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CalWORKs Home Visiting Program Evaluation Legislative Report

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Appendix E: Interview and Focus Group Findings

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About UCSF

UCSF is part of the 10-campus University of California, the world's premier public research university system, and the only of its campuses dedicated to graduate and professional education. The Family Health Outcomes Project (FHOP) is a cooperative effort of the Department of Family and Community Medicine and the Institute for Health Policy Studies (IHPS) at the University of California, San Francisco (UCSF). Our mission is to improve the health of children and their families and communities by supporting development and implementation of comprehensive community assessment and planning, data-driven policies, evidence-based interventions, and effective evaluation strategies. The UCSF School of Nursing's mission is to educate diverse health leaders, conduct research, advance nursing and inter-professional practice, and provide public service with a focus on promoting health quality and equity.

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List of Abbreviations

ACL	All County Letter
CalSAWS	California Statewide Automated Welfare System
CalWIN	California Work Opportunity and Responsibility to Kids Information Network
CalWORKs	California Work Opportunities and Responsibility to Kids
CBO	Community Based Organization
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CNA	Certified Nurse Assistant
CPS	Child Protective Services
CQI	Continuous Quality Improvement
DHHS	Department of Health and Human Services
DPH	Department of Public Health
DV	Domestic Violence
EBT	Electronic Benefit Transfer
FAQ	Frequently Asked Questions
HIPAA	Health Insurance Portability and Accountability Act
HVP	Home Visiting Program
LGBT	Lesbian, gay, bisexual, and transgender
MOU	Memorandum of Understanding
PHN	Public Health Nurse
RDA	Resource Development Associates
SLP	Supportive Living Program
SSA	Social Services Agency
TCI	Therapeutic Crisis Intervention
UCSF	University of California San Francisco
WIC	Women, Infants, and Children

Presentation of findings

This appendix is a summary of interview and focus group findings spanning 43 counties across three rounds of evaluation of the Home Visiting Program (HVP) in the state of California.

Data Source: Findings are grouped by three main data sources beginning with 1) County leadership and other representatives involved in administering the HVP, 2) Home visitors, that is, staff involved in providing the HVP, and 3) Clients of the HVP. Methods used for prospectively gathering the primary data evolved over the three rounds of evaluation and are explained in the main summary under each data source.

Below are the total numbers of interviews and focus groups per data source across all three rounds of the HVP evaluation:

- 86 individual interviews were conducted with county leadership
- 51 individual interviews in round 1 and 27 focus groups in rounds 2 and 3 were conducted with home visitors, with an average of 5 home visitors per focus groupin round 2 and an average of 4 home visitors per focus group in round 3
- 110 individual interviews were conducted with clients

Data Categories: Responses from all three data sources are summarized and organized into three categories: Program Successes, Program Opportunities for Growth, and COVID-19 Program Experience, further organized by challenges and successes.

Table: Each data source features a data table displaying the top three themes: Program Successes, Growth Opportunities, and COVID-19 Program experiences. The *n's* in the tables represent unique interviewees (not the frequency of themes mentioned). Within each table, the top three subthemes have been bolded and shaded by evaluation round (round 1, round 2, or round 3) in order to visually represent which themes were most prominent across rounds. The evaluation rounds are indicated in the columns, while top themes are indicated in the rows.

Themes, narrative analysis, and quotes: Below the table, the top three themes are presented with a reference to which themes emerged on top across rounds. Each theme comprises a short narrative analysis across data sources and rounds of data collection, followed by a display of representative quotes. The data layout is consistent across the various data sources except that the county leadership section contains two additional themes, related to county area of need and implementation variation across counties (described in greater detail in the County Leadership Summary section).

County Leadership Summary

Interviews with county leaders were conducted at each round of the evaluation. Interviewees included county leadership and management representatives who could speak to the current program administration and implementation and provide contact information for further outreach efforts. These interviews aimed to generate a comprehensive understanding of the implementation status of the CalWORKs Home Visiting Program across the participating counties in the state.

An important note regarding the following data: In round 1 interviews with county leadership were conducted to seek contextual information to inform data collection efforts with home visitors and clients. In rounds 2 and 3 interviews with county leadership were used as official data sources. COVID-19 data were not collected from county leadership in round 1 as the interviews were conducted prior to the onset of the COVID-19 pandemic.

There are two additional unique themes featured in the county leadership section.

- County identified areas of need: County leaders identified areas of support and need from CDSS in terms of improving administrative and programmatic infrastructure. Sub-themes that emerged included needing ongoing technical assistance, support with fund allocation and management,improving data collection processes, simplifying CalWORKs eligibility requirements, and providing a forum to learn best practices with and from other counties.
- HVP variation in implementation across counties: Variation across counties, by county size and urbanity, indicated how the HVP models were implemented and how successful implementation was. Sub-themes included implementation success, especially around county internal capacity, resources, geographical dispersion of services, county size, and urbanity.

PROGRAM SUCCESSES - LEADERSHIP

The clearest story emerging from the analysis of the program impacts and strengths from county leadership is one of increased discussion and attention to client impact. While in round 1 many counties were engaged in client outreach and enrollment stages, by round 3 county leaders were able to describe tangible effects of the program on clients. Implementation and alteration efforts of HVP program design were also key themes in rounds 1 and 2 compared to round 3. This may be due, in part, to the fact that by the third round of data collection, implementation had been underway for some time. With the HVP established at county sites, county leadership expressed the significant impacts that the HVP has on clients and their families.

Table 1. Program successes identified by county leadership

	Round 1 # (n=43)	Round 1 %	Round 2 # (n=20)	Round 2 %	Round 3 # (n=23)	Round 3 % (n=23)
Client Impact	23	53%	13	65%	22	96%
Positive Collaboration	30	70%	11	55%	22	96%
Responsive adaptations	30	70%	12	60%	9	39%
Training	26	60%	7	35%	11	48%

Notes: The top three themes for each round are bolded and shaded. N's represent unique interviewees who brought up a given theme (not number of mentions of theme).

Client impact (top themes across all rounds)

Round 1: While some counties were still in the early stages of enrolling and engaging clients at the time of the interviews, 53% of county leadership (n=23) shared examples of the impact that the CalWORKs HVP was having on clients. The impacts ranged from improved parent-child interactions, housing stability, and the achievement of career or educational goals.

- "[We worked with] one family with an infant born at two pounds. [There were] concerns after all the screening about delays in speech and language. Family [was able to be] connected with appropriate entities for further assessment. It was a success because they had no idea and the pediatrician hadn't referred.The home visiting program provided the resource and connection."
- "I attended the graduation for HVP... Each graduating participant spoke as they received certificates. The common theme was that the family felt empowered that they can now ask questions. By learning to advocate for themselves, they were on the road to self-sufficiency. Moms were in nursing programs, employed full-time, going to school, children in childcare. It showed the positive impact of the home visiting program."
- "One participant who is new to the area, received no prenatal care because she was homeless. Since participation at the beginning of last month, she has been in permanent housing, [and we] connected her with a nonprofit organization providing material supplies for her baby. Her mentor sees her weekly."

Round 2: Client impact was a central theme in round 2, where 65% percent of leaders (n=13) stated that client successes and client-staff relationships are among the top strengths of the program.

- "[We helped a client go from] homeless to housed during shelter-in-place and achieved that in the last 60 days...We are maintaining medical appointments and keeping mom healthy [which] is the most important for that child."
- "Clients have been able to trust in the home visitor, and as a team they are successful. Clients and home visitor feel comfortable talking to me if they have problems with getting their client services and I often do whatever I can to help them. I think they feel they have a team. Strong emotional support"
- "Proud of the impact it's having on clients. We would like to highlight a client that's been enrolled in home visiting since February. She shared with one of the assessment workers that one of her goals was to secure stable housing for her and her five children. She's been living in a temporary complex. Another one of her goals was to obtain employment to provide for her five children. Throughout the past few months, the home provider provided her with listings that were within her budget and called the apartments to make sure they were available for her to move in right away. The home visitor consistently checked in with her to keep her moving along her goals. In early June the mom told the home visitor that she was working at a packing house. Her schedule consistently changed but she made time for her home visits. On June 24th the mom and her 5 children moved into their new apartment. She continues to work and a friend of hers is providing childcare. During one of her visits, she described how grateful she was that [CBO referral] was so helpful to her. She said she didn't even know how to thank them, they helped her get a stroller, diapers, clothes for her kids and helped her through the process. 'No one else has ever done this for me'."

Round 3: Most (96%) leaders (n=22) interviewed mentioned the impact of the program on clients' lives as one of the greatest successes. Specifically, they noticed positive changes in clients and their families (52%, n=12) and success experienced in client-staff relationships (35%, n=8). This trend continued from round 2.

- "For me, it's been a combination of seeing we served 360 families in the past year and seeing the impact it's had on families. We did a comparison of our clients and a sample of CalWORKs families that didn't go through our program. Our HVP clients had three times higher job attainment. Families are moving towards self-sufficiency."
- "I'm proud of families making positive choices, being better parents, and decreasing child abuse."
- "I think it's the mental health component of it for our families. This is the first time that someone's told them they can be successful. Someone is there for them and to know they have options and resources to help them. I've seen families build up nutrition and physical activity and all practical skills. They also get that one-on-one support of, 'Okay let's actually go over your resume and let's look at it and let's talk about it and let's get those typos fixed and let's do a mock interview', and again build that confidence."

Positive Collaboration (top themes across all rounds)

Round 1: Approximately two-in-three county leaders named co-location and collaboration with other agencies as central to successful implementation (70%, n=30).

- "The biggest success has been co-location of providers at the Social Services Agency [SSA] office. This helps immensely with client enrollment in home visiting

program services, and likely with enrollment in other services as well, e.g. Mental Health/Domestic Violence services, other services that are part of CalWORKs. If the home visiting provider is seeing a client at the SSA office, and if the client needs something, they can meet with that person's employment counselor and talk through the client's needs."

- "The relationship with the Health Dept. is awesome. [There are] regular direct communications. Everyone cares, [and is] working together to find out how to work together to best get things done. We are working together to develop flow and internal processes (e.g., informing clients, referral to initial call)."
- "Open communication with sister agencies because of a fully integrated Department of Health and Human Services and being able to share information and communicate well and often."

Round 2: 55% of county leadership (n=11), offered collaboration as a main ingredient contributing to their program's success, especially with respect to coordinating with other county agencies and community-based organizations.

- "What works well is that because [county name] is a small county, we collaborate with different initiatives and I think that works well because we have good relationships with many. [We are a] small community so it is easy to collaborate."
- "We work together to provide services. And we do it quickly. Administrative approach has been innovative to provide critical resources to the most vulnerable populations."
- "Convene a meeting every 4-6 weeks to talk about pressing issues in each of the individual programs and as a combined project. Talk about outreach, data collection, processes – just sort of what are our stressors and frustrations and what do we want to work on. We are often collaborating on outreach by program so every program when they do outreach for their individual, they also talk about the other programs, because each program is tailored to a specific perinatal phase and so that's really important."

Round 3: Collaboration was lauded as a critical component of program success for 96% of leaders interviewed (n=22). Many interviewees stated regularly meeting with relevant stakeholders, problem solving, and co-location of services as aspects of collaboration.

- "We meet in case conferences where we review every case that was referred. We think creatively to entice families to participate. We strategize how to support early engagement. We also collaborate to offer home visiting services with families so that they can enter through several different doors in the community, so they get routed to the right provider."
- "We have regular monthly meetings with all stakeholders involved to discuss the program and improvement needed. We connect the program to a larger network of community partners. All are contracted providers and interagency providers – everyone gets information on resources. We do a good job of connecting with all of our Community Based Organizations (CBOs) to let folks know what resources are available in the community. Collaborating remotely has been difficult, to be able to go back to some in person stuff to help with collaboration."
- "All HVP staff are co-located within the transitional assistance department in strategic areas throughout the county. So, we have been expanding. Recently hired a generalist and the rest are home visiting providers. Those staff are located within the welfare department. Program is housed within the county."

Responsive Adaptations (top theme in rounds 1 and 2)

Round 1: The counties who had been operating a home visiting program in advance of the formation of the CalWORKs HVP identified their familiarity as a supportive element to implementation (70%, n=30).

- "It helped to have an experienced management team in place [who had] 35 years of established experience in place implementing home visiting programs."
- "The biggest success has been co-location of providers at the SSA office. This helps immensely with client enrollment in home visiting program services, and likely with enrollment in other services as well."
- "Co-locate contractors where we do work with clients. Staff who do the program can go to unit meetings, answer questions. They know so much about what they are doing and are new to our county. As soon as co-location happened, it started to take off a lot."

Round 2: Following round 1, alterations and adjustments to the program were made interms of adding another HVP model to delivery options, expanding populations served,staffing additions, and more. Sixty percent of county leaders saw these efforts as improvements in the delivery of HVP (n=12).

- "We recently submitted our plans in July 2020 and we also included an additional expanded population including sanctioned and timed-out."
- "When we were given an allocation in the beginning of last fiscal year, we got $5,000 in extra funds. Went through some processes to get some extra positions, two and a half specifically."
- "The county is adding a new early childhood assessment that home visiting providers are going to offer to all clients. Important for dental health assessment and referrals. Also expanding [the] directory in our system. So, having referrals happening in the moment that can go directly to agencies that are being referred to."

Training (Top theme in rounds 1 and 3)

Round 1: The success and value of a variety of trainings was discussed by 60% of the county leadership (n=26). Interviewees named specific training topics that were valuable (e.g., early childhood development, and cultural competency), strategies they could apply (e.g., motivational interviewing), and program model trainings.

- "All of the trainings have been helpful. Implicit bias and cultural competence, we did as a group. It was such a positive experience. The benefits programs overview was imperative. Partners having the opportunity to have an inside look into a department that seems so large… has been so valuable. The WIC training was valuable too."
- "At the CalWORKs training academy in December they had a section about home visiting – it was helpful to hear what other counties are doing and what's working well with them."
- "The training that came from our public health department was good for generating buy-in from my staff in the program, allowing the staff to internalize what it means."

Round 3: 48% of county leaders interviewed expressed the usefulness of the specific model evidence-based trainings and other trauma informed trainings that have been particularly helpful to the home visitors (n=11).

- “We had established a pretty good training and have done that across the board. Trainings are very streamlined.”
- “From my perspective to stand out, the home visiting program overview that led to us being able to increase referrals, and a CDSS training that allowed counties to share their best practices, lead to some ideas that we are working on now.”
- “As we onboarded a new Public Health Nurse (PHN) this fiscal year, the basic curriculum trainings for our evidenced based curriculums have been very important for our new PHN. The Ages and Stages, and Social Emotional Trainings have also been very vital to allow our PHNs to appropriately assess our pediatric clients.”

PROGRAM OPPORTUNITIES FOR GROWTH - LEADERSHIP

Program implementation challenges identified by the county leadership included barriers to implementation, difficulty with data collection and reporting, external client barriers and challenges experienced by staff, including a need for additional training and technical assistance. Discussion of implementation barriers steadily declined over time. However, in contrast, discussion of overall program challenges and client barriers over the same period.

Table 2. Program opportunities for growth identified by county leadership

	Round 1 # (n=43)	**Round 1 %**	**Round 2 # (n=20)**	**Round 2 %**	**Round 3 # (n=23)**	**Round 3 %**
Implementation barriers	37	86%	11	55%	9	39%
Data collection and reporting barriers	31	72%	6	30%	14	61%
Barriers to Participation in HVP: Challenges faced by clients	27	63%	13	65%	23	100%
Staff challenges	N/A	N/A	17	85%	17	74%
Barriers to Participation: Program-level	14	32%	16	80%	20	87%

Note: The top three themes for each round are bolded and shaded. N's represent unique interviewees who brought up a given theme (not number of mentions of theme).

