in the home and not having a good spot that they can go to and to have that privacy...and some people just don't want you to see inside, I guess, of their home, especially like the newer ones that have never met you.*

We find that home visitors mostly relied on THV families' needs and preferences to determine modality of service delivery. However, as virtual service delivery continues, a key opportunity remains for PEI and home visiting programs to consider how different modalities affect the quality of home visiting services provided and how to more strongly encourage and equip THV families and home visitors to transition to the preferred modality or modalities. PEI and programs can also consider whether different components of home visiting services should be provided differently – for example, perhaps delivering the curriculum works well both on video and over the phone, but conducting assessments or completing parent-child activities is more effective on video.

Finding 6: Programs generally found the guidance that program models and PEI provided on transitioning to virtual services helpful. However, three key areas in which programs requested more support include adjusting the program's finances to meet virtual service delivery needs, setting consistent assessment timelines and expectations, and identifying domestic violence and mental health concerns remotely.

Home visiting programs received a range of guidance from PEI and state and national program model offices regarding the transition to virtual service delivery. The guidance provided to programs included information about technology modalities for service delivery, adaptation of curriculum materials, data collection, and model fidelity. Overall, the vast majority of program leads were satisfied with the guidance provided by both the state and national program models and by PEI. However, the number of program leads who were highly satisfied (as indicated by selecting "strongly agree") was much larger in response to state and national program model guidance compared to guidance from PEI (Figure 9). State and national program model offices may have been more equipped to provide the type of guidance needed by the programs during this time, however, these results indicate possible opportunities for PEI to provide additional support or guidance to address programs' challenges as virtual service delivery continues.

Figure 9. Satisfaction with Program Model and PEI Guidance

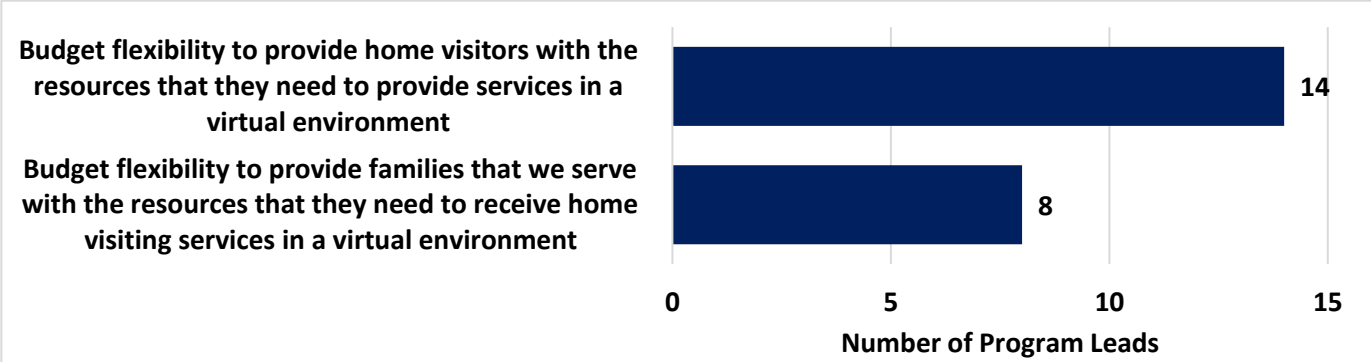


**Note: N=29. Program leads were additionally asked about timeliness of guidance, resources and materials received, and desire for additional guidance on program finances and adapting services to a virtual environment. Items selected represent guidance feedback as reported on the survey and in focus groups. Source: Program lead survey.*

Despite their overall satisfaction with the guidance they received, most program leads would like more guidance about their program's finances during the pandemic (Appendix C, Table 7). Fourteen program leads reported that they did not receive guidance regarding budget flexibility to provide home visitors with the resources they need to work from home, and eight program leads reported that they did not receive guidance on budget flexibility to provide THV families with the resources they need to receive virtual services (Figure 10). At two of the 14 programs that indicated they did not receive guidance on budget flexibility to provide their home visitors materials, home visitors also reported that they did not receive adequate supplies to do their job at home on the survey and in the focus groups (Finding 4).

