

Enhanced Data Sharing Among Partners Analysis Memo

Analysis for Task 2. Provide guidance and recommendations related to the formulation and adoption of policies and procedures to enhance data sharing among partners involved in CPS implementation.

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Overview and Summary

In 2022, the American Institutes for Research® (AIR®) conducted an evaluation to assess the (a) effectiveness of the Community Partnership Schools™ (CPS) model on a series of student outcomes during the early years of model implementation (2015–16 and 2018–19 school years) and (b) the implementation of the CPS model, using virtual interviews with CPS partners. One of the primary challenges that emerged from the previous implementation evaluation was the need for enhanced data-sharing procedures across partners to better inform and coordinate service delivery for students enrolled in CPS schools.

To further examine these findings, AIR conducted additional interviews and analysis of existing documents to better understand what data sharing processes looked like in four schools and how to support enhancing data sharing among partners moving forward. Specifically, AIR examined the processes and procedures that CPS sites used to conduct needs assessments, make referrals, obtain consent from students and families for data collection and services, access student-based data and records, and identify the barriers they have encountered in undertaking these processes. The information summarized in this memo is drawn from interviews with CPS directors in four schools that have been implementing the initiative for longer than 5 years and using Learning Circle, a data collection and reporting platform. Interviews were conducted in the fall of the 2023–24 school year, and an analysis of relevant documentation (e.g., statements of work, needs assessments, data-sharing agreements, and Learning Circle documents) was conducted in 2023.

Across the four schools, we found promising strategies and barriers for data sharing, processes for obtaining consent, service referrals, needs assessments, data use and analysis, and the use of Learning Circle. We highlight some of these promising strategies and challenges in the following sections.

Summary of Findings

Promising Strategies. Promising practices included strategies to streamline consent processes, improve staff training, and ensure access to data for key staff. In regard to ensuring consent, some sites found success with consent forms that used an opt-out choice for service provision, rather than requiring each family to opt in. Others targeted specific school events to collect parent signatures for consent.

For service referrals, sites indicated that having multiple staff members review referrals ensured a timely response. Other sites developed digital tracking systems to streamline the

referral process, for example by using spreadsheets and Learning Circle. Respondents also discussed the need for consistent training for all teachers, both new and veteran, to promote best practices in making service referrals.

Finally, sites shared strategies to ensure access to databases for key staff. One example of this was CPS sites where family and student coordinators were directly employed by health or school district partners, giving them access to multiple partners' databases. For instance, at one site, the wellness coordinator was employed by the health partner and had access to the health partner database, and another coordinator at the same site was employed by the district and had direct access to the school district database.

Challenges. Primary challenges included clarity on partner roles, the need to build community trust, and support and alignment of sites for progress and quality monitoring. There appeared to be a need for more clarity on partner roles and expectations in conducting **needs assessments**. In some sites, it was assumed that a specific partner—often the university partner—was to conduct the needs assessments, but a lack of shared understanding among site partners led to confusion about resources. Some sites discussed the need to build trust in the community before collecting additional data for needs assessments. There appeared to be no standard protocol to **assess and monitor program quality**, making it hard to compare or determine the actual quality of programming. After receiving needs assessment data and reviewing progress and quality-monitoring data, respondents reported that **data analysis** was often challenging; directors noted that they were not trained in data analysis and needed more support to interpret findings and apply findings to decision making. Regarding the use of **Learning Circle**, although directors appreciated the ability to compare outcomes across CPS sites in the state, using the system was challenging, including data sharing between systems and the burden of use.

In the next section, we briefly describe our methodology and provide a summary of primary themes and the highlights of our analysis regarding consent processes, needs assessments, data for program quality assessment and monitoring, service referral processes, data sharing, and experiences with Learning Circle. Last, we discuss overall recommendations for the University of Central Florida (UCF) Center for Community Schools to improve and further support each process related to data collection and use among CPS partners.

