LISTENING TO PARENT VOICES:

How Technology Changed What's Possible in Home Visiting & Infant Mental Health Programs

CASE STUDY:
Mary's Center

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For more information about this study and access to community case studies and other project reports, please visit: perigeefund.org/parentvoicestudy.

About the Study

In Summer 2020, in response to the COVID-19 global pandemic, and the abrupt shut-down of most face-to-face early childhood services, the Perigee Fund contracted with a team of researchers from Portland State University, Georgetown University, and the University of Connecticut to learn more about how programs were shifting their strategies to serve families through remote or "distance" technologies. In particular, Perigee and the study team identified a critical need to hear more from parents about their experiences during this shift, and how – or if- these programs were continuing to provide important supports for them and their young children.

The research team partnered with programs in seven different communities across the country: Healthy Families America (HFA) Arkansas, Southeast Kansas Community Action Program, HFA Brockton Massachusetts, Inter-Tribal Council of Michigan, Family Building Blocks and Family Nurturing Center in Oregon, and Mary's Center in Washington D.C., using a case study approach that allowed a contextualized understanding of service delivery in communities characterized by different social, political, and cultural characteristics. Programs all served families with children ages 0-3[1], used a variety of different program models/curricula. Programs provided home-based early childhood services based on a relationship-based approach; some also provided direct early childhood mental health supports. Telephone or video interviews were conducted with the program director and up to 7 staff, and up to 14 families (two families per staff). Based on these interviews, a case study was developed for each program, which in turn was analyzed to identify key cross-site findings.

As of this writing, as restrictions begin to be lifted on in-person services, there are important lessons to be learned about the role of remote or "technology supported" services moving forward. This study begins to provide some of these lessons by highlighting what it took to effectively engage families, what worked well and warrants further support, and what was lost in terms of quality, effectiveness, or equity in providing relationship-based home visiting and early childhood mental health services to families with very young children.

About This Program

Community & Program Context

This report describes key findings from the Early Childhood Behavioral Health (ECBH) program operated by the Mary's Center (MC). The ECBH program provides services to children ages 0-12 who are experiencing behavioral health challenges. The clinicians/providers work with children and their families to find solutions to various behavioral health concerns. Some of ECBH's family approaches to therapy include Parent-Child Interaction Therapy (PCIT), Child-Parent Psychotherapy (CPP), Attachment Biobehavioral Catch-up (ABC) and Theraplay. In addition to family-based infant mental health therapy, MC provides individual child therapy. Child therapy approaches include Expressive Therapy, Child-Centered Play Therapy (CCPT), Sand Tray Therapy and Playful Cognitive Behavioral Therapy (Playful CBT). These services were primarily delivered in the MC offices, although some telehealth options were provided pre-pandemic (see below).

Mary's Center has locations in the Washington, D. C. metro area and in Maryland. MC is an integrated Federally Qualified Health Center (FQHC) serving all ages, backgrounds and incomes, regardless of health insurance or ability to pay for services. MC uses a social change model to address health care, education and social services under one roof. The social change model provides integrated care to address the social determinants of health by expanding service offerings, and by creating long lasting partnerships with local, state, and national organizations. Using this holistic model of care, MC serves the individual and their family. The center offers services and programs based on local community needs that are culturally competent, multilingual and multicultural.

MC serves as a Core Service Agency for many under-represented families and individuals across multiple intersectional identities that cross categories of race, gender, education, ability, and citizenship. Families who access services include, but are not limited, African American families, immigrants from Latin America and

[1] Some also served somewhat older children.

Ethiopia, indigenous Latin Americans who may not identify as Latinx, and families whose native language is not English. There has also been a special focus in the ECBH program and others on engaging and inviting fathers to participate in services. Almost all families qualify for publicly subsidized health care insurance; as of 2016, around 52% of all MC's participants received Medicaid, 13% received DC Healthcare Alliance coverage, and 27% were uninsured; the remaining participants were on Medicare or commercial insurance.

