

CDPH Program Update

California Home Visiting Program (CHVP)

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Mission of CHVP

The *mission* of California Home Visiting Program (CHVP) is to provide leadership for integrated, collaborative, high-quality, maternal and early childhood interventions across multiple systems of health and human services to address the complex needs of diverse families throughout California.

Main Program Activities

- **Purpose of CHVP**

- Voluntary program that pairs at-risk new and expectant parents with public health nurses or para-professionals who provide:
 - Assistance and education to have a healthy pregnancy and delivery
 - Comprehensive, coordinated in-home services to promote positive parenting and assistance to independently raise children
- Screen, link and refer families to local, community-based services
- Improve outcomes for families residing in identified at-risk communities

- **Frequency of home visits:**

- Once/week during pregnancy and for the first 6 months of the infant's life; then every other week until the child is 2-5 years old



Main Program Activities (cont.)

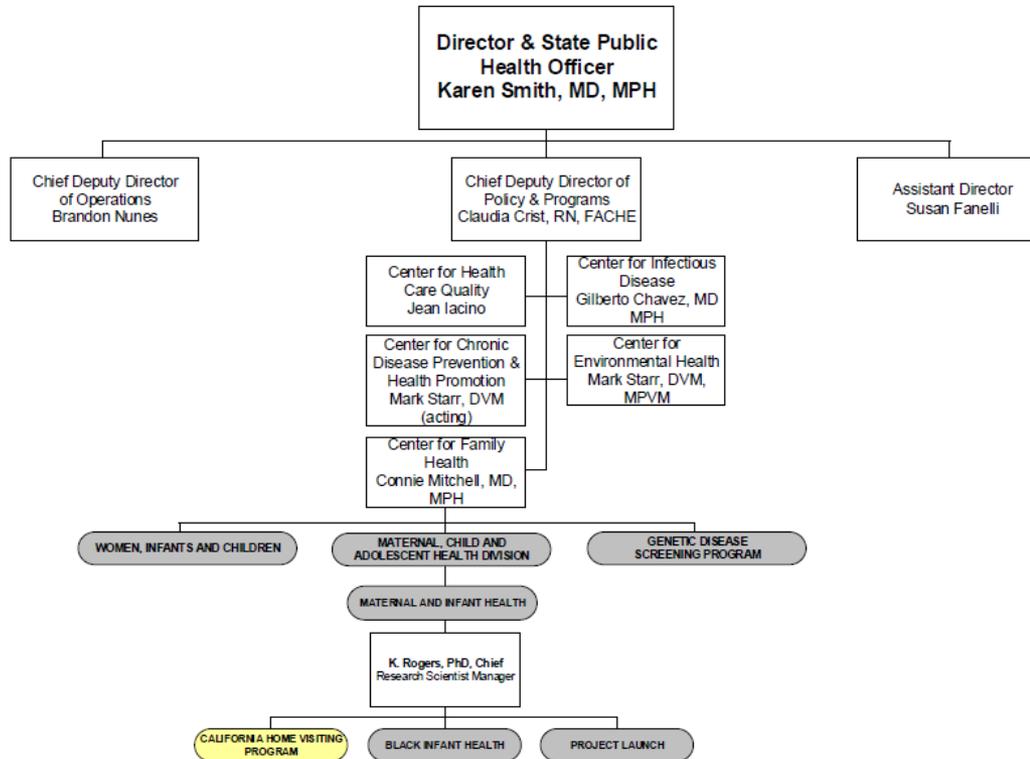
- **State Responsibility**

- Continuous monitoring of CHVP sites
- Annual federal reporting on federally-mandated Benchmarks
- Maintenance of Statewide Data System
 - Live, real-time; Over 1,000 variables
- Continuous Quality Improvement
- Systems Integration Efforts

Program Org Chart



California Department of Public Health
Center for Family Health
Maternal, Child and Adolescent Health Division
Maternal and Infant Health Branch



Federal Program Priority Populations

- Families in at-risk communities
- Low-income families
- Pregnant women under age 21
- Families with a history of child abuse or neglect
- Families with a history of substance abuse
- Families that have users of tobacco in the home
- Families with children with low student achievement
- Families with children with developmental delays or disabilities
- Families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments

Program Priorities and Federal Mandates

- **6 Benchmarks**

1. Improve Maternal and Newborn Health
2. Prevent Child Injuries, Child Abuse, Neglect or Maltreatment and Reduce of ED Visits
3. Improve School Readiness and Achievements
4. Reduce Domestic Violence
5. Increase Family Economic Self-Sufficiency
6. Increase the Coordination and Referrals to Community Resources, Social Services and Support (e.g., Housing, Transportation, Mental Health, Substance Abuse Treatment, WIC, Medicaid/Medi-Cal, etc.)



