

**State Interagency Team (SIT) /
California Home Visiting Program (CHVP) Workgroup
MEETING NOTES: Sept. 8, 2016**

Participants:

CA Community Services & Development (CSD): Sylmia Britt; **CA Project LAUNCH:** Sarah Rock; **CA Head Start State Collaboration:** Stephanie Myers; **CA Head Start Association:** Christopher Maricle; **American Academy of Pediatrics California (AACPC Chapter 3):** Pradeep Gidwani; **Maternal Child and Adolescent Health Action (MCAH) Representatives and other Counties:** Mary Hansell, Cindy Wilson, Anna Gruver; Pauline Richardson; **Family Resource Center Network of California:** Debbie Sarmiento; **CA Dept of Health Care Services (DHCS): SUD Prevention, Policy & Fiscal Division:** Monica Barba; **DHCS American Indian Health Initiative:** Patricia Lavalas-Howe; **CA Partnership to End Domestic Violence:** Michell Franklin; **Children Now:** Angela Rothermel; **CDPH Office of Health Equity:** La Roux Pendleton; **CDPH Adolescent Family Life Program:** Lissa Pressfield; **Ca Department of Public Health (CDPH) Black Infant Health:** Robin Qualls; **CDPH CHVP:** Kristen Rogers, Julie Rooney, Joyce Mansfield, Ameera Kidane, Kim Byrne, Jennifer Gregson, Anina Sanchez, Sosha Marasigan-Quintero; Robin Pleau;

Welcome and Introductions

Kristen Rogers, CDPH/MIH Branch Chief, opened the meeting and welcomed participants. She and staff reviewed the agenda and provided CHVP highlights including:

- Currently at 95 percent capacity and served more than 5,000 families
- Logged more than 100,000 home visits since 2012, noting CHVP celebrated with a 100,000th home visit in Contra Costa County.
- New benchmark constructs have reduced the number from 36 to 19. Some are new, such as safe sleep and a new screening focus on depression IPV and developmental delays.
- CHVP held a very successful Summit on August 1-2, 2016. Thank you for all for assistance and participation. 514 attendees, Film Director James Redford Q&A after screening his movie “Resilience,” impromptu presentation by Deidre Henry-Spires co-author of Maternal Infant Early Childhood Home Visiting (MIECHV), remarks from Secretary Diana Dooley and Senator Hannah-Beth Jackson. Next Summit will be in 2018.
- May be getting the movie “Resilience” for the MCAH Directors meeting in October 2016.
- CHVP is about to launch into federal reporting, with data due at the end of September for October reporting period.

Project LAUNCH Update

Sarah Rock, California LAUNCH WestEd Center for Prevention and Early Intervention, provided an overview of LAUNCH, a Substance Abuse and Mental Health Services Administration (SAMSHA) funded project, 4-year replication grant. California is one of five states in the nation to receive a grant from SAMHSA to expand a pilot from 2008-13. Alameda County Public Health MCAH is the former pilot and now is the lead in providing technical assistance to the implementing counties. This grant is to replicate LAUNCH in three regions, linking to Home Visiting in California with three strategies: integration of mental health consultation, parent cafes and systems integration. Focusing on three counties first—San Francisco, Fresno and Nevada County—but will be eventually share with all counties in the state. SIT HV Workgroup serves as the advisory council for the project.

- Team members are currently looking at barriers, such as health disparities and region-specific barriers such as Fresno as high black-infant mortality rate. The project is data-driven and will meet counties' specific needs—and how to address their barriers.
- Parent cafes use model developed around Be Strong Families' Five Protective Factors. The goal is to encourage counties to build a system of cafes and parent engagement that is sustainable, so investing in the system as well as training is important. Also, sites must hold enough parent cafes to create permanent outcomes.

Anna Gruver from Alameda County NFP reported on their work to integrate mental health in home visiting, and they have developed a mental wellness team that includes mental health consultation. That team has identified points as to what makes up mental health consultation, includes maternal mental health, parent/child dyad, staff training, doing direct service as part of joint home visits and treatments. They infused reflective supervision to support staff and look at other trauma-informed support, and are now working on how mental health integration could work at their sites. They have learned that it takes a long time to implement with a lot of lessons learned. They are meeting with sites to support their implementation efforts and sharing what they learned with other agencies across the state.

Sarah added that their Mental Health Consultant acts to bring home visitors and other departments together, and offers direct service for triage and a few site visits. This person is there to primarily support the home visitors as a workforce, help with their secondary trauma, and help them with their participant needs.

Anna then gave examples of barriers faced by Alameda:

- How to institutionalize positions and this work in a public health system.
- Need for champions to identify funding and leveraging options.
- Treatment work isn't necessarily easily leveraged, but connections and linkages are.
- Sustainability, fiscal piece is complicated and how to figure out funding stream to do this work.
- Many pieces, so it can be overwhelming but just focus on what is do-able.
- Need consultant that is accessible who can understand home visiting and population that we work with.

Sarah mentioned that the LAUNCH Team is convening on Oct. 7 for those three sites to roll out the mental health model and make decisions about how to do that locally. Also, they are mapping all the available funding streams and should have that later this fall to share with everyone. They are also launching a website that will include toolkits, resources, planning materials, needs assessments, etc. to hopefully be live this fall 2016.

CDPH Office of Health Equity (OHE)

La Roux Pendleton presented "Efforts Engaging Diverse Populations to Reduce Mental Health Disparities" and the "California Reducing Disparities Project (CRDP)."

- OHE created in 2012 to promote equitable social, economic and environmental conditions to achieve optimal health, mental health and well-being for all. Vision: Everyone in California has equal opportunities for optimal health, mental health and well-being.
- The focus on vulnerable populations and vulnerable communities.

- “Portrait of Promise” is their statewide strategic plan produced every year. It includes 31 goals and what is being done to implement those goals and measure impact.
- Mental Health Services Act: passed in 2004 - focus on prevention and early intervention. Then in 2009, California Reducing Disparities Project launched as a six-year effort with \$60 million.
- CRDP is two phases: Phase 1 included population reports for African American, Asian and Pacific Islander, Latino, LGBTQ and Native American and rolled those reports into five goals including increasing access to mental health services for unserved and underserved populations.
- Now shifting into Phase 2, which is a multi-level approach with funding going into Community-based Organizations (CBO) to address mental health disparities and validating those that came out of the population reports.
- CRDP Strategic Plan — identifies 27 strategies that call various entities into action. It is a community-authored report that comes from large stakeholder efforts and what they want these entities to do to have impact
- CRDP Foundational Components:
 - Statewide Evaluator: Loyola Marymount is the statewide evaluator and providing evolution expertise and guidelines of common metrics to use across six years to show impact.
 - Technical Assistance Providers
 - Pilot Projects: Every pilot project has a local evaluator and statewide evaluation.
 - Two types of pilot projects:
 - Capacity Building specifically for small CBOs less than \$500K annual budget — have 11 funded (Native American still pending), each receives \$40K in the first six months starts Sept. 16 to work closely with their TA Providers to plan and evaluate organization capacity, then \$1.4 million over the course of the next five years to implement.
 - Implementation—other class of awarding with 22 implementation pilot projects for large CBOs.
 - All are implementing community-defined practice
- Education, Outreach and Awareness — solicitation for this is under construction and aims to tell the story of CRDP to use a vehicle for system change.
- There is great opportunity to cross-pollinate efforts in reaching the vulnerable populations.

Adjournment

Kristen Rogers and Ameera Kidane thanked the workgroup members and said they would let them know when the next meeting is scheduled, probably January 2017.