Research Methods

Four CPS sites that had started using the Learning Circle platform in the 2022 school year were identified in March 2023. Since then, additional CPS sites have signed data-sharing agreements with Learning Circle. The four original sites were the focus of our data collection and analysis. The evaluation team conducted four 60-minute virtual interviews with CPS directors at these four sites from August through September of 2023. The evaluation team also reviewed documents that schools submitted to the UCF Center, including statements of work, needs assessments, certification or readiness assessments, and data-sharing agreements. We also reviewed Learning Circle documents, including a project brief, overview document, resources index, training slides, and data-sharing agreements. Exhibit 1 lists the interviews and types of documents reviewed for each of the four schools.

Exhibit 1. Data Sources

Document	Year	C. A. Weis Elementary	Sabal Palm	South Woods	Webster
CPS director interview	2023	X	X	X	X
Statement of work	2023–24	X	X	X	X
Needs assessment	2017, 2018	X		X	X
Certification or readiness assessment report	2018, 2021, 2022	X	X	X	X
Data-sharing agreements	2022	X	X	X	X
Learning Circle documents		N/A	N/A	N/A	N/A

Documents and interview transcripts were coded using qualitative software. We used a blended deductive and inductive approach to develop our coding structure. Our codebook was, in part, predicated on the coding structure used in the evaluation of CPS schools in 2020–22. By using an inductive and deductive approach, we built on what we have learned about the initiative to date and allowed new themes to be captured and analyzed as they arose.

This analysis has limitations that should be kept in mind when reviewing the findings in this report. First, our sample included only four schools that had been using the Learning Circle platform, which is a small subset of all CPS schools that may not have captured all data-sharing and use information across the full spectrum of CPS schools. Second, we interviewed CPS

directors; but note that we may have been able to capture a more complete synopsis of implementation if we had also interviewed other CPS staff, CHS data support teams, and university partners. Because of the limited scope of this evaluation, we were unable to expand our data-collection efforts.

In the following sections, we provide a detailed analysis of what data sharing and use looked like in the select sample of schools.

A. Consent Processes and Procedures

The first step in operating programs and collecting data from and about program participants is obtaining consent. To protect students, a minimum requirement for all community partnership school programs operating on school grounds is to obtain parental consent for youth to participate annually. Additional consent is needed for students and families participating in services from health care partners. In addition to consent to participate in programs and services, CPS sites also request consent from parents to collect and share students' attendance, behavioral, and academic data. Collecting this student administrative data enables CPS directors to monitor student outcomes and progress toward intended outcomes. Although consent documentation is mandatory for CPS site programs, services, and data access, the collection process is not without barriers. Common challenges include relying on young students to take home and return signed forms, collecting consent forms from families who transfer into the school after the beginning of the year, and communicating internally with other school programs to avoid duplicate consent requests.

Promising Practices. Executive cabinets considered which strategies for collecting consent documentation worked best in the context of their own school communities. For example, schools with high rates of student mobility might have different strategies for collecting consent than schools with a relatively stable student population. Each respondent we spoke with described a different strategy to overcome challenges in the consent process:

- Using an opt-out consent form instead of the typical opt-in consent form.
- Making consent forms available for parents to sign at back-to-school night and other school events.
- Being flexible with data collection terms that might make parents hesitant to provide consent (e.g., excluding permission to take photos or videos of students for promotional use).
- Combining consent for multiple programs in one form to avoid redundancies in consent requests.

Each of these strategies was successful at its original site. One CPS director discussed how using an opt-out form helped provide more students with access to services and programming. However, this was not a common strategy and comes with risks because there are some cases in which consent forms for services provided are required.

“So, what we do is, instead of an opt-in form to get services, you have to return the paperwork to not receive services. Now, it’s beautiful. It’s worked out very well. It’s funny because we do get forms back. But it’s parents that aren’t reading it, and they just send it back. And so, we just have to call them and say, do you realize that you filled this out.”

– CPS Director

B. Needs Assessments

All directors reported using needs assessment data to establish and monitor annual goals as well as to decide which programs and services to offer. However, directors shared challenges associated with needs assessments, such as the time and effort required to complete them, and a lack of understanding of what to do with needs assessment data once collected. Three of the four sites reported conducting an annual formal needs assessment. The fourth site director noted that they conducted the original mandatory needs assessment, but then only monthly parent surveys instead of the lengthier needs assessment currently required by CPS. When asked about needs assessments, directors noted four main challenges: time to collect data, community trust, lack of support, and data relevance to programming and decision-making. In the following sections, we provide details on these challenges.