Four out of seven NFP programs also indicated that they did not receive the resources and materials they needed to implement changes in their program (Appendix C, Tables 7 and 8). At three of these four NFP programs that indicated they did not receive the resources and materials they needed to implement changes; home visitors also said that they did not receive adequate supplies to do their job at home on the survey and in the focus groups (Finding 4).

Figure 10. Program Leads who Report They Did <u>Not</u> Receive Budget Guidance



**Note: N=29. Program leads were additionally asked whether they received guidance on hiring to fill vacancies and meeting family enrollment targets. Items selected represent gaps in guidance as reported on the survey and in focus groups. Source: Program lead survey.*

Additionally, home visiting programs need guidance on the timing and expectations of conducting assessments during this period of virtual service delivery to ensure consistency across home visitors and across program sites. Home visitors expressed confusion about which assessments they should conduct virtually, or if and when they should adjust assessment timing while delivering services remotely. For example, a portion of home visitors across all three focus groups provided examples of assessments they were still conducting, such as the DANCE (NFP), ASQ (PAT and HIPPY), and Bracken (HIPPY), with their families, but other home visitors in the focus groups stated that they stopped collecting those assessments, or were unsure if they were supposed to collect them during the pandemic. Home visitors explained that they were unsure about the

expectations for conducting assessments remotely because sometimes they received conflicting information from their program and state and national program model offices. Others added that their program had not yet adapted the ASQ, DANCE, or Bracken assessments to a virtual environment so they had not completed any with their families yet. Overall, different home visitors reported different expectations for assessments than other home visitors within and across programs, indicating variability in procedures across the state that could limit programs' ability to track family progress and lead to data reporting inconsistencies at the program and state level.

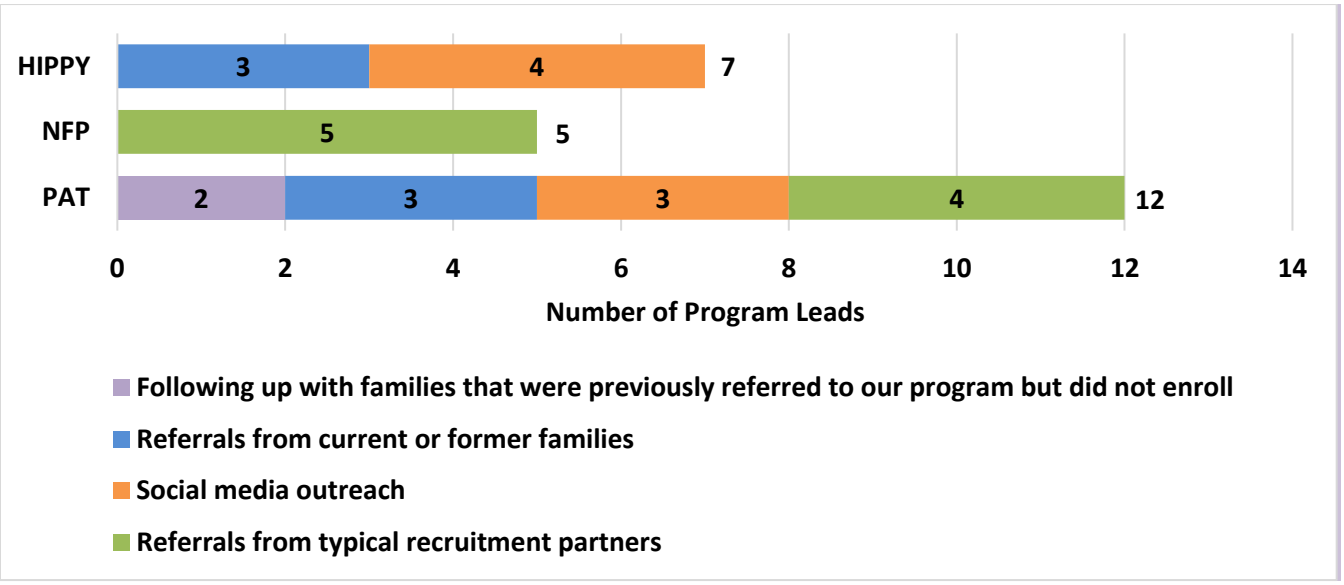
Another important area that programs need guidance on is identifying domestic violence concerns and mental health concerns virtually. One home visitor explained that home visitors would benefit from additional training on how to identify signs of domestic violence through a video or phone call instead of relying on the family to tell the home visitor during the call. Similarly, as THV families and home visitors face increased feelings of stress and anxiety during the pandemic, home visitors need additional information on how to identify risk factors for mental health issues without seeing families in person.

