

## South Bay Consortium for Adult Education’s Promising Practice in Data Collection

In the South Bay’s adult education programs there was also a significant need to understand and serve the unique needs of immigrants in our communities. As the consortium was challenged to create a regional plan for adult education, the goal to call out specifically the strategies to support immigrant integration emerged as a priority for our consortium. Metrics of student progress, as suggested by the reform legislation (AB86, AB104) were certainly related to this goal of immigrant integration (post-secondary education, career training, employment and wage gains), but in our process, determined to be incomplete.

When CAEP consortia were funded to develop capacity to collect, report and interpret data, the consortium apportioned a part of those funds to explore how additional metrics of immigrant integration might be identified. In our Region the non-profit, Alliance for Language Learners’ Integration and Educational Success (ALLIES), had collaborated with our consortium and key community partners to develop an Immigrant Integration Framework (IIF), with eight goal areas lending themselves to metrics and data collection. The SBCAE directed a team from ALLIES to work with consortium staff to study how these IIF metrics were, or were not, being tracked in current data systems, and then to suggest what additional practices might be needed to achieve these IIF outcomes.

The Pilot to create deeper community connections, shared here, was part of larger project to explore IIF alignment to current data collection, counseling and guidance models, staffing structure, data collection practices, data system capacities, and community partner collaborations. Specifically, the Pilot at one of the consortium member’s sites (Campbell Adult and Community Education – CACE), sought to identify a common immigrant integration need among a cohort of students, build upon the aligned curriculum model in the EL Civics list of objectives, and through a formal engagement of community partners (a reciprocal referral network with shared data collection), help students achieve *and record* an immigrant integration outcome.

### CACE Pilot

#### Pilot Goals:

Clearly, an immigrant student’s persistence in adult education programs will be impacted by certain barriers. While some barriers and needs will be common to all or most immigrants, others will be unique from individual to individual. Adult education programs have limited resources to provide the ideal levels of support. The SBCAE entrusted Project 6 will learn more about how to identify student needs and the appropriate community resources to address those needs.

As part of the effort to build deeper community connections, Project 6 piloted a reciprocal referral network at CACE (Campbell), which was the first adult school within SBCAE to have a formal personnel job description of Transition Specialists. The overarching goals of the pilot were to:

- Build deeper partnerships with community-based organizations that address student needs;
- Serve the whole student by providing equitable access to high quality support services; and
- Generate referral data that would inform decision-making.
- Develop productive community connections that would provide support to a group of students with similar needs within a school term (and, in doing so, build system capacity to address individual student’s needs in the future).

The pilot ran from October 2018 to June 2019. The lessons from the pilot, which are described in detail below, helped inform the priorities of the SBCEA's 2019-2022 regional plan, particularly in the goal area around building stronger community connections that serve students. Furthermore, the Pilot is intended to provide direction to the other SBCEA adult schools that seek to establish their own referral network modeled after CACE's.

Selection of Community Partners:

To establish the referral network, the Project 6 Team used the results from the needs assessment at CACE to identify potential community partners. This assessment documents a common need among a significant group of students. During this focus group session with staff, three critical areas of student needs emerged: employment/income, health, and family support. The Project 6 Team thus recruited four community-based partners that offered services in alignment with these priorities: Catholic Charities, Upwardly Global, Sacred Heart, and Gardner Family Health Network. The figure below shows the founding Community Partners in the pilot, the programs they offer, and the student needs and IIF goal areas that they address.

CACE referral pilot partners

<b>CBO Partner</b>	<b>Programs</b>	<b>CACE Staffs' Top Priorities of Student Needs</b>	<b>IIF Framework Alignment</b>
<a href="#">Catholic Charities SCC</a>	Home sharing, public benefits, immigration	Employment & Income, Family	Economic Security, Children & Family
<a href="#">Sacred Heart Community Service</a>	Financial literacy, job search, public benefits	Employment & Income, Family	Economic Security, Children & Family
<a href="#">Gardner Family Health Network</a>	Health insurance enrollment, medical services, family resource center	Health	Health & Wellbeing
<a href="#">Upwardly Global</a>	Immigrant & refugee professional career services	Employment & Income	Economic Security