Time to Collect Data. All site directors we spoke to mentioned the amount of time it took to conduct the needs assessment. Specifically, there were concerns about student and parent surveys taking too long for participants to complete and for staff to analyze.

Community Trust and Engagement. Two directors said that low engagement and lack of trust in the school system in general may also have led to lower response rates for needs assessment surveys. One director said that, for 600 students, they received only 20 parent responses to their most recent community survey. At the other school, the director indicated that parents’ own negative experiences with the school system in the past might have caused their current disengagement. This made data collection challenging.

Varied Support from Partners. While three of the directors interviewed discussed coordinating with the university partner for needs assessments, one director discussed the lack of support from the university partner in conducting previous needs assessments. There appeared to be an uncommunicated expectation from the school site that conducting the needs assessment would be the responsibility of the university partner. The university partner at this site did not

dedicate the human resources needed to conduct the needs assessment, which led to confusion among the partners about who should conduct the needs assessment. The director indicated that the CPS school ultimately provided funding for a professor to assist. More recently at this site, the director had shifted to relying on CHS and other nonprofit organizations to assist with data analysis and interpretation.

Relevance. Two directors noted that community demographics and needs changed more quickly than data could be collected, analyzed, and used to make decisions about programming and services. One director explained, *“So now, the data that we had at the end of the last school year may not be the same needs, because the clientele has changed. If we wait too long, that’s one barrier, and if the clientele has changed, that’s another barrier. Right now, in the area that we serve, there is a lot of fluctuation, a lot of families moving out and moving in. The data we have from the last school year might not be relevant since the clientele has changed.”* Directors expressed that they would prefer to find a less time-consuming, efficient way to collect data to address community needs. Finally, CPS directors noted that data collected about prominent community needs at a single point in time were not nearly as actionable as data collected and analyzed over time to assess program impact. For example, one director discussed the importance of assessing how programming and services might continually address needs and identify additional needs.

“...And so you know that kind of thing when you can really do the data analysis of the programs. Comparably, I think it’s even more helpful than like a needs assessment because a needs assessment to me is getting a bunch of people in the room that have a common goal. We’re all hungry. Okay, you know. But is this program helping with hunger? Is this helping with food disparities? How often is this used? Have we seen the population have an increase in needs or decrease in need? So, I think for me, what’s more helpful is that direct one-on-one understanding [of] the data of each program.”

– CPS Director

C. Program Quality Assessment and Progress Monitoring

Once programs and services have been established, directors are charged with monitoring the use, or uptake, and quality of services and programs. Having access to and regularly analyzing data can help sites make more informed programmatic decisions. Although we found that sites reported efforts to continuously monitor initiative progress (e.g., use of offerings, effects of programming), there appeared to be a lack of standardization in assessing the quality of programs. In addition, all directors emphasized the need for more support in data analysis and use of findings, noting that the nonprofit partner’s data staff provided some support, but that additional support would be beneficial.

Data Collected. We asked directors what information they collected to assess use and quality and how they engaged in discussions and decision making using the data collected. Directors at each of the four sites reported collecting student academics, attendance, satisfaction survey, and other anecdotal and observational data. Although directors shared that CHS had a system in place to help with the data collection needed to submit quarterly reports with monitoring data to the UCF Center, they did not report using any standardized protocols or processes to assess the quality of offerings and services.

Data Analysis and Decision Making. Most often, directors reported assessing data related to program enrollment and attendance and analyzing their association with student behaviors and outcomes. Program enrollment and attendance data were most frequently noted as being used to make decisions about which programs to offer. One director explained how looking at program enrollment and attendance data in mentoring programs along with student academic data enabled the executive cabinet to make correlations between attendance and overall student achievement. Another director provided the example of using systematic data collection to assess the quality of mentoring programs in order to determine which program was most effective for the school.

