



Shared Measures of Success Study:

Outcomes from 4 Pilots in Shared Program Measurement 2014-2018



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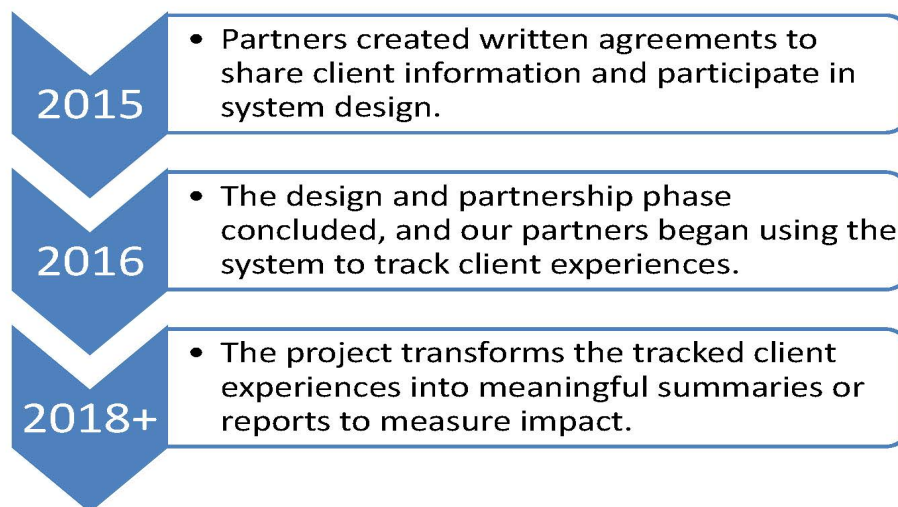
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EXECUTIVE SUMMARY

The Upstream Investments Initiative plays a vital role as a champion to promote strategies proven to prevent social problems and improve community health and well-being. The Upstream team, through the Human Services Department, staffs the initiative. Recognizing shared measurement¹ as an underdeveloped principle of Collective Impact² in Sonoma County, Upstream's Policy Committee formed a Shared Measurement Outcomes Committee in 2011. This committee identified a set of metrics for measuring the health and well-being of our community.

To further advance this work, in 2014, Upstream Investments partners set out a bold vision to develop a system for measuring shared success. The system would allow cross sector partners to easily collect, manage, and review client information to better understand what program offerings were adding up to improvements in the lives of families, youth, and children. The vision included sharing client information (with client approval) across partners to ensure coordination of services with the ability to measure the impact of the programs on community health and well-being

Upstream secured an online, cloud-based database software, Apricot to support the sharing of information that offers easy access to participating partners. Project highlights included:



¹ A key condition for collective impact is the use of a shared measurement system in which multiple organizations use a common set of measures to evaluate performance and track progress toward goals. www.fsg.org/tools-and-resources/implementing-shared-measurement

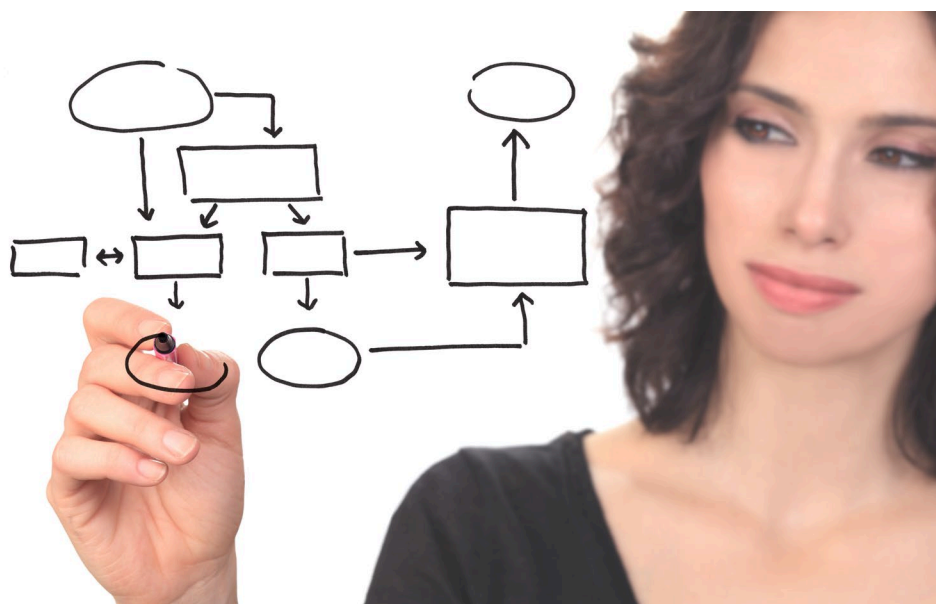
² Collective Impact (CI) is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration. Initiatives must meet five criteria to be considered collective impact: a common agenda, a shared measurement system, mutually reinforcing activities, continuous communication, backbone organization or dedicated staff. https://en.wikipedia.org/wiki/Collective_impact

With staff, consultants, and stakeholder support, Apricot fulfills its purpose to help stakeholders adjust program design, and ultimately help programs impact larger community wellness goals and outcomes. This report demonstrates the ways the shared measurement system actively uses outcome information delivered through Apricot to track changes, measure impact, and improve services.

UPSTREAM'S JOURNEY TO SHARED MEASUREMENT

Upstream's core purpose is to support strategies proven to work, prevent social problems and improve community health and well-being. The Upstream Initiative meets this goal by providing coaching to build the skills and confidence of organization to implement effective programs and improve community health and well-being, including the areas of education, health and income.

In 2011, Upstream selected 26 indicators of success to help the community monitor progress towards a common set of population-level outcomes. The 26 indicators served an important purpose by establishing a common language about the desired outcomes. In 2018, the Policy Committee replaced these indicators with the simplified Human Development Index to support alignment with Health Action's Framework for Action (see Appendix C). Identifying indicators is a critical first step toward helping the community align program-level outcomes with larger community well-being goals.



While it is challenging to help individual programs work with other programs and stakeholders to select and track common measures of success, Upstream identified the need for a system to share information that community partners could use in specific programmatic areas.

However, partners expressed some concerns that creating a shared measurement system would be possible, especially at scale. Upstream Investments' evaluator, Learning for Action, stated in its report,

“There are strong views among important stakeholders that a shared data system to track program outcomes will never be feasible. Objections include: cost, the inability to link data across multiple systems, privacy issues, Community Based Organization (CBO) resistance, and the data entry burden on CBOs.”

With this feedback in mind, Upstream decided to pilot smaller scale projects to test the idea that shared measurement could garner success at the program level, while aligning with community-level well-being outcome areas.

In contrast to the large-scale shared measurement vision addressed in the Learning for Action report, the Upstream pilots developed shared measurement cohorts with provider collaboration, technology integration, and alignment with identified community outcome measures, all with lower budget amounts than originally expected.

IMPLEMENTATION OF THE SHARED MEASUREMENT PILOTS

Upstream staff implemented three essential steps to create the shared measurement pilot projects: 1.) Selecting partners for collective impact; 2.) Implementing tools to facilitate shared data collection, management, and reporting; and 3.) Evaluating results and learning from data (i.e. case studies). Key activities and lessons learned for each implementation step are highlighted below:

STEP 1: SELECTING PARTNERS FOR COLLECTIVE IMPACT

Selecting partners for collective impact, the first step in establishing the pilot project, required three critical components: a.) setting project vision and goals; b.) constructing partnerships and formalizing relationships; and c.) supporting multi-sector stakeholder groups in identifying common measures and shared outcomes.

