

# State-Level Policy Recommendations to Support Home Visiting Coordination Within California's Early Childhood System of Care

California Home Visiting Coordination Project

## Introduction

Home visiting is a voluntary, preventive service delivery strategy that pairs a dedicated support person with expectant families and families with young children. Home visitors build trusting relationships with families to identify and support their goals. Services are typically provided to families in their homes for several months or years. Home visiting has a strong evidence base demonstrating improved outcomes in maternal and child health, school readiness, family economic well-being, and parenting practices (Filene et al., 2013; Nievar et al., 2010).

First 5 county commissions have historically been the largest funders of home visiting services in California (Maternal, Child, and Adolescent Health Division, 2020). In fiscal year 2020–2021, county commissions—which are funded by Proposition 10 state tobacco revenue (Proposition 10 Statutes, 2011)—invested over \$58 million in home visiting direct services (F5CA, 2021). California has invested additional funds totaling nearly \$270 million<sup>1</sup> since fiscal year 2018. Fifty-two counties now

### About the California Home Visiting Coordination Project

The mission of First 5 California (F5CA) is to promote, support, and optimize the early development of children from the prenatal stage to age 5. In 2019, F5CA dedicated \$24 million over 5 years to help California's diverse counties create a sustainable, unified system that supports home visiting within a coordinated early childhood system of care. The funding's intent was to enable lead agencies—predominantly First 5 county commissions—to serve as backbone organizations of that system by engaging diverse partners across funding streams.

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<sup>1</sup> Funding data are from the 2020 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Needs Assessment. The total is the sum of California Department of Public Health State General Funds and California Work Opportunities and Responsibility to Kids (CalWORKs) Home Visiting Program funds, holding funding amounts for the two programs in 2020–2021 steady for 2021–2022, then subtracting \$30 million from CalWORKs because of a one-time budget reduction in 2020–2021.

implement evidence-based home visiting programs, and many counties also offer emerging and locally developed models designed to meet community needs.

## The Case for a Coordinated Early Childhood System of Care

California's home visitors provide direct support to families and connect them to resources and services across the early childhood system of care (ECSC). Along with home visiting, the ECSC includes an array of services, such as early intervention, early care and education, family and social supports, income assistance, physical and behavioral health, child welfare, and employment training and education. Combining these services into a coordinated system of care is critical but challenging (Daro, 2022). An effective ECSC can lead to enhanced family engagement and use of services, reduced duplication and increased efficiency of services, and reduced burden for providers and families (West et al., 2018). Programs can leverage the benefits of service coordination to pursue other key goals, such as providing culturally and linguistically responsive services. Improving service coordination—and thus, services to children and families—is particularly critical as communities recover from the COVID-19 pandemic.

## Using County-Level Input to Inform Policy Recommendations

Effective service coordination requires intentional efforts in the public and private sectors at the federal, state, tribal, county, and local levels, as well as leadership to address data, workforce, funding, and other infrastructure. The California Home Visiting Coordination (HVC) project aims to increase coordination among agencies that provide home visiting and family support services within California's larger ECSC. With F5CA's support, the project team—

- Provided technical assistance (TA) to 50 counties to bolster local coordination efforts based on a comprehensive assessment of county needs related to home visiting coordination
- Developed state-level policy recommendations that support a coordinated ECSC, with a focus on home visiting

This paper presents eight state-level policy recommendations to advance coordination in California. Several recommendations aim to strengthen coordination across California's ECSC, while others specifically promote coordination among home visiting agencies. The policy recommendations were informed by evidence collected from counties that received HVC funding and reflect common needs related to governance, funding, data, and accountability. By improving coordination and infrastructure at the state level, California's leaders can facilitate coordination at the local level so counties and communities can more efficiently provide desired, timely, and equitable services (see box on next page) to children and families. We first summarize the methods used to develop the recommendations and then present each recommendation, its supporting evidence, and suggestions for implementation.

## Supporting Equity Through Service Coordination

Our recommendations support several hallmarks of an equitable ECSC, as defined by the BUILD Initiative (2022):

- Viewing families as key decision makers and leaders
- Reflecting and respecting the strengths, needs, values, languages, cultures, and communities of children and families
- Facilitating seamless access to services with smooth transitions between programs
- Fostering innovation
- Maximizing investment, particularly by the public sector

## Methods

We followed a process adapted from Bardach's (2015) practical guide for policy analysis to develop the state-level policy recommendations:

**Step 1. Define the Aims:** We set out to develop state-level recommendations to enhance coordination.

**Step 2. Assemble Evidence:** We gathered data (see box on next page) about counties' experiences working with partners to improve coordination. This information included barriers to and facilitators of coordination and the state-level changes needed to support work at the local level. Information was collected while delivering TA to First 5 executive directors, directors, and program coordinators; Department of Public Health program coordinators, nurse supervisors, and health coordinators; and consultants representing HVC-funded counties. In addition, we administered two surveys and analyzed Annual Performance Report data. We also sought out best practices and case studies from California counties and other states.

**Step 3. Select the Criteria:** We used five key criteria to determine which potential recommendations to put forward: feasibility, efficiency in practice and process, political acceptability, equity and fairness, and alignment with state-level decision making.

**Step 4. Prioritize and Refine:** We prioritized recommendations based on the criteria described above and grouped the resulting recommendations by coordination area and order of

implementation (i.e., earlier recommendations set the foundation for later recommendations). We refined the recommendations based on input received from F5CA, state-level partners, and counties.

See the appendix for more information on our methodology, including a more detailed description of data sources and partners providing feedback.

## Overview of Data Sources

### Home Visiting Coordination Surveys

*Baseline (N = 50); follow-up (N = 49):* Inquired about existing service coordination; TA needs (baseline); and progress, facilitators, and barriers during the HVC project (follow-up)

### Group Sessions

*Coordination Learning Network (10 sessions, ranging from 49 to 77 participants):* Shared coordination-related content and resources, highlighted county coordination efforts, and promoted peer learning via breakouts

*Small Group TA (7 topical series with a total of 36 sessions, ranging from 4 to 17 participants per session):* Addressed various topics from parent leadership to coordinated intake and referral

*F5CA Listening Session:* Held to understand the influence of the COVID-19 pandemic and natural disasters on counties' HVC activities and data collection and reporting challenges