“In a staff meeting, I asked, which is the best mentor program, and everyone had a different outlook on it. I said, instead of us going by opinions, lets design something to show which one is more effective. We started collecting data, not just our opinions, but data from students, staff, parents, and the program vendors themselves. That way we could unequivocally determine which was our most effective mentor program.”

– CPS Director

Another director shared an example of how having access to and regularly analyzing data helped them make more informed programming decisions. The director discussed considering the elimination of a junior achievement program because it required substantial time and effort from the staff. However, upon review of academic data for students in the program, they found substantially increased math scores, so they are now considering expanding the program.

Junior Achievement’s a great program but it was a lot of work for us to push it into the classroom, constant work with teachers and administration. So at the end of the school year, when I’m taking a look at all the programs, and I’m like, how much effort are we putting into all these programs, I was like, let’s get rid of J.A., because it’s a great program but so much work. Well, we looked at those findings and the iMath scores went through the roof and so we knew that the J.A. program couldn’t go anywhere. In fact, let’s put it in all the classrooms.

– CPS Director

Directors discussed how programming and student administrative data could also be used for funding opportunities. Having this information allowed directors to show funders the impact of CPS programming. Beyond looking at data for a specific school, one director shared their appreciation for being able to compare data among CPS schools that were using Learning Circle. They were interested in comparing data between CPS and non-CPS schools with similar demographics to better understand the impact of CPS implementation.

Promising Practice: Coordination Among Teams and Partners. Sites discussed strategies like having overlapping data and operations teams. In such cases, directors said this helped to streamline the work of collecting, processing, and using data. For example, during data and operations team meetings, the agenda started with discussing data and analysis, and then went into how to operationalize the findings to accomplish goals. Another site director said that CPS staff use a weekly tracker to monitor data in ongoing programs.

Pressing Needs: Data Analysis Support. Directors from all the sites said that they received substantial support from their nonprofit partner in analyzing and interpreting data, and that they would struggle with these tasks without this support. Most of the CPS directors discussed receiving analysis support from their nonprofit data team through monthly meetings, one-on-one assistance, and systems created to help directors prepare reports for UCF. However, directors shared that even more support was needed, noting a lack of training and experience in data analysis, limited time because of their many other responsibilities, and the nonprofit's limited capacity to support many sites. Three of the directors indicated that it would be helpful to have a dedicated staff member to focus on data analysis. The directors we interviewed said that they were often asked about data analysis by directors who were supported by different nonprofit partners and did not receive the same supports from their nonprofits as the schools supported by CHS did.

D. Processes for Service Referrals

We asked each director to describe their site's service referral process to help students and families enroll in programming and services. Directors discussed how referrals were initiated at CPS sites; the referral process, including who is most frequently involved in the process; and efficiencies in and barriers to completing successful service referrals.

Initiating Referrals. Referrals at any site could be initiated by teachers, school staff, parents, and community members. In two of the sites, teachers were able to make referrals directly to CPS staff, or parents could self-refer using a QR code or paper form. At the other two sites, teachers could make referrals directly by using a paper form, or family members could come to the CPS "Hub" to self-refer by using the site's laptop. Two sites described having additional teams involved with making referrals. In one school, a "problem-solving team" met with

families during other student services efforts, for example, an Individualized Education Plan meeting, to share about programs and services. In another school, a multi-tiered system of supports team met weekly to identify students with academic, mental health, food, clothing, or other needs. One site director shared that close ties to community leaders helped them identify additional needs. They emphasized how close connections in the community were beneficial because the site serves a district with multiple schools.

Referral Processing and Staff Engagement. All sites stressed the importance of having multiple staff members involved in the referral tracking process, using clear tracking systems to receive referrals and ensuring timely responses. In most schools, referrals came directly to the CPS director, family and community engagement (FACE) coordinators, and wellness coordinators. One director stressed that having referrals come to all three CPS staff members helped ensure a faster response compared to having only one person review referrals. Another director emphasized the importance of the CPS team responding within 24–48 hours of a request to ensure that student and family needs were being met. At this school, a CPS team member first reaches out to the teacher or person who made a referral and then calls the parent within 48 hours. This CPS staff member is then responsible for keeping staff involved in the initial referral and updating them throughout the process.

