

California Home Visiting Program Monthly Conference Call



Meeting Minutes

Thursday, September 13, 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:** 1,689 home visiting clients and 17,171 home visits completed. We are 500 away from our maximum enrollment in the program. Thank you, everyone!

II. Budgets and Allocations – Chris Krawczyk

a. **Staff Time:** HRSA is hosting a webinar to provide information regarding federal audits. On a prior HRSA call, it was mentioned that grantees need to track staff time at the state and local level. While we haven't put a formal tracking policy in place, we are considering several options: a time study, or giving sites the flexibility to track staff information and time as they see fit. We are introducing this idea and would like to receive feedback from you. Please talk with your QA teams regarding what would be most practical. There was a question regarding tracking time and blended funding. CHVP will present this question to HRSA. Updated information: HRSA has indicated that expenditures must be documented and distinguishable to the specific grant, and that all staff must document and sign actual hours worked to each specific grant (this also applies to staff working 1.0 FTE under just one grant).

III. Updates from the Program and Evaluation Sections

a. **MIHOPE Strong Start – Chris Krawczyk and Kristen Rogers:** The name can be confusing. MIHOPE Strong Start is an extension of the original MIHOPE national evaluation. This new evaluation is federally funded to assess the outcomes in home visiting for pregnant, Medi-Cal eligible women in HFA and/or NFP only. There is no requirement for us to participate in this evaluation and no requirement for you to participate, but we do encourage you to meet with the national evaluation team. We are only slightly involved and will assist any of our sites, if needed. Data

from the current six MIHOPE sites will automatically be included in the new MIHOPE Strong Start endeavor.

- b. Regional Meetings:** There is a lot of training on the horizon and we are hearing what you would benefit from most is to network regionally. One idea that has drawn some support is to have the spring TA Meeting, but set aside one day for sites to network regionally, creating your own agenda and facilitating yourselves. The remaining day of the meeting would then be training and technical assistance. We will put together a brief survey via Survey Monkey where you can share your feedback regarding TA, regional meetings, and networking.
- c. Client Transfer Algorithm:** We have been asked to provide more clear guidance on what has to be completed and what are the decision points when you receive a transfer or are transferring a client. CHVP has developed a document that explains this process and will release it once approved by Department.
- d. Training Updates:** We have been working to arrange for ASQ training here in California. NFP is going to provide the training to NFP sites. The UC Davis Mind Institute is providing this training to HFA sites. If your site has already had the ASQ training, you do not need to do it again. Karen Shevlin is working with UC Davis Mind Institute to set a date in November. Also, a date has been set for the HFA Core Training Integrated Strategies for Home Visiting: December 9-13, 2013. We are still working with Kate Whitaker to determine a date for the Parent Survey Assessment training. For the HOME Inventory training, we have made arrangements with Dr. Robert Bradley, the co-developer of the tool, to conduct the training in Sacramento. There is a cost and this is in your budgets this year. He will invoice the five HFA sites. There may be is an opportunity to bring this to NFP sites. Nancy Calvo expressed interest in her HFA site attending and will pay for it. If your site is interested, contact Karen Shevlin.
- e. Data Entry and Quality -** Continue with your data entry and quality. Both Catherine and Erica are working with you all to clean your data. A lot of you have done a great job already. They will continuously send out new reports over the next couple of weeks.
- f. Outreach.** We had a conference call this morning with Penny Kyler. An item that came up is outreach and collaboration with local tribal populations. CHVP encourages you to continue to collaborate with local tribal populations. If you have not yet, please involve tribal populations to participate in your CABs or arrange a meeting to share information about your program. You can document

collaborations in the systems survey and in progress reports where you identify new partnerships and collaborations.

g. Thank you, Dawn Dailey – Chris Krawczyk: CHVP is represented on a Federal level workgroup. Dawn Dailey from Contra Costa County represented all of the local implementing agencies across the nation on this expert workgroup that will identify strategies that will improve and guide MIECHV implementation in future years.

IV. Collaborating With the Community:

Pink Envelopes - Nancy Calvo, Solano County: We started several years ago working with Employment and Eligibility to improve the Medicaid process. So we formed a workgroup with Employment and Eligibility and started looking at data. It was somewhere in the area of 150 days to process the application for services for pregnant women. How can we rectify and improve our delivery time? We did a CQI project and we involved other folks to come to the table. When we disperse applications, we give people envelopes. The workgroup suggested that when we send out the Medicaid information, use pink envelopes for services for pregnant women. Every time they receive the pink envelopes, they know a baby is being born and it goes to the front of the line. We also gave workers “stork stamps.” They would stamp the envelope with a stork stamp so that it would be a priority. Within the first year, we went from over 150 days (our goal was 30) for processing applications, to averaging 29 days. We did a lot of presentations to everyone and held recognition events. This is going on our third year.

Knitted Goodies – Shari Garger, Solano County: We had a nurse that had worked in Sacramento. She told us about the Linus Foundation. This group makes blankets and donates them to community groups. We receive blankets and distribute them to our clients. We also have the Binky Patrol. They make quilts. They donate quilts to us and to regions that have experienced a natural disaster. One of the nurses had an idea that they could knit hats and blankets. We share these great items with our other programs, including Black Infant Health.

Maternity Wear – Diane Hansell, San Francisco: We have been fortunate in that NFP’s National Service Office received a clothing donation of new maternity clothing from Maternity Thyme. Assortment of tops, very nice pants with elastic band, pajama sets. We are going to get our pregnant moms together and have a little meet and greet. They will be able to select some clothing for themselves. We were just notified that Commonweal is donating \$25,000 to SF NFP. We are going to use a portion of

the funds for car seats and also scholarships for some of our mothers who may be interested in going into trade school or vocational programs after high school.

CHVP contacted NFP-NSO and was informed of the following:

- The \$25,000 donation to San Francisco was directed by an individual trustee at the Commonwealth Foundation and is not money that can be requested through a proposal. They specifically requested that SF NFP be the recipient.
- Regarding the Thyme Maternity donation via Baby Buggy, it was directed to key cities for Babies R Us and Thyme. It is possible that both Baby Buggy and Thyme Maternity would like to expand the distribution of future Thyme Maternity donations, and there will probably be an 'RFP'-type process for that donation. When more information becomes available, NFP-NSO has agreed to share that information with CHVP.
- In both of these instances the NSO had no control over the destination of the donations; they simply helped the donors to get in touch with their intended recipients. Both donors are aware that there are additional programs throughout California.

V. Q&A Session

VI. High Acuity Clients: We are having conversations with all of you. You are letting us know the impact that highly acute clients are having on managing caseload, as well as the ability to meet with clients on the frequency that is needed. The more integrated you are locally with partner organizations, it tends to reduce the impact. Also, take a look at the spacing of clients. Some sites have had success managing the workload in how they go about enrolling and triaging. In next month's Director's Call, Michelle from Antelope will share how Antelope has tackled these challenges. Solano County asked about the scope of work and outreach to military families. Chris Krawczyk responded that you should be reaching out to military families as well as tribal populations.