

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

May 29, 2014 Meeting Notes

Participants: CA Dept. of Public Health (CDPH): CHVP: Kristen Rogers, Erika Trainer, Robin Pleau, Patsy Hampton, Jennifer Gregson, Lucia Gonzalez; Arlene Silva, American Academy of Pediatrics CA (AAPCA): Pradeep Gidwani; Dept. of Health Care Services (DHCS): American Indian Health Initiative: Patricia Lavalas-Howe, Karen Tracy; CA Dept. of Developmental Services (DDS): Elise Parnes; First 5 CA: Sylvia Flores; Maternal Child and Adolescent Health (MCAH) Action Representatives: Cindy Wilson, Jeanne Smart; Alameda County Public Health Dept.: Anna Gruver; CA Domestic Violence (DV) Leadership Group/Partnership to End DV: Alicia Bernstein, Natalie Nyugen; CA Institute for Mental Health (CIMH): Autumn Valerio; Center for the Study of Social Policy: Vickie Marchand; State Interagency Team (SIT) Liaison/Consultant Support: Toni Saenz Yaffe

AGENDA ITEM	DISCUSSION	ACTION ITEMS	DUE	LEAD
Welcome and Introductions	<p>Kristen welcomed the participants and announced that she will serve as the Workgroup Chair. A key objective of the meeting is a discussion of barriers to mental health services for HV families and strategies for overcoming those barriers.</p> <p>Since access to mental health services is a statewide issue she has invited the California Mental Health Directors Association (CHMDA) and the California Institute for Mental Health (CIMH) to participate in a Workgroup Meeting to provide their insight and ideas for how to meet the critical need for mental health services and they have agreed. For this reason, today's MH discussion will continue at the August Meeting.</p> <p>Autumn Valerio, CIMH, has joined us for today's MH discussion.</p> <p>The Workgroup reviewed and approved the February Meeting Notes. Following Workgroup approval of the Notes they will be distributed to the MIECHV MCAH Directors to keep them informed about the Workgroup's efforts.</p> <p>CHVP implementation update:</p> <ul style="list-style-type: none"> • Over 2,500 clients have enrolled in the CHVP and over 32,000 visits have been made. • Home Visiting Program federal funding has been reauthorized to March 2015. Federal reauthorization for a few more years is anticipated after the new Congress convenes in January. • Site visits continue to go well and provide the CHVP staff with information about HV implementation and systems integration issues. • The first 2014 Spring Technical Assistance (TA) Meeting was held in Los 	<p>Include CHMDA and CIMH in the August Meeting for a continuation of the MH discussion.</p> <p>The February Meeting Notes were approved</p>	August	K. Rogers

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	<p>Angeles and was successful. The final two CHVP TA meetings will be held in Fresno and Sacramento in June.</p> <ul style="list-style-type: none"> • CHVP developed Data Systems are being used by several other states. <p>The State Interagency Team (SIT) and SIT/CHVP Workgroup Purpose were reviewed.</p>			
Help Me Grow	<p>Patsy Hampton provided an overview of the Help Me Grow (HMG) program. HMG is a system that connects at-risk children with the services they need by promoting collaboration between families, health care providers, early care and education providers and community providers.</p> <p>The four core components of a comprehensive <i>HMG</i> system are:</p> <ul style="list-style-type: none"> • <u>Centralized telephone access point</u> to connect of children and their families to services and care coordination • <u>Community outreach</u> to promote the use of <i>HMG</i> and to provide networking opportunities among families and service providers • <u>Child health care provider outreach</u> to support early detection and early intervention • <u>Data collection and analysis</u> to understand all aspects of the <i>HMG</i> system, including the identification of gaps and barriers <p>HMG was developed in Connecticut. In 2005 Orange County became the second site in the nation to implement the program and in California it has expanded to 18 counties. Nine of these counties are CHVP sites. CA HMG offers learning opportunities and technical assistance to county teams or regional consortia that have established local partnerships to develop or operate systems for early identification, referral and care coordination related to the development, learning and behavior of at-risk children.</p> <p>Contact Patsy at phampto@wested.org for more information about HMG.</p>			
CHVP and Systems Integration Implementation: Local Perspective	<p>Anna Gruver, Alameda County MPCAHA Coordinator, provided highlights of their home visiting and systems integration implementation successes, challenges and opportunities.</p> <p>Alameda County Public Health Department Family Health Services (FHS) in collaboration with First 5 Alameda and community-based home visiting programs are creating a Home Visiting/Family Support System of Care for pregnant women and families with young children. This involves bringing together 10 programs to build one system.</p>			