COVID-19 Context & Remote Services Provided

On March 11th, 2020, the Washington, D. C. Mayor issued an order of Public Health Emergency for COVID-19. A Stay-at-Home order went into effect on April 1st, 2020. After the Stay-at-Home order went into effect, the Mary's Center began offering telehealth/virtual visits full-time. This service modality was not new to the providers at MC, as three years prior to the pandemic, they started offering virtual services as an option for participants who could not afford transportation to visit the health centers and/or whose chronic health conditions prevented them from leaving home. In addition, prior to the pandemic families were offered telehealth sessions to replace or supplement in-person sessions to support treatment progress in a child's natural environment. Having telehealth as an option for participants prior to COVID-19 allowed MC to be able to ramp up services to meet the needs of participants. The ECBH program stopped all in-person visits and relatively quickly fully transitioned to remote visits using Zoom video services. Providers reported that the large majority of their families participated in video sessions during the pandemic, with 10-15% receiving audio only services by phone.

> *"In terms of the impact on the community, just like a lot of other communities, there was an astronomical impact financially, physically, medically, health wise, socially-emotionally, it has had a huge impact on our community at large. We found that because behavioral health was providing and continues to provide so much service, I think all of our staff members are working more than they've ever worked before to provide services to the community and to account for the collateral damage of COVID, especially in the mental health realm." – Provider*

Case Study Participants & Data Collection

For the PETES project, PSU researchers coordinated with MC to conduct qualitative, in-depth Zoom or telephone interviews with four (4) staff members and five (5) of the families that they work with (see Appendices C, D & E for interview protocols). In addition, a short online survey was developed to capture demographic information as well as quantitative questions about staff and families' level of interest and engagement in remote services. Below we summarize the demographic information provided through the online survey (see Appendices A and B for more detail).

Parents/Caregivers

Out of the 5 parents/caregivers we interviewed, all were active in services. Two of the five were White, one was Black/AA, one was Latinx, and one identified as Multiracial. All but one of the parents/caregivers interviewed were women, and all were within the age range of 25-49. 3 of the five were employed full-time, 2 were employed part-time (less than 20 hours per week), and no one reported they were not employed. Three (3) of the caregivers interviewed spoke English, while two spoke Spanish. All of the parents/caregivers interviewed felt that it was easy for them to engage in the services provided by MC remotely (100%). Three of five also indicated that they liked receiving services remotely, and all but one indicated that they would like to continue to receive some support remotely after face-to-face services resumed.

Staff

The four (4) providers interviewed were all female (100%); three provided demographic information, summarized below. Of those who responded to the survey, 2 identified as White while one identified as Multiracial. They all hold more than a Bachelor's degree and have between 0-6 years of experience at MC and within the field. When asked about their comfort level providing services remotely, only one shared they felt comfortable providing services remotely. However, all staff reported they felt supported by their agency to shift to remote services. Two of the three staff members reported that they felt remote services are less effective than face to face. Two of the three also reported they would like to continue providing remote services in some ways even after face to face visits can be resumed.

About this Report

Drawing on these in-depth interviews, this report provides a brief summary from the perspectives of both families and staff about their experiences receiving or providing services during the COVID-19 pandemic. Within each section, we highlight three key areas:

(1) What does it take to deliver remote/distance services more effectively?

(2) What worked well and what could be retained moving forward?

(3) What (or who) was lost, where did the system fail and how could these gaps be addressed to build a more equitable service delivery system?

Value of Early Childhood Services During Crisis

Families shared that the supports provided for families' emotional and basic needs were the most valuable components received from MC during the pandemic. Parents shared that the **emotional and basic need supports** from the providers helped them maintain the progress they had been making in learning skills to support their child, and to support a more stable and secure home environment during a tumultuous time.

> *"Yeah, for [us] being able to schedule time with [HV] if we need to brush up on a skill, or if we're having trouble with [child] and need emotional coaching, just some of the skills if we're having trouble with [child]." – Parent/Caregiver*

Providers' descriptions of the value of early childhood services during the pandemic largely mirrored that of parents/caregivers. In addition to what parents/caregivers reported, staff members reported that some of the families they serve, particularly undocumented families, were in need of **basic supports**, i.e. material needs. One provider reported, *"there were a lot of tangible [needs] like cash assistance. I referred three different families to cash assistance - straight up checks, money in the mail."* In many cases, Mary's Center stepped in to provide a variety of other supports and resources to families during the pandemic including cash assistance, connections to pro bono lawyers around evictions awareness, and even furniture.

