

**State Interagency Team
California Home Visiting Program (CHVP) Workgroup**

MEETING NOTES: February 20, 2014

Participants: CA Dept. of Public Health (CDPH): CHVP: Christopher Krawczyk, Robin Pleau, Patsy Hampton, Gina Castro, Karen Shevlin; Safe and Active Communities Branch: Steve Wirtz; American Academy of Pediatrics CA (AAPCA): Kim Thomas; Dept. of Health Care Services (DHCS): American Indian Health Initiative: Patricia Lavalas-Howe; First 5 CA: Sarah Neville-Morgan; Maternal Child and Adolescent Health (MCAH) Action Representatives: Cindy Wilson, Elisabeth Chicoine, Jeanne Smart; State Interagency Team (SIT) Liaison/Consultant Support: Toni Saenz Yaffe

AGENDA ITEM	DISCUSSION	ACTION ITEMS	DUE	LEAD
Welcome and Introductions	<p>Chris welcomed the participants and opened the Meeting by saying that the primary focus for the day is to provide input into the Workgroup's directions in 2014.</p> <p>The October Meeting Notes were reviewed and approved.</p> <p>Chris provided the CHVP update:</p> <ul style="list-style-type: none"> • Over 2,200 clients are enrolled in the CHVP and over 24,000 visits have been made. • CHVP funding expires in September 2014. Federal reauthorization is anticipated with the question being the amount of funding that will be allocated. • Site visits continue to: ensure that all program elements are in place; keep abreast of issues at the local level; and, provide support. In addition, CHVP Staff are attending Community Advisory Board (CAB) meetings when possible. • 2014 Spring Technical Assistance Meeting is in the planning stage with HV sites providing input on the topics to be covered. Participants will include the CHVP sites and partner home visiting programs. • System Integration continues to be an important focus. • CHVP will participate in a HV town hall with the State legislature in the coming week. • CHVP is sending a weekly email blast to the MCAH Directors on topics of interest and developing a brochure on HV using messages developed from Pew Charitable Fund HV Campaign. 	<p>October 2013 Meeting Notes approved</p>		
CHVP Implementation:	<p>Chris introduced Cindy's presentation by highlighting the value of learning from the perspective of the local sites about the reality of implementation including what</p>			

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<p>Local Perspective</p>	<p>works, challenges and opportunities and how the Workgroup and the State agencies can provide support.</p> <p>Cindy Wilson, MCAH Director, Nevada County and MCAH Action representative to the Workgroup provided highlights of the CHVP implementation successes, challenges and opportunities.</p> <p>Nevada County is expanding the Healthy Families America (HFA) HV model that was in place in their county prior to the award of the MIECHV grant. Cindy says she sees prevention and ensuring access to curative services as the foundation of the HV work.</p> <p>Successes include:</p> <ul style="list-style-type: none"> • Expanding the HFA to include Truckee which helped to fill a significant service gap in that geographical area • Implementing universal screening for pregnant women, which helps to identify women in need of CSP services. Staff succeeded in accomplishing this by developing relationships with local OB/GYN physicians, providing assistance in the implementation of the screening tool and encouraging the HV mothers to give feedback to their physicians regarding the benefits they received from the screening <p>Challenges include:</p> <ul style="list-style-type: none"> • Managing the influx of CHVP funding • “Braiding” the myriad of programs and funding streams to avoid disparities in, or duplication of services • Sustaining momentum in program implementation • Reduction in funding for services and supports that are needed by HV families • Sustainability 			

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<p>Assessing Our Work in 2013 and Preparing for 2014</p>	<p><u>Systems Integration Update</u></p> <p>Robin Pleau reported that most of the steps identified in the Affordable Housing System Integration Action Plan have been completed except for research on home visiting and housing collaboration best practices which is on hold at this time. The housing brief is under review.</p> <p>The High Quality Child Care Discussion Guide action steps are on hold pending the CHVP gathering more information from the sites about the HV families' child care needs and issues. Quality is seen as important however many families report difficulty securing any form of child care.</p> <p>Patsy Hampton provided an update on the Mental Health System Integration Action Plan. Through Project LAUNCH, we will develop an information brief on mental health supports in home visiting to include examples of models in CA and in other states, job qualifications, staffing structures and financing models. Programs seeking to learn innovative approaches to support the mental health needs of their families and home visitors can use this brief. The Workgroup will be asked to provide input.</p> <p>The Workgroup discussed the importance of: professional development in social-emotional development; opportunities for cross-agency learning; reflective supervision training; and, the adoption of core competencies for mental health consultation in home visiting.</p> <p><u>2013 Systems of Care Survey and Interviews</u></p> <p>Robin provided an overview of the attached CHVP Systems of Care Survey and Interviews (Survey). The Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) funding includes the mandate to improve coordination of services for at-risk communities. The Survey was designed to answer the question – “How has MIECHV funding affected local systems of services?”</p> <p>Robin reviewed the themes, which emerged across the sites related to: challenges; best practices and ideas. The Survey also gathered data on the most important service gaps. The four areas most frequently identified were: mental health services; housing; transportation and childcare. It was noted that these are consistent with the service needs, which the Workgroup has identified for attention and, except for transportation, has been focusing on.</p> <p>The Workgroup discussed ways they could contribute to addressing the service</p>	<p>Workgroup members to provide input on the mental health brief.</p>	<p>May 2014</p>	<p>Patsy Hampton</p>

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	<p>gaps highlighted by the Survey. These would include: identifying and promoting promising practices; supporting interagency, community and business partnerships to address shared issues such as transportation and child care; and, exploring the potential for developing common messages across service systems that would help to gain public understanding and support to meet the needs of families and children.</p> <p>The Workgroup agreed to develop these ideas in a variety of ways that included: dedicating time during their Meetings for focused facilitated discussions to identify actions needed to address specific service gaps; participating in time limited task groups to help develop and provide input and review of the Systems Integration information briefs and tip sheets such as the Mental Health brief and the quality Child Care tip sheet; and, helping to identify potential partners within and outside of their departments that would be interested in collaborating with the CHVP to pursuing solutions to the service gaps and improve Systems Integration.</p>			
Announcements	<p>Steve Wlitz announced that California is one of five state health departments funded by CDC's Division of Violence Prevention to implement the five strategies in <i>Essentials for Childhood</i>. Specifically, state health departments will:</p> <ul style="list-style-type: none"> • Coordinate and manage existing and new partnerships with other child maltreatment prevention organizations and non-traditional partners; • Work with partners to identify strategies across sectors; • Identify, coordinate, monitor and report on the strategies implemented by multi-sector partners; • Coordinate improvement processes (e.g., continuous quality improvement) for multi-sector partners to refine strategies; and • Document state-level impact of these efforts. 			
Adjourn	Chris expressed his appreciation to the Workgroup for their participation in the discussions and adjourned the Meeting.			
Next Meeting	<p style="text-align: center;">Date: May 29, 2014 Place: California Department of Public Health 1615 Capitol Avenue, Sacramento CA, 95899 Time: 1:00 PM – 4:00 PM</p>			

Attachment