Overall, program leads and home visitors indicated that they received important support and guidance from PEI and their state and national program model offices during the sudden shift to virtual service delivery. Programs also identified key areas in which they need additional guidance. In particular, programs identified that guidance from PEI on how to use funds flexibly during the pandemic (given that some service delivery costs are increasing and others are decreasing) is an area in which programs need more support. Programs would also benefit from guidance on adjusting procedures and timelines for conducting assessments virtually such as the ASQ, DANCE, and Bracken, as well as procedures for identifying domestic violence and mental health concerns virtually. By clearly defining procedures and expectations, home visitors will be better able to identify and address the needs of THV families, and programs will be better able to equip THV families and their home visitors with the materials they need for home visiting services.

Finding 7: More than half of programs reported that enrolling new families is more difficult since the pandemic started. As a result, most programs changed their primary recruitment strategy, with new strategies varying by program model.

The COVID-19 pandemic greatly reduced in-person interactions throughout the state. As a result, home visiting programs were unable to participate in in-person recruitment events and a few programs noticed a decline in referrals. In response, nearly all programs (25) reported changing their program's primary recruitment strategy to mitigate the effects of the pandemic on their recruitment. PAT programs reported using a wide variety of recruitment strategies, whereas HIPPY programs focused on social media outreach and referrals from current or former families. NFP programs relied on referrals from their typical recruitment partners as their primary recruitment strategy (Figure 11).