> *"We worked with different pro bono lawyers providing support around advocacy and awareness about evictions. That fear of evictions lives within a lot of the families that I work with and the misinformation and fear mongering around that potential. That needed a lot of support and advocacy organizations to help make sure they knew what information there is and support them not getting evicted during this time." – Provider*

Experiences of Remote Services

What's needed to make it work?

All of the parents we spoke with indicated that they were enrolled with Mary's Center (MC) prior to the pandemic, and that this helped with the transition. MC had been offering technology-supported services as an option for some families prior to COVID-19. Once the pandemic restrictions started MC quickly shifted all services to remote services, i.e. telehealth through Zoom. Additionally, staff reported that due to online school and work, most parents were familiar with Zoom, which further supported the successful shift to telehealth. Parents/caregivers reported that, if needed, they communicated with their providers in-between visits via phone calls, emails, and texting.

When asked what was needed to make telehealth work, both parents and providers described personal traits and skills such as patience, flexibility, and adaptability, as well as the importance of having an existing relationship. Providers also shared that the ability for parents to be active partners in the treatment process was even more important for telehealth visits, and that having organizational support, including a strong focus on self-care, helped make the shift to full remote services work better. Finally, nearly all providers also discussed the importance of being flexible and creative in their approach

to virtual services, sharing that having an openness to evolving and trying new things in a virtual environment was key.

Parents described the providers as patient with them, and as having the ability to individualize services to meet their needs as key to successful telehealth.

> *"I will say her patience and her detailed explanations. I'm a over-thinker. A lot of times, I have to understand why [laughs] something is some way. If she tells me to perform a step or behavior with my son, she's very good at supporting my needs to understand why. For me, that's one of the biggest helps." – Parent/Caregiver*

Staff felt that their ability to be creative and flexible in their approach to working with families was critical, and described how they adapted and tried out different strategies such as parent-only sessions or meeting with the family instead of just the child and adapting along the way to best meet the needs of families. For example, one therapist explained how she shifted to parent coaching because it was hard for the child who had ADHD to have so much screen time.

Both staff and parents noted that having an existing relationship was important, and that the working with new families remotely was more difficult. One parent/caregiver shared that having an already established in-person connection with her provider before the shift was the main reason it worked for her and her family.

> *"[…] it is so important that you connect with the person [HV]. That's what I see worked out because we had already established that connection in-person. In my case, that has already been established, and it has worked well. I would say that establishing trust and connection, will take longer. I translate it into my profession, and it is similar, we can function, and we can do all our businesses, but sometimes, when we meet a client, that personal interaction is very difficult to substitute." – Parent/Caregiver*

Some of the therapists talked about how remote services relied on parents to actively set up the virtual context/setting and engage in a way that they did not before for in order to create *"a therapeutic environment in the home"* during sessions.

> *"Because we've had to rely on parents in a much different way than we did before, parents were always partners in our treatment, but the way that we do it now is far more intensive than it was before." – Provider*

Another key factor identified by providers as important for making virtual visits successful was program support and focus on self-care. In terms of program supports, staff described beneficial changes in the areas of technology support, supervision, attending closely to how caseloads were distributed (e.g., in terms of the number of sexual abuse or other high-risk cases assigned to staff), setting up opportunities for more peer collaboration, and providing training for conducting therapy in a telehealth setting.

Expanded supervision was described as one of the most critical supports for staff, who shared that supervisors made themselves more available for check-ins and encouraged flexible schedules, mental health days, and reduced hours as needed for staff.

> *"My supervisor has been very present, very available. One of the big shifts was that all therapists started receiving an hour of supervision every week, no matter what. That was a very big decision for them to make because it can shift and impact people's productivity. That was really good and helpful. I don't meet with her once a week anymore, but earlier on, it was just so helpful to have a space to look at her and be like this is what I'm doing." – Provider*

> *"[One of the things that my program did was offer] check-ins, like availability during off-supervision hours. If we really needed that, my supervisor made herself available for check-ins at any point and supported self- care kind of things every time we talked, 'So what are you doing today?'" – Provider*

In addition, a number of staff indicated that having opportunities for **peer support and collaboration was important.**

> *"In our organization, we have once a month CPP consult calls. I believe there's also a PCIT consult call, there's a therapy consult call. That is a peer supervision, where we're like, 'What are the challenges that are coming up? Have you found any resources? I watched such and such video, and this was helpful to me.' It's not a new thing, but it is a thing that's kept going during the pandemic that I have found helpful. That's been good" – Provider*

