

California Home Visiting Program Bi-Monthly Conference Call

Meeting Minutes
Thursday, July 10, 2014
1:30 p.m. – 3:00 p.m.



Participants: MCAH Directors and Coordinators of MIECHV Funded Programs

Meeting Facilitator: Kristen Rogers

I. General Updates

- a. CDPH and MCAH Management Changes (Kristen)
 - i. There will be a new Director for the Center for Family Health and a new Acting Director for the MCAH Division. These changes will be formally announced Monday, July 14, 2014.
- b. The Formula Grant FOA and the Competitive Grant FOA release dates
 - i. New grant funding is coming out. The federal government has told the states that the FOAs for a new Formula Grant and a new Competitive Grant are coming out in August and September. This is a delay from the July release date.
 - ii. Due Date: 30 days after receipt of each FOA.
Start Date for both Grants: March 1, 2015.
End Date for both Grants: September 30, 2017.
 - iii. We don't have any guidance for either of these Grants. What we have learned is that these are for expansion which could mean to expand existing sites or expand to new sites. No questions were raised.

II. Updates from the Program and Evaluation Sections

- a. AFA Packets/SOW (Erika Trainer)
 - i. We have completed our revisions to the Scope of Work. We will send that out to you either the end of this week or the first of next week. The AFA Packets are being assembled and should also be sent out soon. We don't have an exact timeline yet. The funding level should remain relatively stable. We are not anticipating any major cuts to anything at this time. It was discussed and determined that, in addition to the MCAH Directors, the Site Coordinators will also receive a copy of the AFA packets.
 - ii. The idea to include a Policy Letter with the AFA packets, giving sites guidance to drawing down funds for home visiting was raised and discussed. Mary Hansel thought it would be helpful to review that CHVP funds, being federal funds, cannot be used for a match to federal financial participation (FFP). A program can use a draw down or match funding through MCAH to support a non-federally funded, independent NFP program or other Home Visiting Programs. It's the same as any other set of eligible activities; it has to be determined which aspects of it are supportable through Medi-Cal or through FFP.

Kristen concluded that rather than come from CHVP, the guidance should come from the MCAH Division and she will work with Laurel on this issue. It will probably not come out with the AFA packets, but at a later date from the MCAH Division. There were no further questions.

b. Local Site's Progress Report (Karen Shevlin)

- i. On June 27th we sent out the new *Progress Report*, replacing both the *Supervisor Quarterly Report* and the *Annual Progress Report*.
- ii. Sites will be doing 3 Progress Reports per year. The first Progress Report will be due July 31st. Noted on the top of the current *Progress Report* is the reporting period of January 1, 2014 through June 30, 2014. This due date is because CHVP waived the last *Supervisor Quarterly Report*. This particular *Progress Report* is actually capturing a 6-month period. All *Progress Reports* in the future will depict a 4-month period and will be on the State Fiscal Year Calendar.

c. Updated Staffing Report (Karen Shevlin)

- i. Included with the new *Progress Report* is the updated *Staffing Report*. It should capture the last 12-month period.

d. Questions and Answers about the Forms (Karen Shevlin)

- *Staffing Report*; what does the end date mean? The end date means the date that staff leaves service – the period between the start date and the end date should capture the duration of the staff's CHVP employment.
- Deadlines and Due Dates on the *Progress Report* were discussed. The dates are:
 - July 31, 2014 (Current)
 - November 30, 2014
 - March 31, 2015
 - July 31, 2015
- The difference between curriculum and material was brought up; the *Progress Report* asked for an update on anything added to the program. It can be curriculum and any other material secured. When CHVP says curriculum, it means:
 - Education material;
 - Client support material; and
 - Materials obtained at a Conference, Summit or training.

It was agreed that it is anything new that augments the curriculum. The Counties gave great examples, i.e., Nevada purchased interactive toys and materials that augment the curriculum; LA interpreted a *Certified Lactation Educator* curriculum with certification at the end; *Parent Child Interaction Therapy* (PCIT) training qualified as curriculum and was added this year. Solano added *Maternal Mental Health*, even though they haven't taken the course yet, because it is approved through NFP and *Dance* is included showing they have integrated that into the program; Shasta and Sacramento added *Period of Purple Crying* because it is approved by NFP; Merced added the new *Breastfeeding Facilitators* from the NFP website.