Promising Practices: Referral Process Efficiencies. Directors shared strategies for improving referral processes, such as including multiple staff, using tailored tracking systems, providing access to health and academic databases, and ensuring that all staff were aware of the services offered at the site.

Engaging Multiple Staff Members in Referrals and Using Tailored Tracking Systems: One director said that, previously, behavioral health referrals had been taking too long, and some students were falling through the cracks and experiencing delays in receiving needed services. This site was using spreadsheets and piloting the use of Learning Circle for overall referrals, and then it integrated the use of Google Drive to ensure that key staff—including the guidance counselor, principal, assistant principal, CPS director, and wellness coordinator—could be part of tracking the referrals. They also established a new referral data tracking system that captured when referrals were received, how many times a person was contacted, how they were contacted, and parent responses, to ensure that everything was on track and that the full team could see the resulting actions.

Database Access: At another site, the wellness coordinator was employed by the health partner and had access to both the health and academic databases, while the CPS director and FACE coordinator had access only to the academic database through their employer. Access to both systems among team members was helpful for tracking referrals. For example, if a student

was receiving a referral for vision services, the wellness director could see information in both databases, including demographic information from the district database to contact the student's parents.

Informed School Community: Finally, directors shared that, for referrals to work effectively, everyone in the school had to be aware of the services available.

“Staff have to be familiar with CPS services. The whole school needs to be aware. The community needs to know.... The key part is information, so everyone knows what CPS does. The staff play a huge role in referrals.”

– CPS Director

Barriers to Service Referrals. According to directors, the greatest challenges with service referrals were (a) lack of consistency for teachers making referrals and their awareness of services offered, (b) parents declining services, and (c) consistency in following through on referrals to build trust with parents and the school community. **Teacher referrals:** Directors discussed challenges with both veteran and new teachers. Two directors shared that more veteran teachers were already connected with other services and would sometimes directly refer students and families instead of using the CPS referral process. In this situation, the CPS team would not necessarily know that students had been connected to the services and the CPS team might not be connected with the service providers. Although they mentioned that newer teachers might submit more referrals, these newer teachers might not be as familiar with all services available. This caused issues with teachers either not knowing there were resources available for certain families or overpromising on the scope of services available. According to one CPS director:

“Teachers who have seen the presentation [about services and the referral process] but haven't gone through the process might promise something to the parent that CPS doesn't do, and then the parent says that they heard that CPS does this, and it creates problems.”

– CPS Director

Uptake of Service Provision: Another challenge mentioned across the four sites was that, although referrals and a connection to resources might be made, it was still up to the parent to accept the provision of services. Lack of trust in the school system or truly free services may have caused parents to decline a referral for services. One director gave an example in which a guidance counselor found out that a child was in a house with limited access to food. After the CPS team followed through with the service referral, the parent declined the resources.

Developing Trust: CPS directors also emphasized the need to consistently follow up on referrals to promote trust in the referral system in order to meet the needs of students and families. If referrals took too long to process or were not eventually followed up, there was a sense that the CPS team would receive fewer referrals over time.

“If we don’t follow up on services and referrals, then teachers, secretaries, and parents won’t believe in the services and won’t bother with making a referral in the future.”

– CPS Director

E. Data Sharing

All sites had established data-sharing agreements between the nonprofit and district partners. However, data-sharing agreements did not guarantee access for all CPS staff, including directors and coordinators, particularly to school-based data platforms such as Focus or eSchool. As a result, accessing data was still reported as cumbersome at some sites. Health care partners’ adherence to HIPAA rules also impeded their ability to share patient data easily with staff outside their organization.

Promising Practice: Staffing and Data Access. Some community partnership schools reported hiring a wellness coordinator who was an employee of the medical partner, which gave at least one person on the CPS team access to patient data that could be communicated to other partners’ staff. Similarly, other sites reported having an expanded learning or family engagement coordinator employed by the school district who could access student data for other CPS partners.