SETTING PROJECT VISION AND GOALS. Upstream envisioned offering staff support and technical solutions to help partners seek better answers to questions such as, “How much did we invest? How much did we do?” or, “How much did it matter?”³ Noting a gap in expertise and resources dedicated to the Collective Impact tenant of Shared Measurement, Upstream sought to assist partners in agreeing on how success could be measured and tracked. Upstream also sought to strengthen stakeholder ability to use information in the tracking system to better understand how to improve or refine project design.

³ Jim Fruchterman posits these three essential questions in the Stanford Social Innovation Review: “Using Data for Action and Impact” article published in Summer 2016.

“Shared measurement becomes the platform that collaborative members use to unpack what it means to align efforts, so that they can make concrete plans for how to support one another’s work and how to align with the collaborative goals.” (Learning for Action, 2016 Upstream Investment Policy Initiative Collective Impact Evaluation)

CONSTRUCTING PARTNERSHIPS AND FORMALIZING RELATIONSHIPS. Upstream asked partners to submit letters expressing interest in participating in a pilot project to develop a shared system for measuring success. Each collaborative group demonstrated readiness for participation in the Apricot Shared Outcome Measurement System by meeting the following criteria: engaging multi-sector partners, identifying both short-term program goals and long-term goals for community level change, and alignment with Upstream and Health Action priorities. In addition, each group secured agreements from clients and partners to share data. (Please see the Appendix D for a Sample Data Sharing Agreement.) Upstream identified four collaborative groups to participate in the pilot project.

SUPPORTING MULTI-SECTOR STAKEHOLDER GROUPS IN IDENTIFYING COMMON MEASURES FOR SHARED SUCCESS. Upstream staff and the pilot partners began with finding tools to measure the impact of programs on client well-being, and identifying well-being outcomes that could logically result from program participation. Some pilot projects selected validated survey tools (or surveys shown to reliably measure specific impacts), while others used adapted or innovative assessment tools. Agreement across service providers and stakeholders to use the same tool for measuring success allowed each collaborative group to coordinate actions and align efforts around a shared goal.

LESSONS LEARNED

It’s important to identify survey tools and program goals for well-being as a first step. These proved critical to designing a tracking system that could then answer both “How much did we do” and “How much did it matter.” This also confirmed feedback from the 2014 Upstream/First 5 Sonoma County 2014 needs assessment that assessed 16 local organizations ability to collect and utilize data.

STEP 2: IMPLEMENTING FOR SHARED INFORMATION COLLECTION, MANAGEMENT, AND REPORTING

Upstream and partners now needed a database system to track and measure client experiences and responses to the surveys or client assessments. Selecting software to accomplish this task and implementing use of the software became the focus for Upstream in Step 2 as described here:

SOFTWARE SELECTION (KEY CONSIDERATIONS). Upstream sought to select a software that could capture client information and store the information in electronic files. The tool also needed to offer the ability to create custom reports so case managers and program staff could arrange or group client data into meaningful summaries.

WHY APRICOT FOR UPSTREAM? Upstream secured an on-line, cloud-based database software, “Apricot”, that held the promise of offering easy access to any partner with the right permission and a digital device (including cell phones, iPads, laptops, or desktop computers.) Upstream appreciated the combination of digital security and the freedom from needing to purchase and install software on hundreds of unique system user computers of varying ages and operating systems.

IMPLEMENTATION AND ONBOARDING. Upstream and consultants met with each collaborative group to discover specific program needs and design a test system. Users identified the staff work flow and critical forms. Next, paper case management forms were converted into electronic forms that could be accessed from any digital device. Please see appendix E for a sample client profile page that highlights the simple data entry fields.

Once users affirmed satisfaction of the design, case managers and program staff began entering client information.

After several months of collecting information, Upstream’s consultants then interviewed program managers to learn what clues they’d look for to gauge the program’s pathway to meeting its goals. This information helped to generate simple reports.

Next, Upstream’s team customized unique dashboards for case managers, program managers and other staff. These dashboards offer quick links to forms and reports to help users assess caseloads and upcoming tasks. A sample dashboard is shown on appendix F.

As programs captured increasing amounts of client information, Upstream staff and consultants partnered with evaluation teams to create more detailed reports. Many of these reports are housed in Apricot, which offers almost instantaneous accessibility to information requested by stakeholders. These reports can be easily modified for different audiences. While Apricot does not perform complicated analysis, it does offer clean export to excel which allowed professional evaluators to easily import the data to software with more sophisticated abilities.

SUPPORT AND TECHNICAL ASSISTANCE (DATA QUALITY, USER SUPPORT). After building the initial system to collect client information, Upstream staff and consultants followed up with each of the collaborative groups to ensure user satisfaction and data quality. Upstream ensured users felt confident using the system by offering follow-up trainings or offering phone support. Upstream’s consultant also developed reports to identify missing fields or errors in reports to determine areas for improvement in capturing accurate information about client experiences.

SYSTEM REFINEMENT AND IMPROVEMENT. Information resulting from the data quality testing helped inform areas to refine and improve the data collection system. Strategies for improving the system included: adding additional fields, requiring certain fields to be completed before a record could be saved, embedding activity logs within forms, and offering user trainings.

LESSONS LEARNED

The lessons learned during the implementation phase included developing buy-in or appreciation for the system's usefulness to program staff who often feel burdened by paperwork or tracking processes.

Users affirmed the selection of the Apricot software, which they described as an easily accessible tracking tool.

The dashboards with quick links to key reports and data monitoring helped users by providing immediately useful information about client caseloads, pending tasks, and client assessments.

STEP 3: EVALUATING RESULTS AND LEARNING FROM CASE STUDIES

Upstream's final step in implementing the pilot project to help collaborative groups share measures of success focused on evaluating results and identifying lessons learned from the pilot that might be scaled up to support more groups in the future. Upstream established a timeline for collecting program information, offered staff support to conduct formal evaluation studies, and then documented case studies detailing each collaborative group's shared measures of success.

TIMELINE FOR DATA COLLECTION. Collaborative partners began using the Apricot system in 2016, and continued entering client information throughout 2018. With significant data in the system in early 2018, evaluation teams began in early 2018 compiling summary information to help partners better understand client experiences or potential transformations through program interventions.

INTEGRATION OF EVALUATION SPECIALISTS TO SUPPORT MEASUREMENT. Upstream staff, largely Program Planning Evaluation Analysts, offered support to each collaborative group's outside evaluation firms. Staff assisted with logic model development, selecting common surveys or assessment tools, and exporting data from Apricot to be analyzed with more sophisticated software. Offering a range of support as needed to each collaborative group enhanced the evaluation process and deepened the understanding of opportunities for continuous program improvement.

CASE STUDIES. Four case studies are presented here to illustrate how the Apricot shared measures of success system helped collaborative groups use data to improve outcomes for program participants.

READY

Built on the premise that prevention focused policies and interventions have long-term impacts, The Road to the Early Achievement and Development of Youth (READY) Initiative is a unique cross-sector partnership focused on increasing access to quality early childhood education and facilitating the transition of young learners from early childhood education into kindergarten. Research shows that children who are prepared to enter kindergarten are more likely to succeed in school and life, and are less likely to be involved in crime during adolescence.

READY collaborated with up to 11 school districts in Sonoma County to assess the social-emotional and academic skills of students entering kindergarten since 2015. READY also collects information on children's early learning experiences through a parent survey. READY provides the only common assessment of kindergarten readiness in Sonoma County. READY data are shared with over 80 participating kindergarten teachers, 20 school administrators and approximately 15 licensed early learning partners to support children's success in school by informing quality improvement processes and improving coordination between birth to five-years-old and Transitional Kindergarten-12 systems.

For more information on READY contact READY Program Manager, Norine Doherty at ready@schsd.org or 707-565-7186.

The READY Initiative began using the Apricot database in 2016 as a shared measurement system between 11 school districts to manage school readiness data on over 2,000 incoming kindergarten students.