- National Model Developer referred to on the *Progress Report* was confirmed as being either NFP NSO or HFA NO.

- The meaning of technical assistance asked on the *Progress Report* was considered and questioned. Kristen resolved the problem by explaining that the larger sites, like Los Angeles, should highlight things that are more important than the routine calls for assistance, and those sites that don't have any big highlights can just give the routine examples. Karen stated that typically this will only be a 4-month period and each *Progress Report* will have different questions. Erika Trainer explained that this particular *Progress Report* is based on questions we received from the Federal Government when we fill out Grant applications. When FOAs are released we need this information to assist us in writing the Grant. In the future, there will only be about 5 or 6 questions, and as soon as we finalize these questions we will get them out to the sites, giving everyone more time to prepare. Kristen stated that we are trying to streamline and take the burden off of the sites. This is a federal need and we plan to ask this question (on technical assistance) once a year.
- Joyce Ash from Nevada County commented that they really like the new reports much better than the previous reports.
- Adding attachments of vignettes with pictures was brought up. Kristen stated that as long as permission has been granted by the families and a release form is signed, then please add the attachments. The federal government likes to receive vignettes with pictures. It was agreed that these could be attached or included with the *Progress Report*.

e. Service Provider Survey (Robin Pleau)

- i. The *Service Provider Survey* went out with the *Progress Report*. The *Survey* is almost identical to the one that was sent out last year, and each site's survey is populated with service provider names taken from ETO. The *Survey* collects MIECHV Benchmark data around collaborative agreements and points of contact. It is due on July 31st, the same date as the *Progress Report*.
- ii. Clarifying Questions about the *Service Provider Survey*
 - If you need to add a provider for the purposes of this survey, add it to the bottom of the list, highlight the name, and answer the four questions about that particular organization.
 - Any permanent changes to service provider names and lists in ETO should be sent to DataHelp, using the normal ongoing process for adding, deleting and updating provider information throughout the year.
 - Please do not delete any service provider names.

f. Mental Health Services for Home Visiting Clients, Follow-up (Jennifer Gregson)

- The Mental Health issue was discussed in May and was continued at the most recent CHVP SIT Meeting. We had Autum Valerio from the California Institute of Mental Health join us for that call.
- Mental Health will also be discussed at the next CHVP SIT home visiting meeting. Someone from the Mental Health Services Division (MHSD) at Medi-Cal. Will be thee to discuss the Behavioral Health Forums, and how Home Visiting can get our clients' issues

*****new information, FYI***Background Notes on Behavioral Health Forums, from July 21, 2014 Forum**

Major organizational changes have resulted from the expansion of the Mental Health Services Act and the Affordable Care Act. The Department of Mental Health moved community mental health programs under DHCS, creating the Mental Health Services Division (MHSD). DHCS also now oversees the former Department of Alcohol and Drug Substance Use Disorder (SUD) compliance division, and the SUD Prevention, Treatment and Recovery Services Division. Services are combined under DHCS Deputy Director Karen Baylor as the Mental Health and Substance Use Disorder Services, reporting directly to Director Toby Douglas. As a result of these organizational changes, stakeholders have expressed concern that behavioral health issues might not rise to the level of importance as when the departments were independent. DHCS has begun to address these concerns through the creation of the Behavioral Health Forum. The Forum's official Kick-Off was held March 24, 2014.

- For reference on the meetings and stakeholder input process, May 6 2014 and prior: <http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-PreviousMeetings.aspx>
- Click here to see most recent agenda (July 21, 2014) and what issues are prioritized based on stakeholder comments (“charters”); home visiting concerns are most closely addressed in the “Strengthen” group: <http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

The current priorities the DHCS forum has identified that are relevant to MCH and home visiting are (more detail is on the summary and the website):

- Autism Spectrum Disorder treatment.
- Out of County Mental Health Services. Foster children placed out-of-county had a lower rate of mental health services provided when compared to children served in their counties of origin (county of jurisdiction).
- Continue to Implement the Katie A. Lawsuit settlement agreement: improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. The settlement agreement requires that three services be provided to eligible children and youth who meet Katie A. subclass criteria: these services are Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Foster Care (TFC) services (once federally approved as a Medicaid service).

This process is open for public feedback that can raise awareness around unmet needs for Mental Health Services for Home Visiting Clients.