### Reports

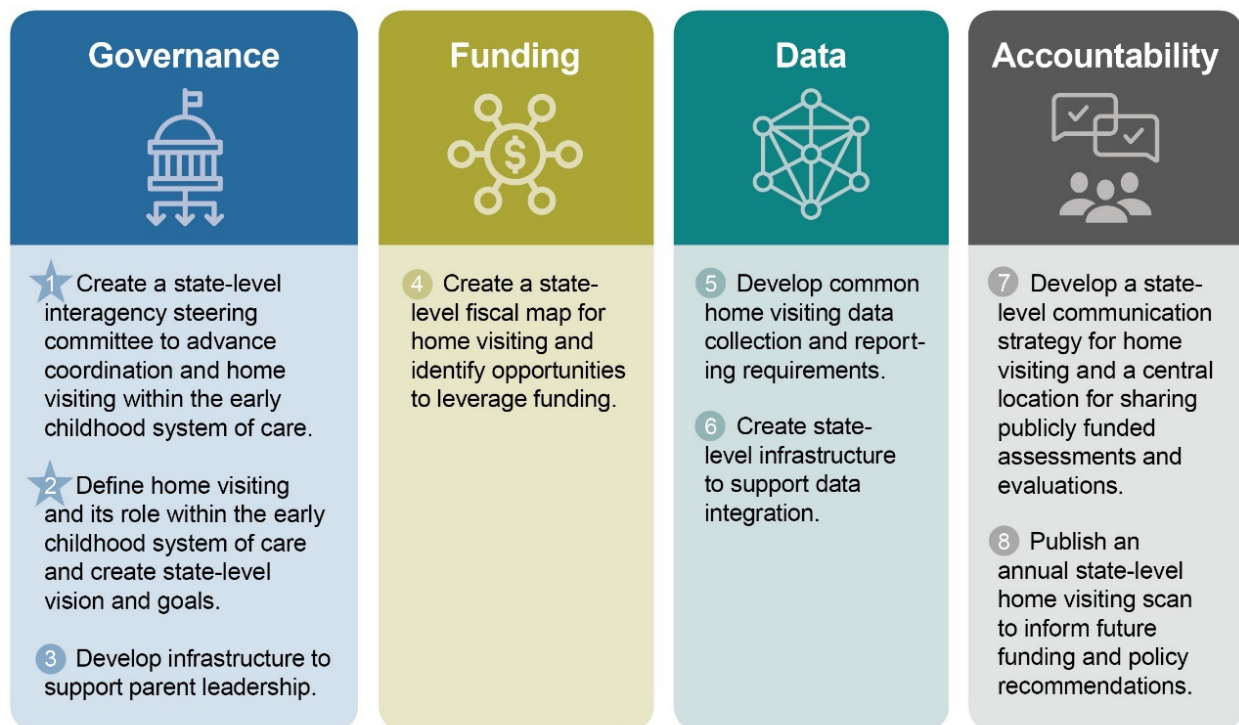
*Annual Performance Report (N = 46):* Reviewed data on counties' development and implementation of coordination action plans, availability of family data, and barriers to data collection

# Policy Recommendations

The project team developed eight policy recommendations organized across four policy areas (see exhibit 1). The first two recommendations lay the foundation for the remaining recommendations and should be implemented first. Recommendations 3–8 can be implemented in an order determined by decision makers given existing infrastructure, timing, and priorities.

This section describes the recommendations in detail. For each recommendation, we highlight why the recommendation is needed and how implementation can improve coordination. We describe how California might implement the recommendation and share examples of promising or innovative efforts from California counties to advance coordination. Examples from other states are noted in boxes.

## Exhibit 1. Recommendations by Policy Area



★ KEY FIRST STEPS



## Policy Area: Governance

### 1. Create a state-level interagency steering committee to advance coordination and home visiting within the early childhood system of care.

**Why:** To be effective, early childhood systems need a strong but flexible governance infrastructure. No entity has the function and governance needed to make collective planning, implementation, funding, and policy decisions for California's ECSC. Current advisory groups are embedded within different state agencies and focus on aspects of, rather than the entire, system of care. Although the advisory groups provide knowledge and recommendations, they lack the authority and infrastructure for decision making. The dispersal of authority and accountability across state agencies also limits the ability to advance policy decisions related to coordination of home visiting within the ECSC (Regenstein, 2020). Early childhood systems literature supports the need for governance to achieve a highly functional, effective, and coordinated ECSC (Pires, 2010).

Given the nested nature of home visiting and other family-serving organizations within the ECSC, there needs to be a higher level of coordination across services. The recommended interagency steering committee (ISC) would serve this function and enforce the purpose, goals, and boundaries of each service type (Wulczyn et al., 2010). Further, the ISC could ensure that all families who are eligible for and interested in voluntary services such as home visiting can receive them.

The ISC would have the authority to provide strategic direction and governance for California's ECSC. Incorporating insight and recommendations from other early childhood entities in state government, it would plan, implement, and maintain oversight of policy and funding recommendations related to service delivery and coordination. For example, the ISC could—

- Empower partners to implement strategies to address federal, state, tribal, and local requirements that may impede or promote service coordination
- Identify funding opportunities to support activities with shared interest (e.g., health equity, integrated early childhood data systems, county capacity for coordinated intake and referral)
- Identify strategies to address structural and systemic issues that perpetuate disparities in outcomes based on geography, family income, preferred language, immigration status, and ability—making sure to include parent<sup>2</sup> leaders (recommendation 3)

**How:** Leadership from the California Health and Human Services Agency (CHHS) should create the ISC, charging it with with defining and overseeing the vision and goals of—and developing and implementing policy and funding decisions for—the ECSC in California. The ISC should report to the

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<sup>2</sup> We use the terms *parent* and *caregiver* interchangeably throughout to refer to an adult who has a caregiving role in a child's life.

CHHS secretary. CHHS leaders should examine the membership of existing ECSC groups when creating the ISC to determine which partners to include, the level of authority participants should have, and how to build on existing groups' efforts. For example, California's [Early Childhood Policy Council](#) and Early Childhood Home Visiting Collaborative<sup>3</sup> include key partners spanning multiple levels and perspectives across the ECSC who may be considered for potential inclusion. Lessons could also be gathered from the California Essentials for Childhood Initiative, a data-driven group with a defined structure, vision, and goals funded by the Centers for Disease Control and Prevention. Other ideas to consider include reinstating the State Interagency Team or expanding the purview of the System of Care for Children and Youth, which primarily focuses on child welfare.

### Coordination in Action: New Jersey

Three active groups partner to move New Jersey's early childhood systems work forward. [The Council for Young Children](#) makes recommendations to the Inter-Department Planning Group, which considers, plans for, and implements recommendations across state agencies. The Inter-Department Planning Group reports to the Early Learning Commission, which makes final decisions about funding and policy.