Planning & Design of the Referral Network System:

Planning for the referral system began with the Community Partners in September 2018. The partners operated according to a distributive leadership model in which the purpose and direction of the referral network were co-designed by all members. Through this model, the partners came up with their own vision and goals for working together in a mutually beneficial way. The vision and goals developed by the pilot partners are as follows:

- Referral Network Vision: to provide a multi-sector safety net of partners that helps empower clients to become self-sufficient.
- Referral Network Goals:
  - Create a seamless referral system
  - Achieve high-rates of successful referral outcomes
  - Create strong partnerships that are embedded within the fabric of each organization
  - Develop special projects around areas of mutual need and interest to strengthen the partnerships

The collaborative leadership model established by the referral network gave all partners a sense of buy-in and ownership over their work, and allowed the group to tap into each other's expertise in an equitable manner. The Partners solidified their relationship by signing a non-binding Memorandum of Understanding (MOU), which outlined their roles and responsibilities through the end of the Pilot term. (See appendix L: CACE Pilot MOU).

From September to December 2018, the Partners specifically focused on developing the mechanisms and protocols for making referrals. They created a common referral form on Google to submit referrals to one another. This digital form was linked to a Google spreadsheet that automatically tracked the referrals that were made in a single location. Each Partner who received a referral was responsible for updating the spreadsheet with the outcome of that referral. (See Appendix M: CACE Pilot Common Referral Form and Appendix N: CACE Pilot Referral Protocol). To facilitate referrals, the Partners also created a short resource guide summarizing each organization's programs, eligibility requirements, and referral contact information. (See Appendix O: CACE Pilot Organizational Summary).

With the referral system in place, the Partners officially started making referrals to each other in January 2019. The Project 6 Team played a critical role in ensuring that the group was operating effectively by coordinating the referral network meetings, ensuring that Partners were exchanging updated information with one another, designing special projects to increase the number of referrals, and monitoring the referral data. Throughout the course of the Pilot, the Partners met on a monthly basis, rotating the meeting location between each of the agencies and taking turns presenting on their programs. These meetings were an invaluable way for the Partners to develop trust and learn about each other's services, which ultimately led to warmer handoffs during referrals. Equally important, the Partners devoted time at each meeting for case management. Through this process, the Partners were able to receive updates on the outcome of referrals, address barriers that may have prevented an individual from completing a referral, and share successful strategies on securing wraparound services for their clients.

### Key Pilot Design Elements

- Distributive leadership: Leadership for the referral network is shared amongst all of the Community Partners in order to create buy-in and develop accountability. Similarly, all major strategic decisions are made with equal input from all of the partners for the collective benefit of the group.

- Shared vision and goals: At the beginning of the pilot, the Community Partners developed a shared vision of what they hoped to achieve in the long-term through the referral network, as well as targeted goals for generating referrals through the end of the pilot.
- Regular meetings to exchange information and build trust: Community Partners meet monthly to foster their relationship with one another, discuss strategic priorities, and stay informed of each other's programs.
- Coordinated case management: Community Partners review referrals at each of their meetings to discuss successes and challenges with specific clients. This keeps Partners informed of the outcome of their referrals.
- Targeted Campaigns: To generate a high number of referrals, CACE created a health insurance campaign with Gardner Family Health Network to sign up students for health insurance. Because of the success of this program, CACE will launch a food security campaign in the fall of 2019 with Sacred Heart to sign up students for food programs with CalFresh and Second Harvest.
- Group facilitator/coordinator: A coordinator was essential in helping the Community Partners set strategic priorities, facilitate monthly meetings, coordinate the implementation of the targeted campaign, and track/analyzing referral data. ALLIES performed this role during the duration of the Pilot.

