



**State Interagency Team  
California Home Visiting Program (CHVP) Workgroup  
MEETING NOTES: February 4, 2016**

**Participants:** CA Dept. of Public Health (CDPH): CHVP: Kristen Rogers, Karen Shevlin, Jennifer Gregson, Ameera Kidane, Anina Sanchez, Julie Rooney, Lorie Miller, Catherine Gilmore-Zarate; American Academy of Pediatrics California (AACPC Chapter 3): Kim Thomas, CA Dept. of Developmental Services (DDS): Elise Parnes; CA Dept. of Social Services (CDSS) Office of Horizontal Integration: Steven Fong; Family Resource Center Network of CA (FRCNC): Debbie Sarmento; First 5 & Race to the Top: Erin Dubey, Maternal Child and Adolescent Health (MCAH) Action Representatives: Cindy Wilson, Pauline Richardson, Suzanne Bostwick; Children Now: Angela Rothermel; County of Behavioral Health Directors Association of CA (CBHDA): Heather Andres; California Project LAUNCH: Sarah Rock; CA Community Services Dept. (CSD): Sukie Montes; Internal Revenue Services IRS: Lorie Declarador; SIT Liaison/Consultant: Toni Yaffe

Agenda Item	Discussion
<b>Welcome and Introductions</b>	<p>Kristen opened the Meeting and welcomed the participants.</p> <p>The Meeting has two key objectives:</p> <ul style="list-style-type: none"> <li>• Sukie Montes, CA Community Services Dept., and Lorie Declarador, Internal Revenue Services (IRS) will provide an overview of the State and federal Earned Income Tax Credit (EITC) and its impact on reducing poverty and improving the overall economy; and, the availability of Volunteer Income Tax Assistance (VITA) services.</li> <li>• Debbie Sarmento, State FRC Network (Network) Coordinator and Learn the Signs, Act Early Ambassador will provide an overview of the Network and the Act Early Signs purpose and information materials.</li> </ul> <p>The Workgroup reviewed and approved the November 5, 2015 Meeting Notes. The notes will be distributed to MCAH Directors to keep them informed of the Workgroup's efforts.</p> <p>Kristen and CHVP staff provided the following CHVP Implementation Highlights:</p> <ul style="list-style-type: none"> <li>• CHVP has submitted the new 2017-18 federal grant to continue the funding of existing CHVP Sites;</li> <li>• Since its implementation CHVP has served approximately 21,000 participants and completed over 80,000 visits. This represents 96-98% of program capacity. Data regarding participants and programs may be found on the CDPH Website</li> </ul>

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	<ul style="list-style-type: none"> <li>• The CHVP Home Visiting Summit is scheduled for August 1st &amp; 2nd, 2016 in Sacramento. State Departments and community service providers are invited to attend. Funding partners include State Departments such as Education, Social Services, Developmental Services, First 5, County Behavioral Health Directors Association of CA (CBHDA), Head Start and Children Now.</li> <li>• CHVP is establishing relationships with statewide mental health organizations and systems of care to improve access to quality mental health services for HV families. These organizations include CBHDA, Post Partum International, Children Systems of Care as well as other MCAH programs.</li> </ul> <p>Sarah Rock, California Early Childhood Comprehensive Services (ECCS) and California Project LAUNCH WestEd Center for Prevention and Early Intervention, provided an update Project LAUNCH update and the 2016 ECCS Impact grant.</p> <p>Project LAUNCH is funded by a Substance Abuse and Mental Health Services Administration (SAMSHA) Expansion grant to CHVP. Project LAUNCH is a 4-year technical assistance grant that replicates the work of the previous LAUNCH grant in three new counties, Butte, SF and Fresno where the Project is now in the planning phase. The Project will learn what it takes to integrate mental health services into home visiting programs and will share that information statewide.</p> <p>The 2016 ECCS Impact grant provides federal seed money to enhance early childhood systems building and demonstrate improved outcomes in population-based children’s developmental health and family well-being indicators using a Collaborative Innovation and Improvement Network approach. It will integrate with the home visiting program and will have statewide benefits. An additional goal of the ECCS Impact grants is the development of collective impact expertise, implementation and sustainability of efforts at the state, county and community levels.</p>
<p><b>Workgroup 2015 Accomplishments and 2016 Focus</b></p>	<p>Toni Yaffe provided an overview of the Workgroup’s Accomplishments in 2015:</p> <ul style="list-style-type: none"> <li>• Learned from local CHVP sites about opportunities and promising practices for meeting the needs of HV clients to achieve improved child, maternal and family outcomes;</li> <li>• Pursued opportunities to improve access to mental health services for HV participants and home visitors including providing input into the SAMSHA Project launch grant to integrate mental health into HV;</li> <li>• Informed policies, programs and practices to improve access to affordable, safe Housing; warm hand-off to other services for families after graduation; and, appropriate Mental Health services for home visiting (HV) participants;</li> <li>• Strengthened Systems Integration in the areas of: effective referral processes to programs and services; Mental Health services access, coordination and quality; and, strengthening collaboration among Tribal MIECHV sites; and,</li> <li>• Engaged with statewide public and private sector organizations and agencies responsible for programs and services identified as priorities for HV participants to learn how HV families could access and benefit from these</li> </ul>