California should ensure the ISC represents all early childhood services to promote coordination across the ECSC. Members should potentially include state agency leaders from F5CA; the departments of healthcare services, social services, public health, developmental services, and education; the Office of the Surgeon General, and the Health and Human Services Agency. The ISC should also include county voice, including that of the First 5 Association, to ensure that state coordination efforts recognize and support existing activities taking place within and across counties. Parent voice also should be represented on the ISC, ideally via a state parent advisory body (recommendation 3). Parents included in a state advisory body should reflect the cultural and linguistic diversity of families receiving early childhood services. Practitioners (e.g., home visitors, supervisors) should also have opportunities to provide input and contribute to decision making by participating on an advisory body, attending town hall meetings, and/or completing anonymous surveys.

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<sup>3</sup> The Early Childhood Home Visiting Collaborative was established as the Home Visiting State Interagency Team workgroup in 2012 to fulfill the Congressional mandate for MIECHV to "improve coordination of services in at-risk communities." In its current form, it is co-led by representatives from the Department of Public Health Home Visiting Program and the Department of Social Services CalWORKs Home Visiting Program and includes staff from agencies that oversee programs for families and children as members, along with invited partners. Its purpose is to support and promote the coordination, effectiveness, and alignment of high-quality, evidence-based, and culturally competent home visiting services to California families.



Creating an ISC is an important first step to implementing policy recommendations 2–8. The ISC can create workgroups or task forces as needed or delegate tasks to existing workgroups or task forces with the necessary partners and authority to accomplish the tasks assigned. For example, home visiting–specific recommendations (2, 4–8) could be delegated to a workgroup comprising staff who manage and oversee home visiting programs within each state agency or to an array of home visiting–specific task forces that take on particular projects.

## **2. Define home visiting and its role within the early childhood system of care and create state-level vision and goals.**

**Why:** Unclear boundaries present a major challenge to systems building. To advance coordination, California needs to develop a shared definition of home visiting that includes evidence-based, emerging, and local home visiting models and the role of those models within the ECSC. This shared definition is critical to determining the system’s functions, capacities, processes, governance, and accountability (Wulczyn et al., 2010). It is also a necessary first step to developing a statewide vision and goals, which can inspire and guide future decision making around service coordination. Counties participating in HVC TA efforts expressed challenges “speaking the same language” as local partners from child- and family-serving organizations, particularly when it came to home visiting. As one county said during a small group TA session, “We’re barely in the beginning phase of our county’s needs assessment...we’re trying to figure out what our partners define as home visiting in our county.” In a separate breakout session on shared accountability, three counties reiterated the importance of clarifying home visiting and its role in the ECSC because they did not view it as a sustainable stand-alone program due to recruitment and funding challenges.

Responses to the HVC follow-up survey demonstrated the need for clear and measurable goals. Over half (59 percent) of all respondents agreed or strongly agreed that family-serving organizations in their counties have a clearly defined and shared vision for coordination. However, fewer agreed or strongly agreed that organizations have specific and measurable coordination goals to boost cross-sector collaboration (31 percent) or achieve equity (23 percent).

Creating a shared definition of home visiting and aligned vision and goals would help the state and family-serving organizations—

- Clearly differentiate home visiting from other family support services
- Recognize how evidence-based, emerging, and local home visiting models contribute to the ECSC
- Have a common purpose and synergize efforts to effectively serve families

**How:** The ISC, in collaboration with a designated home visiting task force, should build on existing resources to develop a shared definition of home visiting. Existing resources, including this [list compiled by the National Home Visiting Resource Center](#), generally reference evidence-based home



visiting models. California should consider adding emerging and/or local models to its statewide definition. The task force and ISC could also refer to a broad definition developed by the [F5CA Home Visiting Workforce Study](#).

California should leverage local resources, expertise, and initiatives—and those from other states—to create and monitor a state-level vision for home visiting and its goals. Building cross-state relationships will help California learn from others' efforts to create, monitor, and revise their goals. Potential activities for developing goals include listening sessions with key groups, such as parents and practitioners; visioning exercises; and interviews with home visiting leadership. Parents and practitioners should be consulted early on to ensure the definition, vision, and goals accurately reflect families' priorities. The [SMARTIE framework](#) can help California create goals that are inclusive and equitable by including a focus on traditionally marginalized communities and the need to address systemic racism and resulting disparities. San Joaquin County describes its process for establishing vision and core values in its five-year [home visiting strategic plan](#). That plan encompasses three goals, one of which focuses on placing children and families first, and defines the county's commitment to race, equity, diversity, and inclusion. Goals should be revised as needed to address the changing landscape of funding and program partners.

### Coordination in Action: Illinois

Illinois has developed [home visiting strategic plans](#) that incorporate vision, goals, and strategies for coordinating efforts of all family-serving organizations delivering home visiting services.

## 3. Develop infrastructure to support parent leadership

**Why:** Advocates value the meaningful integration of parent voice as a key strategy for creating an equitable, culturally competent system of care. Parents can help advance positive outcomes for children (Center for the Study of Social Policy, 2019) and improve the effectiveness of governance structures (Pires, 2010) due, in part, to their lived experience with current systems. To fully leverage parents' potential, government leaders must commit to engaging parents as decision makers (Stark, 2020) and to creating supportive infrastructure.

California counties noted a lack of parent leadership in their coordination efforts and a need to engage families from diverse backgrounds. As one county representative explained during a Coordination Learning Network session, "To be transparent, I think family voice is lacking...if there's a disconnect [between perceived family needs and actual family needs] we aren't really serving [families]." In addition, 52 percent of HVC baseline survey respondents reported that their HVC Action Plan reflected "no input" from parents. In the HVC follow-up survey, most counties (80 percent) reported having "too little" engagement with caregivers over the past year in their home visiting coordination efforts. During small group TA, counties expressed wanting to engage families

from diverse backgrounds. For example, one county representative shared their county is actively trying to engage parents who are illiterate or have little education.

Even counties that give caregivers “a seat at the table” see a need for improved infrastructure to involve caregivers in decision making. Counties described several barriers to parent leadership, including logistical and financial challenges. One small group TA participant explained “...we really want to include parents who couldn’t participate without pay, because they have different and equally important things to say [as those who can participate without compensation].”

Some existing state-level advisory groups (e.g., California’s Early Childhood Policy Council, Early Childhood Home Visiting Collaborative) may have parent representatives, but it is unclear how groups engage parents in decision making or compensate parents for their time. Infrastructure and training are needed to ensure that parents can engage in decision-making groups and can contribute creative ideas to improve coordination. Empowering parents to serve in leadership roles and to shape the direction of policies and programs can promote a more equitable, culturally responsive early childhood system by—

- Lifting the voices of underrepresented families
- Viewing parents as equal partners
- Ensuring representation from communities of color
- Increasing the number of diverse role models in communities

**How:** The ISC should determine how to fund and coordinate regional trainings that meaningfully engage parents as leaders. The state would create and fund the training infrastructure, preventing counties from having to create their own duplicate systems to deliver training content. Counties could use money saved to compensate parents for their time and related expenses (e.g., childcare, travel, transportation, meals, lodging).