SHARED MEASUREMENT SYSTEM DEVELOPMENT & IMPLEMENTATION. With assistance from consultants at Sidekick Solutions, a Certified Implementation Partner for Social Solutions, and Upstream Investments staff, the READY program designed data collection forms in Apricot to capture parent survey and common kindergarten readiness assessment data. READY staff enter parent survey data on children's early learning experiences into Apricot using a unique identifier. Over 80 kindergarten teachers complete common kindergarten assessments on their kindergarten students, and enter assessment data into Apricot via a user-friendly, secure online link. Parent survey data are merged with common kindergarten assessment data using a simple

export and re-import process that includes functionality to quickly search for and remove duplicate records.

REPORTING. The READY shared measurement system includes a set of report templates that allow program managers to view real-time data as it is entered into the system. Reports are used to ensure data quality and to examine correlations between student activities prior to entering kindergarten and their kindergarten readiness scores. READY staff pre-built classroom, school and district reports for kindergarten teachers and school administrators using Apricot’s reporting functionality. The pre-built READY reports enable READY program staff to export and disseminate over 80 classroom, 31 school and 10 district reports in a timely manner so teachers and school administrators can use READY data to ensure incoming kindergarten students have the support needed to thrive during their first year of primary school. READY staff has also developed pre-built reports to share kindergarten readiness data with early learning partners.

OUTCOMES. The READY program has collected five years of common kindergarten readiness data. The Apricot shared measurement system has enabled the project to easily compile, analyze and disseminate READY data. READY also works with a Sonoma County Human Services evaluator to conduct detailed analysis of READY data. See highlights below:



Since 2019, approximately 2 out of 5 students (39%) entered school kindergarten ready. These students demonstrate the academic and social-emotional skills necessary to experience a smooth transition to kindergarten. This finding has remained consistent over the past four years. This concerning statistic is motivating policy makers, education leaders and other stakeholders to use this information to identify gaps and increase investments in early learning opportunities proven to work.



Four years of READY’s Kindergarten Student Entrance Profile (KSEP) data also found that the **language spoken** and the **frequency of reading to children at home made for differences in school readiness**. This past study (2018-19), for instance, found that **51% of children from English-speaking households** met readiness measures compared to **26% of children from Spanish-speaking households**.

EDUCATORS' USE OF READY DATA. Educators are using READY data to enhance curriculum, target resources to high-needs populations and implement innovative school readiness activities and policies.



Early childhood education (ECE) teachers are **using school readiness data to enhance curriculum in their programs to better prepare children for kindergarten and elementary school.** The sharing of READY data between kindergarten teachers and ECE providers is creating stronger ties between early childhood education programs and the K-12 public school system.



Guerneville School District **passed a resolution to become a pre-kindergarten through 8th grade school district.** The resolution identifies quality early childhood education as a core part of their effort to close the achievement gap and ensure students are ready for college and careers. Guerneville is also **using READY data to incorporate early indicators of student success into their Local Control and Accountability Plan.**



Three years of READY data show Forestville Union School District's school readiness rates have steadily increased from 53% to 67%. A few years ago the local preschool was in danger of closing due to limited funding. **Recognizing the impact of quality early learning programs on school readiness, the district organized community meetings to raise awareness of the funding issues and pledged to use a portion of general school district funds to support preschool operations.**



Rincon Valley Union School District kindergarten teachers found **READY data help them pinpoint the academic and social-emotional domains their students need to work on to attain school readiness.** Teachers **discuss school readiness results with parents at parent-teacher conferences** and encourage parents to work with their children at home to expand learning in key areas.

KEEPING KIDS IN SCHOOL



Keeping Kids in School
Sonoma County Probation Department

Keeping Kids in School (KKIS) is collaborative effort to reduce school truancy and prevent juvenile delinquency in Sonoma County. KKIS is a partnership between the Sonoma County Probation Department, Sonoma County Court, Sonoma County Office of Education, Seneca Family of Agencies and 21 schools within 8 Sonoma County school districts. The schools that participate include elementary and secondary grades, and vary by grade composition.

KKIS provides culturally-relevant, family centered case management services in home, school and community settings. Case management services are focused on identifying and addressing key drivers of truancy and chronic absenteeism. KKIS also provides technical assistance to partner schools on attendance policy improvement. This prevention program is important as chronic school absence and truancy have been linked to a wide range of negative childhood and adult outcomes, including low academic achievement, low occupational attainment, high dropout rates, poor health, increased chances of living in poverty, increased risk of juvenile delinquency, and violent behavior.

For more information on KKIS contact KKIS Program Manager, Lisa Valente, at Lisa.Valente@sonoma-county.org or 707-565-6261.

Since 2015, KKIS has been using the Apricot database as a shared measurement system between the County, community partners and 8 school districts for ongoing case management of student assessments, student and family action planning, and referral tracking. Approximately 11 people are regular users of the KKIS Apricot database. The system currently contains over 300 student records.



SHARED MEASUREMENT SYSTEM DEVELOPMENT & IMPLEMENTATION. The KKIS collaborative partnered with Sidekick Solutions and Upstream Investment staff to design the KKIS shared measurement case management system. Sidekick Solutions consultants designed data collection forms in Apricot to efficiently track student and family member profiles, program enrollments, individual action plans, surveys and assessments, and school enrollment and attendance data. Case managers are able to collect and store school attendance data in the system, along with behavior incidents and academic reports. This system is unique because it enables the multi-disciplinary student attendance team (County, community partner and school

staff) to securely share all data necessary to effectively manage care plans, monitor student attendance outcomes and communicate student's progress. See Appendix B for a diagram of how the data flows between partners and improves the participant experience.

REPORTING. The KKIS reporting system includes case management, attendance and educational outcome reports. Since attendance data formats differ across schools, case managers are trained to enter attendance data in a standardized format to enable aggregate attendance and service data reporting at the school, district and County level. Attendance reports are programmed to display attendance and tardiness rates across a specified time period, and include visualizations so all stakeholders can quickly see attendance patterns. Case managers and supervisors regularly use Apricot attendance reports to communicate concerns and progress with members of the student's success team.

OUTCOMES. KKIS collected 3 years of data in the system. The Apricot shared measurement system has enabled the project to easily compile, analyze and disseminate outcome data. Additionally, KKIS partnered with an external evaluator, WestEd, on a three-year program evaluation utilizing APRICOT data and additional academic period data from schools and the probation department. See highlights from the WestEd evaluation below:



Of the **students that exited the KKIS program, approximately 3 out of 5 (62%) exited for satisfactorily improved attendance.** Overall, students, guardians, school administrators, and case managers perceived the KKIS program to improve student and family relationships, increase access to community resources, and support improved attendance for students. Areas for improvement with program implementation include building out a more flexible schedule for case managers, addressing language barriers with families, and reducing the wait list of KKIS students.



After analyzing two years of data, WestEd found **attendance rates for students enrolled in KKIS that received case management services increased by 4.7% or 8.5 days in the school year.** Due to these initial, positive outcomes during the first two years of program implementation the County and partner schools have committed additional resources to continue the program.

USE OF KKIS DATA. School and County staff and community partners are using KKIS data to secure additional program and evaluation funding, and to improve the program implementation.



Based on the initial, positive outcomes from the WestEd evaluation, **WestEd approached Probation to write a grant to the National Institute of Justice to further study the KKIS model.** They have been awarded funding.

They are now planning to conduct a more rigorous study of the KKIS model that includes:



- 1) examining how KKIS effects student behaviors and attitudes related to additional factors associated with drop out (e.g., substance use and delinquent behavior);
- 2) examining the impact of KKIS on the overall student population; and
- 3) re-analyzing the cost and benefits of KKIS using a comparison group and including additional direct and indirect benefits of the program.