Implementation Barriers (round 1 only)

Round 1: County leaders identified multiple barriers to implementation including enrollment challenges and communication about the program (86%, n=37)

- "One of the biggest challenges is getting CalWORKs caseworkers to understand the program and their role in it."
- "When we planned for implementation, we didn't realize how much training was needed to get the ball barely even rolling…There is a challenge of educating and training staff about each other's programs, [and the] importance of programs. [It has not been] addressed at the State level."
- "In [county], a home visitor was calling people and people thought it was a scam. Because clients get EBT cards – there's lots of scamming going on. Clients told us 'don't give information to anyone unless you hear from us', they distrusted the home visitors. This made the start-up of the program difficult."

Data collection and reporting barriers (most relevant to round 1)

Round 1: 72% of county leaders (n=31) experienced barriers in data collection and reporting, from wanting more integrated systems, ambiguity around processes, ensuring consistency, and ultimately feeling demoralized by unrealistic reporting expectations. Although this was most relevant in round 1, these data collection challenges resurfacedin round 3.

- "Would be great for data to come from entries made in the SAWS system (CalWIN)…Eventually if all data could be entered in CalWIN and State could pull reporting instead of having to do HVP-19 would be ideal."
- "Quality assurance in terms of the data requires a large investment in time – working across so many agencies. Guidelines and definitions have been great but there are still areas of ambiguity; what does this mean? Those questions come up. How is that reconciled and how can that be merged? Trying to ensure consistency."
- "State required this completely unreasonably data sheet, lots of people gave a lot of feedback, but the state ignored it. It is the most demoralizing and difficult part of the grant, that makes some sites not want to accept funding."

Barriers to participation in HVP: challenges faced by clients (top theme across all three rounds)

Round 1: When asked about some of the external barriers' clients experienced, county leadership discussed transportation, stable housing, and mental health (63%, n=27).

- "The main issue and barrier they initially saw when implementing was the homelessness. They have a really high homeless population and families were afraid that they didn't know how family members would react (if they were staying with family). Made them concerned about Child Protective Services (CPS) involvement because they aren't in a home."
- "We continue to have programs that focus on moms and children and we do not have adequate perinatal mental health resources."

In addition to the more common barriers identified above, other areas of challenge

included: enrollment, HVP model related challenges, and outreach challenges.

- "[It has been] difficult to engage clients. We just aren't getting enough referrals. [We are] hearing from the health services department that there are plenty of folks eligible but [it's about] getting them to understand the benefit of home visiting. That's why I'm trying the liaison approach."

Round 2: 65% of county leaders (n=13) stated clients experiencing barriers to participation such as housing insecurity or homelessness (35%, n=7) and struggling with a lack of transportation (20%, n=4).

- "Homelessness is a really high stressor for families. Material goods help temporarily but don't pay rent every month so being homeless has been a really big challenge."
- "Staff also says that clients are unstable due to moving, changing phonenumbers, and then housing. There is assistance needed."
- "Travel is difficult so transportation is an issue, no resources for that available to help people engage and get here easily. We had new pregnant women who were engaged and excited but they're poor and they have issues and it's hard to follow through, people didn't want us coming to their home. So, we accommodate them. There's transiency, it's not an easy place to live."

Round 3: All county leaders (100%, n=23) recognized barriers to participation that clients face as a primary challenge, the majority of barriers being clients' unmet needs (96%, n=22). Among those unmet needs, the top three barriers were determined as, housing insecurity or homelessness (83%, n=19), mental health needs (39%, n=9), and the lack of access to childcare (30%, n=7).

- "Homelessness is so complex - But you know as with homelessness it's a very complicated issue and it's different for every family and you know it's really hard to say that there's an answer that could solve the problem, because I think it's just very complicated and I'm not really sure what the answer is."
- "Another possibility is beginning to meet maternal anxiety and depression resources. We do assessments for maternal depression and depression within the family. That's been good but we don't always have the resources, no quick resources. This is getting better but it continues to be something that is a need."
- "When the child turns two years old, or, for example, a family wants to enroll and [HVP model] won't allow multiple children to enroll. So instead of helping them prepare for kindergarten going to school, now the child is suddenly cut off from the services because you know it's only good for two years. And I see that they might have another child. They were pregnant at the time, but the ability to serve them is only for two years."

Staff challenges (top theme in rounds 2 and 3)

Round 2: 85% of county leaders cited staff challenges as an issue (n=17) especially home visitors feeling overburdened and experiencing secondary trauma. Approximately half of county leadership stated that high staff turnover was a big contributing factor (40%, n=9).

- "Staff turnover is always a challenge. When we first implemented this program, it was a pretty big change. Previous to CalWORKs HVP, they had a different program, and when they introduced an evidence-based model, some staff didn't like that much of a change, and there was turnover and that impacts families too."

- “Another barrier is drowning in work because of the increase in CalWORKs and Cal-LEARN applications. We are shuffling through as fast as possible and not being able to provide.”
- “That secondary trauma that they see is like gang violence among family members and fathers of the baby dying, or miscarriages, so they have to support the family and also take care of themselves after going through something traumatic with the family. So, having them promote that self-care for themselves.”

Round 3: 74% of county leaders (n=17) mentioned staff challenges as an area of concern, specifically staff turnover (65%, n=15) and staff stressors (39%, n=9) experienced by home visitors.

- “We have had a turnover of HVP staff, especially in-home workers. We don’t have a set of minimum qualifications for workers; it's an entry line...There has been turnover of management on preschool services side.”
- “It's hard work. There are a lot of things to do. Screenings within a time frame. It's very structured. Meeting requirements with structure for families who don’t have a lot of structure.”
- “Burnout, dependency on them, and [the] heavy toll of families… and they have their own stuff like COVID; we’ve had home visitors that have lost family so their lives have been intense.”

Barriers to participation: program level (top theme in rounds 2 and 3)

Round 2: There were two distinct areas of barriers to participation at the program level (80%, n=16), including model specific barriers like eligibility requirements (55%, n=11) and recent event impacts on HVP management (35%, n=7) such as fires, evacuations,and power outages.

- “The eligibility is such a small window, and our model, a lot of children don’t meet the requirement of the model. You can’t just enroll, it's hard to identify when they are pregnant.”
- “A lot of families struggle in normal circumstances with weekly home visits that are supposed to be a minimum of 90 minutes long. It’s a large time commitmentand for families in CalWORKs who have a lot of commitments and things already, so we are exploring the idea of changing the model to [another model that requires shorter visits and twice a month] so it’s a little more manageable.”
- “Power outages impacted staff as much as families…a lot of people lost power but the stress of not knowing and the uncertainty and what does that mean.”

Round 3: In terms of program-level challenges, two main sub-themes emerged around CalWORKs eligibility and participation for clients and specific HVP model barriers that affect client participation and engagement (87%, n=20).

- “The biggest challenge is just low referral numbers, just based on the population of eligible clients we have in general. [We say] ‘Hey we’ve got this great program,’ but they [eligible clients] aren’t necessarily on the same page. So, [they think] it's the government thinking this is good for you.”
- “Lower [enrollment], I think COVID has impacted it because CalWORKs offices that

made referrals have been closed for a long time. And they had turnover; the new staff didn't know about the program."

- "Going into rural parts of our county where there are limited to no services, clients often feel beat down. The need is so high and it's been a struggle. We're in the hiring process of trying to provide resources especially, in the desert regions, as program access should be county wide"

COVID-19 PROGRAM EXPERIENCE - LEADERSHIP

The COVID-19 pandemic created both obstacles and opportunities as the HVP evolved to meet the needs of HVP clients. Due to the timeline of the evaluation, leaders and representatives were not asked about the influence of COVID-19 in round 1. The following data displays similar challenges across rounds 2 and 3 with improvements in stress, challenges, and strengths associated with a move towards technology assisted remote or virtual service delivery.

Table 3. COVID-19 program experiences identified by county leadership

	Round 2 # (n=20)	**Round 2 %**	**Round 3 # (n=23)**	**Round 3 %**
COVID-19 Challenges	19	95%	22	96%
Difficulty with client enrollment	N/A	N/A	11	49%
Staff feeling overburdened	11	55%	10	43%
Technology access and virtual visits	17	85%	10	43%
COVID-19 Successes	16	80%	19	83%
Positive experience with technology and virtual visits	9	45%	18	78%
Innovative strategies for serving clients	10	50%	15	57%

Note: N's represent unique interviewees who brought up a given theme (not number of mentions of theme). Interviewees were not asked about COVID-19 in round 1 (pre-pandemic).

Round 3: 49% percent of county leadership (n=11) interviewed, stated that COVID-19 presented challenges with client program enrollment.

- "Challenges with the pandemic, getting clients into the program has been difficult. Trust and stay on, it's hard for them to trust [us] for the first 2 years. Hence [the clients] exited early."
- "The number is lower than anticipated, because COVID has hit hard."
- "Pandemic, outreach efforts didn't go live, just starting and then the pandemic hit us, outreach efforts were lost. The outreach enrollment efforts didn't get launched because we have been supporting COVID relief efforts."

COVID-19 challenges: staff feeling overburdened (top theme in rounds 2 and 3)

Round 2: 55% of county leaders (n=11) cited that home visitors experienced burn-out and stress due to continuing to provide HVP services through the COVID-19 pandemic.

- "No different than everyone else right now, we are very overwhelmed with COVID-19...That can be very overwhelming, the change of environment, working from home, COVID-19, election, civil unrest, etc. There are so many things going on that can weigh heavily on people's mental health. COVID-19 fatigue, especially not being able to socialize has been hard, etc... There's no break for anyone, no break for the parents, kids, or parent educator, come to work and they want to be positive role models for clients."
- "We have a number of families where either the child and/or the parents are clients of the regional center. [Local regional center] field case managers are just not seeing their families in the field. We have families where the parent has a developmental delay or the child needs services and we are needing to provide additional services."- "Staff capacity with all this change and crisis occurring nonstop has influenced if they even engage in that process of asking if [CalWORKs participants] want to be referred [to home visiting] and are slipping through the cracks. The type of interaction and staff overburdened and overwhelmed [has been a challenge]."

Round 3: County leaders in round 3 continued to state challenges experienced by staff due to COVID-19 (43%, n=10) with home visitors feeling overstretched especially being pulled into COVID-19 relief efforts over and above handling their HVP caseloads.

- "The things that were inaccessible when it was doing it virtually became apparent and then home visitors felt guilty. They felt like it was our fault that they didn't notice things and served the parent's mental health. [Clients] pray for just having somebody to talk to."
- "A lot of staff were reassigned to COVID duties. Outreach has also been difficult because of COVID. So now 3 outreach events this month we are starting again."
- "Burnout, dependency on them and heavy toll of families and they have their own stuff like COVID, we've had home visitors that have lost family so their lives have been intense."

COVID-19 Challenges: Technology access and virtual visits (top theme in rounds 2 and 3)

Round 2: A significant COVID-19 challenge was ensuring clients and home visitors had access to and had the technological literacy to shift to virtual from in person meetings (85%, n=17)

- "The accessibility [has been challenging]. Some families don't have unlimited phone plans so they can't stay on the phone every week. Some families have phones without videos. So, a phone call is different from a video. Relationship building is different with the communication breakdown, like speaking at the same time. Reception isn't always good so people can get tough."
- "We have challenges with technology. A lot of families that need home visiting services, don't have the ability or knowledge to login and access Zoom links. That is a big challenge for us, regardless of COVID or not, being able to navigate technology [is a challenge]."
- "Telehealth is very different from being in person so finding the engagement has been difficult. A lack of having a phone or having Wi-Fi that is also a huge reason why. And just other stressors they have to deal with – the conditions they are living in and who they're living with."

Round 3: Issues related to technology and phone access during COVID-19 were indicated as a significant challenge by county leadership (43%, n=10).

- "County policy only allowed phones, HIPPA requirement not allowed to use video requirement. Clients were… challenged to complete screenings…difficult to do evaluations of kids when you can't see them."
- "The most likely challenge is probably that some clients don't get certain services that they would get in person with telehealth, and some clients sometimes have lack of access to technology, some folks don't always have stable phone numbers or internet."
- "It's voluntary – I can't mandate that I have to do this in your home. The issues – internet connections will drop, start with FaceTime and then after 2 minutes it will drop. I'll do a phone call visit so I can talk to them but then I'll call back on FaceTime to see them and sometimes they send me a video of what the child is doing."

COVID-19 Successes: Positive Experiences with Technology Access and Virtual Visits (top theme in rounds 2 and 3)

Round 2: 45% of county leaders cited positive experiences with technology solutions to support remote work and virtual visits as a flexible workaround due to COVID-19, which has proven to be beneficial for clients and staff alike (n=9).

- "One good thing from COVID [is] we have had to have more in-depth conversations and more looking at business processes. For our home visitors, they really had to look outside of the box. It's good because family can't always be in the home if they are working etc., [so for example, we ask] "Do you have time during your lunch hour via Zoom?"
- "They are into text messaging instead of face-to-face and some customers probably like it more and are interacting even more because it's comfortable."
- "I heard from the supervising public health nurse that telehealth is working for the clients that can get access to a device and broadband."

Round 3: Similar to the experience in round 2, county leaders found that the adoption and continued use of technology to support remote work and virtual visits due to COVID-19 presented distinct successes such as continued engagement with families as well as convenience (78%, n=18).

- "Video calls are popular - it's easy. Not going to go away. We are still offering video calls."
- "Pandemic - virtual services - very responsive. [HVP staff] saw them more, [clients] wanted us to check in, as it helped [clients] feel less isolated, and were provided resources for survival. [Clients] felt supported and cared for. [The telehealth transition] worked well for us."
- "We started doing in person home visits as of July, so we are leaving it up to the client and opting to do telehealth and hoping to retain more families that are already engaged."

COVID-19 Successes: Innovative Strategies for Serving Clients (top theme in rounds 2 and 3)

Round 2: Half of county leadership cited instances of home visitors offering innovative and creative solutions to continue the provision of services to clients and make it as seamless as possible given COVID-19 (50%, n= 10).

- "Drive by events and especially the graduation – had plans for an in-person event in March but they regrouped and ended up being even better. Families really enjoyed how special it felt and they drove up one at a time and got showered one at a time. Kids were in car seats. Both for team building and for families. Halloween was a similar event."
- "One of their case managers early on did a social media challenge where she would dress up and accessories with a phone and sing a song or read a book and challenge the family to make their own recording and send it back. In the end, she made a t-shirt with video clips from the families."
- "[Name of HVP model] pretty quickly gave us guidance for asking questions of the mother. It's called CHEERS – C is for choice, H is for quality of holding, E is empathy, S is for smiles… since you can't see it, instead of doing one for each letter, you just do two. Would ask parents or take pictures to send. It's difficult, not done in the traditional way. Have been doing some drop offs in terms of items they order or diapers. Different things we have for our moms, like books. Have taken advantage through seeing them at a safe distance. Also did a couple drive by events for a graduation in an abandoned parking lot and a safe Halloween event. Retention hasn't been an issue for us."

Round 3: 57% of county leaders continued to emphasize the success through innovative and creative service delivery as ways of engaging and serving clients during COVID-19 (n=15).

- "[HVP staff] took things to people's homes. Did porch drop offs. Authorized delivering essential items with gloves and masks and spraying and sanitizing things... Staff felt important...We will continue to do it this way. HVP providers setup camp chairs outside. We have set up online groups and family connections. Drive by graduations, Mother's Day drive by. We deliver little gift bags."