Finally, MC staff felt that the program had focused much more intentionally on ensuring staff were attending to their own self-care needs during the pandemic. The most

common strategies they mentioned were supporting staff to set boundaries around their work schedules, nurturing their own mental health, and embracing community. Several therapists talked about not working in the evenings and even *"turning the phone off outside of work hours."* Others talked about needing to shift hours based on their own family needs and *"letting our schedule work as best as we can based on what our family's needs are and our bandwidth."*

What worked well? What changed for the better?

The majority of parents and staff described their experiences of receiving remote services as positive, and shared a number of things that they felt worked as well as, if not better, with virtual visits as opposed to those provided in-person (primarily in the MC offices). Specifically, parents described virtual services as:

- More convenient for them, especially in terms of reduced travel time;
- Improving providers' accessibility;
- Being more flexible in terms of scheduling

Parents and staff also described several ways in which they felt the quality of services improved, namely:

- Children being more comfortable in their home environments
- Providers being able to incorporate aspects of the home environment into their visits, and bring those insights into the therapeutic relationship
- Increased frequency of contact helped to strengthen and deepen relationships between parents and providers

Increased Convenience and Accessibility

By far the most frequently-mentioned improvement was the reduction in travel time with the switch to telehealth appointments. Many parents/caregivers spoke of the heavy traffic associated with living, working and receiving services in the metro DC area. When asked about what made remote services work, parents discussed the benefits of doing remote services in terms of a significant reduction in challenges related to the logistical aspects of travel. Parents described how remote services helped them to avoid taking time off work, not having to plan travel around their child's nap schedule and having more time to be together as a family due to not having to travel to and from MC offices.

> *"...in some ways, being online is better because it's way less time. It's a lot less stressful having to get somewhere in [location] and always having to manage around nap times and traffic and parking, and then the unfamiliarity of it." – Parent/Caregiver*

> *"Before [remote visits], we're about 45 minutes from Mary's Center. We would drive and that would take half a day off work. Sometimes [the provider] works at both Mary's Center s [locations] in DC, so one of them is an hour away. That one would take us an hour to get there and an hour and a half back because of traffic. Just the ability to be at home together, take an hour, do a video call, it was much more helpful. Because of that, we increased the frequency to try help [around] issues of COVID and stuff, stress." – Parent/Caregiver*

Along with shortening travel time and easing challenges related to doing office visits for parents/caregivers, virtual visits were described as being more focused, shorter, and allowing for more flexibility in scheduling appointments for providers as well.

> *"They are very convenient, and you have more flexibility also with the virtual ones, because once you go for an in-person meeting, it has to be a length of time. Virtually, you can have it adjusted and customize it. I will say they could be much targeted, and sometimes you don't need the entire half an hour, 45 minutes. You just need a quick chat or intervention. In that case, they are great." – Parent/Caregiver*

> *"The time, convenience, and scheduling. There is a lot more available because when we had to go in, this might be harder on the therapists or the social workers as well, but there's a lot more time that they can schedule people because they're not driving back and forth." – Parent/Caregiver*

> *"It's very convenient. Definitely, it's easier to do it. Sometimes going in-person is another task that you have to fit in your schedule [laughs] and involves usually travel time." – Parent/Caregiver*

Multiple parents/caregivers described how valuable it was to be able to quickly connect with their provider to get coaching or schedule a quick check-in to brush-up on skills to assist them with their child. The increased accessibility of the providers helped parents not lose the progress they had made before the pandemic.

> *"I reached out to [provider] because I thought that things were falling through again...That's very*

valuable [the quickness of the provider] that she was able to provide the services that I needed in such a short timeframe, and that's very helpful." – Parent/Caregiver

Staff also reported that virtual sessions were more convenient for families. In some cases, the therapist only works with the child, so with telehealth, the parent does not have to wait around the office during the child's session giving them more *"breathing room."* Not only do virtual sessions reduce the hassle and time of commuting, but they also offer more flexibility in scheduling.

