

California Home Visiting Program Monthly Conference Call



Meeting Minutes

Thursday, October 10, 2013

1:30 p.m. – 3:00 p.m.

Participants: MCAH Directors and Coordinators of MIECHV Funded Programs

Meeting Facilitator: Chris Krawczyk

I. General Updates – Chris Krawczyk

a. **Client Enrollment and Implementation:** 1,739 families have enrolled in CHVP with 1,415 currently enrolled. A total of 17,432 home visits have been conducted.

II. HRSA Audit – Chris Krawczyk

a. **Staff Time:** Track staff time to grants. Actual staff times are supposed to be documented and labor charges are supposed to be accurate. At the end of the pay period, every staff member has to document and track time tied to the funding source. Signatures are required by each staff member. CHVP will find out from HRSA if electronic signatures are permitted.

b. **Tracking General Expenses:** Separate by funding source. This applies to sites that are subcontracting. Blended funding could pose a challenge. Check out the webinar for specific details on blended funding. The webinar also mentions subcontracting. If you still have questions, let your QA team know and we will seek answers for you.

III. California Home Visiting Summit Feedback – Chris Krawczyk

a. **Solano County:** Shari Garger appreciated Dr. Willis and Dr. Deborah Daro speaking. It was helpful that home visitors were given the opportunity to hear these presentations. Shari also noted her appreciation for the pace of the meeting, the variety of the content and wrapping up at 4 p.m.

b. **Antelope Valley:** Michelle Frick appreciated the summit and would love to see it annually. Michelle felt the assessment workers would benefit from this training as well. Michelle also said the pace was perfect and the speakers were “phenomenal.” Lisa Jo Melville was pleased that the PowerPoints and handouts would be available on the website after the conference ended so that she didn’t need to

transport materials back home. She also noted that Miriam Silverman's presentation was exceptional.

- c. **San Francisco County:** Mary Hansell appreciated the summit and the opportunity to receive a “refresher” on some of the research. She felt a summit every 2-3 years would be a great benefit. She also added that a training that offered regional travel would be helpful. She also felt the MCAH staff from other programs would have benefited from the information presented at the summit.
- d. **Alameda County:** Anna Gruver said the summit went well and the pace was perfect. She loved the plenary speakers and appreciated the broad conversation on the topic of home visiting that included State, local, community-based organizations and First 5. She appreciated the collaborative focus of the summit and the time allotted for groups to get together. She felt the quality of the speakers and panels was “excellent” and that the pacing was on target.

IV. High Acuity Clients Presentation: Michelle Frick presented Antelope Valley's efforts to manage high acuity clients. The presentation began with Family Assessment Worker Cheyenne Diermert sharing the intake process: The parent survey involves a full hour conversation. This is a time to learn of the risks facing the parent, learn how staff can help them and discuss how they want to raise their children. The parent survey reviews strengths and risks, and what they want to do with their future. It concludes with a warm hand-off to the nurse. Michelle Frick added that during the intake process, Cheyenne has a consistent and close relationship with the outreach agencies. The nurse and the FAW conduct a case review meeting if they find it would be helpful. Sometimes they rehearse what conversations will take place with the family. Before the paperwork is started to enroll the family, they have an open discussion with the family. Do they have questions about the intake or about the program? Michelle said their goal is to build trust and create an alliance with the family. From the beginning, the Antelope Valley team lets them know that they are there for them. At six-months, they acknowledge the family's hard work and review the goals they have set. A family support plan is established to keep families on track and motivated. The team also offers visits beyond the home due to challenges that might arise in the home, such as a multigenerational household that doesn't approve of home visiting. They meet the family where it is comfortable for them. Michelle added that Antelope Valley raises the level of trainings so staff can better work with families. Michelle noted that 90 percent of families say they remained in the program based on that initial experience with the FAW.

V. High Acuity Director Dialogue: Angela Ramirez from Imperial County discussed their plan for managing high acuity clients by ranking case managers as 1, 2 and 3, with the highest acuity clients going to the case managers with most experience. Chris Krawczyk asked if Imperial adjusts the caseload with a smaller number of cases going to the managers who are dealing with the clients with the highest acuity. Angela responded that they do not adjust the caseload. Dawn Dailey from Contra Costa County mentioned that they no longer provide the highest acuity clients to specific case workers because of the burnout associated with managing all high-risk families. She added that geography is considered when managing caseloads from rural areas due to the travel time involved. Othello Childress from LA Unified mentioned that due to their clients all being teens with their own set of challenges, during visits “floodgates will open” and home visiting staff will spend two hours with the client. Arlene Silva from CHVP mentioned that if sites are having challenges meeting their numbers due to the quantity of high acuity clients, that she can discuss with them the possibility of lowering their numbers. They should talk with their QA teams about this. Riverside also mentioned that their staff is facing burnout as they approach 20 clients. Shari Garger from Solano County made the point that CHVP chose the highest acuity counties, and with the added challenge of reporting on benchmarks, it provides additional challenges to the nurses. Chris Krawczyk asked the sites to engage with their assigned Quality Assurance teams to identify different barriers and explore strategies to manage high acuity caseloads. Shari Garger from Solano County talked about extracting certain risk elements during client intake to determine nurse caseload assignments. Michelle Frick added that she has gathered her staff to talk about the importance of what they are doing. She said she implemented some simple solutions to assist nurses, including adding data support staff. Lynn Haskell from Butte County added that everyone is doing an excellent job reaching who they need to reach. “We are doing a great job,” she said, adding that it feels good to work toward future success rather than just “dealing with the crisis of the moment.”