The Sonoma County Probation Department is encouraged by initial program results and **dedicated significant resources to continue the program. School district partners also contributed resources** to continue implementing the program at their schools.



VIOLENCE PREVENTION PARTNERSHIP

The City of Santa Rosa's Violence Prevention Partnership (VPP) is a collaborative effort between local government, schools, parents, community partners and law enforcement to prevent violence in Santa Rosa and provide support to youth at-risk of health/social problems and their families. One aspect of VPP is the Guiding People Successfully Program (GPS). GPS utilizes the Positive Youth Justice framework and other proven strategies to support youth at risk of gang involvement.

GPS implements a collaborative, wraparound approach to address factors that put youth at risk for violence and gang involvement. The program also enhances protective factors that mitigate gang violence, emphasizing the importance of education, work readiness, communication, relationships, community, health and creativity. GPS is a partnership between the City of Santa Rosa Office of Community Engagement, Sonoma County Probation and Human Services Departments, Santa Rosa Police Department, California Board of State & Community Corrections and 9 community partners.

For more information on VPP/GPS program contact GPS Program Coordinator, Julie Garen, at jgaren@srcity.org or 707-543-4681.

Since 2016, VPP has been using the Apricot database as a shared measurement system for the GPS program. Apricot was designed for GPS to be a case management system between the City of Santa Rosa and program partners to effectively track participant data and referrals to enable collaboration among multiple agencies. Approximately 18 program staff regularly use the system. The system currently contains over 320 youth records that have enrolled in the GPS program.



SHARED MEASUREMENT SYSTEM DEVELOPMENT & IMPLEMENTATION. The VPP/GPS APRICOT shared measurement database is a fully developed case management system, including tracking for program enrollment, individual development plans, self and staff assessments, activities and notes, and external referrals. Apricot is easily accessible from any location with an internet connection, which allows users to securely view all client data while working remotely. Data is accessed in real time, providing program partners with the most updated information to enable effective cross-collaborative on a youth's individual development plan.

REPORTING. The VPP/GPS Apricot shared measurement system includes the following reports: 1) number of referrals overall and by agency; 2) number of services provided overall and by agency; and 3) a report displaying key metrics to identify and facilitate areas for program improvement. VPP/GPS recently added 6 community partners to provide wraparound services, and plans to build out evaluation reports so new partners can easily track and report on progress and outcomes measures.

OUTCOMES. VPP/GPS has collected 3 years of data. The Apricot shared measurement system enabled the project to easily compile and store aggregate program data. VPP/GPS collaborated with an external evaluator, LPC Consulting Associates to develop a 3-year evaluation report. See highlights from the LPC evaluation below:



Approximately **2 out of 5 youth enrolled in GPS received between 20-39 services each**, and the majority (**70%**) **received services over 6-24 months**. Additionally, **100% of youth enrolled in GPS worked with a case manager to create an individual development plan and received at least 1 intensive service** such as ongoing case management, crisis intervention, in-home counseling, and/or participation in an evidenced-based training such as Tackling Tough Skills.



Findings from a recidivism study of 95 GPS youth that completed their individual development plan and received at least 3 months of services found that **88% did not have a new or higher level offense during or after participation in GPS**. Data from the Apricot VPP/GPS shared measurement system were exported and merged with Probation data to produce the findings from this study. (Please see Appendix A for additional highlights from this recidivism study.)

USE OF DATA. City and County staff, and community service partners are using VPP/GPS data to improve program implementation and secure additional program funding.



Approximately **2 out of 5 youth enrolled in GPS received between 20-39 services each**, and the majority **(70%) received services over 6-24 months**. The **Sonoma County Probation Department** is encouraged by the LPC evaluation findings and **dedicated resources to continue funding a VPP/GPS program coordinator at The City of Santa Rosa**. **Community service partners**, California Youth Outreach and Life Works of Sonoma County, are **using aggregate program findings to seek additional resources**.



Community **partners routinely review Apricot aggregate program reports and LPC evaluation findings at monthly multi-disciplinary assessment and referral team (MDART) meetings**. After reviewing LPC evaluation findings on low Positive Youth Justice pre/post self and staff assessment gains in creativity and health the team took steps to ensure an increase in youth referrals to art and health programs.



Family, Youth & Children
SONOMA COUNTY HUMAN SERVICES

CHILD ABUSE PREVENTION SERVICES

The Child Abuse Prevention Services (CAPS) program is a community-based collaborative to improve coordination between the Family, Youth & Children (FY&C) Division of Sonoma County Human Services and community service providers. The goal of CAPS is to connect high-risk families to preventive services to keep these families and their children out of the foster care system.

The CAPS program funds six community providers to serve families who are at risk of having children removed and placed into the foster care system. CAPS Community partners provide an array of services including parent education, temporary housing, case management, infant health screening, resource assistance, counseling, and domestic violence and sexual assault support. These services are focused on increasing proactive factors for the family unit, specifically concrete supports and parental resilience. The six community providers funded by CAPS include: Child Parent Institute (CPI), The Sonoma County Department of Health Services Maternal Child Health Nursing Program, Petaluma People Services Center Committee on the Shelterless (COTS), Verity, Social Advocates For Youth (SAY), and YWCA Sonoma County.

For more information on CAPS contact Savenaca Gasaiwai, FY&C Program Planning Evaluation Analyst, at sgasaiwai@schsd.org or 707-565-5914.

The CAPS program began using the Apricot database in October 2016 as a shared measurement and referral system between FY&C and the six CAPS funded community providers of child maltreatment prevention services. As of March 2018, 282 families have been referred to CAPS and entered into the Apricot shared measurement and referral database.



SHARED MEASUREMENT SYSTEM DEVELOPMENT & IMPLEMENTATION. The CAPS shared measurement system coordinates the referral and delivery of services to families via referral workflows to community service providers. Nine total service workflows are active in Apricot. The system uses an automated referral submission from a social worker to a community service provider to alert them that a family has been referred for services. Service providers may accept or reject a referral, and provide feedback on accepted referrals that are open. The system is collaborative; both FY&C staff and the service providers have login access to Apricot. Feedback loops allow service providers and FY&C staff to share data and respond to requests for services more quickly, which wasn't possible with the old paper-based system. Each service provider has access to a custom Apricot dashboard that displays to-dos, tasks, queued

activities, and data quality concerns that require their attention. Active permission sets allow view only access to some forms and editing ability to others, allowing each user role-appropriate access to Apricot.

REPORTING. The CAPS shared measurement system includes quarterly progress reports that track referrals, client participation and service outcomes. A quarterly referral report enables providers to track the number and timing of referrals to child abuse prevention services, as well as referral status. Quarterly reports also enable the CAPS collaborative to track service participation rates and the percentage of clients that have met or partially met their goals upon closure of services. CAPS is currently utilizing data from the Apricot shared measurement system and FY&C databases to answer larger evaluation questions about the collective impact of CAPS services on child welfare outcomes.

OUTCOMES. The CAPS program has collected approximately 18 months of referral and service data of families at high risk of child abuse and maltreatment. The Apricot shared measurement system has enabled CAPS to easily compile, analyze and disseminate referral and prevention service data. CAPS is also working with an evaluator from Sonoma County Human Services to merge Apricot data with FY&C data to explore the impact of CAPS services on child welfare outcomes. See highlights below:



24% of families who received services and set a goal recorded in Apricot **met or partially met their goal before exiting the program.**

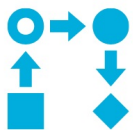


Only 2 out of 5 families (approximately 40%) referred to CAPS participated in 3 or more services. FY&C and CAPS providers have realized that client participation is a major barrier to delivering services to families. CAPS providers are currently analyzing the barriers clients face in engaging in CAPS services. Based on the findings, CAPS service providers plan to implement new evidenced-informed outreach strategies to increase participation.