- “We switched to telehealth and then switched to a hybrid of services so did a combination of in person and telehealth so we individualized services for clients to meet their needs for what they were comfortable and able to do...So we were flexible and individualized the visits with clients, either in home or park, etc. We followed COVID protocols, all staff had masks that we had to wear. Also, when they got to the visits and found potential exposure would cancel the visit and reschedule it. I didn’t have any staff get sick. My staff wore masks and brought masks for families too to offer in case. So being cautious and individualizing appointments.”
- “Our agencies got really creative and you know we at the beginning, like the first few weeks, it seems like they started doing what we call their door dash and they would go and you know drop off materials in front of the door, watch to make sure it was picked up, sometimes they even have their home visit and the home visitor would be in the car. And might hear of families that if they didn't have hotspots they would stay in their car, so the family could use their hotspot. I mean our agencies got super creative. From Facebook live or Zoom and all the different accounts and ways of doing it and more texting. We had our outreach workers do videos of community resources and community agencies, so, then our agencies could share them at the parent meetings, as you know, because our parent meetings are really focused on practical resources for the family. That they could walk away with like a new concrete referral.”

Additional Theme 1: County Identified Areas of Need - Leadership

This section is unique to county leadership. County leadership shared feedback about plans or recommendations for which they would appreciate CDSS’s assistance.

Round 1: 30% of county leaders (n=13) spoke to issues for which they would appreciate more support. These included additional clarity in CDSS guidelines, guidance on an ongoing basis, and more trainings on topics such as data collection and CalWORKs services and eligibility criteria.

- “[Would like for the] State to clarify the process for material goods that they would recommend.”
- “Something that would be beneficial is monthly calls with CDSS for implementation on CalWORKs – would be great to have [CBO] and SSA take part in sharing best practices and implementation strategies.”
- “Data challenges create a need for a lot of training. Ambiguity in answers has led to a need for training, which is also time-consuming. When the drop-down choices change ‘with very little input from us and very little warning’, it creates delays. Need to modify records again and need for additional training.”
- “Trainings that connect us to other counties. Very informative talking to our counterparts in other counties. As one perfect example, we had issues with staffbuy-in to the program, so what I learned at the Academy is that other counties have used incentives to award teams that refer the most clients.”
- “More in-depth [explanation] about CalWORKs and different programs. Probably more at the local level, getting an overview of different programs so they can encourage participants to access services. Participants may be more receptive to home visiting staff providing a referral than a caseworker.”

Round 2: In the second round of interviews, county leaders (95%, n=19) made recommendations on aspects such as data collection (60%, n=12), timely guidance (40%, n=8), and sharing programmatic best practices amongst counties (40%, n=8).

- "Suggesting something that could be created and not have to be done manually; there were conversations about universal data collection. The history was there wasn't a data tracking sheet and then when the state came with the tracking sheet there were still a lot of questions. When you're looking at the tracking shee are places it can be interpreted in different ways. Would hope the state would release Q&A would do it sooner rather than later; they are important issues and it takes a strain on those that are doing the report and on a monthly basis. [Suggestion] could there be a universal training around the data collection,so even if they are struggling they can call another county and say 'Are there some ways you're doing it that we could do to improve?'... recognizing that not everyone has data collection skills. Reporting monthly is cumbersome and it's unclear what the value of monthly reports is. The data doesn't change much."
- "One thing we noticed internally – we're getting information through states and public health departments. The challenge is 'who, what and when' State issued a Continuous Quality Improvement (CQI) meeting. They aren't getting information at a synchronous time. If something is time-sensitive she wants to make sure she sends it to the group and it might come to her but others might not get it. Would be great to have one platform or portal so everyone can get the same information at the same time and they can check to share information from the state."
- "Since it's still in its infancy, something like a clearinghouse of questions and answers does list the All County Letter (ACL) and Frequently Asked Questions (FAQ) that they posted, I am sure there is other dialogue that is happening, but it would be great to hear what other counties are doing to hear if that would work here."
- "From a training side, it would be great if they had a suggested training guideline, 'We've found these core trainings to be vital'. They're all trying to…some counties are very proactive and have been doing this for a while, that would've been good to know.
- "I think what would be really helpful is to have the status of the HVP program overall throughout the state and where we fit. I'm sure other counties are experiencing this as well and it would be really helpful to have a communication and discussion around what is going on, what is working, what isn't and if there is something going on it can be shared."

Round 3: The final round of county leadership interviews (96%, n=22) provided recommendations for CDSS to follow up on. The main sub-themes were improving CalWORKs eligibility requirements to improve client enrollment (35%, n=8), a desire to learn best practices from other counties (35%, n=8), and a request for more support around on how the HVP models are allocated, run, and administered (30%, n=7).

- "What could be improved is the state having a state-wide database, more of lessons learned. We had training for our programs, manuals of screenshots to enter things here... We thought a lot of it is self-explanatory but we realized our agencies weren't listing referrals the right way ...we took a step back in applying the continuous quality improvement (CQI) model and provided a lot more training for staff. Every supervisor's meeting, we have some training on it, but we also want the data to be meaningful to them. So, lessons learned is that we take some time at every meeting

(used to be monthly now every other month) and we ask them to reflect on the data from the past month and tell us what they're learning about their own program. Makes them stop, learn and listen. For example, how referrals are being made or not always being made for developmental screenings and different issues like that, so that has been really helpful, not to assume."

- "System-wide recommendation - state had a subcontractor consultant accessible to counties- for outreach and enrollment- lesson learned across the state; provide technical assistance. We are working in silos."
- "Helpful to hear from others implementing the program and creative things that have been successful and tried playdates and other things with you know varyingdegrees of success, but we really enjoy and learn from others that are doing home visiting."
- "...hopefully we can see trends in other counties to provide trainings and some reforms."
- "Originally the allocation numbers were so high, there was obviously a lot of energy behind putting funding into this. The pressure of this big allocation that we need to spend...it just sort of the way it rolled out, it just felt like there was a little bit of putting the cart before the horse. There's a pressure when we have money flowing, we get the idea that we want to spend it, but there is really no infrastructure to support that."
- "I subscribe to CDSS links so I get them in my mailbox a lot and then I have to plow through and figure out if it's relevant to me because CDSS is huge so maybe it's me but I have trouble zeroing in on the materials specific to CalWORKs HVP. For instance, do I have a program consultant at CDSS level?"
- "...it is helpful when people have some understanding of the uniqueness of our environment, because programs are designed for larger places and we aren't that big so it would be nice if they had some flexibility. And we have tried to adjust the program to the context of the community that you are in."

Additional Theme 2: HVP Implementation Variation across Counties - Leadership

County leadership and administrative representatives shared varying perspectives about the implementation of the HVP models in their county. The common elements shared by leadership across counties included the need for a more consistent referral process from CalWORKs, especially because of the changing CalWORKs guidelines and the short HVP model eligibility windows, which in turn affects client enrollment and subsequent engagement. Leadership also shared how challenging and cumbersome the HVP19 data collection process was, and expressed a desire to further simplify the data collection process, hire data analysts, and receive more timely guidance, technical assistance, and training refreshers from CDSS. County leadership expressed how providers needed to collect and report data to both the state as well as the specific HVP models, and are looking for solutions from CDSS to align and streamline both data collection processes. Another challenge county leadership shared was ensuring the adoption of HVP model fidelity. This is a challenge because home visitors strive to build a trusting rapport with clients but felt like the model was prescriptive and inflexible. In addition, another staffing challenge included issues of staff turnover or being short staffed and being unable to fulfill positions since the HVP model requirements for staff recruitment are very narrow. These challenges were exacerbated in counties that are smaller in size (based on California population quartiles) and more rural compared to the larger and medium-sized counties as well as counties that are

more urban. This variation is attributable to the kind of HVP resource and budget allocations and infrastructure, and the extent of collaboration and partnerships established. The variation is also attributable to staffing constraints related to servicing geographically dispersed communities, staff feeling overburdened, low-pay, and the inability to attract appropriate talent to fill staff vacancies.

Round 1

- "Because of the large geographic and rural county, can't have one nurse serving the entire population. Have six nurses each with some CalWORKs participants so they can cover the entire area. Fiscally makes it challenging. Have to use braided funding. Hardship for financial people to ensure fairness, equity."- Round1, Leadership (Small county)
- "One of the issues is finding room for the workers in their main building. [County] is trying to find staff that can sit in the office. Having a hard time finding staff that can be based in these other locations. Right now, they reimburse mileage. Some of most in-need families are in [geographic location] offices and they struggle in serving those clients yet, at some point she thinks we can, but it's really hard to have someone traveling 1.5 hours a day. Would need to hire someone who lives in that area. Being able to serve all of [county] is the goal."- Round 1, Leadership (Large rural county)
- "We have lost county leadership at multiple levels, we have low staff, people who are doing more than one job, so we don't have continuity. Also, have not received support from other counties, regarding MOUs and sharing with other counties on how they are getting it off the ground. The difference has been that we overestimated the enthusiasm of potential community partners and their staff's capacity to absorb new practices. The other difference is realizing that our understanding of MOUs between the CDSS and the CDPH was not well thought through. We are running into bumps with admin, fiscal, and contracts. We have had significant staff turnover during the period of start-up/early implementation." -Round 1, Leadership (Small county)
- "The biggest success has been co-location of providers at the SSA office. This helps immensely with client enrollment in HVP services, likely with enrollment in other services as well, e.g. MH/DV services, another services part of CalWORKs. If the HV provider were seeing a client at the SSA office, if the client needs something, they can meet with that person's employment counselor and talk through the client's needs."- Round 1, Leadership, (Large urban county)

Round 2

- "It's just that I have very few families, I need them to offer more flexibility to us, when I accept a program that is supposed to serve 3 families with $20,000 and be able to leverage different pots of funding and we are held to the same standard as [name of large urban county]. My staff are awesome but it's that administrative cost that isn't taken into consideration. It costs me more to do business than to spend it on the clients."- Round 2, Leadership (Small county)
- "Our annual performance review (2019/2020) was outstanding. The graph showed weare meeting all these markers of model fidelity. [Model fidelity markers include]: meeting with clients twice a month, certain participants in group connections, doing all staff meeting, we have reflective supervision with staff, very strict deadline that notes are in within 3 days meeting with clients, doing developmental screenings for all children, any domestic abuse

screening, inputting into [database], [and other] essential requirements of the program”- Round 2, Leadership (Large county)

- “We have found that family engagement and retention take a great deal of patience for families that have experienced or are currently experiencing trauma. Families experiencing trauma can have trust issues that impact relationship building and we are careful to build relationships at a rate that the family is comfortable with and can sustain. It sometimes takes several visits to complete intake paperwork and we ensure that we address and assist with resolving presenting or immediate crises to stabilize the family to the point at which they can actually focus on parenting and child development. Moving the process too quickly without regard for the family’s current situation can alienate families and make participation in home visiting more challenging.”- Round 2, Leadership (Small county)
- “Drive by events and especially the graduation – had plans for an in-person event in March but they regrouped and ended up being even better. Families really enjoyed how special it felt and they drove up one at a time and got showered one at a time. Kids were in car seats. Both for team building and for families. Halloween was a similar event. One of their case managers early on did a social media challenge where she would dress up and accessories with a phone and sing a song or read a book and challenge the family to make their own recording and send it back. In the end she made a t-shirt with video clips from the families. I see that there is this huge chunk of money that’s actually doing great work, as far as a preventative measure for this specific program and having two tiered generations for the parent and the child. The state is really considering having the parent and the child and that’s the idea that it’s supposed to have. I really appreciate how the state is being very thoughtful about having this specific program.”- Round 2, Leadership (Large urban county)
- “Another barrier is that the business process has changed. We are basically trying to stay afloat. Our district offices are closed or by appointment-only based on emergency services, but our staff are operating 75% of our staff. Close to 50-60% of our staff are doing 3 to 4 times the amount of work that they normally would because of the increased public assistance applications and number of leaves that we have had to deal with because our staff is just as concerned for their own health and safety or to assist their children with distance learning. There is a hiring freeze in place by the board of supervisor which is out of our control. We have not received any kind of update about our vacant positions but it was put in place at the beginning of April”- Round 2, Leadership (Medium county)

Round 3

- “Challenges have been organizational disorder and changes in staffing at director, managerial level so for those of us trying to plug away as program implementers, having clear lines of communication has been a challenge. And also, we are understaffed because of staff being deployed for COVID. Because we can’t do the same community outreach.”- Round 3, Leadership (Small county)
- “We are defunct at the moment. About a year ago we were hopeful that we wouldget assistance on a collaborative grant with [Name of CBO] to get a needs assessment to look at different models and see how we might engage our partners and different programs. It’s hard to run a program when you can't get any traction under your feet and get any experience and so forth...Yes I lost my supervisor in November and I’ve been recruiting heavily since then, she served as supervisor and brought a wealth of experience with the Maternal Child Health program and public health and working

with families at risk of child welfare she was perfect person and were able to charge her time, it was hard to do anything with $20,000, so leveraged other funds to pay for her supervision. So, funding is always a hot spot for me because it's very difficult, with little bits of money here and there, even though it's a tiny little program. It doesn't set you up when you have these really tight parameters and don't have a lot of flexibility so. Hoped it would serve as seed money and we were getting traction…My home visitor is helping with COVID response and hasn't had referrals in a long time. So, I feel like we are on hold. I think these programs are so important but we have to find away to get more funding." - Round 3, Leadership (Small rural county)

- "Dealing with so many moving pieces- we had to redesign the program- was tough but we did it. We increased our enrollment rate, higher than the national model. We had a successful transition to virtual services, it was seamless. We had an amazing partnership with [name of media house], creativeness and advertising with social media- DPH put the contract together in no time. Didn't have program disruption home visitors, training them once a month. Other training was offered virtually. Relationship between CDSS and DPH, we have aregular check in with our Public Health buddies; always there when we need them." - Round 3, Leadership (Large county)
- "The only thing is we wished we could receive allocations, we don't know what funding is going to be for this fiscal year because we haven't received it from CDSS so we can't plan in a timely manner. During advisory group meetings, all of them have our referral forms. I'm receiving referrals from CalWORKs and other partners and other community agencies. We hired a second home visitor recently so we've been able to serve more. Not promoting on larger platforms that partners are aware of, receiving referrals, could take a few clients but we are currently at capacity. If we knew what our allocation was going to be, we could start planning because a lot of training is required for home visiting before providing services. The need is there but we don't have the capacity to serve the clients, all the referrals we have received we have contacted them and enrolled some, but weren't able to enroll some but they weren't interested but wanted resources."- Round 3, Leadership (Small county)
- "We get such a little bit of money, $10,000. I was willing to dip in because it was CalWORKs to realign funding if it was needed. Really difficult to get such a tiny bit of money, but none of my time could be charged, nor did my supervisor…it's really difficult to put up a really viable program…It set us up to not do anything too robust."- Round 3, Leadership (Small county)
- "Being put in a situation where I'm the only one who can do it, and the state making changes so many times with templates and contracts. It's so overwhelming, we do not have mentors at our level. I know I'm around the corner from retiring if I stay in public health and I'm always thinking about what is going to happen to public health and social support. In a bigger structure, we need to value those who are building these programs, to maintain what we have so we improve and engage and continue. Many people are borderline letting it go, and it's a survival thing. It's time for upper legislation and statewide action. Just as we acted as a crisis level for COVID, that's where the reach out is needed for all these preventative programs so counties don't give up."- Round 3, Leadership (Small county)

Home Visitors Summary

Individual interviews were conducted with home visitors in round 1. The data collection format shifted to focus groups in round 2 and 3, where round 2 averaged 7 home visitors per focus group and round 3 averaged 4 home visitors per focus group. In round 3 there were a few small counties that had struggled with the implementation of HVP. A separate focus group with a different protocol was developed to understand perspectives of counties that had not been able to implement HVP. The representatives from these counties comprised both county leadership as well as home visitors. Since county leadership in these counties had already been interviewed, a decision was made to analyze these data together with the focus group data in order to avoid duplication of representation. The viewpoints shared at this focus group were also incorporated elsewhere when relevant, such as in the section: County Leadership, HVP Variation in Implementation.