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	<p>programs.</p> <p>Ameera presented the Workgroup's 2016 areas of focus:</p> <ul style="list-style-type: none"> <li>• Identify interagency strategies to coordinate and strengthen referral mechanisms with local and state early childhood systems.</li> <li>• Develop action steps addressing service gaps for home visiting families related to mental health, warm transitions, CalWORKs and Refugees.</li> </ul>
<p><b>Earned Income Tax Credit (EITC) and Volunteer Income Tax Assistance (VITA)</b></p>	<p>Sukie Montes, CSD, and Lorie Declarador, IRS, presented an overview of the EITC and VITA program.</p> <p>The federal EITC was created by congress in 1975 to ease the tax burden on certain working families and offset some of their living expenses. In 2015 California enacted legislation for a State EITC to complement the federal EITC. The target population is low income families and individuals.</p> <p>EITC is one of the largest anti poverty programs:</p> <ul style="list-style-type: none"> <li>• 27.5 million received over \$66.7 billion in EITC for tax year 2014.</li> <li>• The average amount of EITC paid out in 2014 was \$2,400.</li> <li>• Four of five people eligible for the credit claim it.</li> <li>• EITC lifted an estimated 6.5 million people out of poverty, including 3.3 million or half of them being children</li> <li>• EITC along with the refundable portion of the Child Tax Credit lifted an estimated 10.1 million people out of poverty, including 5.3 million children and made 22 million others less poor</li> </ul> <p>Families use their one-time credits, which they receive in a lump sum, to pay routine bills and make major purchases, pay down debt and build assets. As a result, the EITC also contributes to the overall economy.</p> <p>No Cost Tax Preparation Assistance:</p> <ul style="list-style-type: none"> <li>• No cost tax preparation services are available at local VITA sites across the State provided through IRS and CalEITC4Me community partners;</li> <li>• Preparers are IRS trained and certified;</li> <li>• Free tax preparation services may be located at <a href="http://caleitc4me.org">http://caleitc4me.org</a></li> </ul> <p>Sukie and Lorie noted that many low income and minority populations who are eligible for the EITC do not apply for it. Reasons for this vary and include lack of knowledge of the program; inexperience in filing tax return; and; distrust of the process. They stressed the importance of outreach to increase awareness and the benefits of the EITC and VITA.</p>

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	<p>The SIT Reducing Poverty Workgroup is led by CSD is focusing on increasing EITC applications and the use of VITA. It is comprised of Federal, State and Private Agencies and is sharing information and best practices, leveraging resources and coordinating outreach activities.</p> <p>Sukie and Lorie suggested ways that the SIT/CHVP Workgroup and Home Visitors could join in these efforts:</p> <ul style="list-style-type: none"> <li>• Outreach to individual and families through the Home Visiting Program;</li> <li>• Share Outreach Material;</li> <li>• Be a VITA volunteer; and,</li> <li>• Participate in Social Media Efforts.</li> </ul> <p>The EITC and Vita presentations are attached and provide additional information.</p>
<p><b>Family Resource Centers (FRC) Network of California and Learn the Signs. Act Early</b></p>	<p>Debbie Sarmento, State FRC Network Coordinator and Learn the Signs. Northern CA Act Early. Ambassador highlighted these programs.</p> <p>Early Start FRCs:</p> <ul style="list-style-type: none"> <li>• All Early Start FRCs serve families of children birth to three who have a 33% developmental delay in one or more areas. i.e., cognitive; communication, social or emotional, adaptive; physical or motor development;</li> <li>• Children may be referred by their families. Physicians or other professionals;</li> <li>• Early Start FRC services include: parent to parent support; information and referral; public awareness and outreach; family/professional collaboration; and, transition at age three.</li> </ul> <p>Information about Early Start FRCs may be found at <a href="http://www.frcnca.org">www.frcnca.org</a></p> <p>Learn the Signs. Act Early (LTSAE):</p> <ul style="list-style-type: none"> <li>• LTSAE is a Centers for Disease Controls (CDC) information campaign to raise awareness of the signs of developmental disorders;</li> <li>• One in four children age 0-5 years are a moderate to high risk for developmental, behavioral, or social delay;</li> <li>• Prompt identification can spur specific and appropriate therapeutic interventions;</li> <li>• Fewer than 50% of pediatricians use valid and reliable screening tools;</li> <li>• Fewer than 30% are identified by clinician judgment alone before entering school.</li> </ul> <p>LTSAE materials developed by the CDC in conjunction with the American Academy of Pediatrics (AAP) for parents and professionals increase the chances of the child receiving needed help. Materials are free and can be ordered online at <a href="http://www.cdc.gov/actearly">http://www.cdc.gov/actearly</a> .</p>

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	The Early start and LTSAE presentations are attached.
<b>Adjournment</b>	Kristen thanked the Workgroup for their participation and input and adjourned the Meeting. She reminded the Workgroup that their next Meeting is May 12 <sup>th</sup> and the August Meeting has been rescheduled to September 8 <sup>th</sup> .
<b>Next Meeting</b>	<p style="text-align: center;">Date: May 12, 2016  Place: California Department of Public Health  1615 Capitol Avenue, Sacramento, CA 95899  Time: 1:00 pm to 3:00pm, Room 525</p>

Attachments