USE OF CAPS DATA. The CAPS collaborative is using Apricot shared measurement data to improve service quality and increase collaboration among CAPS providers.



CAPS service providers are able to track the number, type and status of referrals for their individual organization and for the collaborative as a whole. They are also able to track the number, type and status of child abuse prevention services provided. Providers are currently working on **reducing wait times by actively monitoring the pending and waiting families** that have not received services.



CAPS service providers are **using the Apricot shared measurement system to improve workflow processes for social workers and service providers**. Social workers save time by entering referrals directly into the system, and service providers no longer have to wait for paper referrals to arrive via email or fax. Additionally, after reviewing Apricot data and feedback from clients, one provider set up a phone line that allows social workers to directly call the provider when they are with the client to make a “warm-handoff” with the hopes of increasing client engagement.



FY&C is planning to **merge Apricot shared measurement data with child welfare data** to better understand if engaging in CAPS services works to keep high risk families out of the foster care system.

LESSONS LEARNED

The case studies of the four collaborative projects reveal multi-sector stakeholder groups can successfully share measures of success with the support of a collaborative tool, Apricot, for data tracking.

Apricot helped to bring together stakeholders at various levels to share information or to glean feedback about client experiences, which then allowed for immediate identification of next steps or changes needed to ensure the highest levels of client well-being.

IS SHARED MEASUREMENT POSSIBLE?

With the conclusion of this case study of Upstream's pilot project to test sharing measures of success across four community collaboratives, Upstream now has a model for recreating success. Upstream is now ready to consider future possibilities and next steps.

WHAT IS NECESSARY TO RECREATE SUCCESS?

Community groups looking to recreate the positive outcomes of Upstream's pilot to share measures of success should consider staffing to support the initiative, and the level of engagement of multi-sector stakeholder groups.

STAFFING IS AN IMPORTANT CONSIDERATION. Backbone staff and consultant time are essential to the success of implementing the Apricot shared measures of success system. As Learning For Action stated in their Collective Impact Evaluation report, "For the backbone team's shared measurement workstream, capacity constraints are ... severe: there is much that can be done in this arena, and the team has only a half-time position dedicated to the task." The Upstream team may consider increasing backbone staff time to support these efforts in the future. In addition, Upstream hopes to continue to fund a software consultant to support system implementation and maintenance.

ENGAGEMENT OF COLLABORATIVE PROJECT LEADS, EVALUATION PARTNERS, AND OTHER RESOURCES LED TO SUCCESS. Those looking to replicate the success demonstrated with the shared measures of success system should consider the following factors enabling each of the case studies to thrive:

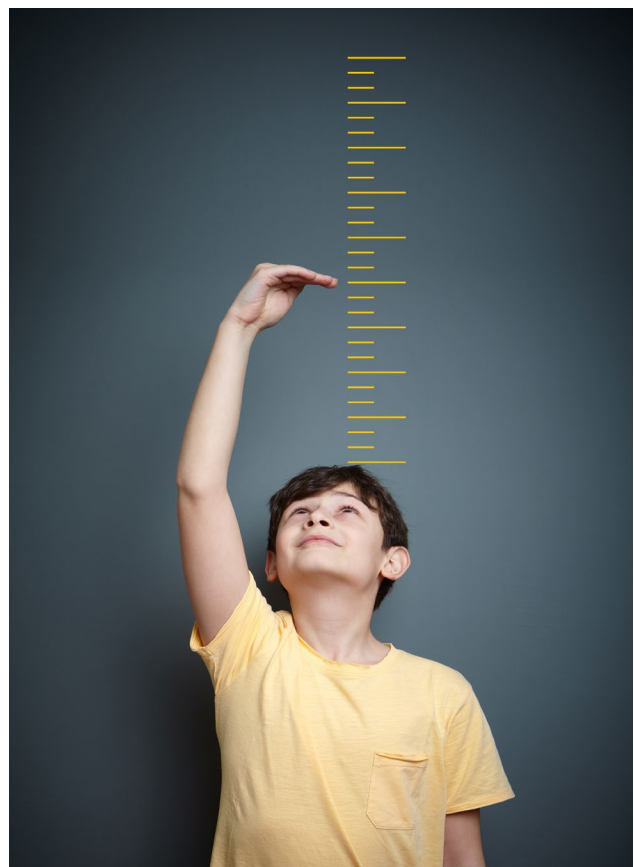
- All feature a paid staff member dedicated to coordinating the collaborative.
- All rely on steady funding that includes resource allocation to cover a portion of the cost of the Apricot database.
- All partner with a professional evaluator who conducts more detailed analysis and is able to merge Apricot shared measurement data with other data sources to answer key evaluation questions.
- All partnered closely with Upstream Investments staff and Sidekick Solutions (software and database customization consultant) to design, implement and make continuous quality improvements to their Apricot shared measures of success system.
- Most used outcome data obtained from Apricot reports and program evaluations to seek and secure additional funding to sustain their collaborative work.

FUTURE POSSIBILITIES AND NEXT STEPS

Upstream now has a model for jump-starting community measurement and an actionable approach to getting community providers involved in measuring performance. Based on the lessons learned and the cost structure created to implement the system, this case study proves a low cost, low-staff intensive model of shared measurement is possible when compared to similar systems. Future groups can easily expand the current Apricot database by replicating current systems and incorporating lessons learned from the pilot phase. Upstream will continue working with existing partners to use Apricot for continuous quality improvement efforts, while refocusing measures of success to align with newly identified community well-being goals.

APRICOT 2.0 FOR EXISTING PARTNERS.

Upstream Staff entered into a long-term subscription agreement with Apricot. The new agreement spans five years from 2018-2023.



This useful tool will ensure Upstream can continue efforts to support Collective Impact through Shared Measurement as a key condition for action. Upstream will continue supporting existing partners in identifying shared measures of success and refining the Apricot tool to help monitor and track progress towards improving well-being.

TRANSITION TO NEW INDICATORS FOR HUMAN DEVELOPMENT INDEX. Learning for Action recommended Upstream adopt the Human Development Index as a measure for population level health. This measure, supported by the World Health Organization and recently adopted in the Health Action Framework, helps communities track changes in health, educational attainment, and income. The Upstream Policy Committee approved replacing the 26 Indicators with the new Health Action Framework (centered on the Human Development Index) in February 2018. (Please see the Appendix C to review the Health Action Framework.) Upstream seeks to establish and track more interim progress indicators to better understand what impacts high level community well-being as measured by the Human Development Index. The Human Development Index measures income, educational attainment, and health.



**A Long and
Healthy Life**



**Access to
Knowledge**



**A Decent
Standard of Living**

Helping multi-sector stakeholder groups track program level outcomes provides excellent skill building and confidence for Upstream's partners to coordinate efforts to one day impact community level well-being.

TARGET HOUSING AS AN EXPANSION. Upstream will continue hosting collaborative groups aligning with Health Action's Framework for Action and Upstream's shared priorities. While the current collaboratives featured in this case study target most of the Framework for Action goals, a new collaborative group targeting housing and or behavioral health may be sought to ensure all goal areas are represented in Upstream's shared measures of success work.

Appendix

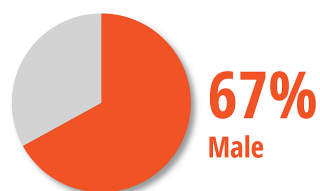


Guiding People Successfully Participant Recidivism Study

August 2017

In July 2017, the Sonoma County Department of Probation provided de-identified information for a sample of **95 GPS youth** who had received services for at least 3 months, and whose GPS cases were closed. Probation staff reported the *level, severity, and number* of offenses for each of the 95 youth before, during, and after their participation in GPS.

