**1. If a Local Health Jurisdiction (LHJ) is not going to apply for home visiting program funds, do we need to complete the survey?**

LHJs are required to complete Part A of the California Home Visiting Program Request for Supplemental Information (HVP-RSI) up through Question 7. Although the current phase of funding is limited to a small number of communities and evidence-based home visiting models, your response on the HVP-RSI will be used in the consideration of future funding phases.

**2. What is the anticipated annual dollar figure for each of the 25 to 35 selected sites?**

The Maternal, Child and Adolescent Health Division of the California Department of Public Health (CDPH/MCAH) does not currently have an answer to this. With the 2011 federal allocation forthcoming, the exact number of communities that will be funded is currently unknown. Estimated cost for a Nurse Family Partnership (NFP) and Healthy Families America (HFA) implementation for 100 families is located in Appendix A and B of the HVP-RSI.

**3. Are there Local Health Jurisdictions (LHJs) which are interested in creating a consortium?**

CDPH/MCAH is attempting to set up processes in which to facilitate these conversations. LHJs are encouraged to contact other interested LHJs to discuss creating a consortium on an individual basis.

**4. The maps provided by CDPH/MCAH show that there are not enough participants within a community. Can a LHJ use the NFP or HFA methods to perform its own calculation of the number of families eligible?**

Yes. In your response to the HVP-RSI please provide a detailed explanation of your data source and methodology.

**5. Do we need to have 100 likely-to-participate families in a community? Can there be fewer?**

100 families are required for implementing NFP or HFA in a community.

**6. Can an LHJ identify the entire county as an at-risk community? If so, how does that impact other aspects of this report?**

Yes, it is at the discretion of the LHJ to choose what defines an at-risk community. Since the focus is on a large service area more information will need to be provided as part of the operation plan in the HVP-RSI.

**7. How are the community stakeholders to be engaged regarding Part B of the HVP-RSI?**

There are no requirements for engaging with local stakeholders. Engagement of stakeholders should focus on how to best serve the at-risk community's need.

**8. The budget that HFA publishes doesn't meet the wages and benefits that we pay our case managers. Is there room for changes to these budgets?**

Yes. The budget figure for HFA is based on the national average. Question 2, Part A of the HVP-RSI collects information on salary ranges of positions supporting existing home visiting

programs. This will aid CDPH/MCAH in understanding the cost for implementing a program for that LHJ.

**9. Question 1 of Part A requires that LHJs list their evidence based models, adaptions, and promising practices. How will that information be used?**

The Capacity Assessment Home Visiting Survey from the California Statewide Needs Assessment asked counties to report on the status of eight Evidence-Based Home Visiting (EBHV) models. The Supplemental Information Request 2 (SIR-2) requires additional information not included in that survey, such as the *Family Check-Up* and *Healthy Steps* models. Responses are needed to gauge a county's existing home visiting resources.

**10. What is the difference between an adapted program and a promising practice program?**

An acceptable adaptation of an evidence-based model has undergone local modifications, but has been determined by the model developer not to have altered the core components related to program impact. A promising practice program is any model that has not been identified as evidence based in the Home Visiting Evidence of Effectiveness (HomVEE) review by Mathematica Policy Research.

**11. Why is the discontinuation date of March 23, 2010 specified for Maintenance of Effort (MOE)?**

It is a federal requirement of the SIR II.

**12. Is the MOE required for all communities and/or home visiting models?**

The MOE is needed only for existing home visiting programs.

**13. Can more than one model be implemented per at-risk community?**

Either NFP or HFA must be selected as the model most suitable for each area. If an LHJ has identified more than one at-risk community, it is not limited to one model across the jurisdiction (i.e., HFA could be selected for one community and NFP for another).

**14. If an LHJ has a program that is funded by a source outside of CDPH-MCAH, could these funds be used to expand it?**

Yes, it is possible to partner with the alternative funding source to expand the existing program, but LHJs must ensure that HV programs are supplementing and not supplanting funds (see MOE, #12).

**15. Are these home visiting activities match-able?**

No. Home visiting funds are 100% Federal Title V funds and cannot be used to match federal funds. Also, local matching is not required for the receipt of funds.

**16. What are "systems and frameworks" referenced in Part A, Question 6?**

These systems do not have to be specific to home visiting, but could be any State or local agency, other public and private sector partners that are relevant to early childhood

health, education, and human services and promote comprehensive service systems that facilitate referrals and interventions. Collaborations established with early childhood systems or initiatives and frameworks may include, for example, Strengthening Families, Project Launch, First Five, Head Start, and/or Zero to Three.

**18. How will the funding be allocated? Is it based on the number of individuals served?**

Each funded community will be provided allowances to serve at least 100 families. If an LHJ has two funded communities, it will receive enough funds to serve at least 200 families. However, the exact dollar amount necessary to serve 100 families will vary by LHJ.

**19. Where is the budget information located?**

Budget estimates for NFP and HFA models are in Appendices A and B. Actual start up or implementation costs will vary. Use this information after you have defined your community and chosen a model. (Refer to question #8).

**20. Does Adolescent Family Life Program (AFLP) count as a home visiting program? How do I know if a model is evidence-based?**

No, AFLP does not provide primary home visiting services. Please refer to the HomVEE website for a list of evidence-based models.