California Home Visiting Program
Bi-Monthly Conference Call

Meeting Agenda: Thursday, November 12, 2015
1:30 p.m. – 3:00 p.m.

Call-in Information: Number: **1-877-336-1829.** Participant Access Code: **1360376**

Type of Meeting: Conference Call with MCAH Directors and MCAH Coordinators of MIECHV Funded Programs

Meeting Facilitator: Kristen Rogers

Invitees: MCAH Directors, Coordinators, Supervisors and Program Managers

I. General Updates

a. The MCAH Directors call will now be held quarterly

b. Successful federal reporting for FFY 14/15 complete October 30, 2015

   i. Total served: 3,172 in FFY 14/15; Total home visits: 29,596 in FFY 14/15;

   ii. Total families ever served: 4,407; Total home visits: over 75,000; Current capacity 95%.

   iii. CHVP had a call with the Federal Officers on November 10; a few edits were needed in the "Notes Section" of the report and all data were complete.

   iv. This is Year 5 that ends September 31, 2016, and will be the last year to show "improvement" in the Benchmarks/Constructs. The CHVP staff will be working closely with each of your programs over the course of the next year to make sure that all data are entered and cleaned in a timely fashion.

c. New FOA release sometime in November 2015

   i. Formula Grant only; submission in January 2016; anticipated funding release in April 2016; unclear about funding levels.

   ii. We will let sites know when the FOA is released.

d. ETO and Persimmony

   i. Two sites are already working exclusively in Persimmony.

   ii. CHVP will be sending out a Policy Alert Letter regarding the use of Persimmony and ETO.

   iii. Kristen will be talking to those sites using Persimmony: Sonoma, Stanislaus and LA DPH.

   iv. Will anybody else be using Persimmony exclusively?

      1. San Diego County is in the process; San Francisco and Riverside County are exploring the possibility.

2. Humboldt and Solano counties signed a contract with Persimmony, but are using it only for case management and not for any NFP data entry. ETO is being used exclusively. Solano County described how they are using both data systems without any double data entry.
3. Contra Costa County is also using both data systems without any difficulty and ETO continues to be the primary system for NFP data entry and submission to NSO.

e. CHVP Site "Wait Lists"
   i. Feds want to know what sites' wait lists look like and how many are typically on a waiting list and for how long.
   ii. CHVP may include a wait list section in ETO and, if so, would roll it out soon
   iii. Kristen asked sites to think about wait lists and how to record them
   iv. Jeanne (Los Angeles) commented that they can't/don't keep waitlists; it would be hard for some sites to keep wait lists.
   v. Denise (Shasta) commented that staff may be able to note that the reason why a client could not be served was because they had to be put on a wait list; this could be a way to have this type of incident recorded.

f. Home Visiting Summit in August 2016
   i. Co-Sponsoring with First 5 Association of California (main partner); First 5 California; First 5 Los Angeles; California Department of Education; California Department of Health Care Services; California Department of Social Services; California Department of Developmental Disabilities; California Head Start Association; County Behavioral Health Directors Association of California; and Children Now.
   ii. Under discussion: Kaiser Foundation.
   iii. Ideas from you in the survey sent out: Motivational Interviewing; Mental Health; Adverse Childhood Experiences (ACEs); Burden of Braided Funding; and Reflective Supervision.
   iv. You can email Kristen with more ideas for topics or speakers.
      1. Added topics: Braided funding and co-enrollment.

g. Mental Health funding – cannot use HRSA funds
   i. HRSA funds can only be used for mental health consultation, not direct services.
   ii. In case anyone is using HRSA funding for direct services now, HRSA will give us one year to phase this practice out.
   iii. Home visitors will still be able to screen for mental health disorders during home visits.

iv. Jeanne (Los Angeles) asked how legislation can be changed. Kristen responded that it may not be possible to change this since it is in the Affordable Care Act. The best resources may be Michael Lu and David Willis.

h. Auditors versus Program Consultants

i. Just for clarity, CHVP Program Consultants are not “auditors.”

II. Program Quality Section (PQ S) Updates

a. Three more site visits left to do this year.

b. PQS is in the process of planning the 2016 site visit schedule.

i. Sites will be receiving a questionnaire prior to the site visit in order to tailor the site visit to each site’s needs.

c. Status reports are due November 30, 2015.

d. Sites will be allowed to review the updated CHVP policies and procedures. An email will be sent out in the next couple of days asking for your feedback before they get finalized and posted on the web.

III. Data, Benchmarks and Evaluation Section Updates

a. CHVP’s Robin Pleau will be working on systems integration publications.

b. In her new research post, CHVP’s Jennifer Gregson will be leading the drive to publish the statewide qualitative and quantitative data.

c. Along with her duties as the Chief of CHVP, Kristen will also be the acting Chief of the Data, Benchmarks and Evaluation team.

d. The Evaluation team will be sending out individual site-level data reports once federal reporting data edits are complete.

e. The team is working on sharing more data with sites and will hopefully include more qualitative data in CQI calls.

f. Anne (Butte) commented that the CAB has been asking for more substantive data.

i. We have HFA reports related to accreditation that need to be updated and sent out again.

ii. More to come in the next HFA call on December 17, 2015.

iii. Kristen will be sending out more data information in the near future.

IV. Contract Section Updates

a. None at this time.

V. Discussion: TANF/CalWorks

a. The data show that women in CHVP who received CalWORKs assistance at intake = 8%; 14% received assistance throughout the year; and 5% were referred for assistance. These data are much lower than what we believe is happening with our CHVP families.

b. Clarification: CalWorks is the name for TANF in California.

c. Dawn Dailey (Contra Costa): There are a significant percentage of women who are undocumented, which could be why the number of recipients might be low.

d. CHVP Program Consultant Ameera Kidane is working on some guidance regarding CalWorks/TANF and is developing policy to share with you all.
e. Entering site-level data.
    i. It is important to include these data while entering into ETO. There is a box in ETO you can check off for clients who are receiving CalWorks.
    ii. HFA: TANF/CalWorks box can be found on the “Household Information” TouchPoint/Form under the “Household Characteristics” section.
    iii. NFP: TANF/CalWORKs box can be found on the “Demographics: Pregnancy - Intake” Form, question 14; and the “Demographics Update” Form, question 15.
f. California Department of Social Services (CDSS) is interested in learning if we are serving a population that is signed up for TANF/CalWorks.
    i. We still need to confirm with CDSS if clients are able to get points for participating in Home Visiting.
g. Cal-Learn is part of the CalWorks program.
    i. Clients can be in Cal-Learn and CHVP; they can also be in CHVP and BIH
    ii. Certain AFLP programs that have the federal evaluation attached to them cannot be in CHVP (this is an AFLP federal restriction).
    iii. More guidance will be sent out regarding co-enrollment in programs.