PROGRAM SUCCESSES - HOME VISITORS

Overall, across rounds, home visitors shared program strengths related to the types of HVP activities, including home visits and HVP evidence-based curriculum, staff training supports, the impacts that the program has on clients and their families. Home visitors also shared program strengths on the overall benefits of the specific HVP models and how they have been adapted to clients' needs. There was very little variation across rounds with respect to the degree and ways in which home visitors spoke about the HVP's strengths.

Table 4: Program successes identified by home visitors

	Round 1# (n=51)	**Round 1 %**	**Round 2# (n=13)**	**Round 2 %**	**Round 3# (n=14)**	**Round 3 %**
Client impact	51	100%	13	100%	13	93%
Overall program model successesand partnerships	51	100%	12	92%	12	86%
HVP training	49	96%	12	92%	11	78%
Services used most by clients	N/A	N/A	N/A	N/A	11	78%

Notes: In round 1 the data collection method was individual interviews. The n's represent unique interviewees who brought up a given theme. In rounds 2 and 3, data were collected via focus groups featuring multiple home visitors' perspectives, the counts and n's represent unique transcripts(i.e., focus groups), not number of individuals or mentions. The top three to four themes (there is a tie in top themes for round 3) are shaded.

Client impact (top theme across all three rounds)

Round 1: Throughout the interviews with home visitors, the impact of the CalWORKs HVP on clients and their families was stated repeatedly. With examples ranging from life-altering support to the value of having an objective and supportive sounding-board, home visitors told stories of their clients' lives and growth within the program. All home visitors (100%, n=51) identified instances of positive client impacts, including:

- "When I did her parent survey, I saw this mom would need a lot of help and she did not hug her child and she did not talk about her child positively. After [having home visits] multiple times and working together, I am seeing so much progress.She hugs and kisses her child after the activities and she's aware of the child having their own emotions."
- "One of the big successes is a single mom who was homeless and was living in a shelter. She was receiving CalWORKs and had assistance but then was able to officially enroll in HVP. The client went back to school to become a Certified Nurse Assistant (CNA) and is now working in that field [after previously] working at a restaurant [which was] less stable. She was able to get housed and in a studio apartment with her son. The fact that we visit every other week and were able to check in and help her stay accountable. Also doing things like getting her connected to childcare. A lot of it is about referrals and figuring out what she needs – childcare, transportation. [I have] a relationship with the CalWORKs worker and could go ask them about it if the client mentioned a need...Being there and seeing it and asking questions to get them what they need. It's the biggest thing. It feels like a small thing – like a friend, but it's still professional. So interesting to see their success and celebrate it."
- "During [a] kitchen safety conversation, [the] client revealed she didn't have a refrigerator and used two ice chests and would fill ice every day. I was able to connect her with 211. They didn't have appliances in stock, [but] the appliance store was able to donate [one] and the HVP was able to pay for [the $100] delivery fee. In another discussion talking about safe sleep, [the client] talked about [how] the baby sleeps in the crib, but the other children sleep on the floor[and I realized] they don't have a mattress. We were able to order [mattresses].
- "I think the program has been very successful in getting families to be self-sufficient in achieving their goals, getting more proactive and more energized to find resources, to have a better life, [and] to build [a] better community."

Round 2: Home visitors shared experiences of clients who had made significant progress through participating in the program, and how clients could recognize the impact the program was having on their own lives and their children's' lives (100%, n=13).

- "I have a family that is a rockstar. Mom and dad were on the streets of [Name of County] for 6 years. When I met mom, she was pregnant living in a shelter, she went clean on her own. Dad was still struggling. They went to temporary housing. Dad was always gone at the time. Got full permanent supportive housing, dad got a full-time job and cleaned himself up and they got off CalWORKs because he was making too much income. They bought a car and recently moved into real permanent housing where they are paying some real grown adult rent. To see them from going to the street to all…to see how supportive she felt like my role was. Now she decided she wanted to stay at home and raise her daughter. But she decided she wants to start

going to school and recently she has now started to work with one of the homeless shelters that…just texted me to see how to make referrals to our program because she felt it was so supportive. So, if that's not full circle I don't know what it is!"

- "But someone going through this professional going to kind of step by step through your major life event and that's when the opportunity to change…there's so many of my clients say I don't want to be raised the way I was raised and someone who really listens to that and praises the little things they are doing about the changes are downstream. Their child is going to be better off than they were and their parents were because of little things."
- "They are very young. Many of them did not have good relationships with their own parents. I am surprised at how because they didn't have good relationships with their own parents, they've really gone out of their way to try to learn to be a parent the correct way. What I have not seen, being impatient with their kids, I haven't seen them getting frustrated or them reporting it. The questions they ask are in line with building their children up. I am pretty proud of them for that. I'm 63 and I have grandkids, they get to do this and you get the generational links that are not good and want to break those and they're recognizing that."
- "We've been a part of them moving to get their high school diploma, to city college, and getting their bachelor's degree. There are so many successes."

Round 3: Nearly all home visitors (93%, n=13) discussed positive outcomes for clients. Home visitors shared that the program increases client's self-esteem and confidence in parenting, generally. Home visitors also shared specific outcomes, like the adoption of better breastfeeding practices, graduating high school, securing employment, and getting custody of their children during a Child Protective Services case.

- "A client in crisis asked me to come over for support...It's these little moments in every visit; parents are like sponges, they want to soak it all up, they love their children; they just don't have the skills and when we introduce these skills it just clicks."
- "Mom could get full custody of her daughter. Yeah, I was able to aid her and provide documentation to put in effort to help her child. Aid her with court cases - that she was putting in some effort. Apart from the weekly home visit. I keep in touch with the family over the phone to help them out whichever way. Two moms who received a full-time job. Won't be able to continue with this program. They didn't have a job and when they started working - we can't continue with the program. Although it's sad for us, we consider this our success."
- "Huge increase in so many families in parenting confidence...Self-esteem improvement, significant amount of trauma, giving them positive, verbally praising them, really after so many times see improvement in their moods, how they interact with their children, having that there that really positive rapport has been beneficial for families."
- "Had a client that graduated from high school this year even with COVID...she wants to enroll in community college and her goal is to get a 2-year degree and a 4-year degree. So, having us in their corner and being their cheerleader, it's so positive, with COVID everything has been so negative at times."

Overall program model successes and partnerships (top theme across all three rounds)

Round 1: The most commonly referenced element that was working well was the HVP and program model. Program activities, including curriculum, home visits themselves, were discussed across all 51 interviews (100%). When discussing the strengths of activities available for clients, home visitors spoke to the different types of program activities (e.g., home visits, social events, resource and information sharing) and the content or lessons shared with parents (e.g., methods for positive parent/child interactions, child development milestones). In round 1, outgoing referrals and partnerships were a separate sub-category, but in rounds 2 and 3 partnerships are wrapped up into overall program model success. These categories are combined for round 1 to align with subsequent rounds.

Partnerships and collaboration, emerged as the next strength identified by all 49 interviewees (96%). Home visitors spoke to the value of having partnerships with other agencies and departments to be able to meet the diverse needs of their clients. This ability to advocate on behalf of clients, and connect them with additional resources, was discussed as an incredible benefit of the CalWORKs HVP.

Program Model Successes

- "I think it is amazing that we bring opportunities to families through HVP. Sometimes they have no one else, and have a lot of trauma, particularly immigrant families who have a lot of stress. So, having someone next to them, supporting them, not just providing resources, but just to be there with them. They don't have family. For me it's so rewarding to be able to give that. In our culture, we don't know we are living in violence [when in home countries], but being in a different country, they don't know that what they are doing is against their child's rights. We do safety and children's safety, and what will happen if we don't change the way we raise our children now that we are in this country. It opens new doors for them to do parenting in a new place and way."
- "[We] engage with parents by reaching out to them, introducing the program as an opportunity to partner with us, to share child development information with them and to help them grow their capacity [for] child-parent interactions and bonding, and also become part of their support system, social support system as well, giving us the ability to help direct them to opportunity resources, help them comprehend development for child age."
- "Twice a month we hold socialization events, 16 of us in the department. My group has 3 other HVP visitors, we might meet at the library, we might meet at preschool the next time. We try to put the social events in areas where the demographic is located. The social skills activities are 1.5 hour. Give a lot of notice. Give them little incentives, give them extra food, extra clothing. Stuff needed to encourage attendance. Help to get them different resources if they are short on food, if they need diapers, food, referrals to other agencies. We will refer them to [diaper distribution]; different food distributions. For my parents, it feels [like] it's benefiting them, helping them to work with their babies. Helping them to interact with them so that they are learning."

Partnerships Successes

- "We have the benefit of working under the same umbrella of the food bank so that we can provide more. [This] makes us stronger because we have the same information. [We can] give the families more resources... [We also have] 211 and

[an] organization that does home repairs and installation, and also [a tax assistance organization] and WIC. [We have] a lot of communication with other departments, emails, fliers, or if we want to collaborate on something bigger."

- "[Clients use] referrals [to] immigration services the most in terms of resources. [They also use services for] basic needs [such as] clothing, information about job fairs. They really want mental health services and get that referral. It is another top priority. We have a partnership with [university], we meet in our building and I walk them to the [mental health] facility. [We do] warm hand-offs for mental health service."
- "A lot of clients have experienced success after referrals we have provided to them. They use a lot of referrals...For example, some clients need clinic referrals because they don't have insurance. So, I refer those clients to certain clinics, so they are able to get the medical assistance that they need. Another one would be referrals to [local community services] when they need emergency diapers. We also refer to different programs (e.g., to get a laptop [or] iPad that a child may need for school)."

Round 2: Home visitors praised the success of HVP, highlighting its collaborativenature, excellent staff, and diverse funding model (92%, n=12).

- "What's unique about our program is that we are not siloed, we work in collaboration with the child support program, child support office, [HVP model], behavioral health. It's unique in the way we're hitting on those points and building rapport with them, and that then translates to the clients. I think that we're lucky we've had that going for a while. Even before [HVP model], the main focus was it being collaborative."
- "We have a lot of families that are really struggling and COVID hasn't made it any better. We are really lucky at the draw, when we started up the program, we had made some really great new hires who had home visiting experience. That's why of the nine sites, we are the site that's done the best. We had a team leader that really jumped in feet first. We really jumped into the program right off the bat, we are ahead in solving the problems and the issues."
- "Have a diverse funding model and so we re-engage some moms periodically tosee if they are then eligible, and create some forms…to bring those moms back in. We are coming up with some strategies internally for out of the box thinking. We are pretty high in our numbers, but [model] was the first model started and quickly realized eligibility criteria limited the population we could serve so expanded models in early 2020."
- "Very client focused, it's always their desires and helping them with that. Empowering first time moms and making sure you do the medical and emotional, it's a holistic model."

Round 3: Most home visitors expressed that the overall program model was a success (86%, n=12) and they provided examples of the successful partnerships and collaborations that contributed to program success (71%, n=10).

- "Our agency has a community resource guide so we're aware and give to clients when they're new; but we have a home visiting coalition, it's all the home visiting providers come together once a month to share resources of what's available. It's a great way to learn of agencies that have programs that are useful to our clients."
- "For both [2 HVP models] we have the community advisory board we meet regularly (quarterly), helping us to connect with different resources. The group is: [multiple CBOs and county agencies], a Board of Supervisors Office, a

grandmother's group representative; they provide resources like books and connections. They really advocate for our programs."

- "[HVP model] is also a client-centered program so meeting them where they're at on that day; but we use an assessment to assess on multiple domains and see where they're ready to change, so based on readiness or willingness to change, we can alter their appointment schedules. These clients have a lot of meetings (CalWORKs worker, eligibility worker, mental health worker, DV worker) and a lot of appointments, so I have to modify the frequency of visits based on our assessment. If a client is pretty stable but the other priorities are more pressing we allow them the time and flexibility that they need or other issues but we're available...Modify location, meet them at McDonald's or a park or Starbucks; that's the flexibility, meet them out in the community or our office or wherever they're most comfortable."

HVP training (top theme across all three rounds)

Round 1: Home visitors interviewed in round 1 discussed home visitor training (96%, n=49) as a programmatic strength. Home visitors acquired greater skills and knowledge about adapting the program models to address client needs and provide effective services.

- "All [trainings have] been helpful in different ways. I use the car seat one and the cultural competence. As a person of color, myself, it's really validating to see my colleagues taking part in the cultural competence training as well. Reflective trainings have been a big part of it. See where you're at yourself and reflect on the feelings you're having. Being able to address it with yourself. Empathetic interview training in a way that the person feels listened to."
- "Most of the trainings were very helpful, especially the ones more geared to home visiting and what a lot of these parents are facing [homeless, frequent moves]."
- "[I was] recently encouraged to participate in Zoom trainings. One was specifically for reflection, learning to reflect so we are able to be more present with families. This was one that I really enjoyed, just a reminder that in order to continue to support families it is important to reflect, especially if there are triggers or certain feelings that we are having with a specific family, asking ourselves why we are having those and reflecting on that."

Round 2: Home visitors highlighted trainings they received as being a valuable part of the program, including training on the program models, client needs and techniques for meeting those needs (92%, n=12).

- "The training we receive is excellent… We are really focused on mental health. We are all trained to identify anxiety…and provide therapeutic activities for them. [Also] using motivational interviewing to identify goals, to understand my clients, [help them develop] their own goal."
- "The one that stands out in my mind, put on by the dept of public health, "compassion and cupcakes". It discussed how to have self-care and take care of yourself and advocate for yourself."
- "Helpful how to hone your craft and figure out a better way to reach families especially with virtual visits and build and keep connections even though we're doing it virtually or socially distant."

Round 3: Home visitors expressed positive experiences with training and shared a variety of trainings that they attended, such as trauma-informed practices, trauma interventions, resiliency, social equity, and cultural competence (78%, n=11). Home visitors also expressed that training is encouraged by the provision of stipends.

- "Stipend for professional development. It's encouraged. They're always providing options. Lots of training. It is offered through county schools, [CBO]; it's been awesome.Training on implicit bias was great. We're confronting ourselves; we are being culturally supportive and sensitive."
- "We do TCI [therapeutic crisis intervention] just in case we come across a situation which is volatile, we know how to properly handle it. Families going through a lot of trauma, handling certain situations, are very beneficial for us...we do have so many [trainings], covers so many different areas, have a common basis, we all have degrees in different areas, as home visitors have a large amount of trainings."
- "Triple P standard for parenting, offered recently and seems great for our home visitors."

Services used most by clients (top theme in round 3)

Round 3: This topic was introduced in round 3. Home visitors shared that a strength of the program is in the services used by clients (78%, n=11). Home visitors emphasized services related to clients' basic needs, such as paying for hotels and transitional housing, refrigerators, diapers, and food. Home visitors also shared examples of clients accessing resources for mental health counseling and referrals to daycare or educational services. All home visitors cited challenges clients faced in meeting their basic needs that were necessary to address so that clients could fully participate in, and reap benefits from, HVP.

- ""Funded a lot of hotel living [for clients]. Pulled from CalWORKs grant to fund transitional living in hotels; most of the funding for the grant probably. Being able to refer to the things the families need, whether it's gadgets for Speech and Language Pathology (SLP) classes etc. Being able to know their needs and then get those resources...Educational or learning."
- "My mothers have been using counseling services for themselves and kids, given where the world is. With moms who have been doing it. She scheduled appointments for herself and her teenage daughter. It's been a stressful year for everyone...Getting counseling is pretty expensive, the fact that we have that option through the program. The counseling program is through HVP. Counselor works in-house."
- "Our program participants get a materials good grant that they can use to purchase things that the family needs, or the children need…We've been able to purchase refrigerators for some families; eyeglasses. Our families utilize this a lot. Been extremely helpful to meet their needs and continue that rapport with them that we are here to be a supportive link for you…. providing baby items such as furniture, diapers, formula, and wipes/cleaning, especially during COVID. [We] fulfill the donations and bring to them."