Sample Demographics (95 Youth)



91% Hispanic/Latino



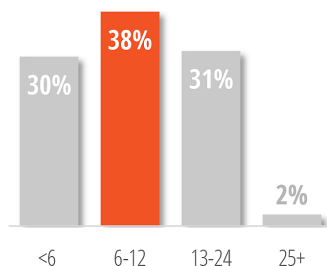
GPS Services Received

2,672 Services Received

Almost half (41%) of sample youth received between 20-39 services each.

Length of Enrollment in GPS

38%
of sample youth
participated
in GPS for 6-12
months.



GPS Program Objective

75% of youth participating in GPS will not have an additional offense during the 3-year program.

Probation Findings

58% (55 youth)

No offenses before, during, or after GPS

82% (78 youth)

No new or more severe offense during or after GPS

88% (84 youth)

No new offenses after GPS

12% (11 youth)

New offenses after GPS

90% were male

88% were Hispanic/Latino

64% received fewer than 20 services

46% were enrolled for <6 months



LPC Consulting Associates, Inc.
2015 J Street, Suite 205
Sacramento, CA 95811
www.lpc-associates.com

Keeping Kids in School:



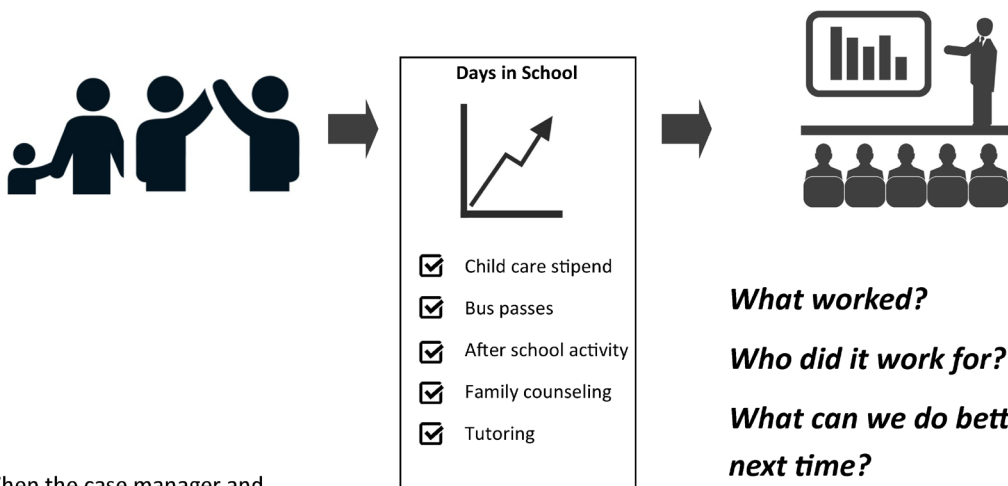
How Shared Measurement Helps Our Community



A case manager meets with a family whose child is missing too much school.

The case manager makes a secure electronic “case file” online by logging in to the Apricot software with her laptop.

The case manager tracks lots of information in this safe, on-line file: school attendance, phone calls, meetings, surveys, emails and other student-related information.



When the case manager and family meet again, the case manager can now show how the student is doing and how services seem to be helping.

What worked?

Who did it work for?

What can we do better next time?

The case manager and her team can also look at information about all the students receiving services.

Health Action Sonoma County

FRAMEWORK

FOR ACTION

Health Action is a partnership of local leaders, organizations, and individuals dedicated to improving health and well-being and reducing disparities across Sonoma County.

Health Action's mission is to mobilize community partnerships and resources to achieve equity and to improve health and well-being for all in Sonoma County.

To achieve its mission, Health Action focuses on three impact areas: a long and healthy life, educational attainment, and a comfortable standard of living. It raises awareness of key local health issues, addresses social determinants of health, and highlights critical disparities within the community. As Health Action evolves, so does its understanding of what is required to realize the high level of impact it strives to achieve.

This Framework for Action lays out a roadmap for realizing this higher level of impact along three domains:

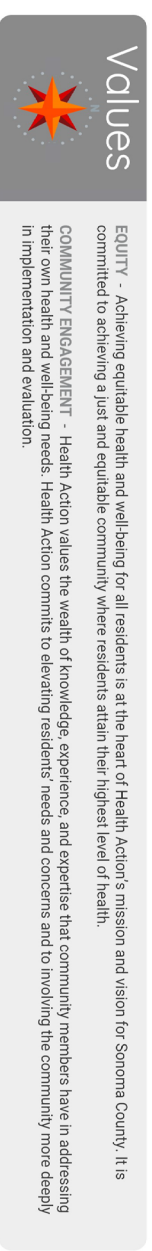
- **Strategy**, including refined health and well-being priorities and values;
- **Stewardship**, including a collective approach to supporting priorities and clearly defined expectations of Health Action members; and
- **Sustainability**, including the development of a sustainable financing plan.

This Framework presents direction for Health Action members, partners, and the community to join together to create the large-scale social change needed to improve health and well-being for all in Sonoma County.

September 1, 2017



VISION: Sonoma County is a healthy place for all residents to live, work, play and belong.



SAMPLE

Data Management Plan for XYZ Program and

Upstream Investment Initiative

I. Project Description

XYZ Program is a collaboration between AGENCIES and others to identify and provide services to TARGET POPULATIONS, with the goal of GOAL through collaborative case management.

Data shared under this MOU will be used for ongoing case coordination such as assessments, action and transition planning, and referrals for services. Data will also be used to conduct a process and outcome evaluation as defined in the EVALUATION PLAN. The EVALUATION PLAN outlines the following expected outcomes as benefits to the participants and communities in which they reside:

Participant Goals (Sample):

1. Reduction in the incidence of school absence and truancy for at risk students in Sonoma County;
2. Increase in student and parent engagement with school;
3. Improvements in participant educational outcomes;
4. Improvements in the functioning of participant families; and
5. Reductions in participant involvement in criminal activity.

Community Goals (Sample):

1. Reduction of negative impacts upon community that result from chronic absence and truancy;
2. School districts experience increased revenue as a result of reduced student absence;
3. Increased school district revenue provides for sustainability of chronic absence/truancy prevention efforts.

The PUBLIC AGENCY and Human Services Department (HSD) have entered into a Memorandum of Understanding (MOU) to track participant outcomes through an on-line,

cloud-based, case management database system called Apricot. The MOU outlines **PUBLIC AGENCY's** and HSD's obligations for the data system and commitment to abide by the agreed-upon "Data Management Plan" set forth herein. The Data Management Plan details the roles and responsibilities of the parties and how data will be gathered, stored, used, and presented in reports.

II. Terminology

Access and Allocation: refers to users being assigned permission sets based on a "need to know" basis for case management. Supervisors and program managers will define permission levels.

Analysis: refers to the review and creation of reports. Reports developed in Apricot will be customized with input from system users, and will require further interpretation before data is used to direct program changes. All users with permissions to view the data as well as system administrators have the ability to create and/or review reports within the Apricot database.

Apricot: is a database system offered by Social Solutions Global Inc., (hereinafter "Social Solutions") as "in the cloud" (on-line subscription based) software to store, share and report information about clients, programs, and service systems.

Data management: refers to activities to maintain an active license, hosting agreement, and data back-up agreement with Social Solutions (current owner of the Apricot cloud based software); coordinate customization of database; coordinate trainings in how to use the system; facilitate the provision of technical assistance; prepare data for export; and otherwise manage the data and/or use of the cloud-based database software.

Dissemination: any public reports (verbal or written) sharing results of the evaluation.