Evidence-Based Outcomes

- Mothers who have access to home visiting services had lower rates of:
 - Pregnancy induced hypertension & complications during pregnancy
 - Preterm first births and low birth weight births
 - Emergency department visits for mother and/or child
 - Smoking during pregnancy
 - Infant deaths
 - Maternal depression
 - Child abuse and neglect
- Mothers who have access to home visiting services had higher rates of:
 - Breastfeeding
 - Child immunizations

Program Funding and Restrictions

- **Program funding:**

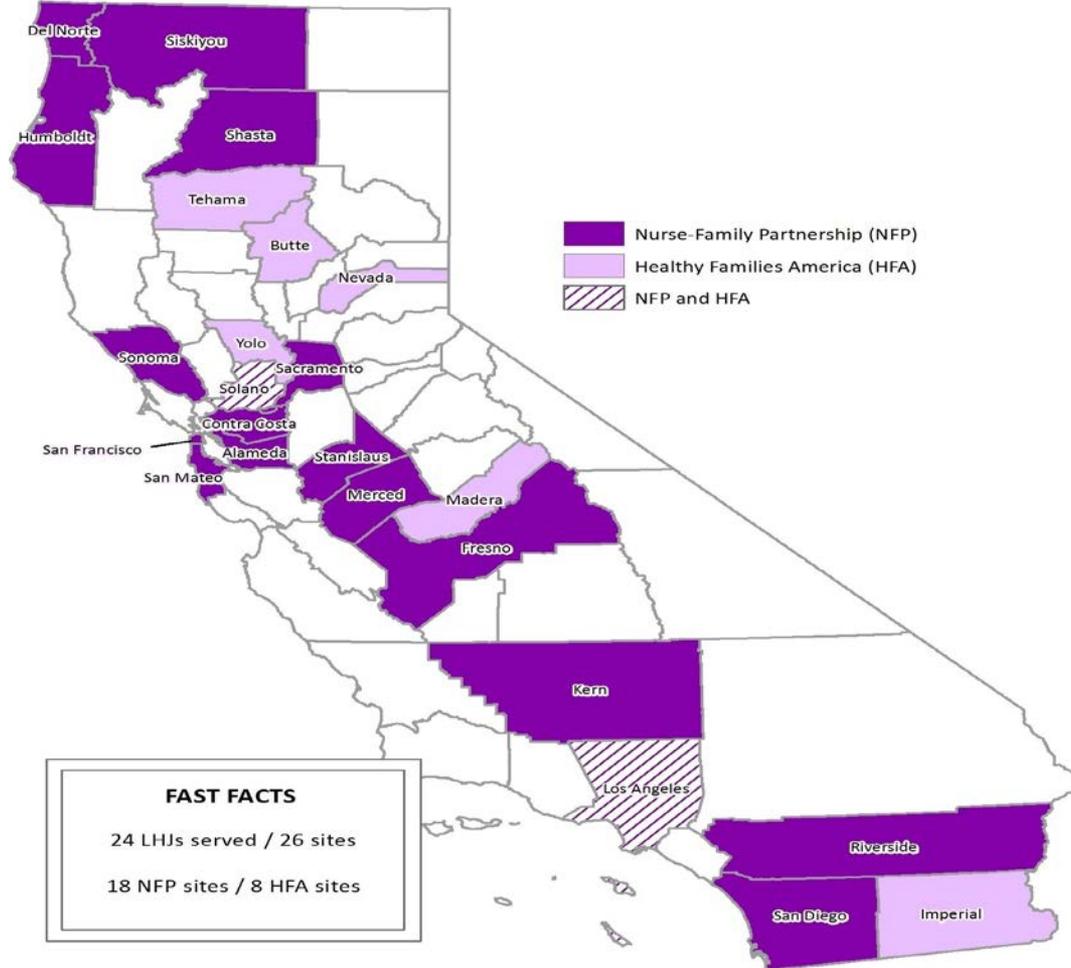
- The Health Resources and Services Administration (HRSA) funds the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program

- **Funding restricted to one or more of the federally approved models. California selected:**

- Nurse Family Partnership model: Must be first time moms living in poverty and enrolled in program by 28 weeks gestation; Must exit when child is 2 year of age; Home visitors must be PHNs
- Health Families America model: Women must be at high-risk for ACEs, history of trauma, IPV and/or mental health/substance abuse issues; Enroll prenatally or soon after birth; Do not have to be first time moms; Must exit when child is 5 years of age; Home visitors are professionals or para-professionals

California Home Visiting Program

MAP



Relationship with Local Health Departments (LHDs)

- **20 CHVP sites are housed in LHDs**
 - 1 of the 20 is housed in a high school and overseen by the LHD
 - 4 additional sites are housed with CBOs (subcontractors to LHDs)
- **Rigorous Continuous Quality Improvement**
 - MCAH Directors in LHDs, home visitors and supervisors are involved in CQI efforts to maintain model fidelity and monitor federal Benchmarks/Constructs
- **System integration efforts with LHDs**
 - Collaboration to achieve:
 - Blend/braid funding to increase home visiting reach
 - Non-duplication of services at the local level
 - Housing; high school credits; mental health services; transportation

MCAH's Expectations of Physician Oversight of CHVP

- No expectations of physician oversight of the home visitors or the program
- Local oversight is provided by MCAH Directors
 - Monitor overall adherence to model fidelity
 - Assure home visitors routinely receive “reflective supervision” from their supervisors/managers
 - Work closely with home visiting supervisors/managers to ensure accountability and compliance
 - Manage the budget for their local home visiting programs
- Home visitors and programs are monitored by their respective national models and by CHVP

Questions for Discussion

- How can we better message to local health care providers about this evidence-based program for high-risk pregnant and newly parenting women in your LHD?
- Local health care providers continue to struggle with providing services to an increasing Medi-Cal population and are referring to EDs for well-child visits in increasing numbers
 - Can CCLHO assist with this growing concern?

Contact Information

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<http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>