The ISC should also consider how to train state- and county-level staff to support parent leadership. Counties noted a need for state support and trainings around diversity, equity, and inclusion in their Annual Performance Report responses. Fourteen counties requested training from the state on

### Coordination in Action: Michigan

The Michigan Home Visiting Initiative (MHVI) works to advance health equity in home visiting by investing in parent leadership and voice. The initiative’s [home visiting advisory group](#) selects parent participants and a parent advisory cochair. In addition to parent participation on the advisory group, MHVI facilitates parent-led groups to discuss how family-level data are currently shared with service providers and how families could be better involved in data-related decisions. By making space for parents to serve as cocreators and decision makers, MHVI hopes to support equitable and culturally competent decisions and outcomes.

topics such as terminology, implicit bias, racial equity, cultural humility, and identification and engagement of community leaders. Staff training should be led by people of color and provided in English and other languages prevalent in the local community. One potential resource the state could build on is the National Family Support Network’s training on developing and sustaining effective parent advisory committees. State leaders can also look to local efforts for potential adaption. The Sacramento County Home Visiting Coordination Collaborative has developed a multipronged approach to parent leadership that includes outreach, community building, collaboration opportunities, and training to both parents and organizations. The collaborative offers “stipend budget” grants up to \$1,000 for organizations to compensate parents for their leadership activities. The Home Visiting Coordination Collaborative will next work with the National Parent Leadership Institute to develop a multiyear plan to train and cultivate parent leaders using the [institute’s training model](#), which is also being implemented by several other locations across California’s Central Valley and Bay Area.

Beyond trainings, the state should create a home visiting parent leadership body that advises the ISC. This advisory body could weigh in on new or revised policies, testify at public legislative meetings, organize community workshops on topics affecting families, and help engage other families in improving coordination and services in their communities. Members would include parent representatives receiving (or who previously received) services from family-serving programs at the county level. An assigned advocate or parent leader would work with parents to support their engagement. A recent memo from the Legislative Analyst’s Office in the California Legislature highlights several considerations for maximizing youth and family participation on advisory bodies (see box; Petek, 2021).

### **Maximizing Youth and Family Participation on Advisory Bodies**

The California Legislative Analyst’s Office (Petek, 2021) offers several suggestions for better engaging young people and families on advisory bodies:

- Consider alternate means to collect valuable information, such as surveys, focus groups, town halls, and one-on-one meetings.
- Consider a separate youth and family advisory group to distinguish if and how feedback is incorporated into policy.
- Address financial barriers to participation.
- Engage families in ways that align with their experiences when possible.
- Give families a choice to participate in each meeting in person or virtually.



## Policy Area: Funding

### 4. Create a state-level fiscal map for home visiting and identify opportunities to leverage funding.

**Why:** To best leverage available funds, the state and counties must first understand the multiple sources of funding available. A state-level fiscal map

provides a tangible way to organize this information. Counties find it difficult to navigate the decentralized, complicated fiscal structures supporting home visiting in California. As a result, each county's funding and ability to serve families depend on its capacity to identify, apply for, and draw down funding streams—not community need. During a Coordination Learning Network session, some counties reported a lack of staff and consultant capacity to complete these steps. Some counties shared in small group TA sessions that they cannot secure funding, fully spend awarded funds, or sustain their work because of administrative burden and short funding windows (e.g., 1-year intervals aligned with the state budget cycle). Such barriers thwart innovation and expansion; they also prevent some families from accessing services, particularly those living in communities already strained by limited resources.

Counties need guidance and infrastructure support to increase efficiency and access to funding for home visiting coordination. A recent home visiting fiscal map created for Los Angeles County indicated funding needs for direct services and infrastructure. Noted infrastructure needs included workforce and training, data collection and reporting, continuous quality improvement, program evaluation, outreach and referrals, and finance and billing (Johnson, 2022). Among HVC baseline survey respondents, nearly half (46 percent) shared that they do not have a fiscal plan to sustain or blend or braid<sup>4</sup> funding for home visiting, and one fifth (20 percent) of respondents reported a fiscal plan in development. These numbers improved slightly on the follow-up survey (41 percent and 29 percent, respectively).

A state-level fiscal map<sup>5</sup> of California's home visiting landscape would—

- Identify duplication, alignment, and gaps in funding
- Identify ways to leverage funds
- Assist counties in understanding existing resources

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<sup>4</sup> Blending funds is when multiple funding streams are mixed to support the total costs of a common goal and the costs do not have to be tracked separately by funding source. Braiding funds is when multiple funding streams are mixed to support the total costs of a common goal and the costs of services are allocated to specific funding streams while ensuring no duplicate funding (Butler et al., 2010).

<sup>5</sup> A fiscal map is an inventory of funds that are directed toward a population, service array, or intervention (Center for Health Care Strategies, 2019).

**How:** CHHS or its designee<sup>6</sup> should create and publicly share a state-level fiscal map of current and potential funding streams, including where funds originate and are allocated, what programs they support, and what populations they serve. Input should be provided by all state agencies funding home visiting. To create its fiscal map, California should leverage existing resources and examples across the ECSC, including those with a home visiting focus. These include—

- Healthy Families America’s [guide to state and federal funding](#), which presents a basic state-level fiscal map and describes state and federal funding sources that could support home visiting
- The Center for Health Care Strategies’ fiscal mapping for early childhood service tool, featuring a [how-to guide and data collection tool](#) for use by state agencies
- A [comprehensive fiscal analysis](#) of early care and education in Los Angeles
- Proven methods for simplifying the funding landscape, including legislation and interdepartmental transfer of funds

Once the map is created, the data should then be used to inform state fiscal planning for home visiting. The need for home visiting services in California far outweighs the current funding capacity (Hutchful, 2019). As part of fiscal planning, California should identify gaps and opportunities to bring in diverse funding sources, leverage funds for coordination-related infrastructure, consider ways to streamline existing funding, and provide fiscal TA to counties.

California should use the fiscal map to identify gaps and consider potential future funding mechanisms. Many counties already take advantage of existing Medi-Cal reimbursements, such as Title XIX, targeted case management, and Medi-Cal administrative activities. California Advancing and Innovating Medi-Cal (CalAIM) initiatives offer one potential funding source. California could leverage an untapped funding opportunity by creating a state-level mechanism to incentivize Medi-Cal managed care plans to fund home visiting. Some

### Coordination in Action: Washington and Minnesota

Washington state has used legislation to funnel all funding into a [home visiting account](#) that encourages public–private partnerships and innovation. The account is managed by one state agency, thereby streamlining program supports (e.g., state staff, training, data systems), data collection, and reporting.