Evaluation: refers to deeper analysis of the data, which may include exporting the data to SPSS or other statistical software to test for causation and correlation between various data points. Evaluation will be conducted by a contracted evaluator. The evaluation should address cultural and linguistic needs, list the principal authors, and acknowledge consent of all partners to share data evaluation and analysis.

Interpretation: report analysis and evaluation results will be reviewed by **PUBLIC AGENCY**, who will provide context to inform the data and determine appropriate audiences for sharing.

Metadata: or "data about data" details the means of the creation, purpose, time and date of creation, author, and other details about records and files.

System Administrators: Individuals who are responsible for the management and upkeep of a database. These individuals have complete access to the data and all forms, records, bulletins, queries and other elements of the database.

III. Data Description

Data will be generated, collected, or reused for an array of purposes that may include:

- Client intake data including demographics, risk factors, resiliency factors, substance use, and any other pertinent information
- Assessments (conducted by staff and self)
- Case management notes
- Individual development plans
- Activity logs
- Referrals and referral tracking logs
- Stipends
- Consent forms
- Program status at closure

The need for this data set rises from **PUBLIC AGENCY**'s need to develop case management files for the program. Data collected into the Apricot database is unique and dynamic data specific to the participants engaged in case management services.

Other data sets may also be used to help support the interpretation of the data.

IV. Data Format

All data formats, standards, and conventions will be outlined in the Apricot users guides..

V. Metadata

Metadata or “data about data,” including the means of the creation, purpose, time and date of creation, author, and other details about records and files, is automatically generated by the Apricot software.

Reports list “created by, last modified by, and last run by” metadata showing the full username date and time.

Users can view the “record history” for each record which states the username, form name, ID #, action (e.g. created, edited, saved with no changes), time and date for every instance a record is accessed.

VI. Data Organization

HSD is responsible for managing the data during the project including overseeing the development of the system and protocols for use.

HSD has established a contract for customization of the Apricot database. Database customizations will take place on an as-needed basis in consultation with HSD staff.

PUBLIC AGENCY provides HSD with all paper forms to be converted into database fields and forms. Several meetings are conducted to “blueprint” out and finalize the plans for forms and fields (including naming conventions).

User training and paper manual for how to use the customized Apricot database for case management purposes is provided to the **PUBLIC AGENCY**.

HSD contracts Social Solutions to provide the Apricot software, host, and maintain the cloud-based database. Social Solutions will communicate with HSD when new versions of Apricot are released. If new versions affect the customizations developed, HSD will utilize the technical assistance provision offered through the Apricot software subscription to resolve any conflicts.

VII. Quality Assurance

HSD will design procedures for ensuring data quality during the project. Specifically, all **PUBLIC AGENCY** staff and/or contracted non-profit staff will undergo training in the case management procedures and workflow before utilizing the customized Apricot database

VIII. Storage and Backup

Specific storage methods and backup procedures for the data, including the facilities that will be used for the effective preservation and storage of the data are included in the County’s contract with Social Solutions. The contract includes the backup schedule and process, responsibility and sensitivity levels.

IX. Security

HSD ensures the security of the database through the following technical and procedural protections for information, including confidential information, and how permissions, restrictions, and embargoes will be enforced:

The County's license for the Apricot database currently allows for five (5) administrators. HSD staff and the contracted database customization consultant fulfill the administrator roles. Administrators have full access to all records, forms, and data within the system, and maintain the authority to manage the record level access for all other system users. This database holds program data for programs beyond the **XYZ Program**, and HSD will retain administrator rights over all programs.

Apricot allows Administrators to restrict access for certain users or certain groups of users so they can only view or create records and forms. **PUBLIC AGENCY** staff will provide HSD with a written list of users and their permission levels for the XYZ Program. HSD will then set permissions in the Apricot system. HSD can support as many as x users (negotiated amount) including project managers and case managers/supervisors from the **PUBLIC AGENCY**.

Users are given a unique profile and password to access the system. It is important that users never share these credentials for use by other team members, as metadata will track all activity of the user that is logged in.

X. Responsibilities

Roles and responsibilities of the owners and stakeholders of the data, including names of the individuals responsible for data management, analysis, interpretation and dissemination in the research project follow:

A. County HSD Staff Representing the Upstream Investment Initiative:

1. Dedicate staff time and funding to procure, contract, and implement the Apricot database software.
2. Work with **PUBLIC AGENCY** to develop customization requirements for the **XYZ Program**.
3. Provide administration of database for shared data among **XYZ Program** partners and program evaluator.
4. Dedicate staff time and funding to procure, contract, and liaison with consultant(s) in developing custom configuration and training of the Apricot database system for the project.
5. Purchase the Apricot software license and technical support package.
6. Coordinate Apricot end user training for all **XYZ Program** partners.

7. Work with **PUBLIC AGENCY** to develop aggregate reports void of personal identifying data.
8. Serve as system administrators using full access to the database to manage its upkeep and to control user access. (System administration is a role extended to HSD's contracted system host and customization staff. See Section E and F for further details.)
9. Handle any security, data breach, loss or theft of data and implement a remediation plan.

B. PUBLIC AGENCY Staff Representing the XYZ Program

1. Administer the **XYZ Program**, including case supervision via the Apricot database software.
2. As the lead agency in charge of fiscal and administrative oversight of the **XYZ Program**, use data to guide program oversight, development, refinement, implementation and sustainability.
3. Work with HSD to customize database.
4. Work with HSD and contracted consultant(s) to develop aggregate reports void of personal identifying data.
5. Use de-identified data for progress and summary report requirements of the **XYZ Program** funder(s).

C. PUBLIC AGENCY Contracted Service Provider(s) (if any)

Service Providers include CBO staff. **PUBLIC AGENCY** will maintain and provide to HSD a current list of CBO staff who will be given user access to the database. The list of users will be stored in the shared files section of the **XYZ Program** database. Update requests for this list should be emailed to the HSD System administrator. Responsibilities include:

1. Collecting consent and release of information forms from participants and from parents/guardians of youth under age 18 and from youth themselves if over 18
2. Providing case management
3. Inputting all case management forms and notes into Apricot
4. Giving input to data access and allocation (data sharing)

5. Sending case managers and supervisors who will use the Apricot system to participate in Apricot user trainings (A minimum of one representative per contracted service provider agency must attend the user trainings)
6. Providing suggestions for customization
7. Coordinating with HSD for technical assistance requests
8. Updating HSD with any staff changes

D. PUBLIC AGENCY's Contracted Evaluator will:

1. Carrying out the evaluation plan to measure program processes and outcomes

E. HSD's Contracted System Customization Consultant will:

1. Serve as system administrators using full access to the database to design and customize the database, manage its upkeep, and to provide technical assistance to database users.

F. HSD's Contracted Apricot Software Provider will:

1. Provide access to the cloud-based software and host all data on servers as detailed in the County's contract with the provider.
2. Serve as system hosts utilizing full access to the database to provide technical assistance as needed.

XI. Budget

The costs of preparing the database, creating documentation, and archiving are being paid by HSD. Specific costs incurred to HSD for implementation of the XYZ Program as part of the Upstream Investment Initiative's collective impact work are estimated as follows:

Projected HSD Contributions – July 1, 2018-June 30, 2019

Expense	Total Cost	Detail
Program Planning Evaluation Analyst	\$121,752.71	.75 FTE for system design, system support, project management, evaluation technical assistance and learning community facilitation; calculated at G Step in 2018-2019.
Program Development Manager	\$2,211.72	.01 FTE for project oversight and support at \$78.99/hour for salary and benefits in 2018-2019.
Software Customization	\$35,000.00	For technical assistance, report and dashboard design, discovery, blueprint, and other customization activities as prioritized by Upstream Investments.
Social Solutions Apricot Licensing	\$21,311.20	\$133,195.00 is the negotiated annual fee for 250 users for years 2018-2021. The fee per user in this agreement is \$532.78. Any additional user slots purchased will be charged the current market rate. 40 slots times \$532.78 = \$21,311.20.
Total	\$180,275.62	
Total Fully Loaded Cost Per User	\$4,506.89	\$180,275.62 / 40 users = \$4,506.89

PUBLIC AGENCY and County HSD will need to negotiate plans for sustaining the database.

