

# CalWORKs Home Visiting Program Evaluation Overview

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# Evaluation Team

University of California San Francisco, Family Health Outcomes Project

- Jennifer Rienks, PhD, Principal Investigator

## Quantitative Evaluation

- Linda Remy, MSW PhD, Co-PI
- Geraldine Oliva, MD MPH, Co-PI

## Qualitative Evaluation

- Linda Franck, RN PhD, Co-PI, School of Nursing
- Resource Development Associates

# Evaluation Overview

- What is program evaluation?
- Legislative requirements for the HVP Evaluation
- Legislative reporting requirements – data indicators
- Evaluation questions, design and methods
- What will come out of this evaluation
  - key outcomes to consider, reporting timeline

# What is Program Evaluation?

# What is Program Evaluation?

- “A systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement.”

~ Centers for Disease Control and Prevention

# Program Evaluation Cycle



# THE BIG QUESTION

Did all the hard work to implement  
home visiting for CalWORKS  
participants  
improve the lives of these parents  
and children?

# Conducting a Program Evaluation

- Measuring program implementation indicators (dose):
  - What did you do?
  - To whom did you do it?
  - How much and for how long?
- Measuring program outcome indicators:
  - How does what you did impact program participants?
- Indicators measuring/documenting client characteristics and experiences:
  - What experiences or client characteristics might be influence the impact of home visiting (e.g. maternal depression)?



# Need for Individual-Level Data

- 2 levels of data:
  - Aggregate level – summing data across participants (e.g. # of home visits made this month, # of participants)
    - Useful for monitoring program implementation
  - Individual level – data that is specific to the individual client (e.g. # of home visits Jane Doe received, # and types referrals Jane received)
    - Used to evaluate program outcomes

*To determine how the HVP impacted participants, we need individual-level data*

# Reporting Requirements

# Evaluation Requirements

## Per AB 1811:

- CDSS shall work with independent, research-based institution to identify existing, and establish additional, outcome measurements
- Legislature to be consulted as part of outcomes measurement development process
- Evaluation includes program outcomes for parents and children served in program, models utilized, and measures specific to CalWORKs objectives

# Requirements for HVP Funding Recipients

## Per AB 1811:

- Counties and participating home visitation organizations shall provide, as a condition of funding:
- Data necessary to administer the program
- Data related to the outcomes of participants and children, including by race, ethnicity, national origin, primary and secondary language, and county
- Data components shall be identified in consultation with the stakeholder workgroup

# Reporting Requirements

## Process Measures (Home visiting “dose”)

- Number of home visits completed by home visiting model
- Services provided during home visits
- Referrals made and services accessed
- Duration of family’s enrollment in home visiting

# Reporting Requirements

## Data on Parents

- Service referrals by type
- Services accessed by type
- Parent satisfaction with parenting skills and knowledge
- Food and housing stability
- Workforce training, jobs, and financial stability
- Participation in education and/or ESL programs, as appropriate
- Access to immigration services and remedies

# Reporting Requirements

## Data on Children

- Rates of regular well-child check-ups and immunizations (if available)
- Rates of developmental screening and referrals for further assessment
- Participation in early learning programs
- Adequate infant and child nutrition
- Service referral by type
- Services access by type
- Child welfare referrals and outcomes

# Reporting Requirements

## Data on HVP Workforce Capacity

- Demographics (age, sex, race/ethnicity)
- Characteristics (education, language skills, prior work experience)
- Composition (staffing patterns, days/hours worked, work sites)
- Employer and certification status (licensing, certification, on-job training)
- Training needs (content and process)



# Additional reporting needs

## Data on Family Risks and Outcomes

- Maternal life course (domestic violence, mental health, substance use)
- Pregnancy (inadequate prenatal care, GDM, weight gain, C-section delivery)
- Birth (preterm, low weight, birth defect, infant mortality)

Additional evaluation measures TBD in consultation with the stakeholder group

# Evaluation Design and Methods

# Evaluation Questions

- Did integrating evidence-based home visiting improve outcomes for participating families?
- Were exempt participants more prepared to engage in Welfare-to-Work and/or employment after participating in the HVP?
- Did HVP visiting improve the outcomes and well-being of children and adult members of the assistance unit who are not exempt?
- For child-only cases, did home visiting demonstrate positive outcomes for children and caretaker relatives?

# Evaluation Design

## Informed by Conceptual Frameworks:

- Life course perspective - frames health as a trajectory across the life course
- Social determinants of health - conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a health (e.g. economic stability, neighbourhood)
- Social-ecological model - illustrates how factors at multiple levels (i.e., individual, relationship/family, community, and societal) influence health and social outcomes

# Evaluation Methods

- Collection and use of primary and secondary data
- Primary data (we collect):
  - Key informant interviews of county HVP leaders
  - Focus groups with program providers and participants
  - Surveys of program providers and participants
- Secondary data (others collected):
  - Case management data (e.g. service provided, referrals, development screenings received, etc.)
  - Other CDSS data (e.g. Child Protective Services)
  - Vital statistic data (e.g. birth certificates)
  - Hospital administrative data (Emergency Department, Patient discharge, Ambulatory surgery)

# Evaluation Timeline

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- Evaluation planning began April 2019 – Dec. 2019
- Primary Data Collection: Dec 2019 – Nov. 2021
- Secondary Data Collection: began prior to start of HVP and is ongoing

# THE BIG DUE DATE

Report due to  
California State Legislature  
January 2022

*You hold the key to what we report*



# Questions?