Minnesota’s Department of Health receives funds from various federal and state sources, including Temporary Assistance for Needy Families and MIECHV, and oversees and distributes the [combined funding for home visiting services](#). Minnesota uses its combined state funds to issue a single request for proposals for counties, thereby decreasing administrative and reporting burden for applicants and awardees.

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<sup>6</sup> We use the term *designee* throughout to refer to a state agency or department, workgroup, task force, or contractor.

states—including Michigan, Minnesota, New York, Oregon, and Wisconsin—have applied for a federal waiver (i.e., state plan amendment) to reimburse home visiting services as part of capitated payments under Medicaid Managed Care. Other states, such as Colorado and Kentucky, achieve reimbursement through direct payments to providers using fee-for-service mechanisms (Fernandez, 2021). The ISC or its designee should work directly with local managed care organizations to identify state-level incentives.

San Luis Obispo and Santa Clara Counties have successfully used diverse approaches to leverage funds for home visiting. San Luis Obispo County’s public health department uses multiple sources of funding, including Title XIX, Title V Block Grant, county general funds, state allocated funds to access CalWORKs Home Visiting Program funding, and a department memorandum of understanding (MOU) with social services to support field nursing, Options for Recovery Foster Care Program, and the Resource Family Pre-Certification Program and in-home supportive service funds. Staff from the public health department oversee and administer the funds. They also use an innovative tracking mechanism that generates fiscal reports and secondary documentation needed for reimbursement based on staff timecards. In Santa Clara County, behavioral health and public health officials partnered with the local First 5 Commission to look for funding to support early childhood screening and access to a developmentally appropriate system rather than a specific program or intervention. This systems approach created opportunities to “pass through” funding to the organization best able to meet funding requirements and to pool resources to create a match required by the funder. Similar to San Luis Obispo County, Santa Clara County developed a unique fiscal infrastructure to bill and manage various funding streams.

Finally, California should provide TA to counties that evolves with the funding landscape and fosters innovation. Potential topics include blending and braiding funds, creating local fiscal maps that build on the state-level map, and supporting innovative funding streams to promote sustainability. F5CA could use tobacco tax funds (Proposition 10 Statutes, 2011) to hire a consultant who provides TA to counties. F5CA or another entity could also offer innovation grants that help counties pay staff or consultants to create and implement a local home visiting funding plan.



## Policy Area: Data

### 5. Develop common home visiting data collection and reporting requirements.

**Why:** Common data collection and reporting requirements help systems evaluate service delivery outcomes and facilitate data-driven decision making.

Lack of standardized data collection and reporting requirements across funding sources places a high administrative burden on programs; it also creates a barrier to understanding home visiting outcomes and unmet need. Because home visiting data collection requirements vary by funding



source and model, it is impossible to compile a statewide report of measures (e.g., number of families served, number of children served, caregiver demographics) inclusive of all models.

Counties noted during the October 2021 listening session that their partners collect different data, suggesting a need for common definitions and evaluation frameworks. Thirteen counties reported that lack of standardization across programs was a major barrier to collecting data in their Annual Performance Reports. One county called for guidance on defining early termination of families:

*Some programs need guidance in determining when a family has terminated early (e.g., they may lose contact with families for a period of time, but then the family re-engages) and determining why the family has terminated early (this is difficult to do when programs lose contact with families). Programs could benefit from recommendations for making these determinations, as well as from uniform categories of reasons for terminating early.*

Four counties suggested a need for data-related coordination at the state or federal level. One county shared, “Requir[ing] consistency for data collection across all evidence-based home visiting programs would make it much easier to collect, analyze, and report data.” Another county shared “... it is important for the state to provide statewide coordination on how this data is collected and who is responsible. This will take significant workforce development, systemic change, and clear communication on how this data will inform policy.”

Standardizing data collection and reporting requirements at the state level will—

- Increase efficiency by reducing duplication
- Support continuous quality improvement efforts
- Enable analyses to demonstrate collective benefits of home visiting

**How:** The ISC should delegate a workgroup—or CHHS should engage a contractor—to create a crosswalk of existing home visiting measures and the data elements needed to calculate them. The crosswalk should include data required by most federal and state funders and the model-specific intended outcomes and criteria needed to assess fidelity for the six to eight most widely implemented home visiting models in California. The crosswalk should incorporate input from state partners and model developers and identify areas of overlap and opportunities to streamline. A [similar effort](#) by the Pew Home Visiting Data for Performance Initiative can be used as a resource.

### Coordination in Action: Illinois and New York

Illinois’ home visiting system collaborated with the Illinois Head Start Association to [propose shared basic data elements](#) and program outcomes that support aggregation at a higher level.

In New York, the Schuyler Center for Analysis and Advocacy [recommended a set of core metrics](#) among the state’s home visiting programs to represent the impact on families served.



Key groups (e.g., ISC, Early Childhood Home Visiting Collaborative, parent leaders, practitioners) should review the draft crosswalk to discuss which measures best describe the impact of services and which are culturally relevant.

State leaders should use information from the completed crosswalk to align state-level data requirements with federal requirements. For example, California could consider legislation to shift data collection requirements for the CalWORKs Home Visiting Program to align with MIECHV (where relevant). Alignment would reduce data collection and reporting burden for counties that have both California Home Visiting Program and CalWORKs Home Visiting Program funding.

Representatives from CHHS, the California Home Visiting Program, and the CalWORKs Home Visiting Program have already begun meeting to identify state measures for home visiting (K. Perry, personal communication, March 31, 2022). The state should consider supplementing that group with representatives from other state agencies that fund home visiting and national home visiting models.

At a minimum, measures developed should account for data needed to construct the federal benchmarks for MIECHV. California can build on similar efforts captured in a 2019 brief on [common performance indicator measures](#) released by the National Home Visiting Resource Center.

## **6. Create state-level infrastructure to support data integration.**

**Why:** Efficient systems of care use integrated data to inform policy and practice. Data integration (see definition box on next page) can facilitate data-driven decision making through a shared data system and/or shared space (e.g., data warehouse, data lake) that collects data from existing systems. During the past 15 years, numerous federal funding and TA opportunities have supported state early childhood data integration efforts to help answer policy questions and support improved service delivery (U.S. Department of Health and Human Services & U.S. Department of Education, 2016). Home visiting data have often been excluded from early childhood data integration efforts, however, due to the complex landscape of home visiting models, state and local entities, and vendors (Lin, 2019).

