USING DATA TO DRIVE PERFORMANCE
The Los Angeles County Home Visiting Indicators

LA County's collaborative journey to collect common data across a variety of home visiting models: 1) to demonstrate the impact of home visiting locally, 2) to identify areas for further investment, and 3) to translate our successes to the national level.

MISSION

To coordinate, measure and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

HISTORY AND CONTEXT

The inclusion of Maternal, Infant, Early Childhood Home Visiting (MIECHV) funding in the Affordable Care Act was followed by national focus on evidence-based programs and rigorous data collection to ensure that resources were being allocated effectively, as well as a desire to look at program impact in local contexts and specific populations. With this in mind, in 2013 the LA County Perinatal and Early Childhood Home Visitation Consortium (the "Consortium") joined 11 states in the Pew Charitable Trusts' Home Visiting Data for Performance Initiative, an effort to promote common performance measures across a variety of home visiting programs in a state or region. As part of this Initiative, participants selected a set of outcome and process measures that were intended to:

- Be universally applicable across models and programs (with the exception of prenatal vs. postnatal enrollment).

- Be achievable by the program rather than aspirational or heavily dependent on the performance of others.

- Resonate with policymakers and the engaged public.

- Reflect an important policy goal worthy of public investment.

- Capitalize on available state administrative data, thereby reducing the data collection burden on local programs.

Many states implemented data collection for these measures, and several states even legislated the measures as required quality metrics.[i]

DEVELOPMENT AND PILOTING OF LOS ANGELES INDICATORS

Recognizing the importance of collecting data to understand, support and demonstrate collective impact of home visiting in Los Angeles, in 2015 the Consortium began refining a set of home visiting outcome and process measures, using the Pew measures as their foundation. In addition to the

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indicator qualities sought by the Initiative (noted above), the Consortium focused on identifying measures that would appeal to their specific advocacy audiences, reflect issues of importance in LA County, and be tailored to participating programs' existing data collection. For example, as the Consortium had identified the health sector as one of their advocacy audiences, the Workgroup decided to adopt measures that were shared with health care quality metrics such as HEDIS. They also compared their measures to the data collection requirements of the MIECHV-funded programs in order to be nationally relevant, and to the data elements currently collected in local home visiting programs' systems. In order to better understand the families served by home visiting in LA County, the Workgroup also decided to develop a set of descriptive measures. LA County has a large, geographically dispersed, and diverse population, and these measures provide more context for understanding the Workgroup's outcome and process data.

While the recommendation from Pew had been to collect individual-level data, the Consortium ultimately decided that this was not yet a feasible option for a volunteer-run network, and opted instead to collect data in aggregate. Collecting data in aggregate would make data sharing easier for programs, and would help avoid creating an atmosphere of competition across organizations.

THE CONSORTIUM MEMBERS' GOALS IN COLLECTING AGGREGATE DATA WERE TO:

- Identify commonality among programs *(both outcome and process).*
- Explain what home visiting does across the County.
- Identify areas of strength and opportunities for improvement.

In addition, they agreed to aggregate data at the "model" level, rather than at the organizational level. It is also important to recognize that each home visiting program varies in approach, dosage, and program goals. While the home visiting outcome indicators were standardized across the various program models, the data collection method was not standardized; each model used an individual approach toward data collection that best fit the model. This included data that were self-reported by program participants as well as data verified by medical records, financial statements, agency records, and birth records.

Throughout 2017, the Consortium "pilot-tested" their outcome and process measures, and did the same for their descriptive measures in 2018. The pilot process allowed for measures to be refined based on the viability of "pulling" the data from programs' existing databases and to fit the LA County context.[ii] For example, an "infant mortality" measure was added, to reflect the County Department of Public Health's focus on eliminating birth disparities for black and African American women and babies. The Workgroup also added a measure for outcomes of maternal depression screenings, due to the prevalence of mental health issues reported by local home visitors.

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OUTCOME AND PROCESS MEASURES [iii]

Maternal Outcomes & Processes	• Breastfeeding, any and exclusive, at 2 weeks, 3 months, 6 months, and 12 months • Depression screening and prevalence • Prenatal care	• Postpartum care • Primary caregiver/mother's insurance status from 2-6 months postpartum • Postpartum birth control use
Child Outcomes & Processes	• Infant Mortality • Well-Child visits • Child ED/ER visits	• Child DCFS removal • Child development screening, referrals, and receipt of services

DESCRIPTIVE MEASURES

Child Characteristics	• Low birth weight • Preterm birth	• Foster care • Insurance status
Maternal Characteristics	• Age at time of index child's birth • Number of prior births • Race/ethnicity • Education level • Primary language • Marital status • Zip code of residence • Household income	• WIC-enrolled • TANF-/CalWorks-enrolled • Number of other children in home • History of incarceration • History of DV/IPV • Current homelessness/housing insecurity • Current/former substance abuse
Program Service Characteristics	• Client home visit completion rate • Reasons for termination of enrollment • Annual number of families/clients served • Annual program capacity • Annual number and type of referrals given to other services	• Annual number of home visits • Supervisor to home visitor ratio • Home visitor average caseload • Sources of referrals (into home visiting program) • Annual number of "approaches" that enroll in services

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WHERE DO WE GO FROM HERE?

The Workgroup currently has participation from six of seven major home visiting "models" that operate in the County, and hopes to expand data collection to include all organizations that administer those models. Data collection will continue on an annual basis, and is critical to understanding home visiting programs' progress over time, especially as new funding sources are used to expand program capacity and enhance system capabilities in LA County. To make full use of this incredible wealth of data, the Consortium plans to build a "data dashboard" on the Consortium website, showcasing home visiting program outcomes alongside relevant State and County comparison points. Home visiting programs' participation in the Consortium's indicators project is a testament to their commitment to Countywide quality improvement, and more importantly, to collaborating to achieve their shared goal of improving the wellbeing of children and families.

[i] "Using Data to Measure Performance: A new framework for assessing the effectiveness of home visiting." The Pew Charitable Trusts. October 2015. Accessible at: http://www.pewtrusts.org/en/research-and-analysis/reports/2015/10/using-data-to-measure-performance-of-home-visiting

[ii] Some of these changes included, for example, breaking the original Pew breastfeeding measure into seven different measures to look at both exclusive and any breastfeeding at various points in time. The child development measure was also broken down into three separate measures – screening, referral, and receipt of services – to allow programs who could only report on part of the original measure (for example, just screenings and referrals but not receipt of services) to participate. The "interbirth interval" measure was changed to "postpartum birth control use," as most of the programs did not last long enough to record data for the recommended birth interval. Maternal insurance was modified to look specifically at two- to six-months postpartum, as California's Medicaid program (Medi-Cal), which should cover all pregnant women who do not have another form of insurance, ends at 60 days postpartum. The prenatal care measure was changed to reflect receipt of adequate prenatal care from the time of enrollment into the home visiting program, as information about services received prior to enrollment was often not readily available. The postpartum care measure was revised to mimic the HEDIS definition, as health plans and hospitals are one of the Consortium's stated advocacy audiences. And the child maltreatment measure was changed from number of reports to child protective services to number of removals from the home, as the former could not accurately be measured without records from the Department of Children and Family Services (DCFS).

[iii] For complete definitions of the Consortium Data Workgroup's outcome/process and descriptive measures, please visit: http://homevisitingla.org/resources-for-service-providers/

Want to learn more? Contact the Consortium Coordinator!
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