Figure 11. Primary Recruitment Strategy During the COVID-19 Pandemic



**Note: N=29. Source: Program lead survey.*

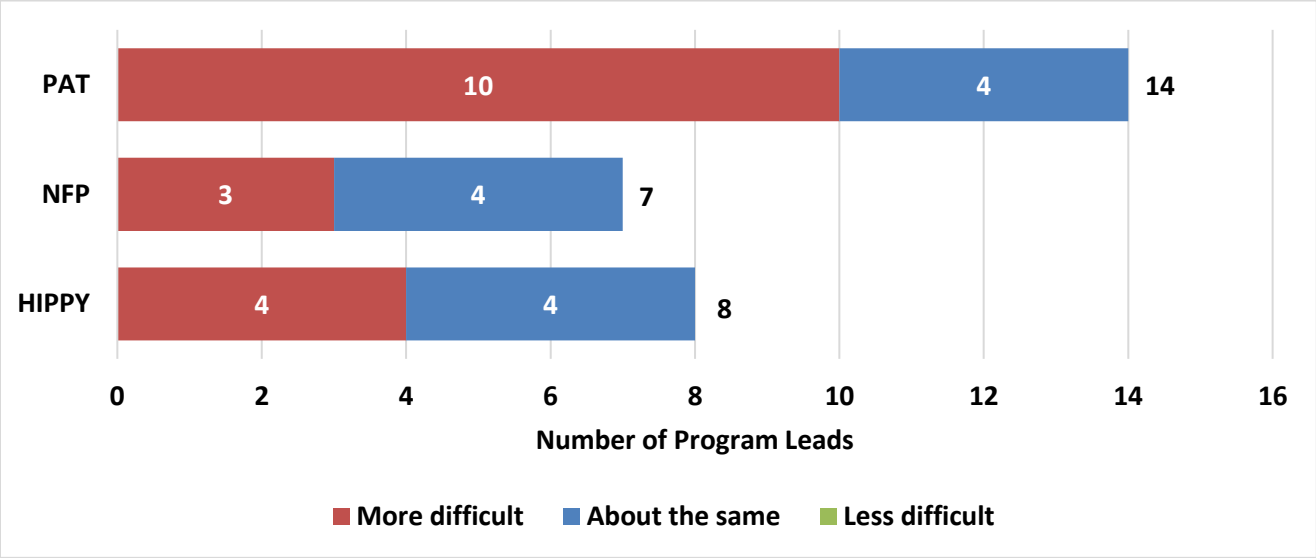
Despite programs' attempts to alleviate the effects of the pandemic on recruitment by changing their recruitment strategies, more than half of programs reported that enrolling new families was more difficult during the pandemic than it was at the same time last year (Figure 12). Nearly 70 percent of home visitors agreed that identifying new families was a key recruitment challenge (Appendix B, Table 13). One home visitor further illustrated the difficulty programs faced in identifying new families by explaining,

> *"A huge deal right now that a lot of people and us we're having trouble with is recruiting because they're not allowing a lot of people in one space. So we actually went to a few*

pop-up food pantries and as they were rolling by, they would roll down their window and we'd hand them a packet and stuff like that."

However, home visitors faced other challenges to recruitment as well, including communicating the benefits of home visiting to new families (60.6%), facilitating the enrollment process virtually (64.4%), and engaging and developing relationships with new families (63.4%) (Appendix B, Table 13).

Figure 12. Enrollment of New Families Since Mid-March 2020



**Note: N=29. Source: Program lead survey.*

These findings suggest that in addition to guidance about budget flexibility and identifying mental health and domestic violence concerns virtually, programs may also benefit from guidance and collaboration from PEI and other sites about recruiting and enrolling families during the pandemic so that they can meet their capacity numbers for the fiscal year. Identifying new families for home visiting is a key challenge when many of the typical in-person community events used as recruitment opportunities are unavailable. Further, enrolling and bonding with families virtually is a new experience for home visitors, indicating these are key opportunities for collaboration and support across programs and among stakeholders at the community and state levels as the pandemic continues.

Advantages and Disadvantages of Virtual Service Delivery

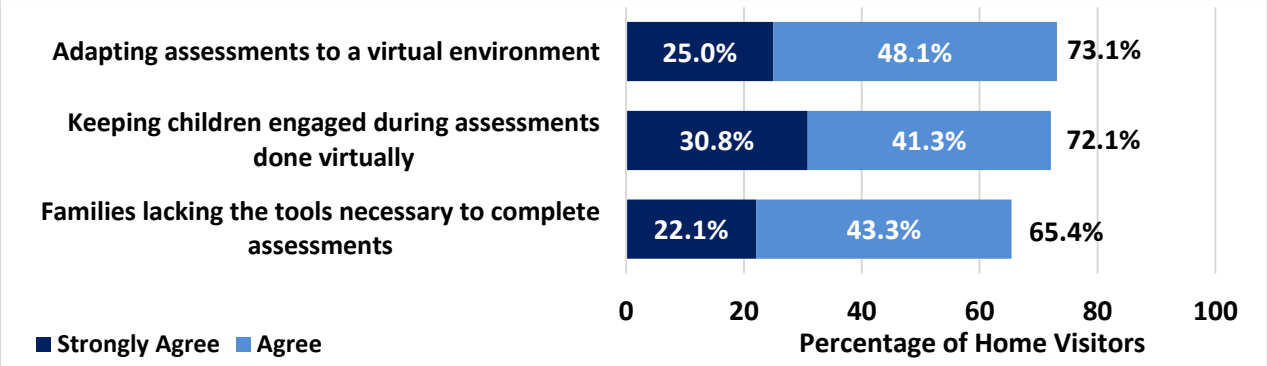
Finding 8: Most home visitors struggled to conduct assessments when delivering services virtually.