California lacks state-level infrastructure for integrating home visiting data to facilitate data collection, reporting, evaluation, and dissemination. As a result, the state and counties duplicate costs and efforts. Counties use resources to select a vendor, buy access to data systems (i.e., software applications), implement and maintain systems, and train local staff. In addition, local staff spend considerable time entering data into multiple systems as required by different funders.

Counties described the need for data infrastructure and additional funding to support data collection and management during the F5CA listening session. Counties in small group TA echoed the need for standardized templates and a shared data system. At least five data systems are used to collect case management and coordinated intake and referral data across the state, according to a data systems survey administered to inform an HVC TA session. Many counties reported challenges

extracting data from local systems to complete the F5CA data request. Three counties suggested a need for coordination at the state level. As one county said, “It would be helpful if the state provided support on standards for data collection, a central database, and funding for the time it takes to organize and pull data.” Another county suggested the need for interoperability of systems by requesting a statewide home visiting registry that could “talk” to existing databases to reduce the need for double data entry.

Counties also reported a need to strengthen infrastructure for data sharing. Twenty-six counties responding to the Annual Performance Report survey said that some home visiting programs could not provide 2020–2021 data to F5CA because they lacked data-sharing agreements. Some counties said they were hesitant to share data from programs receiving funding from a source other than F5CA. Only 13 HVC baseline survey respondents (26 percent) reported having at least one data-sharing agreement in place between family-serving organizations. The CalWORKs Home Visiting Program evaluation recently issued recommendations consistent with counties’ identified needs (see box on next page).

To integrate data within home visiting and between home visiting and other early childhood programs, the state needs to define data exchange standards.

The Bipartisan Budget Act of 2018, which reauthorized MIECHV, requires that states and territories designate [data exchange standards](#) to electronically exchange information between agencies. Other federal programs such as Temporary Assistance for Needy Families, child welfare, foster care, and child support have similar statutory requirements for data exchange standards. Coordinating and streamlining data across programs will decrease burden on staff and will improve data quality. It can

## Data Definitions

**Data integration:** The process of combining data from different sources and providing the user with a single dataset (Lenzerini, 2002).

**Data warehouse:** A cloud storage location for an integrated collection of structured data to support decision-making processes (Inmon, 2005).

**Data lake:** A cloud storage location that holds vast amounts of raw data in its original form (Khine & Wang, 2018).

**Data exchange standard:** A graphical representation of data, specifying their properties, structure, and interrelationships (Office of Planning, Research, and Evaluation and Maternal and Child Health Bureau, 2019).

**Interoperability:** The capability for automatic exchange of content (particularly data and images) between devices, networks, or systems without human intervention (Office of Planning, Research, and Evaluation and Maternal and Child Health Bureau, 2019).

also prevent secondary trauma among families by reducing the number of times they have to tell their story and provide similar information.

### Investing in Data Infrastructure

According to a recent [CalWORKs Home Visiting Program Evaluation](#) (Rienks et al., 2021), California should—

- Provide funding to develop data infrastructure
- Consider contracting with national home visiting models that have centralized data to obtain access to the files
- Develop a standardized client consent form for use by counties
- Ensure that data-sharing agreements and client consents are in place between federal, state, and local agencies

Creating infrastructure to support data integration will improve coordination (Office of Planning, Research, and Evaluation and Maternal and Child Health Bureau, 2019) by—

- Decreasing program data collection and reporting burden
- Facilitating improved service delivery for families through partners' data sharing
- Increasing possibilities for continuous quality improvement, research, and evaluation efforts
- Providing the ability to describe services, capacity, demand, needs, and family demographics across counties and to understand and address existing disparities

**How:** CHHS or its designee should conduct an inventory of home visiting data to understand where data are housed and how they are integrated or linked with other home visiting and early childhood data at the state and county levels. The inventory findings could inform a visual map of home visiting data that highlights efforts to build upon and areas in which counties need state support. Potential examples of support include state-level agreements that encourage local data sharing, a shared data system with built-in flexibility for adapting to changing funder and program needs, and a warehouse to receive structured data from state and county systems.

CHHS or its designee should consult with other states, and with California counties and state departments, to identify concrete steps to fund and support data integration. The state should integrate data by developing and supporting a shared data system—or expanding and allowing use of the California Home Visiting Program system—for local entities that want to use a state-supported

system. California should also develop a shared data warehouse that enables local entities to use and manage their own data system, then submit data for state-level reporting.

Both Fresno and Los Angeles Counties have tackled challenges of data integration and interoperability at the county level. In 2019, Fresno County conducted a data review across all home visiting programs to generate shared goals and outcomes. This work set the stage for a county-wide integrated referral and care coordination data system led by the Fresno County Superintendent of Schools and Fresno Cradle to Career, in partnership with the County of Fresno Department of Public Health. Los Angeles County developed a web-based data system for case management and outcome and referral tracking that can produce dashboards and provider-level reports across 40 participating entities (e.g., hospitals and community-based organizations).

State-level departments can also speak to existing data collection mechanisms and systems (e.g., [Cradle to Career](#)) and opportunities. For example, the state can expand on existing Department of Public Health data-sharing agreements between the California Home Visiting Program and the Nurse Family Partnership and Parents as Teachers home visiting models to arrange for datasets to flow into a data warehouse.

California should also leverage existing state resources and initiatives. For example, CHHS has partnered with the Children's Data Network to conduct periodic "[record reconciliations](#)" that link and organize client-level records across nine administrative datasets. Adding in home visiting participant data could help support program improvement, evaluation, and research on family outcomes. CHHS also maintains a [Data Playbook](#) that demonstrates the process for state-level data-sharing agreements and can help spur data sharing among county health and social service agencies. There is also a [CHHS Data Exchange Framework](#) in development that proposes a single data-sharing agreement and data standards (i.e.,

### **Coordination in Action: Iowa, Ohio, Oklahoma, and Rhode Island**

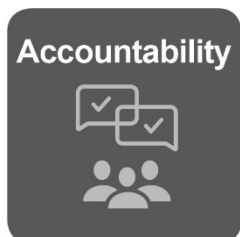
Iowa has built a [data system](#) that cuts across state agencies—including public health, education, and social services—to demonstrate the impact of family programming for children, youth, and families. This shared system spans data collection, coordinated intake and referral, and case management.

Ohio Help Me Grow has also built its own shared data infrastructure; it even made home visiting data available via an open portal called [DataOhio](#).

Oklahoma used a [master person index](#) to link or integrate data across health and education agencies to answer key outcome questions.