"Accessibility is huge. It [allows] us and the clients to open up more times." – Provider

One therapist felt that parent participation in both child and adult mental health services had increased as a result of telehealth, and that *"some parents would drop out if virtual was no longer offered."* Providers shared that providing mental health services via telehealth increased parents' ability to access these important services. Moreover, they felt that it was especially important for the parents to obtain therapy for themselves because of the increased stressors from the pandemic. The flexibility of telehealth offered staff more opportunities to connect with parents and to offer individualized sessions or resources. Others explained that *"the [virtual] structured format is really useful in giving families more of an idea of what we're going to do, what we're going to do next, and how we're going to end."*

Improved Quality of Services

In addition to increasing convenience and accessibility, parents and staff also described how remote services resulted in an improved quality of service. For example, some parents also reported that remote visits also improved children's engagement in services. One parent noted that virtual were easier for her child because the therapy happens in their home. She explained that with virtual visits, their child doesn't realize that he's at an appointment.

"My son hates going to his doctor. It might be because he's had shots there, and now he has bad feelings when he goes in the place, but he's unaware that he's even doing therapy because it's in his own house. It's been so much easier to do it online." – Parent/Caregiver

One parent described how her provider incorporated personal aspects of her home life, such as her dogs, into the visits with her daughter. The parent stated that it enhanced her child's experience and made her more engaged.

"For instance, [provider] had dogs. With the sessions virtually, she incorporated the dogs into the sessions, which my daughter loves. That connection was easily translated, and she used these homey things that, of course, in an office you can't. I feel that she was good at incorporating that, not making it so that it was like an office session. It was different and my daughter loved it...Being able to normalize a situation which at the beginning was not normal, that's a huge strength. Being able to connect with the kid, no matter what. I think those are [the providers] strengths." – Parent/Caregiver

Staff also discussed at length how virtual sessions provided deeper insights into the home environment and the dynamics of the parent-child relationship. This gave them a deeper understanding of why parents and children might behave in certain ways as well as an opportunity to address behaviors in real time. One interviewee explained that it is the behaviors at home that are generally motivating parents to seek help.

"One thing about the remote services that is an advantage is you actually do see the environment that the family's in. For parents that aren't as verbally expressive or the way I was asking the questions, it was just difficult to picture. Why is this such a challenge? When you see the environment and how the child is reacting and responding in the environment. You're just a lot more aware of what this looks like for a parent on a daily basis." – Provider

Overall, staff reported that providing remote services, and the increased level of contact with families related to that shift, had strengthened their work with parents and noted that they would likely continue to have more contact with parents virtually going forward.

"Staff probably will retain [increased parent contact] more than they did previously and in having more parent contact, I think our parent work in general is stronger as a result of this [shift to virtual services." – Provider

Staff felt that moving forward, an intentional hybrid model could be useful, in that there are often differences in how a child acts at home vs. in the office, and having the opportunity to observe the child in both setting could be a service improvement.

"I hope that they're here to stay. The way that I would see this happening is I would do in-office for people who need an office, but always have remote as an option for the people that want it. I don't think I'll ever stop doing remote at this point." – Provider

What didn't work? What was lost? What changed for the worse?

Overall, parents found telehealth visits from Mary's Center (MC) to be beneficial. However, a few parents identified areas that were challenging in terms of receiving remote services and being able to focus on the visit in the home environment. Several described concerns with the fact that direct interaction between the provider and their child couldn't happen:

"Doctors and specialists cannot interact with the children. I think they make an effort, but it is not the same as having the child with you, to see him, to interact with him." – Parent/Caregiver

Another discussed how they prefer in-person because it's difficult for them to focus when they're at home whereas if they were at an office they would be more focused.

"I'm trying to do a session and then I'm looking around, and I see something I probably want to clean up and stuff like that. If I was going to the office, my focus would be more contained to the environment." – Parent/Caregiver

*S*taff identified many similar challenges with the remote method of service delivery as well as some unique challenges specific to what was available in terms of materials for visits, and related to confidentiality. One main theme described by several staff was how important their physical presence is in their work and how challenging it was to deliver the same quality of therapy and coaching remotely. Specifically, they explained that they felt that their connection with children diminished with the shift to virtual sessions. The nature of therapy and parent coaching provided by MC requires touch and proximity to the child; this experience of having fewer, and lower quality interactions between therapists and children was echoed by parents. One staff described the challenges she experienced, noting:

"[there is] a sense of helplessness because you can't see the person in person. You're kind of missing [a lot] in the video, so when a child is in distress, I can coach the parent to provide comfort, but you as a provider can't grab a toy or illustrate a story right away because I don't have it at my disposal in the same way. And I don't have their attention in the same way. So I think a feeling of helplessness can come up." – Provider

Furthermore, although staff felt they benefited from gaining insight into the home environment through virtual services, some therapists found it challenging to have a more limited view of the parents/caregivers who were connecting solely with their cellphones. They talked about how that impacted their ability to read parents' body cues.