Should **PUBLIC AGENCY** decide to purchase an independent license and subscription, **PUBLIC AGENCY must solicit a unique, formal bid from Social Solutions to calculate the costs of obtaining an independent license and subscription.**

Migrating the data from the HSD license to an independent license may also require the hiring of a consultant or purchase of support from Social Solutions. The current database customization consultant offers a ballpark estimate of 50-75 total hours at \$175 an hour (for a total of \$8,750 to \$13,125) to complete the migration of the following:

- All Forms - Could be done with template copies between databases
- All Data - Could be done using exports and imports of all records and links (1-to-1)
- All Reports - These would need to be custom built in the new database
- All User Groups and Permissions - These would need to be custom built in the new database
- All Secure Web Forms - These would need to be custom built in the new database
- All Bulletins - All report, shortcut, and announcement bulletins would need to be custom built in the new database
- All Record Level Access Permissions - All record level access permissions would need to be assigned either during import or manually post-import

XII. Intellectual Property Rights

HSD retains the rights to the data as the owner of the Apricot license. Fair use is extended to **PUBLIC AGENCY**, who may, at a future date, opt to migrate the data, forms, reports, user groups, web forms, bulletins, and record level access permissions to their own license with Apricot or other system.

HSD's contract for the data system details the contractor's explicit copyright declarations for the enterprise level database system.

XIII. Access and Allocation

Evaluators will analyze the data and suggest specific data points for consideration, interpretation, and potential report inclusion. **PUBLIC AGENCY** will give final approval for sharing with the greater community.

XIV. Audience

Primary users of the analyzed data will include **PUBLIC AGENCY** and partner agencies. The data analysis informs program planning and continuous quality improvement during the provision of the **XYZ Program**.

De-identified, aggregate data may be shared upon request with community groups, parents, or other stakeholders with the approval of **PUBLIC AGENCY**.

XV. Selection and Retention Periods

HSD will destroy or wipe all confidential client data from all electronic storage media and devices in a manner that prevents recovery of any and all confidential client data once the data is no longer needed to implement, review, or refine the **XYZ Program**. **PUBLIC AGENCY** will notify HSD when it is time to discard the data.

XVI. Archiving and Preservation

HSD will ensure procedures are in place for long-term archiving and preservation of the data, secure disposal of data, and backups.

The County's contract with Social Solutions includes the provisions of extensive data "back-ups" (or saving to alternate servers) through June 30, 2023. The periodic export of data by HSD will further ensure the protection of the data.

XVII. Ethics and Privacy

Informed consent will be handled and privacy will be protected in the following ways:

The contracts between **PUBLIC AGENCY** and the **XYZ Program**'s non-profit partner(s) include confidentiality provisions and intake processes that ensure an "Authorization for Release of Information and Records" is obtained from participants and their parent/guardians (as applicable). This information is then documented in the Apricot system. HSD, **PUBLIC AGENCY** and all contracted parties associated with the **XYZ Program** are required to protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this project, except for statistical information that does not identify any participant. These parties are obligated to not use such information for any purpose not directly connected with the administration of the services provided by the **XYZ Program**. In addition, they must promptly transmit to **PUBLIC AGENCY** all requests for disclosure of such information not emanating from the participant. No party shall disclose, except as otherwise specifically authorized by the participant, any such information to anyone. For purposes of this Data Management Plan, personal identity shall include, but not be limited to, name, identifying number, social security number, state driver's license or state identification number, financial account numbers, and symbol or other identifying characteristic assigned to the individual, such as finger or voice print or a photograph.

No party will publish, disclose or use or permit or cause to be published, disclosed or used any confidential information pertaining to a participant.

PUBLIC AGENCY (responsible for all **XYZ Program** staff and contracted partners) and HSD (responsible for project personnel maintaining the Apricot database) maintain confidentiality through the following practices:

- The original copy of the data (which may be shared on a physical device such as a flashdrive) or any hard copy printout of the data must be stored in a locked drawer or file cabinet while not being referenced by evaluators, case managers or other appropriate staff. Printed information that is no longer needed will be destroyed. Printouts of data are not to be distributed to anyone outside of project personnel.
- All records will be destroyed when the information is no longer needed for the purposes of this project.
- Organizational or institutional penalties for the misuse of confidential data and breach of confidentiality by staff exist, are available in writing, and are enforced.
- Specific sanctions for confidentiality violation can be imposed that include employee disciplinary action and any of the following: remedial training in confidentiality, loss of certification of competency in confidentiality, prohibition from future work with confidential data at the institution, discharge.
- Users of the Apricot database are authenticated by means of passwords or digital ID.
- Access to the Apricot database is controlled by means of role-based authentication/access. Additionally, access to data files are restricted to specific project staff and access by non-project staff is not permitted. Access privileges are determined by **PUBLIC AGENCY**, and implemented by HSD.
- There is an audit trail within the Apricot software that documents who, when, and for what purpose data is accessed.
- **XYZ Program** participants and/or parents/guardians sign authorizations for release of information and records complying with all applicable state and federal privacy laws explaining the use of participant data.

XVIII. Electronic Confidentiality

In addition, HSD, **PUBLIC AGENCY** and all contracted parties associated with the **XYZ Program** are responsible for ensuring that electronic media containing confidential and sensitive client data is protected from unauthorized access.

PUBLIC AGENCY (responsible for all **XYZ Program** staff and contracted partners) and HSD (responsible for project personnel maintaining the Apricot database) must ensure that all computer workstations, laptops, tablets, smart-phones and other devices used to store and transmit confidential client data and information are:

- Physically located in areas not freely accessible to or in open view of persons not authorized to have access to confidential data and information,
- Protected by unique secure passwords, and
- Configured to automatically lock or timeout after no more than 30 minutes of inactivity.

Users of such computing devices are trained to log off or lock their device before leaving it unattended or when done with a session.

PUBLIC AGENCY (responsible for all **XYZ Program** staff and contracted partners) and HSD (responsible for project personnel maintaining the Apricot database) must ensure all electronic transmission of confidential client data sent outside a secure private network or secure electronic device via email, either in the body of the email or in an attachment, or sent by other file transfer methods is sent via an encrypted method.

Once HSD is notified by **PUBLIC AGENCY** that the **XYZ Program** data is no longer needed, HSD will destroy or wipe all confidential client data from all electronic storage media and devices in a manner that prevents recovery of any and all confidential client data.

XIX. Dissemination

Aggregates of the **XYZ Program** data, *with all identifiers removed*, may be shared with the project funder(s), Sonoma County Board of Supervisors, members of the Upstream Investment Initiatives Committees, and other local collaborative groups when deemed important and relevant for grant reporting, directing and developing resources, refining existing programs, encouraging county-wide collaborations and linkages, and documenting collective impact. **PUBLIC AGENCY** shall exercise control over what and when data are shared, and prior consent from **PUBLIC AGENCY** is required for any such disclosure.

XX. Data or Security Breach

Any security, data breach, loss or theft gets reported to HSD-IT@schsd.org, 707-565-5867 option #1. The process for addressing the incident includes:

1. HSD IT Helpdesk will formally log the call;

2. HSD IT will contact and notify interested parties (State, Fed, County, HSD Executive Management, etc.) along with HSD-IT Management; and
3. HSD-IT Management will review incident and implement a remediation plan.

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