Rhode Island [mapped its state agencies and data systems](#) to identify needed enhancements to existing systems. A state leadership agreement created an early childhood governance structure that dedicated staff to manage the Early Care and Education Data System.

common policies and procedures) to facilitate interoperability between various health and government data systems. At the national level, the [Administration for Children and Families](#) highlights efforts for consideration focused on interoperability through data exchange standards.



## Policy Area: Accountability

### 7. Develop a state-level communication strategy for home visiting and a central location for sharing publicly funded assessments and evaluations.

**Why:** Open, transparent communication is critical to effective systems.

California does not have a communication strategy for internal communication among governing bodies or for external communication with agencies in the home visiting system. Similarly, there is no single location for sharing resources with the home visiting field and workforce. Not having a statewide communication strategy for home visiting limits potential collaborations across the ECSC and partners' ability to learn from one another and promote accountability. For example, because HVC-funded counties could not access California's 2020 MIECHV State Needs Assessment Update, they could not build upon its findings and methodology when completing their environmental scans to develop home visiting coordination action plans. Other statewide evaluations and studies are shared widely but then published on a department or contractor website rather than in a central location, making them difficult to find online.

Developing a communication strategy and central location for sharing home visiting assessments and evaluations will—

- Promote shared accountability and oversight
- Reinforce shared vision and goals
- Build trust by promoting transparency
- Allow for shared learning

**How:** The ISC and its workgroups should use a [responsibility assignment matrix](#) to help partners understand their roles and maintain clear lines of communication. By specifying which governing bodies are responsible, accountable, consulted, and informed for or on each activity, the matrix would clarify the processes to collect and share the information needed to track outcomes and results and to increase efficiency. Leaders should also prepare a continuous [communication strategy](#) for each activity listed on the responsibility assignment matrix; the strategy should include the activity's purpose, audience, message, format (e.g., fact sheet, data dashboard), and distribution method. Practitioners should be consulted on the utility of each communication strategy and whether it meets their needs.

California should also create and maintain a central location for sharing publicly funded home visiting assessments and evaluations with agencies and practitioners. For example, CHHS could create a home visiting initiative page to highlight key assessments, evaluations, and data dashboards. A home visiting task force or workgroup could determine the website content with input from practitioners. Potential content examples include cross-agency meeting agendas and notes from workgroups or task forces (recommendation 1), parent leadership training resources (recommendation 3), a state fiscal map (recommendation 4), shared data collection and reporting requirements (recommendation 5), and annual home visiting scan (recommendation 8).

## **8. Publish an annual state-level home visiting scan to inform future funding and policy recommendations.**

**Why:** Robust early childhood systems use data to inform decision making. To date, there is no single comprehensive scan of home visiting across California, including models implemented, families served, funded slots, and potential beneficiaries. In 2019, the California Home Visiting Program [estimated the number and location of programs](#) by county and evidence-based home visiting models. A subsequent increase in funding has made it harder to produce a complete picture of statewide home visiting activities. Challenges include the absence of a statewide definition of home visiting, disparate data collection and reporting requirements, and multiple funding sources and agencies.

Publishing an annual state-level home visiting scan will—

- Demonstrate the reach and impact of California's investment in home visiting
- Identify home visiting expansion needs
- Inform state-level goal setting
- Provide evidence for future policy recommendations and decisions

**How:** CHHS or its designee should collect necessary data from all parties, publish the scan publicly, and update it annually. Several other policy recommendations detail foundational steps needed to collect relevant information for the scan. These include establishing a definition of home visiting (recommendation 2), streamlining reporting requirements (recommendation 5), developing a data warehouse (recommendation 6), and creating administrative data linkages (recommendation 6) to allow for unduplicated counts of families served across all programs and information about service delivery. To promote transparency, the state should make the scan publicly accessible in the same centralized location as other state home visiting information (recommendation 7).

California should also adopt a single methodology to identify children and families who could benefit from home visiting services. Developing a common methodology to create this estimate is important, as it will drive future policy and funding decisions. Several recent publications include suggested methods:

- The National Home Visiting Resource Center [shared detailed methods](#) for examining the unmet need for home visiting services, grouped by all potential beneficiaries, high-priority families, and variations by age and models; it uses similar methods for its annual [Home Visiting Yearbook](#).
- The California Center for Budget and Policy provided an initial [estimate](#) of children who could benefit from home visiting services using the [California Strong Start Index](#).
- F5CA's Home Visiting Workforce Study resulted in a [California Home Visiting Mapping Tool](#) that could be updated annually.

### Coordination in Action: Washington

Washington state completed a [home visiting scan](#) that provides a comprehensive view of home visiting within the state, including models implemented and the number of programs or sites and their location, funded slots, and families served.

## Conclusion

The HVC project aims to increase coordination among agencies that provide home visiting and family support services across California's ECSC. Throughout the 18-month project period, we worked closely with First 5 commissions, county departments of public health, and their partners across the state to understand barriers to and facilitators of coordination.

The state-level policy recommendations presented in this paper stem from those learnings while also recognizing and building on California's substantial investments in home visiting as a service delivery strategy. We hope state leaders from F5CA, CHHS, and the Departments of Public Health and Social Services will use these recommendations to imagine a California in which all families with young children—

- Have access to high-quality, affordable early care and education, health, mental health, and family support services
- Receive services that recognize and respond to their unique goals, values, and strengths



We also anticipate that these recommendations will inform efforts to strengthen the role of home visiting within the ECSC and will maximize its impact. Home visiting is needed more than ever to support families' goals and connect them with community resources and services. A well-coordinated ECSC will achieve efficiencies through cross-sector, public–private partnerships that can best meet families' goals, honor their preferences and values, and promote health equity throughout California.

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# Appendix. Detailed Methodology

The project team drew on Bardach's (2015) practical guide for policy analysis to create a process for developing the state-level recommendations. This appendix presents the team's methodology in more detail than in the main paper. It also provides more complete information on our work to assemble evidence (step 2).

## Step-by-Step Approach to Developing State-Level Policy Recommendations

### Step 1. Define the Aims

We originally defined the recommendations' aims as their ability to increase state-level coordination, both between home visiting programs and between home visiting and other family-serving organizations within the early childhood system of care (ECSC).