"Technology is significant because it is harder to [engage] when they're on their phone. I feel less joined with the people where it's one vision [on the phone], it's small. I'm small, so they can't see me. I'm like this voice, basically...The clients who can see me from their computer, it's fine." – Provider

The home environment also presented challenges for staff around maintaining confidentiality and limiting external/environmental distractions. Staff explained that many of their families lived in shared spaces and did not have the privacy that would ensure confidentiality. As a result, sometimes parents and children shared less information than they would have in the office. For providers, working from home created a shift in the way therapist use "self-disclosure", giving clients a glimpse into their life that they normally wouldn't have in the office. For example, one provider shared a story about her colleague's baby crying in the background while working from home, causing her to wondered if hearing a baby cry during a session might create unintended barriers for some parents.

"This time has required a different level of use of self-disclosure than therapists naturally would be required to do. For example, a colleague shared with me that her baby was crying in the in the other room and was heard, so it was like boom right away, you know that your therapist has a baby. That's not something you'd be aware of if you walked into her office unless she had pictures. So those things impact the capacity to control those things. It's different and not necessarily bad. In certain moments and cases, it can feel like 'oh, she's a human.'" – Provider

Distractions in the home from other children, family members, and household interruptions were especially challenging because their work is *"often with kids who are easily distracted. It's a lot difficult to achieve emotional regulation when you're not in a contained space."* Staff indicated that because of short attention spans, video

sessions were too much for some children, especially those with ADHD who were already struggling to stay engaged in school or other medical appointments.

Despite these barriers, staff largely reported that they did not lose many families with the shift to telehealth. They explained that those that they did lose had a history of inconsistency in their participation even prior to the pandemic. Others chose to wait until the return to in person services because with changes in school and work they *"just couldn't put another thing on the table."*

However, staff did suggest that the most vulnerable families were the ones who were at greatest risk of falling through the cracks.

> *"I would say those that have fallen through the cracks are the most vulnerable. It was so frustrating because in the midst of the shift to virtual services, families experienced changes in their Medicaid insurance status. Luckily that was addressed on a larger scale and a lot of people were able to get retroactive coverage, but that's just indicative of the most vulnerable." – Provider*

Staff explained how these families tended to be less comfortable with or had less access to technology. They further discussed the deeper equity issues that increased the pandemic's digital divide and their program's efforts to provide families with free Wi-Fi connections and support.

> *"From a socio-economic status point of view, access to Internet...at this point there have been some barriers with tech literacy. I think this was a barrier before, and I think it just became a more pronounced barrier. Now if a parent is illiterate, I'm trying to figure out a way to go through documents and read them together. That's been hard because we have to rely more on the Internet to have them fill out forms and stuff." – Provider*

> *"We have a really strong connection to the Latino population and have always historically been… we have many, many bilingual staff. I would say for our families who are primarily Spanish speaking, there was probably a shift in [the quality of] services because doing language translation in services is very difficult. There was probably a shift there, although there wasn't like dropping off of services. Whereas, I feel like the insurance piece and access to resources in terms of Internet bandwidth and devices, a lot of the African American Community in DC - the families that I work with primarily who live in South East [poorest part of the city] - it's just absolutely indicative and disproportionate - the resources that they have in those communities and then geographically where they are located. So that's what I would say, they are the families that have fallen through the cracks." – Provider*