Home visitors identified three key disadvantages to providing home visiting services virtually. First, home visitors struggled to complete assessments virtually. Home visitors use a variety of assessments to identify family needs and progress over the course of service delivery, ranging from brief questionnaires developed specifically for THV families to validated child development assessments used to track child and family progress and outcomes. Home visitors may also use the information collected in the assessments to refer families to community resources. However, during the pandemic, twelve program leads (just under half) agreed that their program was unable to complete all of their required forms and assessments since the pandemic began (Appendix C, Table 14). Additionally, 46 percent of home visitors stated that they were not able to continue administering assessments on the same schedule as before the pandemic (Appendix B, Table 19).

"It just depends on the child. It depends on their mood. It can be a quick ASQ because they're doing everything that we're asking them to do and then they might not be in a good mood."
- PAT home visitor

During the focus groups, most home visitors stated that they found it difficult to complete assessments at the beginning of the pandemic but found it got easier after a few months. Nevertheless, some home visitors still faced challenges to completing assessments because home visitors did not know how to adapt the assessment to a virtual environment, THV families did not have the materials they needed to complete assessments, or children did not stay engaged during the assessment (Figure 13). One NFP home visitor explained, "assessments are very challenging, like not really happening at all because we can't put our hands on any of these kiddos. So like heights and weights and stuff, usually it's just a verbal report from mom."

Figure 13: Challenges to Completing Assessments



**Note: N=104. Home visitors were additionally asked whether family concerns about confidentiality, assessments feeling awkward virtually, or assessments feeling less applicable during the pandemic were challenges they faced. Selected responses represent the most common challenges. Source: Home visitor survey.*

As described in Finding 6, results also indicate that some home visitors are confused about if and when they should conduct assessments, such as the DANCE, ASQ, and Bracken. As such, our findings suggest that confusion around assessment expectations and timelines and challenges with completing assessments, including not having the required materials or not being able to keep children engaged, may make it more difficult for home visitors to identify the needs of families and make referrals to community resources when they are not seeing their families in person. Furthermore, home visitors may struggle to measure THV families' progress and meet state and federal reporting requirements because they are unable to complete assessments that quantify families' progress.

Finding 9: Though home visitors often found the transition to virtual services smooth with existing families, they reported that engaging with and building relationships with new families virtually is an ongoing challenge.

Most home visitors reported that the second disadvantage to virtual services is that it is more difficult to build relationships and engage with new THV families. As described in Finding 7, more than 60 percent of home visitors reported that it is more difficult to enroll new families virtually because it is more difficult to engage with the family (Appendix B, Table 13). However, home visitors also described that it is more difficult to engage new families once home visitors enroll the families in the program because home visitors have not had the chance to build a relationship with the families in person yet.

"Building the relationship has been really difficult for families that I haven't known before we went virtual. The other ones that [I've met with] in [person, after] we transitioned to virtual, some of them have actually done better with the virtual. I've found that they're easier to get ahold of and they're more apt to make time for me."
- PAT home visitor

Although home visitors identified relationship building with new families as a new, ongoing challenge, some home visitors reported that they tried to work around this challenge by spending extra time with their new families to explain assessments in more detail and ask more questions to identify the family's needs.

These results suggest that although generally, home visitors reported that they can provide high-quality home visiting services and engage well with a majority of their families virtually, virtual service delivery may become more difficult in the future, as families served in person complete the program and the proportion of new families, who have only participated virtually, on home visitors' caseloads continues to increase.