### Health Insurance Enrollment Campaign

As mentioned in Section III above, Project 6 partnered with the Stanford University's Immigration Policy Lab (IPL) to conduct a survey at CACE in September 2018 that sought to measure immigrant integration across six dimensions: psychological, political, economic, linguistic, social, and navigational. Although there were several interesting takeaways from the preliminary analysis of the survey, one finding in particular stood out: almost a third of respondents (30%) reported not having health insurance. With the support of the Project 6 Team, CACE decided to address this issue head-on by creating a health insurance enrollment campaign in partnership with Gardner Family Health Network, one of its community-based partners. Together, they set the ambitious goal of closing the health care gap at CACE by signing up 100 students for coverage.

The health insurance campaign at CACE ran from February to April 2019. The initiative coincided with an EL Civics COAAP unit on health, enabling teachers to bring their lessons to life through real-world applications that would provide a direct benefit to students. To support this unit, the lead Transition Specialist and ESL Program Coordinator at CACE developed a lesson plan for teachers that covered key health care concepts and vocabulary (see Appendix P: CACE Health Insurance Lesson Plan). The lesson was followed by in-class presentations from Gardner staff on health insurance plan options and requirements for enrollment. With the support of CACE teachers and Transition Specialists, Gardner contacted interested students after the presentations to schedule appointments and sign them up for health care.

The health insurance campaign proved to be successful strategy for generating a high number of referrals in a short period of time and fulfilling an important student need with tangible results. By embedding lesson plans within the EL Civics COAPP and involving all of the teachers in the initiative, CACE was able to reach more students and have a greater impact on outcomes than the Transition Specialists would have been able to achieve alone. Furthermore, the campaign showed that it's possible to provide a meaningful service to some of the most vulnerable students in the community.

Overall, 44 CACE students and their family members signed up for health insurance. Approximately 61% of the students who enrolled in a healthcare plan signed up for the Primary Care Access Program (PCAP), which is geared toward residents of Santa Clara County who have a family income of less than 200% of the Federal Poverty Line, many of whom are undocumented. A further 19% signed up for Medi-Cal, California's Medicaid program that serves individuals with incomes 138% below the federal poverty line. Approximately 17% signed up for both Medi-Cal and PCAP.

The chart below shows the outcomes for CACE's health insurance enrollment campaign.

Health Insurance Enrollment Campaign Outcomes		
	Count	Percent
<b>Total # referrals:</b> (refers to the number of students who expressed interest in signing up for health insurance)	56	
<b>Total # successful student referrals:</b> (refers to the # students who successfully signed up for health insurance)	36	64%
<b>Total # individuals impacted:</b> (refers to the total # of people who received health insurance through the referrals, including family members of students).	44 (8 additional people served through the clients that were referred)	
<b>Total # unsuccessful referrals:</b> (refers to students who are still waiting for an appointment)	20	36%

<b>Total # who signed up for PCAP &amp; PCAP renewal:</b> (PCAP is health insurance for undocumented individuals)	22	61% (of successful referrals)
<b>Total # who signed up for Medi-Cal, Medi-Cal renewal, and Medi-Cal expansion:</b> (Medi-Cal is California’s Medicaid program for low-income individuals)	7	19% (of successful referrals)
<b>Total # who signed up for PCAP and Medi-Cal:</b>	6	17% (of successful referrals)
<b>Total # who signed up for Dental insurance</b>	1	3% (of successful referrals)

CACE Pilot Evaluation

The Project 6 Team conducted a formative evaluation of the CACE Pilot to investigate whether the implementation of the referral network was feasible and acceptable within an adult school context. This section lays out the outcomes from the pilot and the lessons that the pilot partners learned in the process of designing and implementing the referral network to serve students. Its goal is to highlight best practices and strategies so they can inform the other SBCAE adult schools.

The evaluation was guided by the following questions:

1. Did the pilot achieve what it set out to achieve?
2. What practices/strategies did the pilot partners find effective?
3. What barriers or challenges did pilot partners experience?
4. What resources are needed to sustain the pilot?
5. What lessons from the pilot can inform the design and implementation of referral networks at other SBCAE schools?

The Project 6 Team set out to study these questions using the following evaluation tools:

1. *Referral spreadsheet data:* this tracked the flow of referrals across all the agencies and the outcomes of the referrals.
2. *Client/student satisfaction survey:* self-reported data in which clients shared whether they received the services requested and their level of satisfaction with the referral process and service. (See Appendix Q: Client Satisfaction Survey).
3. *Pilot partner interviews:* conducted with all pilot partners, the interviews sought to assess the effectiveness of the referral network and recommendations for sustainability. (See Appendix R:

Community Partner Evaluation Questions and Appendix S: CACE Pilot Analysis of Interview Questions).