Key Takeaways for Moving Forward

- Parents and staff both described considerable benefits of remote services due to allowing sessions to be held at more convenient, flexible times, and to the added value of having sessions provided in the home environment (as compared to only in-office). This suggests that maintaining remote services even when face-to-face visits are possible could improve the overall quality of services. Offering a hybrid model moving forward that includes a remote service component could help to increase parent engagement, as well as provide clinicians with opportunities to gain deeper understanding of the family home environment and of the child's behavior across different settings.
- Remote services also have the ability to increase the availability of important mental health and counseling services for families and appears to be a promising area to sustain and expand post-pandemic. Reductions in travel time led to greater availability of appointment times for staff.
- It was also clear that video-supported remote services were preferred and likely more effective. Providing services by telephone, while increasing convenience, also introduced challenges related to environmental distractions and challenges in ensuring confidentiality that might be needed for discussion of sensitive or personal topics. Ensuring that distance services can be provided in an environment that still maintains a focus on the services and supports confidential conversations would be important for ongoing success of this service modality.
- Finally, while staff and parents in this program generally felt well-supported in terms of technology, additional improvements could help improve quality, in particular providing for better equipment (e.g., Bluetooth headsets) and more technical assistance to parents and staff in using remote technologies.

- Parents also appreciated the increased frequency of "check ins" from providers, and felt these helped strengthen their relationships. Considering incorporating these more frequent, albeit less intensive/time-consuming types of check-ins even after face-to-face visiting resumes could help to improve the quality of services and improve family engagement.
- The program's ability to provide support for staff was a key factor in successful service delivery; most notably, attending to staff emotional needs and personal stressors through expanded supervisory supports. Continuing these strong organizational supports moving forward could have a long-term beneficial effect on staff retention.

Appendix A: Family Survey Data

Parent/Caregiver Report of Effectiveness of Different Methods

N=5	Do not use	Not Very Effective	Mostly Effective	Very Effective
Telephone Calls	20% (1)	20% (1)	60% (3)	--
Video Conferencing (Skype, Zoom, FaceTime)	--	--	20% (1)	80% (4)
Text Messages	40% (2)	--	40% (2)	20% (1)
Social Media	100% (5)	--	--	--
Email	--	20% (1)	20% (1)	60% (3)

Parent/Caregiver Perspectives on Receiving Remote Services

N=5	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It has been easy for me to engage in the services provided by the program since face-to-face visits were stopped.	--	--	--	40% (2)	60% (3)
I like receiving services from the program remotely (through phone, video, etc.)	--	--	40% (2)	--	60% (3)
I would like to continue to get at least some supports remotely even after face-to-face visits can start again.	--	20% (1)	--	40% (2)	40% (2)
I hear from my provider more often now than before COVID.	--	--	40% (2)	20% (1)	40% (2)

Parent/Caregiver Perspectives on Important Supports

N=5			
Food			
No 100% (5)	**Yes** --		
	Not Very Important	**Somewhat Important**	**Very Important**
	--	--	--
Activities for my children			
No 100% (5)	**Yes** --		
	Not Very Important	**Somewhat Important**	**Very Important**
	--	--	--
Emotional Support			
No 20% (1)	**Yes** 80% (4)		
	Not Very Important	**Somewhat Important**	**Very Important**
	--	--	100% (4)
Emergency financial resources			
No 100% (5)	**Yes** --		
	Not Very Important	**Somewhat Important**	**Very Important**
	--	--	--
Information about COVID-19 and health/safety			
No 80% (4)	**Yes** 20% (1)		
	Not Very Important	**Somewhat Important**	**Very Important**
	--	--	20% (1)
Parenting information and support			
No 20% (1)	**Yes** 80% (4)		
	Not Very Important	**Somewhat Important**	**Very Important**
	--	--	100% (4)
Access to community resources			
No 100% (5)	**Yes** --		
	Not Very Important	**Somewhat Important**	**Very Important**
	--	--	--

Appendix B: Staff Survey Data

Remote Technologies Used

	% Yes
Telephone Calls (N=3)	100%
Video Conferencing (Zoom, Skype, FaceTime) (N=3)	100%
Text Messages (N=3)	66%
Social Media (Facebook, etc.) (N=3)	0%
Email (N=3)	100%

Staff Experiences Providing Remote Services

N=3	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am comfortable providing services over the phone and/or online.	--	33% (1)	33% (1)	--	33% (1)
Providing services remotely is as effective as face-to-face.	33% (1)	33% (1)	--	--	33% (1)
I have received the necessary support from my program/agency to shift to remote/distance services.	--	--	--	66% (2)	33% (1)
I would like to continue providing remote supports in some way even after face-to-face visits can be resumed.	--	33% (1)	--	--	66% (2)
I have more frequent contact with families now than I did before COVID.	--	33% (1)	33% (1)	--	33% (1)