PROGRAM OPPORTUNITIES FOR GROWTH - HOME VISITORS

In round 1, all home visitors interviewed indicated at least one element of HVP overall or the county's HVP model(s) that posed challenges and/or could be improved. A number of

sub-themes emerged identifying specific areas for growth including: client barriers to participation in services, elements of program operation and curriculum, and outgoing referrals and partnerships. Similar themes were mentioned in most focus groups in rounds 2 and 3, with the exception of outgoing referrals and partnerships. In rounds 2 and 3, resources and services of interest to clients emerged as a subtheme, providing specific examples or suggestions of how HVP might meet client's unmet needs going forward.

Table 5. Program opportunities for growth identified by home visitors

	Round 1# (n=51)	Round 1 %	Round 2 # (n=13)	Round 2 %	Round 3 #(n=14)	Round 3 %
Barriers to Participationin HVP: challenges faced by clients	50	98%	13	100%	11	78%
Barriers to Participation in HVP: Program-level	42	82%	9	69%	13	93%
Resources/services clients want more of	34	67%	12	92%	11	78%
Training needs	48	94%	13	100%	11	78%

Notes: In round 1 the data collection method was individual interviews. The n's represent unique interviewees who brought up a given theme. In rounds 2 and 3, data were collected via focus groups featuring multiple providers perspectives, the counts and n's represent unique transcripts (i.e., focus groups), not number of individuals or mentions. The top three to four themes (there is a tie in top themes for round 3).

Barriers to participation in HVP: challenges faced by clients (top theme across all three rounds)

Round 1: The most commonly referenced area for improvement was related to clients experiencing barriers to service, described by 98% of home visitors (n=50). Home visitors listed lack of transportation, stressors and instability related to housing insecurity, financial hardship/low socio-economic status, mental health and substance use issues, and immigration status as some of the challenges that hindered client participation. Barriers related to transportation were the most commonly cited client barrier (53%, n=27), followed by housing insecurity, economic and racial inequity, individual and community trauma, and concerns surrounding immigration enforcement (41%, n=21).

- "The number one [challenge] is transportation. Our families do not have transportation to our socialization events. The kids need the socialization events in order to improve developmental and behavioral outcomes. And parents need it too – often times, we are the only people that they are talking to. Isolation is an issue."
- "[Due to lack of] transportation they don't go to prenatal or doctor's appointments. They fall between cracks. A ride fell through and they don't have money for Uber or the bus."
- "Transportation is an issue for some clients. We live in a rural community, providing a bus pass is not always a solution. We gave out a bus pass in the past - not being utilized enough to keep up with the paperwork.
- "Clients who are undocumented have a fear of letting someone into their home – letting 'the government' into their home. [It's] a challenge to communicate that there isn't a connection between immigration and these services. This has been a challenge in getting clients to even apply for services on behalf of their child. Then, the courage it takes for them to go into the facilities and ask for assistance,and sometimes they face discrimination, sometimes on the part of staff."
- "Parents' own mental illness and trauma experiences can pose a barrier to program participation. I had one family where the mom needed a lot of support. She had a lot of trauma in her background. She had a child around 3 years old and she needed assistance with getting the child in Head Start and mental healthcare services for herself, but then when I started asking if she had done anything she had not and then she started avoiding me. It is difficult when clients ask for resources and don't follow up."
- "The biggest challenge would be [serving] homeless individuals. We do have clients that are homeless individuals. I feel like our program does address [this] to a certain extent, I have referrals to refer them to shelters or affordable housing lists. However, our program is more based on parent education and overall well-being of the child. I feel like we lack overall resources and training to help homeless individuals."
- "…there is no childcare in the county. It's not there. The goal is to support them being self-sufficient, [so we should] have child care specifically slotted for HVP [clients]. If I'm referring to childcare and my client is enrolled in school, I should be ready to have a spot for them. I see moms having to drop out of school because of childcare.
- "Childcare is [provided through] CalWORKs, but there is a waitlist, it could be a year. [It] doesn't help when the program is getting them back to school or work because of lack of childcare. We need to grow that. The counties provide in-home support services [where] family members provide care, why can't we do that with childcare?"

Round 2: Challenges faced by clients with respect to basic needs continued to be a barrier to client participation in HVP described by home visitors in round 2, including housing instability, transportation barriers, and mental health or domestic violence challenges (100%, n=13).

- "They're always looking for affordable housing in the county. That tends to be a large problem in a county and a lot of our clients become homeless as a result not being able to find affordable housing. Housing is a huge barrier for a lot of clients, the security deposit is also hard to decide with landlords, there are no agencies that can help with that. [CBO] do help but not enough help, so much red tape that clients are put through that they get discouraged. No one is calling them back fast enough

because they want to move in next week. Housing is a barrier."

- "Transportation issues. I believe before we were allowed to transport clients to doctor visits. People ask me if I can give rides to the doctor or be able to take her to appointments. One of the only times I told a client no and I did explain about liability and it's a county car. So, the way that I tried to counter this, is to offer bus vouchers. Some of our clients don't have vehicles. The younger clients, they don't have transportation or don't have a license and are not able to help them very much."
- "Mental health - people who mainly have access to Medi-Cal, what they have available to them is very limited. I know ample health pediatric clinics, their therapists change often, which is an issue because there's no consistency. Being able to find that consistency and therapeutic services, there's not a lot available with those with Medi-Cal."

Round 3: Home visitors (78%, n=11) continued to comment that clients have many unmet needs that present barriers to participation in services. Overall, home visitors most commonly raised housing, mental health services, transportation, and childcare as significant needs for clients.

- "Housing definitely, if we could fix that we could. Mental health services, it's been an experience with this program and other programs, some clients don't have pleasant feeling working with behavioral health, challenging to get them to want to work with behavioral health, having more availability for them to make it more comfortable for them, so they don't feel like they are not being heard and respected, big challenges."
- "Transportation is something we could better address. We give out bus tickets for those who don't have cars or access to get around and at one point could give out taxis but no longer – so we could address these for our parents because a lot of them don't have the support they need to get to/from as frequently, it's very costly to be on the bus, and to carry all that stuff on the bus like a stroller, so parents don't participate in certain things because they don't have a way to get there."
- "I refer or try to refer to childcare but it's hard to find childcare. So, I can refer but it doesn't mean it's successful. Same for housing."

Barriers to participation in HVP: program-level (top themes across all three rounds)

Round 1: In addition to the day-to-day barriers that clients experienced, and which influenced their ability to engage in the program, other elements of the HVP and model activities posing challenges for clients were identified by 82% of the home visitor interviewees (n=42). These included model curricula, home visits, and material provisions to clients, which home visitors perceived were not working well. Home visitors commented about the material goods stipend and indicated a need for clarity on what is permitted. They expressed some confusion and delays experienced in providing families with requested resources. The amount of required administrative documentation, data entry, and screening requirements was discussed as work that could be time-intensive and potentially negatively impact program activities. Home visitors also spoke to the need for increased flexibility across elements of the program models and criteria.

- "Case workers refer clients to their program because… of needs like strollers or car seats. We don't have the parenting material items readily available. [That] creates a weird relationship [when] a client knows the program can help. Process for getting items

isn't the most effective. [I've] lost clients because they come for material items and can't get it."

- "Another issue would be our incentive process. For the incentives, we do an assessment, we identify what things they need for their toddler. From there they have to make four consecutive visits to get those things. Then my manager has to put in an order for those items. The process can be discouraging for families because there is an immediate need for them."
- "I would love to see a family be in pre-intake before [they are] officially enrolled and getting their visits. Intake paperwork can be…overwhelming for families. It's a lot of paperwork to cover in the first couple visits on top of relationship-building. It would be better to do intake paperwork prior to being officially enrolled…"
- "As much as I like [HVP model], it can be a little overwhelming…They need to find ways to reduce the labor intensity of the model. When you have to come home and work at night to prepare for the next day [it's a problem]."
- "Love seeing clients on a weekly basis but these moms should be given the option of doing a biweekly check-in…"
- "The material goods – this has been the selling point. But this should not be the selling point. DHS has been saying "you will get $500 of material goods" to sell the program, but then families think that they are just going to get handed $500. We had families drop out early on because of this misunderstanding."-

Round 2: Home visitors expressed a lack of flexibility in adapting the program models to fit client needs (69%, n=9).

- "One of the challenges, [HVP model] is very limited, only for families with pregnant moms or families with children 3 months of age. It makes it very hard to serve the families, sometimes we receive a lot of referrals that might qualify but the families do not have CalWORKs, or the kids are older, so it has been a challenge."
- "I think I should focus more on helping the parents. More focus on visit than the paperwork. [HVP model] comes with a data system, it's touchy and needs to keep up with it. Follow up, visit is little extensive. Wish it was an easier flow going. We don't use the data system that [HVP model] gave us, we're doing everything. Complete assessments as per timeline. 2-3 kids in the age limit. It's hard to keep parents focused and engaged. Set this time apart. I need to be understanding and [appreciate they] may not have other support at home."
- "One challenge is the time lag between going to a self-sufficiency office, eligibility technician putting them on a list and then there's a waiting period. From a systems perspective, I want to centralize the process to assure that people opt-in getting contact from a home visitor because they are the expert."

Round 3: Nearly all focus groups (93%, n=13) discussed program-level barriers as opportunities for growth. Home visitors share challenges with receiving referrals, sometimes because of the quality of information clients receive about the HVP, because clients are not referred early enough, or because of challenges coordinating outreach and referrals. Home visitors also shared how program requirements can interfere with other commitments in clients' lives, like work.

- "Before a client should decline services for CalWORKs they should have to talk to a person that will deliver the services, not just the social worker, but someone from the program so they understand what we can offer the family, we're not CPS, "oh are they spying on us". Explain our intent and our focus."

- "Another challenge is outreach to clients and accessing clients; DSS offices weren't quite ready for us, didn't have a method or way for us to receive referrals or outreach to clients, still a challenge to figure out where to access those clients."
- "A lot of my clients have now gotten jobs. They want to stay involved in the program so there has been a need to be flexible with their schedule and make time with them before or after work to have appointments. Coordinating their work schedule with the program has been a barrier and sometimes we have hadto meet them on their lunch breaks even. There have been lots of issues with getting clients to keep their appointments, which leads to lots of rescheduling. We have had to figure out how long we wait for the clients if they aren't at their home. We have stretched it out to 15 to 20 minutes of waiting for them. We also sometimes see patients more than twice a month based on their needs."

Resources or services clients want more of (top theme across rounds 2 and 3)

Round 1: In speaking about recommendations that would make the program activities better for clients, home visitors (67%, n=34) provided suggestions about additional services such as housing, mental health, transportation, childcare, employment, and medical translation.

- "Immigration [support], because it's so out of her hands -- they will ask me questions and I wish they had an immigration lawyer."
- "As generous as the program is, it would be great if it did pay for tuition either for vocational education or [county] college."
- "Love to have our nurse around more. We have a nurse. I've had a training with her about prenatal postpartum care; only met her once. I would love my moms to work with her. I believe they are working on this. I think that as a home visitor we try our best to work with children; it's easier than parents. Parents don't always know the basics about pregnancy. It would be great to have professionals provide more health education. I've had moms with anemia, and I can provide a little, but there is a need for a deeper level of guidance. I know other programs have nurses."
- "Medical services - many of my clients when they are dealing with something they have to go to the children's hospital, they have to take the bus 2-3 hours…medical access and medical transportation…medical language - not enough medical professionals that speak primary language [Spanish]. Mental health support, and in their native language"

Round 2: Home visitors highlighted services that clients want more of but that are difficult to provide, including housing, childcare, mental health care, and baby supplies (92%, n=12).

- "I know that people have talked about success around housing, but I still think that's a huge hole in our service providing that as a city, you know... [county] is notoriously difficult and expensive to find housing with families. Luckily, we do have some rock star success stories of families getting into stable housing, but there are still people that struggle and have 6 people living in one bedroom, or living with family. I have quite a few families that are living with family… Unhealthy and unhealthy emotional bond with their family. It creates a whole

other set of issues. It's not unhealthy in terms of falling apart but there is verbal abuse and it gets really tricky when you start loading people in. Since housing is so difficult, they stay in this unhealthy environment, where there is verbal abuse. That's a huge problem we have."

- "They need child care, which is one of the bigger ones to the clients get support through. [Childcare] also has a waiting list. [It's challenging] for families with more than one kid because they can get one kid in but not both or the age range is too large."
- "Diapers and wipes are always in need. Food, or CalFresh, safety stuff because they are getting into cabinets and getting into chemicals. Toddler beds and cribs to have a safe place for children to sleep."

Round 3: Home visitors (78%, n=11) shared many examples of the types of resources clients want more of, especially childcare, housing, and transportation. Home visitors shared specific challenges around these resources, such as the limited availability and flexibility for childcare hours, the lack of permanent housing regardless of vouchers, and the ways in which transportation is a barrier to other services.

- "Daycare programs are usually limited to only 4 hours so they have to figure out something else. That's a challenge that the daycare doesn't meet the needs of the community, daycare is not available for evening hours and lots of moms work late nights."
- "Really want housing services. Through CalWORKs they get emergency vouchers, but they're looking for transitions into more permanent housing. I can refer but it takes so long to get services and they have a need right now. We need a partnership to streamline these clients to housing. Shelters have a direct pathway to housing so it would be great if we had some sort of direct pathway to expedite housing."
- "Transportation: like if we give them a resource like the food bank, but they don't have transportation, then they don't want to take the bus if they have multiple kids to take with them, or with COVID."

Training needs (top theme across all three rounds)

Round 1: The majority of home visitors (94%, n=48) interviewed gave recommendations of ways the HVP could be more supportive for clients or additional resources they felt would benefit them. When speaking to their own needs, trainings was one of the top needs, with a variety of trainings being requested including learning more about client need (e.g., substance use, mental health training, prenatal/postnatal support), cultural competency trainings, and trainings on CalWORKs and county-level operations. Examples of these recommendations include:

- "I want more mental health training, more CPS training, and Welfare-to-Work. Having it more often."
- "Also, how to navigate the CalWORKs system. I've helped clients fill out packets but I've never had training on it. I've helped them but I'm going off what I'm reading."
- "Racial equity - in light of what is happening right now, [our county] is SO white, we are in this really interesting split with white and Latino population, the community kind of separates itself that way, I definitely think we have a lot of work to do as far as cultural competency focuses on race and ethnicity and micro-aggression, communication,

LGBTQI community all of those things, we just need a lot more around all of that, because it's one thing to have it be a requirement and have one, but it's really hard for people to talk about…"

- "It would be nice to have more in -depth training on overall drugs and parents and how to support them, and how to recognize babies on drugs. An overall training on drugs, including alcohol and cigarettes, pregnancy, and parenting. This should include fathers too, not just mothers."
- "I want to emphasize that home visitors are empathetic and culturally sensitive to clients. I would like to see this also coming from CalWORKs staff. I have heard stories of clients feeling judged or discriminated against by [human services department] staff. I would like to see resources offered or training provided to thosestaff."

Round 2: Training needs came up in all of the focus groups in round 2 (100%, n=13).

- "For me and my team, I want to get more information, maybe an in-service or training around CalWORKs. When a client is able to apply, the criteria, the services they get. To get some type of training around the actual CalWORKs – the perks that come when clients do receive CalWORKs, I would benefit from it alot."
- "A lot of those online webinars, it helps a lot, especially with clients who may not be doing video calls. We have extra time to focus on professional development and being more informed."
- "We are all trained to identify anxiety…and provide therapeutic activities for themand we came up with that training for clients if they have mild problems with anxiety and depression. Using motivational interviewing to identify goals. To understand why clients, have their own goals."