Finding 10: Though home visitors felt confident in their ability to provide high-quality services virtually, they acknowledged limitations to identifying and addressing health and safety concerns among approximately one-fourth of THV families and all NFP families.

Home visitors stated that the third disadvantage to providing services in a virtual environment was that the virtual environment limited home visitors ability to identify and address health and safety risks that THV families may be facing. Generally, home visitors were confident that they could do their job well in a virtual environment and that most of the families on their caseload were doing okay despite the challenges they faced. However, home visitors noted exceptions to this trend, and generally agreed that they were concerned about approximately 25 percent of their families. Some home visitors stated that the new families they had not met in person yet made up part of the 25 percent of families they were concerned about. However, home visitors also reported that THV families that they had either not been able to get ahold of at all or only spoken to a couple of times since the pandemic began were also among the 25 percent of families they were concerned about. Home visitors explained that they were concerned because home visitors did not know how the family was doing. Some home visitors were particularly concerned about the families on their caseload that were involved with Child Protective Services (CPS) who they have not been able to get in touch with. One NFP home visitor explained,

> *I have a mom, she was in CPS custody before this pandemic happened. And right when it started that we were to be remotely at home, I received a follow up with the CPS person just to see how engaged she was. And at that point she was really engaged. But then when this pandemic hit it's been hit and miss, and I'm just afraid of her falling through the cracks because it's hard to even locate her sometimes, and it's not like I can go to her house and knock on the door and do things like that that I could have [done] before.*

NFP providers reported broader concerns about the fact that they could not conduct in-person health checks of first-time mothers and their children during the pandemic. Some NFP programs

provided THV families with scales and blood pressure cuffs to collect data virtually, however, other programs could not. One home visitor stated,

> *We unfortunately don't have the funds to give blood pressure cuffs to all of our clients. I did have one mom during pregnancy that I really had to push and advocate with a doctor's office for them to write a prescription, to try to get Medicaid to cover purchasing her blood pressure cuff to monitor at home. But, in addition to just knowing that blood pressure number, there are other assessments that we as nurses do, like looking, seeing how much swelling they're having [in] their feet and their legs and not being able to do that in person. I think we're missing out on some increasing risk that normally we could pick up on.*

In addition to the regular physical monitoring nurses typically conduct, NFP home visitors expressed concern about being unable to adequately support mothers after they give birth to assist with early milestones, such as breastfeeding and postpartum recovery or health concerns for the newborns.

Overall, home visitors were working hard to provide high-quality services remotely, and generally felt like they could identify needs and mitigate risks well remotely. However, home visitors were concerned for a subset of families with more acute needs or risk factors, and NFP home visitors described how remote service delivery limits certain aspects of their role, specifically their ability to identify and address physical health risks to pregnant mothers and their children virtually.

Finding 11: Most home visitors found that THV families adapted well to virtual services and for some families, virtual service delivery improved home visitors' ability to connect with the family; key reasons included that it was less stressful to not have someone outside the family in their home and virtual visits provided more scheduling flexibility.

Home visitors reported that most families adapted well to virtual services and were making it work the best they could in a time when services could not be in person. Despite the downsides to providing home visiting virtually, home visitors identified benefits that facilitated service delivery for some families.