Appendix C: Family Interview Questions

Active

- To begin, can you tell me a little about your family? How many children do you have, how old are they?
- Tell me a little about how has COVID-19 impacted you, your family, and your child(ren)?
- How long have you been participating in the [PROGRAM NAME]? Were you enrolled before COVID-19?
- How are you connecting with your [home visitor/staff name _____] now?
- What do you like about getting remote/distance supports and services?
- What's not working well for you now? What has been difficult? What would you like to do differently?
- What has been the most valuable service or support you, your family or your child have gotten from [PROGRAM] since the COVID-19 shut down?
- Tell me about your experience with getting a typical "distance" visit.
- In what ways are these remote visits different than when you received services in person?
- How have you felt about these changes? Are there things that you like better about the supports you are getting now, and if so what and why?
- How, if at all, has COVID-19 impacted your relationship with your home visitor?
- What, if anything, has the program or your [home visitor/staff] done to make these remote visits work better for you?
- Is there anything else you think it's important to tell us about your experience with [program] during COVID-19?

Inactive

- How long have you been participating in the program? Were you enrolled before COVID-19?
- How are you connecting with your home visitor/clinician now, if at all?
- Did you participate in any remote home visits at all, and if so, what were these like?
- What about remote services has made it difficult for you to participate in services?
- What can the program do, if anything, to help you to be able to participate?
- Are there things that you need right now that you're not getting because you haven't been getting face-to-face home visits?
- How would you describe your relationship with your home visitor before COVID-19? How would you describe it now? Why do you think it's changed?
- Do you think you would participate again if face to face visits were brought back?
- Is there anything else that you would like to share with me or with the program that might improve remote services for yourself or other families?

Appendix D: Staff Interview Questions

- To begin, can you tell me a little about your role– what is your current position, how long have you worked here, how long have you been working in this field?
- Tell me about how you are providing services right now. What kinds of technology are you using? About what percent of your contacts involve each remote option? Does this vary for different families? If so, why?
- What strengths do you have that you think are helping you to connect with families right now?
- Do you see any benefits to providing services remotely, compared to providing face-to-face visits, and if so what are they?
- What are the biggest challenges for you in providing services this way?
- In what ways are these remote visits different than when you provided services in person?
- Do you think these changes are consistent across your families or does it vary? If so, why do you think that is?
- What do you see as the most important part of your program to provide to families during the pandemic?
- Thinking about the families you work with, are there families you feel have "fallen through the cracks"?
- How has your program or organization supported you to do your job more effectively since the shift to remote services?
- What keeps you doing this work right now? How are you handling this situation and managing other challenges and stressors?

Appendix E: Director Interview Questions

- Can you tell me about the services that your program provides, and what your role is within this program?
- Tell me about how your program is delivering technology-supported services right now.
    - What kinds of technology are your staff using to connect with families?
    - Do staff have any face-to-face contact with families, and if so, what does that look like?
    - What resources have you provided to staff or families to help facilitate remote visits?
    - In addition to home visiting and direct one-on-one services, is your program providing other kinds of supports for parents, such as parent groups or parent education?
- What is important for us to know about how COVID-19 has impacted your community and your program?
- In what ways, if any, do think that families or staff in your community have been disproportionately impacted by the COVID19 pandemic because of institutionalized racism, poverty, or other factors?
- Tell me about the staff you work with who have had an easier time shifting to remote services, or who you think are more effective working with families remotely?
- What about staff who've struggled more, or had a more difficult time making this shift?
- Has your program continued to enroll families during the COVID-19 pandemic? How open to services are families, knowing they are remote?
- Are the families you are recruiting different than those you used to recruit pre-COVID?
- Have you lost families who did not transition to the virtual format? If so, who did you tend to lose?
- What, if anything, do you think staff have been able to do more effectively – or at least as effectively using remote technology, compared to face-to-face?
- Have you had staff leave their positions since the shut-down? Why do you think this happened?
- Is there anything else you'd like to share with me today about how things are going with your program or what recommendations you would have to improve the nature or quality of technology-supported services?