*Key Referral Data Outcomes through June 2019*

Pilot Partners tracked referrals on a Google spreadsheet and updated the outcomes on a regular basis. For most Partners, this document served as the only place where they regularly documented the referrals they made and, perhaps more importantly, the outcomes of those referrals. Overall, 99 referrals were made over the course of the pilot, and about 70% of those referrals had a successful outcome in which the student/client achieved their short-term referral goal and thus received the service requested. The majority of the referrals (88%) went to Gardner for health insurance. Altogether, 79 individuals were impacted through the referral network, a figure that includes any family member who may have received a service from that referral.

The table below highlights the key outcomes tracked by the Partners through their referral spreadsheet.

	Count	Percent of Total Referrals
<b>Total # Referrals</b> (refers to the # of referrals requested by students/clients)	99	100%
<b>Successful Referrals</b> (refers to whether the student/client received the service requested)	69	70%
<b>Total # Individual Impacted through Referrals</b> (refers to the total number of people who received services as a result of the referral, including family members)	79 (10 additional people served through the clients that were referred)	
<b>Unsuccessful Referrals</b>	28	28%

<b>Pending Referrals</b> (refers to whether students/clients are still working toward achieving their referral goal)	2	2%
<b>Outcome of Warm Hand-Offs</b> (out of 99 total referrals)		
<b>Successful Warm Hand-Offs</b> (refers to whether the student/client was connected with the receiving agency for the requested service)	93	94%
<b>Unsuccessful Warm Hand-Offs</b> (referral did not lead to a connection with the receiving agency)	6	6%
<b>Referral Outcomes by Agency</b> (out of 99 total referrals)		
<b>Referrals to Gardner Family Health Network</b> (referrals were for health insurance enrollment assistance)	87	88% 
<b>Successful referrals to Gardner</b>	62	71%
<b>Referrals to Sacred Heart</b> (referrals were for employment assistance)	7	8% 
<b>Successful referrals to Sacred Heart</b>	6	86%

<b>Referrals to Upwardly Global</b> (referrals were for employment assistance)	3	3%
<b>Successful referrals to Upwardly Global</b>	0	0%
<b>Referrals to CACE</b> (referral was for HSE)	1	1%
<b>Successful Referrals to CACE</b>	1	100%
<b>Referrals to Catholic Charities</b> (referral for navigation of public benefits)	1	1%
<b>Successful Referrals to Catholic Charities</b>	0	0%
<b>Top Referrals by Agency</b> (out of 99 total referrals)		
<b>Referrals by CACE</b>	65 (56 from health insurance campaign; 9 directly by TS's)	66%
<b>Referrals by Catholic Charities</b>	26	26%
<b>Referrals by Sacred Heart</b>	8	8%
<b>Referrals by Gardner Health Family Network</b>	0	0%
<b>Referrals by Upwardly Global</b>	0	0%

In April 2019, the Project 6 Team conducted surveys to determine student/client satisfaction with the referral process and the quality of the service received. Twenty-nine individuals from CACE and Catholic Charities completed the survey, which is equivalent to approximately 29% of all referrals that were made through the end of the pilot. The survey included ten questions about student/client experience with the referral. It was translated into Spanish, and all participants received a \$10 gift card to complete it.

The majority of the survey respondents (90%) were referred to Gardner for health insurance assistance, while 7% were referred to Sacred Heart and 2% to Upwardly Global for employment assistance. The vast majority of respondents had a positive experience with the referral process. Over 75% reported that it was easy to get a referral and over 80% received the service they requested. Furthermore, over 75% reported that the quality of the service they received was excellent, with an additional 10% reporting that it was fair.

The table below summarizes key survey results from the survey.