Home visitors stated that for some families who were often difficult to get in contact with before the pandemic started, the virtual environment improved home visitors' ability to connect with the family. Virtual visits provided some THV families more scheduling flexibility that facilitated easier scheduling around work and family life. Home visitors stated that before the pandemic started, home visitors struggled to get ahold of some families because of the family's schedule but the virtual environment allowed home visitors and THV families to schedule video or phone calls at a time that was more convenient for both of them. One NFP home visitor explained,

> *I have found some of my families, especially some of my moms that are maybe in school and working...where it was really, really difficult before to pin them down for an in person visit. They've been a lot more open to doing a phone call for 15, 20 minutes here or there versus, "Okay, I've got to commit to being at home during this time when she comes."*

Additionally, some families connected better virtually because they found it less stressful to speak with their home visitor virtually, rather than inviting the home visitor into their home. A HIPPY home visitor described this by stating,

> *I have one in mind who was really hard to reach in the beginning. And once we went virtual, like I said, I don't know what it was, but she just became so much more open, like started talking about past trauma with me. I don't know if maybe it's that I wasn't in her personal space. Like I wasn't in her home and she felt safe enough. I don't know. But I mean...she was very open. She found out she was pregnant and called me and told me, whereas a year and a half ago, nobody knew she was pregnant until she was eight months pregnant. And she's been in the program for a while... I don't know if maybe it's that she feels more comfortable that there's a computer screen in between us now...That's been my experience with a couple of them.*

Another PAT home visitor explained a similar experience stating, “a lot of my parents have enjoyed their virtual visits and also the telephone visits, just because it’s so much easier for them instead of the whole, ‘Okay, well give me five minutes for me to clean my house.’”

Overall, evidence suggests that THV families who may need additional scheduling flexibility or that find it less stressful to speak with their home visitor over a phone or video call may engage more with their home visitor through virtual services. As such, a key opportunity for home visiting programs may be to consider ways to incorporate virtual services into service delivery after the pandemic for THV families. We explore this opportunity in more detail in the next section.

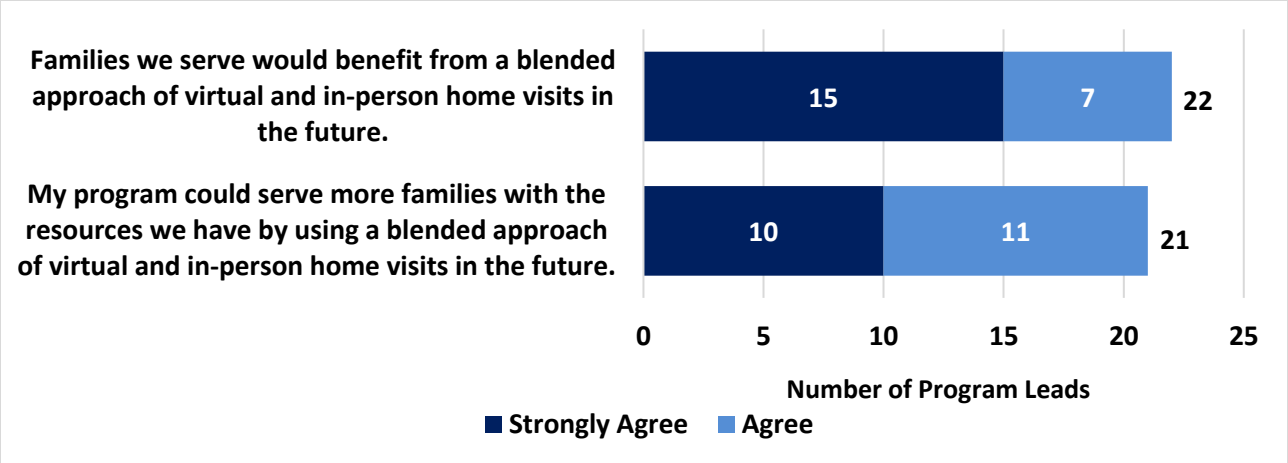
Innovations of Virtual Service Delivery

Although home visiting programs faced many challenges to providing services virtually during the COVID-19 pandemic, programs also innovated along the way and discovered useful new processes that programs would like to maintain or implement after the pandemic. The following section highlights two key innovations that home visitors and program leads shared in the surveys and focus groups.

Finding 12: Home visitors reported that, in the future, a blended approach of in-person and virtual services after the pandemic would benefit families by providing more scheduling flexibility.