Using Shared Data. Directors reported that a significant component of using shared data was communal sensemaking of the collected information. The process of sharing program data, student outcome data, and referral data at each site involved reviewing data from each partner at cabinet meetings and then holding smaller meetings with key personnel to monitor specific outcomes such as student behavior and case management. Directors also discussed the need during cabinet and other meetings for all partners to discuss and understand each other’s data. One director indicated that the health partner looked at wellness data but also needed to be aware of how other data, such as school district data, could impact their work. For example, it was helpful for the health partner to understand how parental consent rates in the school district had implications for health service access and use.

F. Learning Circle

Directors found the Learning Circle application to be cumbersome to use and identified potential efficiencies and improvements to consider in the future. Although the directors

spoke about the value of having a data dashboard and that access to data was necessary to make informed decisions at their sites, they also said there were still significant challenges with using the Learning Circle platform as intended. Directors appreciated being able to look at data for many CPS sites using Learning Circle. One director shared that they used the Learning Circle platform to compare data across CPS sites and identify which schools were doing well with certain pillars and which could provide support or suggestions for areas of programming that had room for growth. This would enable the director to follow up with schools that were performing well in specific areas. The director also appreciated using the Learning Circle dashboard to see a clear picture of how close the CPS site was to meeting specific goals instead of just looking at the numbers. As indicated earlier, sites regularly used data in the Learning Circle platform to monitor the progress of CPS initiative implementation.

Some of the primary challenges for using Learning Circle were (a) lack of universal access to the platform for partners, (b) the amount of effort needed to learn to use the system, (c) data entry into multiple platforms and the lack of communication between data platforms, and (d) inaccurate data or data that were not timely. **System access.** Directors indicated that the four key partners had limited access to the software. At three of the four schools we spoke with, only nonprofit employees had access to the Learning Circle platform, creating a barrier to data access and sharing with other site partners. **Report features.** Directors also reported piloting Learning Circle to track attendance, wellness services, and academics. However, they found the platform was not intuitive to use and that certain features, such as running reports, were not user friendly. In addition, directors could not run their own reports; instead, they had to request reports from Learning Circle staff, thus creating time inefficiencies. **Using multiple data systems.** Directors discussed the need to use multiple data systems. For example, one director said that the current district-based data system was already working well, so that director did not want to have to also use Learning Circle. Another director said that they had to use multiple data systems, including Learning Circle and others, to track enrichment program attendance, and that would like that process to be streamlined in one place. A third director also shared that there was resistance from some staff to entering the same data into multiple systems, some required by their employer or the school district, and then into the Learning Circle system. One director described resistance to entering data into multiple systems for some school-based staff.

“It’s like we can’t get out of our own way to try to communicate better. And so, I mean, honestly, even if Learning Circle is perfect, it doesn’t translate. You’re never going to teach a social worker to have to do two things like that. I mean, they already have to put it in FOCUS. You know what I mean? I mean, it’s just like too much work. So why would they do that?”

– CPS Director

Another director suggested that integrating Learning Circle with existing school data software could eliminate the need to enter information in two systems and enable partners to share data more easily. **Data inaccuracies.** Two directors noted that Learning Circle had inaccurate data and illogical formulas that calculated potentially skewed results. For example, at one site, the Learning Circle platform was counting students who came to school late as absences instead of tardies. As a result of this system glitch, coordinators had been making absence inquiry phone calls to parents whose children were in school that day; they were just late arrivals. This resulted in the director's lack of confidence in absence data on Learning Circle. **Training.** Directors indicated they would like more training on the Learning Circle platform in the future. One director acknowledged that the live tutorials available for training were helpful, but they would like a resource they could reference on their own time, such as a hard-copy guidebook.

G. Conclusion

This report summarizes our analysis of data-sharing processes and use in schools that have been using Learning Circle for consent processes, service referrals, needs assessments, and data analysis and use. Through this research, we have identified promising strategies, challenges, and recommendations to promote data sharing in CPS sites. In the following sections, we highlight some of the primary promising practices and pressing challenges these sites were facing.