	Count	Percent
<b>How easy was it to get referred?</b>		
Very easy	22	76%
Somewhat easy	2	7%
Somewhat difficult	1	3%
Difficult	1	3%
No response	3	10%
<b>How long did you have to wait for services?</b>		
1 week	16	55%
2 weeks	5	17%
3 weeks	1	3%
4 weeks or more	1	3%
Still waiting	4	14%
Blank	2	7%
<b>How helpful were the staff who assisted with the referral?</b>		

Very helpful	22	76%
Somewhat helpful	4	14%
Not helpful	0	
Blank	3	10%
<b>Did you receive the service you requested?</b>		
Yes	24	83%
No	5	17%
<b>How was the quality of the service received?</b>		
Excellent	22	76%
Fair	3	10%
Poor	1	3%
Blank	3	10%
<b>I would be willing to refer other clients/students to this organization?</b>		
Yes	21	72%
No	1	3%
Blank	3	10%

*Key Findings from Pilot Partner Interviews:*

The Project 6 Team conducted interviews with 11 members of the Referral Network from CACE, Sacred Heart, Gardner, and Catholic Charities. The Team did not interview anyone from Upwardly Global, as they were unable to fully participate in the Pilot due to staff turnover and reduced budget for travel to the South Bay for Community Partner meetings. Below are the key findings from the interviews.

What Worked:

- **The Pilot Partners designed a referral network system that is functioning effectively and achieved project goals.** Following a distributive leadership model, the Pilot Partners successfully set up the infrastructure and mechanisms for a referral system and developed stronger relationships with one another, which ultimately led to 69 successful referrals during the course of the pilot.
- **Targeted, organizational-wide campaigns around a single issue can generate a high number of referrals.** The health insurance campaign between CACE and Gardner Family Health Network

was an effective way to galvanize staff around an important cause that led to a tangible service for students in a short period of time. Over 57% of the referrals in the pilot came from the health insurance campaign and 71% of those referrals led to an individual receiving and/or renewing health insurance.

- **The Pilot showed that it is possible to serve the most vulnerable students.** Through the health insurance enrollment campaign, CACE and Gardner worked together to sign up a total of 44 individuals for health care plans specifically geared toward low-income and undocumented individuals.
- **Pilot clients/students had a positive experience with referrals.** Overall, Pilot Partners reported that the referral network adequately met their clients'/students' goals. In general, individuals were well prepared for the warm hand-off to the receiving agency and the majority of them attained the referral they requested.
- **Deepening partnerships was critical to referral success.** Pilot Partners expressed that a critical aspect of the referral network was the ability to strengthen their relationship with the other agencies. Particularly effective in achieving stronger partnerships were monthly in-person meetings, frequent presentations about each of the programs, and regular site visits. These experiences significantly increased trust amongst the Partners, thereby reducing barriers to making referrals and increasing the chances of making successful referrals.
- **The referral data form and spreadsheet, coordinated case management review sessions, and client surveys were invaluable methods for tracking client/student progress and outcomes.** Pilot Partners valued having a single, shared location to track referrals and their outcomes. For many Partners, the data spreadsheet was the only place where they kept information on referrals, as they did not track all of the information internally at their respective organizations. Similarly, the client surveys provided critical, real-time feedback about an individual's experience with the referral, which for the majority of Partners was the only means of collecting such data. Finally, the case management review sessions at the monthly meetings provided Partners with an opportunity to learn about the outcomes of their referrals, discuss challenges and/or barriers that an individual may have experienced, and share best practices. One partner, Catholic Charities, used the referral data to apply for grant funding.
- **Capturing a variety of data points contributed to a holistic snapshot of the referral system and informed decision-making for the referral network.** Throughout the term of the pilot, the Project 6 Team captured a number of data points from a variety of participants involved with the referral process--from self-reported client and staff data, to more objective, measurable, and verifiable data (ie, health insurance sign ups). Taken together, these data points yielded valuable information about the impact of the referrals on students and has directly informed the goal and direction of the referral network for the 2019-2020 academic school year.