One way home visiting programs may be able to incorporate virtual services into service delivery in the future is through a blended approach of in-person and virtual services. Most home visitors and program leads agreed that some THV families would benefit from a blended approach of in-person and virtual services after the pandemic (Figure 14). Home visitors stated that by offering families a virtual option, home visitors could provide more scheduling flexibility to better accommodate the needs of their families (Finding 11). Home visitors thought that a quick call or text message would also be a good way to communicate with families between visits.

Figure 14: Support for a Blended Approach Among Program Leads



**Note: N=29. Source: Program lead survey.*

Although overall, programs found that virtual service delivery was convenient and beneficial in some situations, programs emphasized that it is important to maintain an in-person component as well. Home visitors explained that they would prefer to meet with newly enrolled families in person to better engage and build a relationship with the family. Home visitors also stated that being able to see their families in-person to complete assessments and periodic check-ins would help home visitors avoid the challenges they are facing when it comes to completing assessments and identifying needs

and health and safety risks virtually (Findings 8 and 9). One HIPPY home visitor described this approach, stating,

> *I think maybe [we implement] a hybrid type of thing...Sometimes in person, sometimes virtual, depending on the family, but maybe if we can, if we'd be able to do the application process and all the consent forms that very first visit and maybe even the assessments, like the Brackens, do them in person, I guess the major assessments and things like that. Maybe we can do those in person. And then once it comes to role play, kind of do it every other week or just kind of take the family's lead on it...I would worry if there was a family that would say, no [to in person visits]...that's like, what else is going on in the home?*

Finding 13: Two home visiting programs emphasized the benefits of changing data entry to allow home visitors to directly enter data into their case management system during visits instead of using paper forms.

In general, data entry procedures vary across home visiting programs; most commonly, home visitors complete assessments and questionnaires on paper during the home visit and then after the visit enter the data into their program's case management system or provide the paperwork to another staff member who enters the data for all home visitors at the program. When asked to describe any innovations to service delivery during the pandemic, two home visiting programs described that they switched their data entry procedures, specifically, home visitors began entering data directly into their computers or tablets instead of filling out paper forms first and then entering the data into a computer. One NFP program pointed out that the change to directly entering the data made data entry faster and easier for their program. The program lead mentioned, "all documentation is now submitted electronically which has proven to be faster as far as submission and entry into software systems as well. It is easier to track what has been entered into which system and what is remaining."

Another program expressed a similar experience stating that the change to electronic submission (compared to asking home visitors to submit their paper forms) has improved accessibility for home visitors. The PAT program stated, "the ability to input data in our database as visits happen has helped with visit record keeping. Parent educators can access the database during a virtual visit unlike when we had in person visits everything is hand written then inputted at a later time."

Though we only heard about specific data entry changes from two programs and understand that procedures vary across sites, these insights provide considerations for future data entry procedures.

Conclusion

The COVID-19 pandemic struck the world unexpectedly and brought on many health and economic challenges. Yet, during this time home visiting programs worked to quickly adapt home visiting services to a virtual environment to continue to provide THV families with much needed support. Along the way, home visitors encountered challenges with recruiting new families, keeping families engaged, and adapting and providing services in the virtual environment, highlighting the importance of in-person services. Despite these challenges, home visitors found that overall, most THV families adapted well to virtual services. During this time, programs also made innovations in data entry and service delivery methods that may inform future practices.

Moving forward, key opportunities for home visiting programs, PEI, and the state and national program model offices include: 1) supporting home visitors while they are working remotely to avoid burnout and ensure they are equipped with the tools and knowledge to provide services virtually, 2) seeking ways to support families to maintain engagement in home visiting, 3) defining clear expectations around budget flexibility and conducting assessments, 4) collaborating to meet recruitment and enrollment goals, and 5) identifying and implementing service delivery methods that best address the needs of THV families and home visiting programs during and after the pandemic.

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