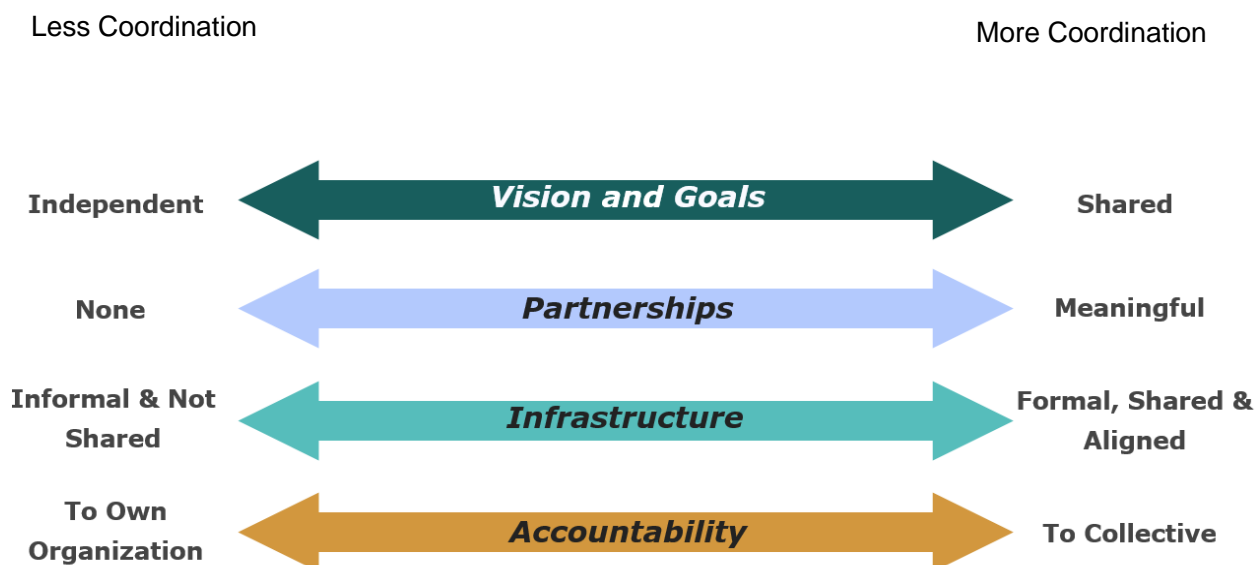
### Step 2. Assemble Evidence

Although our policy recommendations focus on the state level, we gathered most of the supporting evidence from counties receiving home visiting coordination (HVC) technical assistance (TA) between December 2019 and April 2022. Our TA was organized by a research-supported continuum of home visiting service coordination (West et al., 2018) that includes four key domains: vision and goals, partnerships, infrastructure, and shared accountability (see exhibit A-1 on the next page).

County representatives included First 5 executive directors, directors, and program coordinators; Department of Public Health program coordinators, nurse supervisors, and health coordinators; and consultants representing counties funded through HVC activities.

We reviewed and extracted relevant data from several data sources identified in more detail on the following pages. Each data point was reviewed, labeled, and sorted according to its relevance. We highlight noted challenges, strengths, and promising practices identified across data sources throughout our recommendations. We sought out best practices and case studies from California counties and other states. We also sought out expertise from HVC project team members to further support the recommendations.

## Exhibit A-1: Continuum of Home Visiting Service Coordination Across Key Domains



Source: West, A., Duggan, A. K., Gruss, K., & Minkovitz, C. S. (2018). Creating a measurement framework for service coordination in maternal and early childhood home visiting: An evidence-informed, expert process. *Children and Youth Services Review*, 89, 289–297. <https://doi.org/10.1016/j.childyouth.2018.04.037>

### Home Visiting Coordination Baseline and Follow-Up Surveys

We administered baseline (February–April 2021;  $N = 50$ ) and follow-up (March–April 2022;  $N = 49$ ) coordination surveys to learn about the nature and extent of service coordination in each county—both between home visiting programs and between home visiting programs and other family-serving organizations. The baseline survey also assessed TA needs; the follow-up survey asked about progress made over the project period and facilitators of and barriers to coordination.

### Coordination Learning Network Sessions

We created a Coordination Learning Network that adopted a professional learning community approach to bring together counties and partners to improve home visiting coordination. The network hosted 10 monthly sessions organized around the key domains of the coordination framework between June 2021 and April 2022. Attendance ranged from 49 to 77 participants per session. Each session highlighted the coordination efforts of two counties and emphasized peer learning during breakout groups. We reviewed the notes and slides from group sessions and breakouts.

### Small Group Technical Assistance Sessions

We facilitated seven topical small group TA series between August 2021 and April 2022 that covered the following topics:



- Assessing Early Childhood Systems Resources and Needs
- Building Shared Accountability
- Coordinated Intake and Referral
- Data Collection and Use for Coordination
- Engaging Partners and Strengthening Coordination Partnerships
- Leveraging Funding to Support and Sustain Home Visiting
- Parent Leadership in Home Visiting Coordination Work

We held 36 small group TA sessions, ranging from 4 to 17 participants per session. We reviewed notes and slides from those sessions to identify county challenges and potential solutions that could inform the recommendations. We also revisited the results of a December 2021 survey administered to individuals to inform our series on Data Collection and Use for Coordination ( $N = 51$ ).

### *F5CA Listening Session*

F5CA held a listening session in October 2021 to understand how natural disasters and the COVID-19 pandemic influenced counties' ability to implement their planned HVC activities and challenges around home visiting data collection and reporting. We reviewed notes from that session to identify barriers to and facilitators of coordination-related activities and data collection and reporting.

### *Annual Performance Reports*

We analyzed Annual Performance Report survey data submitted by HVC-funded counties to First 5 California (F5CA) in July 2021. Survey questions related to the development and implementation of the home visiting coordination action plans, availability of data on participating families, and barriers to consistent data collection across evidence-based and other in-home or pediatric-based programs in their county. Forty-six counties responded to the Annual Performance Report survey.

## **Step 3. Select the Criteria**

We used five key criteria to determine which potential recommendations to put forward: feasibility, efficiency in practice and process, political acceptability, equity and fairness, and alignment with state-level decision making.

## **Step 4. Prioritize and Refine**

Despite California's size and diversity, we heard similar coordination-related themes across counties. This commonality made it feasible to prioritize recommendations. We presented a draft outline of the recommendations to F5CA for review and discussion; we incorporated F5CA's feedback before sharing the revised recommendations with state-level partners, including representatives from—

- California Home Visiting Program, Department of Public Health
- California Work Opportunities and Responsibility to Kids Home Visiting Program, Department of Social Services
- First 5 Association of California
- First 5 Los Angeles
- Children Now

We used their feedback to further refine the recommendations, which we then shared with counties for their feedback and insights. The project team discussed the feedback and made corresponding changes to the recommendations and supporting narrative. We updated wording of the recommendations to enhance readability and reflect the input received. We highlighted additional coordination-related innovations taking place within counties and better acknowledged the need for the state to build on successful county-level efforts.

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