



State of California—Health and Human Services Agency
California Department of Public Health

Howard Backer, MD, MPH
Interim Director



EDMUND G. BROWN JR.
Governor

March 14, 2011

TO: MATERNAL, CHILD AND ADOLESCENT HEALTH DIRECTORS

SUBJECT: CALIFORNIA HOME VISITING PROGRAM REQUEST FOR SUPPLEMENTAL INFORMATION (HVP-RSI)

The purpose of this communication is to announce the release of the California Home Visiting Program Request for Supplemental Information (HVP-RSI) as a method to leverage your local expertise about the communities and populations that you believe have the highest need and to identify the evidence-based Home Visiting programs that, when implemented, will have the greatest impact.

On February 8, 2011, the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) released the second federal Supplemental Information Request (SIR-2) for submission of an Updated State Plan for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. The federal SIR-2 marks the third of three phases mandated for receipt of federal funding for the MIECHV Program by States. Phases I and II included the Funding Opportunity Announcement and the first Supplemental Information Request (SIR-1) for submission of a Statewide Home Visiting Needs Assessment.

Background and Purpose

The *California Statewide Home Visiting Needs Assessment* completed September 20, 2010, used specific quantitative data required by federal SIR-1, in combination with some supplemental data, to identify "High Risk Communities" in California. For several reasons, including the limited availability of these data at sub-County levels, California designated "County" as the unit for "Community" and designated all 58 counties as "High Risk Communities."

For the Updated State Plan in response to federal SIR-2, the California Department of Public Health/Maternal, Child and Adolescent Health (CDPH/MCAH) Division will refine the identification of highest need communities in California. This will be accomplished by using existing quantitative data and by collecting qualitative information that leverages Local Health Jurisdiction (LHJ) expertise. Through this process,

CDPH/MCAH estimates that 25 to 35 "High Risk Communities" in California will be selected for MIECHV Program implementation, although the exact number of funded MIECHV Programs in LHJs will be determined by future federal funding levels.

The Updated State Plan will also include a detailed assessment of the needs of the targeted community(ies), a description of state and local infrastructure, the name of the evidence-based Home Visiting Model proposed for implementation, along with an explanation of how the model meets the needs of the targeted community(ies). The federal SIR-2 requires CDPH/MCAH to submit the Updated State Plan between May 9, 2011 and June 8, 2011, which is 90 to 120 days from the federal SIR-2 release date.

California Home Visiting Program Request for Supplemental Information (HVP-RSI)

In order to achieve the requirements of the federal SIR-2 and to leverage local expertise in identifying 25 to 35 "High Risk Communities", the CDPH/MCAH Division presents the release of the HVP-RSI. The purpose of this HVP-RSI is to supplement quantitative information with qualitative information that draws from local expertise, and to maximize local input to the information CDPH/MCAH will use in selecting the "High Risk Communities". Further, the purpose is to also obtain information required for response to the federal SIR-2 when describing selected "High Risk Communities".

Each Local MCAH Director will submit a response to the HVP-RSI that focuses specifically on their LHJ. Responses will get submitted in collaboration with the local Department of Social Services (Title II, CAPTA, Title IV-E and IV-B), the local Department of Education (Child Care and Development Fund and Head Start Office), the local Department of Alcohol and Drug Programs, as well as other appropriate agencies and organizations potentially associated with the Program. Additionally, public input is highly recommended from the identified High Risk Community. This information will be combined with the quantitative data already available to CDPH/MCAH. Together, the quantitative data and the qualitative information from HVP-RSI will be used to identify the highest need communities in California where Home Visiting programs will have the greatest impact.

Communities identified will be reviewed and categorized by need, capacity, ability to meet minimum enrollment requirements, and readiness to implement. Review topics will include cross agency coordination and collaboration, current infrastructure, timeline for program implementation, strength of referral systems, data experience, and continuous quality improvement.

Instructions for Completing the HVP-RSI

Participation in the HVP-RSI is necessary to be considered for receipt of MIECHV Program funding within your Local Health Jurisdiction (LHJ).

The HVP-RSI is presented in two parts: PART A focuses at the LHJ Level; and PART B focuses at the Community Level and will provide the opportunity to specifically address at least one community within a LHJ or consortium of LHJs.

To assist in responding to the HVP-RSI, CDPH/MCAH will provide county specific data and information via the CDPH/MCAH website by March 15:

<http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>

Selection of an Evidence-Based Home Visiting Models

The 25 to 35 “High Risk Communities” selected in this process will be for implementation of an evidence-based Home Visiting model. Funding of “Promising Practice” approaches will not be considered as part of this initial process; these may be considered during the next funding cycle. CDPH/MCAH has selected two notable evidence-based home visiting models for implementation in California: the Nurse Family Partnership (NFP) and Healthy Families America (HFA). Selection of these two models was based on findings of the Home Visiting Evidence of Effectiveness Review (HomVEE) Study, under funding from HRSA, which distinguished NFP and HFA as having the most favorable ratings for primary and secondary outcomes in the benchmark areas.

LHJs may expand on existing NFP or HFA programs, but funding must be used to supplement and not replace funding from other sources. State and local agencies are mandated to meet the Maintenance of Effort (MOE) requirement that funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. LHJs must agree to maintain separate local funding for grant activities at a level which is not less than expenditures for any existing Home Visiting program(s) as of the date of enactment of the federal legislation, March 23, 2010. For more information on the MOE, please refer to the ACA of 2010 amended Title V of the Social Security Act (42 U.S.C. 701 et. seq.), Section 511- (f) Maintenance of Effort.

CDPH/MCAH is developing our partnerships with NFP and HFA. As these partnerships develop, we will obtain additional detailed information on technical assistance, capacity, and infrastructure support that will be available to local programs during program implementation. CDPH/MCAH will disseminate this information as it is finalized.

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Technical Assistance and Submission of HVP-RSI

For technical assistance, CDPH/MCAH will host two HVP-RSI conference calls:

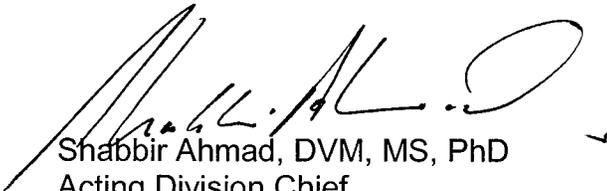
- Wednesday, March 16, 2011, 10:00 – 11:00 a.m.
- Tuesday, March 29, 2011, 9:00 a.m. – 10:00 a.m.
(Toll-Free Number 1-877-972-6022; Passcode: 8473930)

You may submit questions prior to these calls by emailing the California Home Visiting Program at CA-MCAH-HomeVisitation@cdph.ca.gov.

The submission deadline for HVP-RSI responses to CDPH/MCAH is Thursday, April 14, 2011, by 5:00 p.m. Instructions for submission are included in the Background and Instructions document. In order to fulfill the time sensitive requirements of the federal SIR-2, information received after April 14, 2011 will not be used.

Thank you for your continued partnership. If you have any questions, please contact Dr. Christopher Krawczyk, Chief of the CDPH/MCAH Epidemiology, Evaluation and Data Operations Section at Christopher.Krawczyk@cdph.ca.gov or (916) 650-0331.

Thank you for your commitment, continued efforts, interest and support of the California Home Visiting Program.



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Enclosures:

1. Content Instructions
2. Form PART A: Local Health Jurisdiction Level Information
3. Form PART B: Community Level Information
4. Appendices

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