#### Challenges:

- **The flow of referrals was highly uneven across agencies.** The vast majority of referrals were made to Gardner Family Health Network for health insurance. While this indicates a strong need for health care coverage amongst the pilot population (particularly amongst low-income and undocumented individuals who represented a high proportion of these referrals), it may also suggest that the community-partners could be under-referring clients for other services and thus failing to address other student needs, such as employment assistance. Pilot Partners need to address how the flow of referrals can be distributed to other agencies to meet student demand for other support services.
- **Data tracking was time-consuming and burdensome, and it was not prioritized by leadership at community partner agencies.** While Community Partners highly valued the Google form and

referral spreadsheet, they also indicated that it took up a lot of precious time and was not a priority for their own agencies. Many pilot partners had other data systems and data points that they had to report on for their respective organizations; some organizations had as many as three to four other data systems. In addition, almost all of the partners mentioned that the data they collected was not discussed internally within their organizations or used to inform their programs. These challenges contributed to the delay many Partners faced in updating the referral spreadsheet.

- **The number of unsuccessful referrals called for further investigation.** 28% of referrals were not successful. Pilot partners need to dig deeper to understand what made these referrals unsuccessful and take active steps to improve their internal systems to better prepare individuals for the referral, improve warm-hands offs, and develop protocols for following up with them in a systematic way. These steps would increase the referral success rate so that everyone who desires and is eligible for a service can receive it.
- **Referral systems need to be further integrated into each agency's internal systems.** Pilot Partners reported that there is still a lack of awareness and buy-in about the referral network by their organizations' leadership team and front-line staff, making it difficult to capitalize on the potential of the referral system. Furthermore, each of the agencies need to create or refine their own internal systems for making referrals to ensure it is aligned with the Pilot. The next phase of work for the Community Partners will need to focus on integrating the referral network into their own internal systems and building more internal awareness about the initiative. By addressing these issues, Pilot Partners hope to increase the number of referrals.
- **The number of referrals by Transition Specialists was lower than they anticipated.** There are 4 Transition Specialists at CACE who were involved in the Pilot--one full time TS who worked on the Pilot from September 2018, and three part-time TS's who joined the project in January 2019. Although there were a lot of referrals generated from the health insurance campaign at CACE, these referrals originated from Gardner staff who reached out to students directly to gauge student need and interest in getting health insurance. Outside of the health insurance campaign, however, CACE TS's made 9 referrals. This figure was much lower than the TS's anticipated. They aimed to make an average of 2 referrals per month from January to June 2019, but none of them were able to meet this target due to a number of other competing demands. Given that the TS's have the primary responsibility within schools for connecting students to support services, it is important to think about how to restructure their work and refine internal referral systems so that they can help more students get the support they need.
- **Capturing referrals in CPS proved to be challenging.** A total of 110 student referrals were listed on the Google spreadsheet, which included all referrals, including those not involving CACE; i.e. from partner to partner. The large majority of these students were not seen or referred by a TS. Student names were collected on a sign-in sheet for the Health Campaign at CACE and many of the critical data fields were missing. In order to enter this data into CPS as an "External Referral", the student needs to be enrolled in a CACE class and have a student ID. Several of the students on the sheet were not enrolled, were missing data, or were duplicate students and could not be entered into CPS. Therefore, only 48 external referrals are included in CPS.
- **The Partners expressed concern about the sustainability of the Pilot without support from Project 6 Team staff members.** All of the Partners felt that the support provided by the Project 6 Team, from shaping meeting agendas to maintaining the referral spreadsheet, were critical to the success of the program. The Partners were adamant that a coordinator/facilitator is important to the continuation of the referral network.
- **The efficacy of identifying a common need among a group of students needs to be understood in the context of an individualized service model.** Identifying a need shared by a number of

students, then building on an EL Civics unit addressing that need (in the Pilot, Health Insurance), and seeking deeper connections to community resources to achieve positive outcomes in that area has great benefit. One goal area for many students lends itself to focused data collection, and achieves an economy of effort in building community connections which address that goal. Still, students' needs, which are not in alignment with a targeted area, must be recognized. The Pilot's intent, and the SBCAE's hope, is that such concentrated efforts to identify community resources will, over time, build the capacity of the systems to address needs and outcomes in all the areas of the Immigrant Integration Framework.