

# **CalWORKs Home Visiting Program Evaluation Legislative Report**

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### **Appendix H: Recommendation Regarding Data Collection for Program Monitoring and Evaluation**

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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.

### **About Resource Development Associates**

RDA Consulting is a mission-driven consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to work toward a just and equitable society by partnering with diverse stakeholders in addressing barriers to individual, organizational, and community well-being. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.

## **Recommendation Regarding Data Collection for Program Monitoring and Evaluation**

The following recommendations are informed by what the Evaluation Team learned from interviews with county leaders and our experience acquiring HVP client-level data needed for this evaluation, our review of its quality and consistency, and analyses of that data leads us to make the following recommendations:

1. Explore opportunities to simplify and streamline county-level data collection and reporting as well as reporting data back to inform ongoing program improvements
2. Convene key stakeholders, including members of the CalWORKs Evaluation Advisory and the Continue Quality Improvement Workgroups, CDPH's California Home Visiting Program (CHVP), and representatives of the four national home visiting models (PAT, HFA, NFP and EHS). With these stakeholders, identify and/or develop an agreed upon list of standardized indicators/performance measures that all CalWORKs home visiting programs will be required to report on and that would satisfy other reporting requirements, (e.g., reporting requirements of nation model affiliates). This would help to simplify and streamline county-level data collection and reduce the burden counties face with so many different reporting requirements.

Consider using indicators/performance measures that are already in use in other programs. For example, California's Medi-Cal Managed Care Plans are required to report on HEDIS (Healthcare Effectiveness Data and Information Sets) measures, including developmental screening in the first three years of life, and well-child visits in the first 15 months of life. Doing so would enable meaningful comparisons between the performance of CalWORKs HVP on these indicators/measures with others report on measure (e.g., Medi-Cal).

3. When allocating funding to counties implementing CalWORKs HVP, include monies to fund development of a data infrastructure to ensure uniform data collection and timely transfer of client-level data from counties/affiliates to CDSS.
  - a. Funding designation may be made to the county directly. If it is, mandate that, as a condition for accepting these funds, a certain percentage of the funding will be spent on ensuring that client-level data fields are coded in an agreed upon uniform and analyzable manner, and that data is transferred to CDSS on a regular basis, whether in the form of building new or improving existing data systems, and/or funding a contractor or additional staff to support these efforts.
  - b. Alternatively, consider contracting with national home models with centralized data repositories to obtain regular access to their standardized data, similar to CDPH's annual arrangement with NFP
  - c. Investment also needs to be made by the state to support the development of a data infrastructure, and to fund contractors or analytic staff to combine and summarize the data for evaluation purposes.

4. Review and confirm that clients' consent for the sharing of identifiable HVP client case data are in place for all county-run HVPs as a condition of funding. Similarly, ensure as a condition of funding that these consents are in place between counties and their local HVP affiliate contractors. To facilitate this, consider working with counties and department legal staff to develop a standardized client consent form that could be used by counties.
5. Where possible, require or encourage the use of CDSS' unique client numbering system to ensure that HVP clients have unique identifiers that can be used to easily link their data to other CDSS administrative data.
6. Ensure that data sharing agreements and client consents for the sharing client-level data for indicators of interest, including identifiers for matching individuals in datasets from multiple agencies, are in place between federal and state agencies (e.g., for the sharing of WIC data), and between counties and the organizations they contract with to provide HVP services.
7. Allow sufficient time for enough HVP clients to complete the program before evaluating longer term outcomes, such as gains in employment and financial stability.