Round 3: The majority of home visitors (78%, n=11) shared training needs as an opportunity for program growth. Specifically, home visitors shared that they need morein-depth training on CalWORKs programs, offerings, and referral processes and that CalWORKs also need more in-depth training on the HVP in order to increase client referrals and acceptance. Home visitors also expressed interest in learning about general community resources for clients.

- "Interagency collaboration between units to get on the same page for how we're delivering information that's presented to families; this would be a better turnout from referral/acceptance rate. Wish I had more information on CalWORKs to refer families to that program. This part is confusing and I can't find information on my own, online or whatever. Need a standard overview with program goals, target population, services provided or not. I would ask that the training is not always directed to us, because I wish CalWORKs staff had training on [HVP model] so they know what the families are going to get. They need to be enthusiastic about the program to get the families interested in it. The inconsistency is the hugest issue."
- "What would be nice – started to do more of, hard coordinating it with COVID,meeting with agencies within the community that aren't necessarily partneredwith our program to get more of the sense of what our community has to offer...Also, not only working on training for our clients on mental health, but also trained to help our own, can't help other people if we can't help ourselves, talking care, self-care with us as a community, reaching out to each other, staying well connected, to support community as well."
- "I would love to receive training on community resources in my area, what resources are available to clients. We received CalWORKs training but every time we get it I feel like it's so broad, so much information but it's not in-depth, I would

love to receive training on all the programs they offer and how to access the programs. I would like trainings on substance use disorder, how to support families. Trainings on trauma is always helpful; the amount of trauma these families are dealing with, the more the better. [Also training on] developmental disabilities for adults, where to get resources."

COVID-19 Program Experience - Home Visitors

As might be expected, over time (particularly between rounds 2 and 3 focus groups), challenges with COVID-19 were shared with less frequency and successes were shared with greater frequency. In particular, there was a substantial decline over time in discussion of challenges pertaining to staff stress, client stress, and client access to technology. The analysis also indicates that the successes with technology assisted remote work and virtual visits improved from round 2 to round 3.

Table 6. COVID-19 program experiences identified by home visitors

	Round 1 (N=51)	**Round 1 %**	**Round 2** (N=13)	**Round 2 %**	**Round 3** (N=14)	**Round 3 %**
COVID-19 Challenges	40	78%	13	100%	12	86%
Technology access and virtual visits	N/A	N/A	8	62%	7	50%
Staff stress	N/A	N/A	10	77%	6	43%
Client stress	N/A	N/A	6	54%	4	28%
Client access to technology	N/A	N/A	6	54%	2	14%
COVID-19 Successes	38	75%	8	62%	11	78%
Success with technology and virtual visits	N/A	N/A	3	23%	8	57%
Creative service delivery approaches	N/A	N/A	5	39%	6	43%

Notes: In round 1 the data collection method was individual interviews. The n's represents the number of unique interviewees who discussed a given theme. In round 1 more general data on COVID-19 were collected on challenges and successes. In rounds 2 and 3, data were collected via focus groups featuring multiple home visitor perspectives. For rounds 2 and 3 n's represent unique transcripts (i.e., focus groups), not number of individuals or mentions. The impact of COVID-19 was discussed in more depth in subsequent rounds.

COVID-19 challenges (round 1 summary)

Round 1: 78% of home visitors (n=40) referenced challenges as a result of shelter-in-place and other health restrictions, including less engagement and relationship building with families, technology limitations, distractions in the home, and difficulties enrolling new clients.

- "It's really hard to get that interaction; to have that face/face contact, modeling what to do. A lot of my parents...have [government-issued] phones [that] only have so much data/minutes, my ability to speak with them is limited. I have reached a point where parents have run out. [I ask] can you send pictures/videos of a child doing this/that, [but they are] not the best quality."
- "[I have a] new referral right now - it's very difficult to engage families and I don't blame them – I don't know you and we're supposed to video call. [My supervisor and I] have been trying a new way to conduct an intake without having to send all this paperwork through your email…Most times our clients don't have access to a computer or printer…I'm asking them to go through on their tiny phone and fill out all the pages, which has been extremely difficult. We are doing a lot of verbal consent, but the issue with that is once we go back to the office. We kind of lose people that we have been able to get this signed consent from."
- "If there was a way to connect clients with technology - equipment, a lot of it is hard to communicate with them because they don't have accessibility; some of them don't have Wi-Fi; it's hard to ask them to do something without Wi-Fi."

COVID-19 challenges: technology access and virtual visits (top theme in rounds 2 and 3)

Round 2: Home visitors (62%, n=8) described challenges with technology access and virtual visits, including lack of technology access or functionality, lack of interest in virtual modes of interaction, and tangible barriers to service delivery (including limitations of virtually observing parent-child interactions).

- "Considering the pandemic, a lot of clients did really well with in-person visits but some people are just not phone or video people, so it's not as appealing."
- "Pandemic - going virtually. The technology can meet virtually since they understand. Can't observe parent child interaction over the phone, it's much harder. Challenging how I can listen enough for parent-child interaction."
- "[It has been a challenge in] virtually implementing this model. There is a heavy focus on parent-child interaction. These moms are busy. Sit on the floor and play with the child. It's been more challenging and especially because it's an hour-long visit. Little kids don't have that attention span."

Round 3: In half of the focus groups (50%, n=7), home visitors expressed that technology assisted remote work and virtual visits have been challenges. Home visitors shared that virtual visits can make it challenging to establish trust with families. They also shared that virtual visits prevent them from observing interactions, dynamics, and household needs compared to in-person visits.

- "That's a tough one. Going into the home and building trust especially with a brand-new family. It's hard with new families when we are doing everything virtual."
- "For me it's easier, there is only so much I can do/see/witness first-hand what they need. Some families can downplay it. I can see firsthand, for home visits. Now I like that we can go back home. It provides more hands-on help for families. Like the need for heaters, understand the temperature in the room. A lot of my families prefer in-home compared to virtual visits."
- "What we do in person is a lot more than in Zoom, like observing parent-child interaction; they're more likely to just be cleaning while talking to me, so that's been a challenge during COVID. A lot of families have never experienced in-person home visiting, only virtual."

COVID-19 challenges: staff stress (top theme in rounds 2 and 3)

Round 2: Most home visitors interviewed (77%, n=10) experienced high levels of stress due to being pulled into COVID disaster relief efforts while managing their existing caseloads, experiencing staff and leadership turnover and being mandated to return to office or conduct in-person visits to the detriment of their own health.

- "Difficult because a lot of us were put into the COVID efforts case investigating and so we weren't able to call or speak to our clients, sometimes when we had a break or time during our workday we would text them to let them know we were deployed to Covid activities. Some of us were deployed for some time. Over the summer some of us were deployed to help the hotels with the homeless. It continues. Our team isn't complete and we have a few nurses who are out and we don't know when they'll be back. Our manager left so we were without a manager for quite some time. It makes us difficult because we can't celebrate ourclients the way we would like to. And that interaction – we have a nurse that is new, she started a year ago and hasn't gotten a full sense of what [HVP model] is because she has either been deployed or hasn't been able to meet in person with her clients."
- "They tell us, that you need to do your visits, you need to do your records, no exceptions, they don't care what clients are going through. They've even had us reporting into the office. What is the need for us to mandatorily go into the office when we're all virtual home visitors? That doesn't make sense to force people togo in during the pandemic."
- "Lack of personal depth, a lot of it is relationship based. It's harder. Even now weare pressured to do vaccination clinics. Even now we're mandated disaster workers so when a request goes out, it's not a request, it's demand. So, we've been stretched pretty thin."

Round 3: In nearly half of the focus groups (43%, n=6), home visitors discussed staff stress as a challenge in the context of COVID-19. Home visitors expressed stress around catching COVID-19, decreased client participation, and high caseloads.

- "Zoom is great flexibility and takes off travel time; but it gives us time to debrief and process and self-care and decompress. But now it's back to back to back family meetings"
- "We were pulled completely away from our program for at least 6 months, [HVP model] came back last October; PHN came back in January, so just trying to recover in all the different ways from COVID deployment. Referrals getting interrupted going out and coming in."
- "When Delta hit, I tried to get people to wear masks. That one family wouldn't wear a mask when I was in the room with her and I just am not willing to get it. So, I told her we would have to do phone or Zoom meetings and that's when she disappeared. She dropped away...It's not really safe. I'm too old to catch COVID."

COVID-19 challenges: client stress (top theme in rounds 2 and 3)

Round 2: In multiple focus groups, home visitors described the compounding factors that contribute to client stress, including family responsibilities, fatigue with virtual and remote working, family hardships, lack of access to services and loss (54%, n=6).

- "Most families have 2-3 kids or [live] with their extended family. [They] have a lot going on at home [and] 60-90 mins is way too much virtually with so many kids and with no other support. Family: dad passed away recently for one client. People trying to get evicted because of shelter-in-place. Yeah setting those times, they confirm and then don't answer. Observing the family child interaction over the phone or video has been hard."
- "Do an informal meeting with my ladies, they prefer text. I keep case notes on what we talk about and what they ask me I respond to. But not official home visits. But they're reaching out and I am reaching back. I do notice that once they have their children, they are a lot slower to answer because they're tired. I can't go to their homes to check in. This COVID thing has really made it difficult."
- "There are families who are much more at high risk this time than a decade ago.We have a lot of families that are really struggling and COVID hasn't made it any better."
- A challenge because of COVID is the reduced amount of staff available at these agencies like [healthcare service provider] changed their hours or family court. Accessibility is easier for the families going about getting a restraining order at the courthouse, but [domestic violence services agency] has been affected by COVID and has reduced hours and less staff in the office, but still having to deal with the same total load of clients. It has made it really challenging for families to get their financial needs met and food and resources… It has been somewhat frustrating for families and I think COVID exacerbated all of that.

COVID-19 challenges: client access to technology (round 2 only)

Round 2: Home visitors expressed the inability to connect with clients due to technology accessibility such as nothaving a stable internet connection or phone connection, especially in rural areas (54%, n=6).

- "Some clients don't even have great cell service even in an outlying area. When I can't talk to them, I go to their doorstep and am masked and double masked. It helps teach them how to be careful with COVID. I'm being that careful, it teaches them how

to be careful. We have done a lot of those types of things. They can't afford Wi-Fi. I was able to see a lot of my clients during pregnancy at the park, and now they are really isolating. It's been a barrier. You've been able to see everything that is going on. Even meeting over the phone, or even through Zoom."

- "Client signal is not great and voice gets cut out especially because of not great Wi-Fi."
- "Technology, like Wi-Fi not working or not having its availability or their phone service being cut off.

COVID-19 successes: general (round 1 summary)

Round 1: While the pandemic has made some aspects of the home visiting program more challenging, home visitors have worked hard to meet the evolving needs of their clients. Three-quarters of the home visitors interviewed (n=38), noted strengths despite COVID-19, including adapting the service delivery model to support families' more immediate needs (e.g., providing additional materials goods, sharing health information and resources), offering emotional support, and developing more robust and transparent connections. Home visitors also noted that virtual meetings created more scheduling flexibility, which allowed clients to meet at more convenient times and home visitors to see a greater number of clients than they would be able to in person.

- "With some families, it made us closer. Whatever you need I'm here to listen or [share] the best resources. [It has been an] opportunity to demonstrate that. Relationships [have] strengthened, and it strengthens their relationship with their child."
- "[Before COVID] we had to take items [for program activities] to home visits and then back to the office. [Now] we are no longer able to return these items to the office once [we give them to families] - floor mats, toys, books, coloring supplies - so now they are able to keep them. This has been a positive element. That makes a huge difference."
- "I've learned more about my families in some aspects. If we're not there, we still get to see what kids are like and [the] family dynamic without a visitor. Usually they are so excited to see me and do an activity. So, this way you see how life unfolds. There is a lot of trauma going on that I haven't previously seen. I'm able to offer more strategic support/guidance. I can go through [the] curriculum, and [offer support] based on what I see (e.g., unhealthy relationships). A lot of my parents have been honest about food insecurity, [they are] more open to talk about mental health since everyone is going through it."
- "For some clients it's a lot easier to just be able to put the phone on speaker and keep doing what they're doing. It has a lot of pros. It's a lot more flexible and [I] can get to a lot more people in one day since [I'm] not traveling [to visits]."

COVID-19 successes: positive experiences with technology access and virtual visits (top theme in rounds 2 and 3)

Round 2: Some home visitors described early successes with technology assisted remote work and virtual visits in terms of the opportunity and flexibility to offer "home" visits virtually during the pandemic (23%, n=3).

- "So, when they said we were able to do home visits, that's when we were really able to engage with all of our clients and help them work through these issues. And

they're really seeing the virtual visits really work, and we can still engage, and still get our job done and meet the needs of the new world. This pandemic isn't going anywhere. A lot of my clients had such a big push to get off of aid, to get their kids into childcare, so if you're working 8-6, when are you going to meet with your mentor? We meet with them in the evenings and the weekends, so allowing me to do virtual visits has really helped my quality of life and it's also helped my clients quality of life. "

- "What parents are saying is that they have someone to talk to. It's big because of COVID not seeing people, and they say they are enjoying and providing the resources. So how can we help this family and refer them to a counseling agency and call back and say what they used with their child. So that support has been a success for the families. It's non-judgmental. But the families are getting comfortable on video too."
- "Meeting virtually, the good thing about it is that we do screen in when we contact participants so begin to establish rapport because their experiences are personal and sensitive. We have consent. They need to sign in a week because we have to meet them in person, they don't have an electronic signature, it's not done yet. Those are opportunities that the program set up allows you to connect and establish rapport."

Round 3: Several focus groups (57%, n=8) shared successes with technology assisted remote working and virtual visits. Home visitors shared that the flexibility for scheduling or accommodating last-minute needs allows them to be more available to clients, which can promote clientengagement.

- "Adaptability: being able to use video, or even if a client needs something they will text us and we can gauge the situation, like do you need to talk right now or wait until your next visit? It has made us more adaptable, like if they need you right now but the visit is in a week then you make it work and they see that you'reinterested, so they're more engaged."
- "Challenging at the beginning, but Zoom has opened a lot more, they can do virtual home visits during work hours, they can do it at a different time of their choosing, home visitors can do more during 8 hours because we eliminated travel time so we can give more to the families and parents. We are more available to them."
- "In other ways the flexibility of virtual visits has allowed us to have more frequent visits with our clients. Pre-pandemic, clients might have to visit but now with virtual, the client can be cleaning the house or tending to something and still participate in the home visit."

COVID-19 successes: creative service delivery approaches (top theme in rounds 2 and 3)

Round 2: In several focus groups, home visitors described creative ways that they delivered services including creative activities for maintaining social connections, dropping off essential needs, and planning drive-through social-distance visits for special occasions (39%, n=5).

- "I have a family where they take photos, and have the child explain the photo and attach a memory to that person so that child can develop a bond, develop name

recognition. Been helpful during COVID to reinforce that and the people in their circle of support."

- "Now we're switching and being more creative with Zoom, we are trying to think more creatively. We've been able to do crisis visits, drop off essential needs for the baby be it diapers, wipes and other things. We had a Halloween social; clients who could drive through and take candy for the kids. We had a Graduation drive through- limit our distancing from clients; it's not been lifted for us. We had a virtual graduation; families enjoyed that."
- "Started COVID and referral process. I can't complain. It's worked for us and we were told it might take time so have trained 2 family support specialists and we do have more referrals. The model and first five we think we get stuck on and now we are good so we are doing what we can and can see the layout of what'sgoing on. Success has been drive-by and establishing collaboration and school districts used to be challenged in participating and finding different ways to collaborate like parent workshops and parent resource centers and collaborations."

Round 3: Home visitors shared in several focus groups (n=6, 43%) that creative service delivery allowed them to meet clients' needs and keep them engaged during the pandemic. Home visitors shared that they were especially creative to meet the needs of highest-risk clients and clients without access to the internet.