- g. The CQI Process Overview (Jennifer Gregson)
 - There have been a lot of staff changes, regrouping here at CHVP.
 - CQI calls will probably start in September.
 - We are doing a self critique of what is helpful, what is not; federal government requires that we have a CQI process, but how we do that is really up to us.
 - The most important thing is that it is effective and helpful to sites.
 - When CQI calls resume, part of the discussion will include the feedback we have gotten from you.
- h. Acknowledgements (Kristen)

- i. Kristen wants to include individual and site accomplishments into these bimonthly calls. Please let Kristen know if you have any milestones that you can share. She congratulated Nevada County, Joyce Ash and her crew for passing the HFA Accreditation.
- ii. Kristen acknowledged that Dawn Dailey from Contra Costa had a couple of awards. She received a County Service Excellence award for the work surrounding the NFP in their jurisdiction; and she was honored by the Alpha Theta Chapter Sigma Beta Tau Honor Society for Nurses International for being one of the 50 Nurse leaders this year.
- iii. Mary Hansel, from San Francisco, announced that Diane Beetham has started her tenure as President of Directors of Public Health Nursing in the State of California. Prior, she served 3 years on the Executive Committee that provides leadership to public health nursing in California.
- iv. Kristen shared her recent experience representing the federal government and CHVP in China. She provided the Chinese government with information on starting up Home Visiting in Beijing. She brought a lot of information about the data system and collecting data; how it is done and how programs are evaluated. The Director for the State of Iowa presented the programmatic start-up information as well. Home Visiting in China is at the infancy stage. Kristen was chosen because the federal government continues to look to California as being top ranked among the nation. And that's congratulation to all of you! It is because of all the work you are doing!

III. Discussion: Head Start and transitioning families out of home visiting

(A narrative version of the discussion is available upon request.)

Shasta (Denise Hobbs)

- Early on, there was confusion about why a nurse home visiting program was needed in addition to existing paraprofessional programs
- Included the other (three) programs on the NFP CAB
- Developed a home visiting decision tree to see how best to meet client's needs
- NFP met with Head Start Director, went over curriculum
- Brought NFP and Head Start staff together so they could better understand the respective programs. Now, home visitors feel comfortably saying "that is a good topic to bring up with EHS/NFP"
- Concerned about a gap between age 2, when NFP ended, and age 3 when Head Start begins.
- Transitioned 15-18 month old toddlers in NFP into Head Start so they would already be enrolled upon NFP graduation.
- Next step is a letter of support, or updating a county MOU.

Contra Costa (Dawn Dailey)

- Developing an interagency agreement with EHS. (acknowledges Denise)
- EHS is operated by another county agency, which is helpful.
- Concerned about the gap between ages 2 and 3.
- EHS director attended community presentation about NFP, got endorsement that NFP meets educational criteria for EHS.
- EHS participated in early MIECHV activities (Request for Supplemental Information)

- EHS director participates in CAB.
- Stays in touch with EHS director, updates progress on the children.
- To avoid waiting lists, NFP clients are screened for eligibility at 9 months.
- At 12 months NFP nurses send a transmittal form to EHS, and EHS sends an enrollment packet so nurses can discuss the transition with clients. NFP clients are granted “transfer” status and put at the top of a waiting list; nurses are notified of openings.
- Want to create a warm transition from NFP to center-based EHS; planning a pre-site visit with the nurse with transportation provided by EHS.
- Worked with EHS Director to determine entry target age of 16-18 months, so they can be with a 1:4 ratio with the teacher- more comfortable transition than 1:18 for toddlers
- Coordination will include annual meetings with managers, arranging case conferences with NFP nurses and center-based staff
- Write into the interagency agreement respective directors of each agency Head Start/Early Head Start, NFP will participate in respective advisory boards of each agency

Solano (Nancy Calvo, Shari Garger)

- Our department had an existing MOU for other home visiting programs so when we were launching NFP and creating CAB we had EHS agency (Child Start) be a member of the CAB.
- EHS was part of planning the continuum of home visiting service in our county.
- Determine eligibility for EHS when NFP clients are 1 ½ years, EHS home based goes until age 3, and then center based at 3.
- NFP client completes application; NFP nurse just faxes over a referral, and
- Currently exploring if NFP nurses can be paid through EHS

Q & A

Is there a similar relationship for HFA?

- HFA program is newer so the timing to explore those relationships is a little soon
- Would need to clarify the roles of HFA and EHS, similar to how roles of NFP and EHS have been clarified.