Promising Practices. Overall, the promising practices we identified included the following:

- Strategies at each school to **obtain consent** for programs and services that worked in the context of the school community and student population. For example, using opt-out forms for highly mobile populations, administering consent forms at school events, reviewing consent terms to avoid overreach, and combining forms for multiple programs to streamline the consent process for caregivers.
- Offering multiple avenues for making **service referrals** or self-referring, for example with QR codes and paper forms; developing structured systems for tracking referrals; and including multiple key staff in processing and reviewing referrals and providing consistent training for teachers to encourage teacher-initiated referrals.
- Strategically staffing CPS teams to ensure **access to partners' data systems**; for example, CPS coordinators who were employed by the health partner or school district and had direct access to those databases.
- Accessing support from the nonprofit partner's data team and **intentionally staffing overlapping** data and operations teams for greater efficiency.

Challenges. The key challenges that directors shared with our research team included these:

- Lack of clarity regarding the university partner role in conducting **needs assessments** and the support needed to learn the best way to apply findings.
- Supports for **monitoring the progress of programs**, including data collection and analysis, to assess progress in real time and apply actionable findings in a timely manner.
- Lack of structure or expectations in **assessing program quality** across sites, and the lack of a standard protocol for collecting data on programs to enable comparison.
- Using the Learning Circle platform and a lack of trust in data accuracy.
- Needed support from the UCF Center in terms of data analysis and sensemaking to support continuous improvement and data-based decision making.

H. Recommendations

On the basis of the findings of this evaluation detailed above, we make the following recommendations to improve data sharing, referral processes, and processes to support continuous improvement at all CPS sites:

- **Highlight and share good practices for streamlining service referral processes.** We highlight in this report several practices and approaches that worked well for service referrals. Other sites would benefit from hearing about these models as they consider how to improve their own processes and systems.
- **Providing more clarity on the role of university partners in conducting needs assessments.** There does not appear to be clear guidance about the expectation of one partner taking responsibility for completing the needs assessment. Additionally, the approach to completing the needs assessment (e.g., what data must be collected, how to analyze data, and suggestions for applying findings) varied between sites and partners. Developing clear guidance for sites on who should be responsible for providing the resources needed and further defining the parameters of the needs assessment itself could mitigate some of the related challenges for sites.
- **Develop standardized protocols and data-collection tools for program progress and quality monitoring.** There appeared to be a lack of standardization of the process and expectations for progress and quality monitoring. Standardized data collection tools (e.g., surveys, interview protocols, observation protocols) and a structured process for continuously monitoring both program progress and quality would greatly contribute to ensuring continuous improvement at CPS sites. For example, during the preceding contract, AIR made recommendations as part of the performance indicator development process related to specific survey items that could be adopted by the initiative, and

recommendations related to the adoption of possible observation measures were included in the previous evaluation report. If UCF is interested, steps could be taken to revisit and supplement these recommendations in the interest of moving the standardization process forward.

- **Enhance systems for data sharing and integration.** Additional supports for sites to establish **common data-sharing agreements across partners** and efforts to enhance the **integration of data collection systems**, such as Learning Circle, could be important investments to ensure that partners can collaborate and support continuous improvement in programming. To further this effort, it appears that some new or more detailed frameworks need to be developed that guide (a) which data about students and families can be shared among partners and (b) how those data will be shared. This effort should include plans for reducing redundant data entry; where investments should be made to formally connect systems; and where some data are shared only periodically or in aggregated forms given the time, expense, and confidentiality, concerns regarding sharing individual-level data more frequently. We also wonder whether there is a need to adopt a centralized referral system that facilitates the connections of students and families to resources and enables a better understanding of which providers a student and family are connected with while also preserving student and family confidentiality regarding the specific details of service provision.
- **Improve support for data analysis and interpretation.** In some cases, sites seem to have the support of their nonprofit partner in analyzing and interpreting both programmatic and outcome data. UCF may consider replicating these efforts for sites where partner agencies are not fulfilling this role. Support in data analysis and interpretation is vital to ensuring continuous improvement for sites. Also, in theory, the reporting available through Learning Circle should both enhance site access to key metrics and facilitate efforts to understand key data as they relate to student needs, service provision, and improvement in student outcomes. More effort may be needed to assess the efficacy of these reports and provide supports for initiative staff to make use of this information to inform improvement and refinement efforts.

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