- "We never stopped going-whatever works, we're in masks, I meet them in parks or on the porch. If we didn't, we would have lost all of our families. This is when they needed us the most. Sometimes we can do family Zoom but I had families say they didn't like it; I had a depressed mom say she wouldn't see me over Zoom anymore so now I still go in person. We adapted; we brought families hand sanitizer and paper towels and asked, "What do you need?" We brought cases of diapers because of the shortages, we were resourceful in what we could get from community people. We met them in a parking lot, just talked about whatever they needed."
- "Use Thursdays for high-risk outreach, in-person to clients. Seeing high-risk clients on Thursdays was our idea – these clients don't have good access to the internet or concerns going on in the home, even a drop by to say, "hey how's it'sgoing." A lot of mental health and stress increased during that time. Now school-age kids are at home learning online school for that, a lot of parents [are dealing with that]."
- "As far as levels of success, I think more recently [HVP model] has helped clients with strategies for stress relief and how to cope with stressors from COVID. We've found that the clients find it very helpful and beneficial for knowing the different ways to help deal with these stressors on a daily basis"

Client Interview Summary

Across all three rounds of data collection, HVP clients in 43 counties were interviewed. Counties were organized into cohorts across three rounds to ensure overall representation. Refer to the Appendix B to see the counties clients were recruited from in each cohort and round of data collection. The interview process remained similar across rounds with some improvements in the interview protocol and shifts in questions asked over time.

Note: A limitation of our client data collection and analysis is that we interviewed a random sample of clients who were currently enrolled, actively participating, and consented to participate.

PROGRAM SUCCESSES - CLIENT

Across all three rounds of data collection, clients described positive relationships with their home visitor. Clients talked about how their home visitors gave both practical andemotional support, connecting them with needed resources and also engendering trust by listening to clients in a respectful and non-judgmental manner. Program impact on the lives of the clients and their children was also a common theme across all three rounds (among the top three most mentioned themes in each round), with clients providing examples of how the program impacted them in both tangible (connection to needed resources) and intangible (source of support or strength) ways. Benefits of specific program activities were especially prevalent in round 1, and was mentioned in rounds 2 and 3, though not among the top themes. The ease of enrollment was highlighted in all three rounds as a positive aspect of the program as well, though a lower proportion of clients mentioned this in round 3, possibly due to increasing enrollment challenges as a result of COVID. Overall, clients were overwhelmingly positive about the HVP, and there was little variation from round to round in which aspects clients highlighted.

Table 7. Program successes identified by clients

	Round 1 # (n=34)	**Round 1 %**	**Round 2 # (n=37)**	**Round 2 %**	**Round 3 # (n=37)**	**Round 3 %**
Relationship with home visitor	33	97%	36	97%	37	100%
Overall program impact	30	88%	34	91%	29	78%
Enrollment process	31	91%	32	86%	25	67%
HVP activities	31	91%	26	70%	18	49%

Notes: The n's represent unique interviewees who brought up a given theme (not number ofmentions of the theme). The top three themes for each round are bolded and shaded.

Relationship with home visitor (top theme across all rounds)

Round 1: The most common element clients identified as working well was the relationship with their home visitor. All most all (97%; n=33) clients referenced the positive relationship they share with their home visitor. Clients identified many aspects of the relationship that were working well, including not feeling judged, relatability, rapport, the

sharing of information, and the home visitor being quick to follow-up.

- "She [home visitor] is very helpful; she bends over backwards to help us. I have had other workers who are hard to communicate with, but she helps every chance she could get. When I was homeless she would text, me places to apply. She is very helpful with housing or anything else I need."
- "...she doesn't give me advice in a manner that is judgmental… [which makes it] helpful for me to trust her. She's not judgmental. She's super informative. She would validate the things I was doing with my baby. She is really receptive, she is really listening to me when I tell her about my concerns. She gets back to me quickly- she's good at following up, following through on what she says."
- "I feel comfortable with her, I could tell her anything. Like if I'm having an issue Ican text her or tell her at the visit."

Round 2: Nearly all clients (97%, n=36) mentioned their relationship with their home visitor as one of the most positive elements of the program. They raised elements including their home visitors being accessible and emotionally supportive, providing important resources, and connecting clients with other parents through support groups with helpful activities.

- "Visits are very helpful and they are not just there to give you lessons about kids. Sometimes she skips and tells me that if I just need to talk to her I can. Very supportive and I don't see her as a case worker but as a friend."
- "The other thing is she [home visitor] would help me with different things like when I needed tocheck out different schools for my son because I don't have reliable transportation, so she would meet me at [a] site and we could go to various sites. She was able to help me go."
- "Helpful, the groups taught me how to take care of my baby. This is my first born,[and I] learned a lot about breastfeeding and benefits. I breastfed for 18 months. I learned a lot [about] going to the hospital, my rights, how to ask questions, what kind of questions."

Round 3: Every client (100%, n=37) mentioned their relationship with their home visitor as a positive emotional support and resource in their life. Clients shared how home visitors encourage them, provide advice, are understanding and flexible, and listen to them.

- "She doesn't just go along with me, if I am telling her something and she's not agreeing. She has the best interest for me and my kids. Always happy and doesn't talk down on me or the things I chose to do. Always gives me advice...I had my kids close together, I am a young mom. She is able to make everything comfortable. She is not someone who is out to get me. She is always here to help me."
- "I like everything. She listens to me. I am a lonely person. I don't have a family.She listens to me, she advises me. I feel comfortable."
  "Wonderful relationship, really understanding woman, understands my situation, my problems and how busy I am… if I need information for my son, how can I make this behavior good. About his bottle, wondering how I can shift my son from bottle to cups. She actually gives me really good advice. I need to be consistent, trying to do it every day, going to take a week. I'm really frustrated sometimes I can't do it, and she [home visitor] says you can't give up."

Overall program impacts (top theme across all rounds)

Round 1: When reflecting on ways the CalWORKs HVP had impacted their life or family, 88% of clients (n=30) spoke of improved parent-child bonds, deeper understandings of developmental milestones and age-appropriate activities, positive behavior management techniques, and feeling supported.

- "I was having a very hard time adjusting to having a new baby with postpartum depression, so it helped having someone come over and talk to me and having someone give me an ease of mind, it made it possible for me and my son to have such a close bond now."
- "I'm able to support [my baby's] learning through the activities that I've learned through [the home visitor]. The other great thing is because [my daughter] is at terrible twos, [we've been] discussing tantrums, [understanding] there is an increasing growth at two, like adolescence, so I should be compassionate, and help her work through it, it's helping her to manage emotions later in life."
- "I'm a single parent, it's having that extra support that some parents, new parents, need…. You have that extra support as you learn how to be a single parent. For [my child] it helps him having extra support as well, instead of just mommy, there is someone else who wants to be involved in his life and help him improve his life. Even if just for an hour, it provides that bond. Build those life skills for him later on."
- "When the home visitor is here, she brings fun activities that we can do with our child. They are not only fun but productive. The activities help him with his gross motor skills, development, and they help us to be better parents."

Round 2: One of the top themes mentioned by clients (91%, n=34) was the impact of the HVP on their and their children's lives, particularly in monitoring their children's growth and development and providing information and important resources.

- "Maybe I was just lucky that I got paired with someone so wonderful as she is because I don't think that I would change anything about the program. The list of resources that she has given me is endless. So much stuff she's helped me with."
- "To have someone monitor my child closely, I really did appreciate that I was able to see that. She had a chart right there. This felt more intimate than our doctor's visit, they never had that much time. If time ran over, it ran over, it was never rushed. She definitely had more insight into my child's files and us, to check in to see if he was ok. She would give information at every stage, for e.g.when he was starting to eat, she would give information about mushy foods andhow to prepare. Along every stage, she would be able to give information."
- "It was helpful during pregnancy because she would tell me about diet and nutrition health for the baby, and would tell me that the baby weighed this much and how he was developing in me. Also, for me she kept an eye on me because I had morning sickness throughout the entire pregnancy so she would create a chart for me."

Round 3: Most clients (78%, n=29) shared positive impacts of the program on their children. Clients expressed how home visitors taught them skills, such as developmentally appropriate responses to their children's behaviors, as well as better strategies to feed and communicate with their children.

- "Helped me become a better, more knowledgeable mother. Learn about the brains and bodies of children. Helped me have more insight and be able to recognize when or if my kids need to go to hospitals. Taught me a lot about food for kids. Was scared initially because I thought my baby wasn't eating enough."
- "I feel like that brought a lot of awareness to my attention of his development, what things I need to do or get better with. Especially she worked alot with me with patience. I've been a single mom since day one. And I've never really had that support from my mother or other family members teaching me how to cope with things. I've had trouble with that for a long time. That was the most impact she had, with me personally, teaching me how to become a better mom."
- "My perspective of raising a child was so different from what actually needs to be done for the baby, it was really different... I realized how we should do things differently, from my culture, as I said my culture does it very differently than us, this is the right way to do it, but since I came to this program I realized some of the things they've been doing are completely wrong and not right. [HVP] really helped me to change my ways and try to do the best for my son."
- "It has given me a huge impact. HUGE. Emotionally, mentally, physically, economically. It has helped me in all types of ways. It has helped me in all of the ways possible. She helped me to find my therapist. I have PTSD. She helped me do grounding techniques and she's amazing. She deserves a raise. It impacted me in so many ways I'm just so grateful. I hope you keep it up. I always encourage other women to utilize it. This program is awesome, not just all of the benefits of all of the information you give out. I learned a lot of things that I wouldn't have found anywhere else. Ways of not getting too overwhelmed as a new mom. She gave me a backbone and was able to tell me, "it's okay." As a first-time mom, we need that extra support so we know what we are doing is okay."

Enrollment process (top theme across all rounds)

Round 1: Clients noted strengths in the ease with which they could enroll into the HVP (91%, n=31).

- "Getting into the program was easy. They just contact you asking you if you want to participate in the program and if you think it would be a good match for you and they take care of the rest."
- "The program was easy to get into. I do remember there were lots of surveys and assessments about [my child's] development. That was hard for me in the beginning, but [the home visitor] walked through it with me which made it easier."
- "[The process was] really easy, one of the home teachers, he came over and sat down and he was here for a half hour [and] signed us up, and within a week and a half she had [our] first visit. [It was] really smooth."

Round 2: The majority of clients in round 2 noted that enrollment was fast, easy, and efficient (86%, n=32).

- "It was pretty easy, it wasn't too difficult because of COVID-19 wasn't an issue at that time. I had one of the supervisors of the program come out and do an intake to see if I qualified and do an interview. When I met her, she was really awesome and explained how the program worked, how it would be beneficial to me. She met my family, is really nice, people-person personality. She told me someone would reach out to me and a couple weeks later someone did."

- "It wasn't hard at all. I called, made an appointment, they came out, did an assessment and assigned me a home educator, who I am still involved with today."

Round 3: The majority of clients expressed that enrollment was easy and fast from when they first learned about the program to when they were enrolled (67%, n=25).

- "Found out about when I was about 3 months pregnant...Very easy, contacted [name of Home Visitor], talked that I was really interested in the program, wanted to be in the program, within a week, I had the first meeting, really easy."
- "Easy. Through my original worker. I had told them I was pregnant and they told me how far along I was. They had me upload the pregnancy test and ultrasounds. They did a process and took some of my info. Asked how far along I was. I waited a few weeks and was transferred to what they call "customer service." This set me up with my worker who calls me directly. She called me anddid my intake by asking a lot of questions. We've been talking ever since."
- "I'm a first-time mom so when I was pregnant they reached out to me and asked if I want services and I said yes. I also might of heard from them through a referral through the department of healthcare services. It was pretty easy when I started it."

HVP activities (round 1)

Round 1: Strengths of the program activities were indicated across almost all of the client interviews (91%, n=31). These references included the different types of program activities (e.g., home visits, social events, resource and information sharing) and the content or lessons provided (e.g., goal-setting, behavior management, age-appropriateactivities). Clients also noted assistance that extended beyond the needs of their children, such as behavioral health management, transportation support, and adult education navigation.

- "She asks how we are doing, set[s] family goals, my boyfriend is bipolar and how to deal with that in healthy ways, gives me pamphlets and stuff."
- "The main goal of the program is to help my children. But I think the services are helping the whole family, including my husband and my mom. I also get free diapers and other things for the babies."
- "When I enrolled in the program, I was trying to go back to school. They helped me find my school, make appointments."

PROGRAM OPPORTUNITIES FOR GROWTH - CLIENT

Over time, external unmet needs were mentioned with less frequency by clients, however program-level barriers did not substantially change between rounds 1 and 3 interms of the frequency with which they were discussed. While scheduling challenges and transportation barriers were the primary barriers identified in rounds 1 and 2, basic needs and access (e.g., phone use) were the primary barriers identified in round 3. Overall program-level barriers across rounds included scheduling conflicts and strict CalWORKs eligibility requirements that precluded enrollment of families who might have benefitted from HVP.

Table 8. Program opportunities for growth identified by clients

	Round 1 # (n=34)	Round 1 %	Round 2 # (n=37)	Round 2 %	Round 3 # (n=37)	Round 3 %
Barrier to client participation: Challenges faced by clients	16	47%	15	41%	13	35%
Barrier to client participation: Program-level	11	32%	3	8%	6	16%
Services clients want more of	N/A	N/A	N/A	N/A	10	27%
Challenges in accessing or following up with outgoing referrals	5	15%	8	22%	1	3%
Improve program marketing or branding for improved enrollment	3	8%	4	11%	2	5%

Notes: The n's represent unique interviewees who brought up a given theme (not number ofmentions of the theme). The top three themes for each round are bolded and shaded.

Barrier to participation in HVP: challenges faced by clients (top theme across all three rounds)

Round 1: More than a third of clients interviewed (47%, n=16) referenced barriers in their lives that make it difficult to engage in programs and activities. Barriers experienced by clients include lack of transportation that inhibits participation in socialization activities, scheduling conflicts due to academic and/or employment commitments, and current program hours of operation.

- "All my workers have given me flyers about [socialization activities] but I could never go before because I'm working and going to school."
- "[My home visitor] told me about events that happen, a group where moms meet with their children or other special events but I could never go because I don't have transportation."
- "Scheduling is the hardest thing… I was working long-term sub teacher jobs… really hard because I'd get off work and have to pick up my daughter from daycare and then get across town… Wish we could do it on the weekend. Seems like it's for someone who is unemployed because of the hours."

Round 2: 41% of clients (n=15), raised barriers to participation that are external to HVP as a top difficulty in the program. Many had limited time available due to the demands of work and school, and several had issues with transportation, similar to the findings in round 1.

- "I don't have a whole lot of time for group socials anymore. I'm holding down two jobs and school, it's crazy to me."
- "This past December, they had one which was like a drive through. I didn't makeit to that one. But it was a drive through one. I think it turned out good. I was hoping to go to it but at the last minute my ride flaked on me, so I didn't go."
- "I did not participate. I couldn't do it because of my work schedule."

Round 3: Several clients shared persisting external barriers and needs that the program did not address, but affected their day-to-day life (35%, n=13). These includedmeeting basic needs as well as other issues that pose barriers to accessing resources (e.g., broken phone).

- "Just being overwhelmed with my own personal life circumstances. Just trying to find food and gas money, essentials. We make very little money so every day we are living off miracles. If I don't have my basic necessities covered it is hard for me to be in a mind frame to talk about my baby or health related things with my baby if I myself am not in the place to mentally prioritize. It is a priority; these other things seem more pressing at times."
- "I applied for Cash aid on the day of my interview. I thought I recalled telling them my ringer is broken and I might have to call them. Basically, I was super ready for my appointment and my phone wasn't working. I kept calling them to try to connect and it didn't work. Basically, I got something in the mail saying my application was denied because I wasn't at my phone appointment. It's not just because that one thing happened. The reason I've been so frustrated is I've had a lot of problems with WIC and CalFresh and it felt like one more thing that didn't work."
- "At the beginning it was hard because I didn't have transportation and I was living up at [Name of City]. So, it's hard to schedule appointments and find a place to meet and everything for the homeless. It was hard to schedule at grandma's too much dogs. We met at a park because I was homeless. Now I'm in this place (a hotel) until my stairs get fixed. They say I can't have my oldest back until my stairs are fixed. I think that will be November."

Barriers to participation: program-level (top theme in rounds 1 and 3)

Round 1: About one-third of clients interviewed (32%, n=11) indicated that elements ofthe HVP criteria (visiting dosage, enrollment criteria, and allocated material assistance) posed challenges or were confusing. Clients identified specific challenges related to the home visit schedule following enrollment, the schedule of gift card provision, and the window of eligibility based on the age of their child. Areas of confusion ranged from confusion over enrollment status or enrollment requirements to their eligible benefits based on the stipend received.

- "I would change the visitation to be not so frequent in the beginning. It made ithard to work around doctor's appointments and WIC and stuff."
- "…if they had more money to be able to help out more families. Children would have an easier start; parents don't do well under stress and children pick up on that."
- "I don't like that the $500 card isn't given to us. They handle the money. I have to tell them what I need and they buy it. But I have asked for things and I haven't received

them yet."

Round 3: Several clients (16%, n=6) shared program-level barriers that posed challenges to their participation in the program. The most common program-level barrier was scheduling, expressed by nearly a quarter of clients. Clients expressed that home visitors were not always available when clients were available.

- "I have been to them a few times. I stopped going because I would forget because my day was so busy or my schedule didn't work."
- "I haven't. Because of timing, I can't always get on Zoom, especially not in public."
- "No, just that our schedules were different and they were pretty booked. We do have a big household with a lot of children that don't always live with us on a regular basis."
- "I'm depressed right now, I'm overwhelmed, I feel depressed sometimes, but other times I feel really happy, she gave me a referral to a therapist, hey you can try this place and this therapist, it didn't fit my schedule, with doctors appointments, COVID shots, etc., my schedule was too busy."

Services clients want more of (round 3)

Round 3: More than a quarter of clients (27%, n=10) shared the types of services that they want more of. Some clients need more items to meet basic needs, such as diapers and clothing, and financial resources for transportation and bills. Other clients expressed that they need more activities and frequency of home visiting to keep up withtheir child's growth and development.

- "Personally- more funding to branch out. Bus passes. Used to be enrolled in another program. This program needs more funding- they were able to help transportation, communication and phones. Phone bill pay."
- "I wish the visitor once a week, not every 2 weeks. More diapers and wipes. Clothing. They grow so fast. Provide more."
- "I'm a solo mama so I get pretty burned out sometimes. I also have a very brilliant child, she needs more from me. I would appreciate more activities...That would be one of my suggestions, to get more ideas on activities. Recommendations for simple games. If you're tired and you're just so in it with your child it's hard to be creative sometimes, you know."

Challenges in accessing or following up with outgoing referrals (top theme in rounds 1 and 2)

Round 1: 15% of clients stated that they had trouble accessing and following up with referrals that were provided to them due to a lack of information or because it was at the start of the pandemic (n=5).

- "When the pandemic started,she started sending me information for free food and mental health support in case we needed it for the whole family. It was challenging."
- "Counseling. I did not follow up on it because she kept forgetting to bring the phone number."
- "But at one point my car was going to break down [the transmission]. [The home visitor] asked about help to buy a bike and a trailer to take my son to school and

work for me. They couldn't help provide that because they said that their funding was a donation, they wouldn't be able to get that kind of transportation service. Don't know if they would provide a bus pass – wasn't offered to me"

Round 2: Clients highlighted challenges accessing referrals, or following through with referrals they were provided to them due to changing eligibility criteria, their own work schedules or a lack of communication from other referral providers (22%, n=8).

- "To be honest, counseling right now is the least helpful for my son because he needs someone in person he can't' be still talking to a random person. Homeless assistance, they tried to help me but since I was not considered homeless anymore because I started living with my in-laws, that's not considered homelessif I have a stable place for 3 months. So, they see it as you are not in a hurry to move out."
- "I haven't received any services. Even in the initial meeting after the holidays, I developed a rapport and needed help with housing resources, anything that would help me and my family overall. I didn't get any help. The counselor was supposed to give me a call back, so that we can have our weekly meetings- am still waiting for that. Haven't heard back."
- "Was referred to a therapist/counselor. I just did not like them. I was coming outof a really abusive relationship with my baby's Daddy. I just didn't feel when I would talk to them, like they weren't really listening to me. All I needed was someone to listen to me and say I understand. I don't need them to find a solution. I have sole custody and have a restraining order against him, I didn't need any help in terms of what to do, I just needed someone to listen."

Improving program marketing or branding for improved enrollment (round 2)

Round 2: Clients identified a need to improve the awareness of HVP, or "marketing," through health care providers and in the community (11%, n=4).

- "I don't know how else to get it out to the doctors' offices and nurse get it known. The nurse that I knew, she referred me to a doctor's office in [name of city]. That's how I found out about [HVP model]. More advertising I guess,especially because it's such a small age gap. But I think people could use it."
- "It's been great for me. I have friends who didn't find out about it, who have the access to resources. I don't know if that is income based or what. If it could be made available to all."
- "That's what these programs need is more funding and more people to tell other people about them, but people aren't accessing them because they don't know about them and people need to be more aware of the resources in their community."

COVID-19 PROGRAM EXPERIENCE

COVID-19 had a major impact on clients' experience of HVP, in both positive and negative ways. The data below are presented as the top themes that emerged from each round as related to COVID-19 challenges and COVID-19 successes.

Table 9. COVID-19 program experiences identified by clients

	Round 1 # (n=37)	Round 1 %	Round 2 # (n=37)	Round 2 %	Round 3 # (n=37)	Round 3 %
COVID-Challenges	18	52%	17	46%	14	38%
Technology access and virtual visits	18	52%	8	22%	12	32%
Lowered frequencyof contact	4	12%	6	16%	11	30%
COVID-Successes	21	62%	6	16%	13	35%
Virtual visits	11	32%	1	3%	6	16%
Creative service delivery	6	18%	5	13%	4	11%

Notes: The n's represent unique interviewees who brought up a given theme (not number of mentions of the theme).

COVID-19 challenges: technology access and virtual visits (top theme across all rounds)

Round 1: Half of all clients named issues with remote service delivery as a challengedue to COVID-19 (52%, n=18).

- "After coronavirus, we got notified through our parent educator that all of our meetings were going to be through Zoom calls. Of course, all the group connections have been moved to Zoom. It has been a little bit tough, because for group connections it is not going to be hands-on learning, it is going to be slideshows and videos. A one to two-year-old kid isn't going to watch a slideshow. For them it's a little bit harder to stay focused and not as fun as a hands-on experience."
- "It's different because we are doing phone visits. [It is] different not being in her presence and having more direct communication. Yesterday she brought me a bag of gifts and it was nice. From seeing someone every week, it was weird doing it on a phone. First, we tried doing video but [there was] too much buffering and disconnections, so we switched [to] phone. I realized I miss her. You grow a bond."
- "I miss the physical interaction that we had with her, where she can actually see my daughter and the milestones she's going through. The last time we saw each other my daughter wasn't crawling yet and now she is trying to walk. I miss her seeing all that and just doing what we were doing before, I miss doing that."

Round 2: Approximately a quarter of clients interviewed raised issues with telehealth and conducting remote visits, in particular with young children who found it difficult to engage

through the phone (22%, n=8).

- “It was so hard because my son is two and has a very short attention span and doesn’t [care] what people are doing on the phone and will say “hi” and then walk away.”
- “In the pandemic, there is not much we can do. They are doing their best to do what they can do. Of course, they want to engage with the kids and you know sitdown and do activities with them. But that’s hard now. “
- “I don’t really like phone visits because my phone gets disconnected a lot. I wish I could do in person visits. I miss appointments with her because I have an unstable phone or my fiancé takes our phone to work.”

Round 3: 32% of clients (n=12) expressed challenges with technology access and remote services or virtual visits especially for their young children’s inability to remain attentive for home visitors to observe their children’s growth. Clients preferred in person visits and were looking forward to meeting their home visitors with proper health precautions in place. There is a trend showing an adaptation to remote service delivery across rounds.

- “It went over to Zoom. The home visit was to help my son so it was hard to dothat via zoom.”
- “On the phone calls, it’s kind of hard to be honest, my kid is jumping all over the place around the house. Getting him to pay attention is hard.”
- “I’m just not a person who likes to be on the phone. Nothing inconvenient about it otherwise. I like the in-person meeting because it feels more intimate and my kids get to know her and she can play with them. Versus if we had to do it over Zoom, I don’t feel that they are getting everything out of it that they can.”

COVID-19 challenges: lowered frequency of contact (top theme in rounds 2 and 3)

Round 2: 16% of clients (n=6) raised challenges with being able to see their home visitors and other providers less frequently as a result of COVID-19. Some home visitors were re-assignedto pandemic response, while others struggled to adjust at the beginning of the pandemic.

- “Initially we were seeking a home visit every week when I was pregnant. Then it became once a month and then with COVID the frequency of contact has lowered. It was weekly for a long time.”
- “For the majority of the time it was the same person; COVID hit and then I lost contact and towards the end my nurse started working in the COVID relief so I was assigned a new nurse.”
- “My son had his regular nurse from [model] who said that he needed a speech therapist. The speech therapist was super cool and got us referrals to good doctors and helped a lot with stuff like that. For example, he needed surgery to snip his tongue and they ended up having 4-5 people working with him. Ended that because of a hectic schedule and COVID.”

Round 3: 30% of clients (n=11) expressed challenges experienced due to the COVID-19 pandemic. Specifically, clients expressed that remote service delivery removes the emotional and intimate connection of the home visit experience. Clients especially shared

how remote service delivery is not as engaging or exciting for their children.

- "For socializations – it's more difficult to get a 2 or 1 year old to sit in front of a screen for a long time."
- "Just been able to see their provider in person. It makes a big difference. They get really excited and ask me for her during the week. She gives them activities to do during the week, like homework basically. They are all excited once they've done the homework and they ask can we see so and so. Being in person has really made it more exciting for the kids and not just being in front of a computer."
- "Haven't taken part in a virtual play group or support group. Because of Covid. My kids are young, 1 and 2 years old."

COVID-19 successes: positive experiences with technology access and virtual visits (top theme in rounds 1 and 3)

Round 1: About one-third of clients referenced positive experiences with technology access and virtual visits, highlighting their home visitor's ability to pivot to virtual learning by assessingtechnology capacities and holding virtual meetings (32%, n=11).

- "[My home visitor] switched immediately, she did [a] check-in about what technology we had at home to do meetings. Initially we did free Zoom meetings for 40 minutes. At first, I said that we would like to do two visits a month. She said that first they would do one monthly visit and one social activity. She checked in again in May about how [the] program is going [in case it was too stressful for parents with multiple children at home]. We have been able to go upto two visits a month now- [my baby] really enjoys the activity: she is not able to bring materials but she is telling me. Putting verbal words to movements. Using new words, and modeling that physically with her toys. She picks activities that I can use with materials I already have here. She reads a book to [my daughter] and does a movement activity and [my daughter] loves it."
- "Learning genie app, so she will upload activities every so often that we can do.She sent us how to do homemade paint, and did canvas over the weekend. We get packets in the mail, she sends me construction paper, so she can color, she is really on top of it. She sent virtual books, she's on top of it."
- "Program is still the same but through the phone. They email us things about activities to do with our child. She sends out emails every day about activities we can do with our child."

Round 3: Some clients shared successes they experienced during remote home visiting (16%, n=6)

- "I'm very grateful for it. I always tell the worker. I'm very grateful. My daughter is extremely ahead and that has to do with this. I told the teacher in [model] that she is already used to video calls with the home visitor. She could stay in front of the screen for longer. It's been extremely helpful."
- "First, we would talk 20 minutes over the phone, how we're doing, go over the stuff we want to talk about on that day, after that, she actually FaceTimes me, we go over my son and then we actually do some of the activities, we always do some activities every week, like painting with my son, we can build his skills like art, give him some paints to enjoy playing with the paint. Really great every time we do over the phone, she usually FaceTime me after the 20 minutes, we will visit for 1 hour...I'm a face-to-

face person, I like to talk to her, even with the virtualmeetings that we are doing, it's actually perfect because sometimes I don't have time to see her face-to-face, we just do virtual meetings."

- "I like it now because it's risky for someone going home to home. I would feel like they are really vulnerable to COVID. I agree with the county on that decision to do via phone calls, zoom, and facetime. I like it. Yeah depending on the time of the day, phone calls can go very well or very wrong. Yeah, it was a good phone call yesterday and I got to ask a lot of questions."

COVID-19 successes: creative service delivery (top theme across all rounds)

Round 1: A few clients (18%, n=6) noted appreciation for the creative ways in which home visitors delivered services, including delivering supplies or tailoring activities to families. Clients were also appreciative that meetings focused on their own well-being, as well as that of their child.

- "[My worker] has just been dropping off bags, with the same types of things going on in the community/flyers. Since COVID-19 she contacts me all the time...she still has been helpful, she delivers diapers, she has brought educational books for [my] 13-month-old, bags with different reading materials."
- "If I needed resources, she would provide [them]. Not just about [my son] but about me too. When COVID started, [she said] let's focus on you because it's stressful for parents. So, during Zoom meetings we would also talk about my stress. It wasn't just for [my son], the teachers didn't just focus on child/parentingbut the family."
- "I did find it helpful - we were in a Zoom yesterday with a lot of families, a lot of families don't take that time, I have an autistic son, I have a son with asthma, each child has their own special thing, so I have taken time to what we can do to, I do more research than most parents, Zoom - a few parents in the parenting network attended and a medical person from [Name of CBO], to talk about stress / COVID, really nice that they thought to include that and COVID mechanisms"

Round 2: Some clients reported that doing virtual visits made visits or phone calls more feasible, or that providers were working to balance COVID-19 safety measures with the need for in-person connection (13%, n=5).

- "It's actually to me it's a little more convenient to do it over the phone, that way I don't have to be home, I can still answer the phone on the go. So that's a lot more convenient to me. Due to the fact that I have my cousins and my aunts staying with me right now, it's easier to be on the phone, you know just sit outside and take the call."
- "You know I know everyone is brainstorming and doing things differently due to Covid but like the in-person meeting really makes a difference even with social distance with our face masks, to have someone check in and like her. Once we did facetime, it did help to see the person. I understand that we want to stay in protocol too. Need that balance."
- "When the pandemic started, we're going to have to go by phone. But I also had a 5-week-old baby who wasn't gaining weight. So, she was able to talk to her boss and come and give us a weight check. Since then we've done it over the phone."

Round 3: Some clients shared successes they experienced during remote home visiting, pertaining to creative service delivery (11%, n=4).

- “I like that it’s convenient because I can do it pretty much whenever/wherever.”
- “Through COVID- it was surprisingly easy to stay in touch and still keep in contact...She would drop packages off to my door. Give me cleaning supplies, wipes, hand sanitizers, cleaning vinegar, so that I was able to keep everything clean through the pandemic. Keep it no contact and drop it off at the door. Now I think it's getting better. I would like to see her. I like when she sees the kids. She does well with my kids. She makes my kids comfortable. Even though they don’t talk, she is able to communicate with them in her own way.”
- “Right now, it's hard with COVID. They help a lot. Send stuff for kids to be busy at home. On camera- they explain the things to do with kids so that you’re not stressed out. We do art. Send me stuff to do with them like games. You think youneed a lot but you don’t, you just need a piece of paper, they are helpful with all that you know.”