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	<p>Key components of this integration:</p> <ul style="list-style-type: none"> • Family centered care; • Relationship based interventions • Multidisciplinary approach • Common standards and shared outcomes • Braided funding • No wrong door for referrals <p>Challenges and opportunities:</p> <ul style="list-style-type: none"> • Integrating different organizational cultures and “staying in your lane” • Relationship building and change which takes time, communication and working through relationship testing • Keeping focus on family needs vs. program needs to pick the program that is best for the family • Meeting staff, collaborative partner and constituent expectations • Moving from theory to practice • Funding creativity and options <p>Examples of successes and recent developments:</p> <ul style="list-style-type: none"> • Client focus groups and Task Force Recommendations for quality improvement and enhanced services • Meet and confer with sessions with SEIU to incorporate core competencies and quality management efforts with staff • Incorporating key competencies into job descriptions • Financial Coaching pilot • Connecting and integrating existing databases • Common outcome framework developed and connected to training curriculum • Co-located all early childhood home visiting programs • Convening reflective supervision groups for managers to infuse this practice within the system <p>Where we need help:</p> <ul style="list-style-type: none"> • Protocols and guidelines • Funding opportunities • Medicaid Waiver and FFP leveraging for upstream work, funding for social determinants of health services and supports • State level interagency collaboration 			

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	<p>Attached is Anna's presentation.</p> <p>Robin Pleau reported on the Housing focus area. She and Chris Krawczyk presented the CHVP work related to housing as a State example of systems integration for the MIECHV TACC webinar <i>Working Together To Provide Stability for Families: Home Visiting and Homeless Service Systems</i>. The housing brief release is pending the Dept. of Housing & Community Development review that is underway.</p> <p>The High Quality Child Care Discussion Guide action steps are on hold pending the CHVP determining the best way to proceed.</p> <p>Patsy Hampton provided an update on the Mental Health System Integration Action Plan. The consultant contract to develop the mental health brief has been executed between Project LAUNCH and the Center for Social Policy. Interviews with key stakeholders begin in May. Center staff, Vickie Marchand is participating in today's meeting to gather information from the Workgroup's MH discussion.</p> <p>The brief will examine: how to connect families with MH diagnosis to services; fund services for prevention and non-licensed staff; and, transfer innovative program designs from within the State and accross the nation to other California jurisdictions.</p> <p>Kristen noted that Robin, Jennifer, Patsy, and CHVP's external evaluator have presented on CHVP's efforts around implementation, CQI and Systems Integration at two national conferences.</p>			
<p>Mental Health Disussion</p>	<p>Kristen opened the Mental Health (MH) discussion by reminding the Workgroup that 73% of the local sites identified MH as one of the three most important local service gaps for their HV clients.</p> <p>Kristen asked the local site representatives to describe the service needs they are observing and their strategies to improve access to MH services.</p> <p>Anna Gruver (Alameda County), Jeanne Smart (LA County) and Cindy Wilson (Nevada County) described the HV clients needs for MH services. The following themes emerged:</p> <p>Mental health related issues often presented by HV clients:</p> <ul style="list-style-type: none"> • Perinatal mood disorder, e.g., depression and anxiety • Hormonal changes related to pregnancy and adolescence • History of sexual abuse, trauma and substance abuse • Unique issues faced by teen HV clients • Life stressors such as unstable family history, financial problems, community 			

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	<p>and family violence</p> <ul style="list-style-type: none"> • Onset of schizophrenia, bipolar disorder • Post traumatic stress disorder (PTSD) <p>Challenges to accessing services for HV families:</p> <ul style="list-style-type: none"> • Client's reluctance and/or anxiety, and cultural issues as a barrier to receiving services in a mental health setting • Lack of mental health providers trained or experienced in serving young pregnant and parenting families and/or families where the parent and child are exhibiting signs of mental illness • Lack of transportation and childcare • Securing services for non Medi-Cal eligible clients • Unstable/traumatic family history, living in at risk communities, substance abuse and domestic violence • Baby is not diagnosable in EPSDT • Limitations on MH practice due to licensing and funding <p>Strategies that help to overcome and/or mitigate access barriers or strengthen MH services:</p> <ul style="list-style-type: none"> • Incorporating the mental health specialist (MHS) into the HV team and training the MHS in the HV model • Warm hand-off referrals from the HV to the MH provider • MH visits in the home during crisis for evaluation and crisis focused care. Once crisis is resolved MH case is closed or if needed the client is referred to the MH system in the community in a warm hand off. • Creation of a mental health unit within the HV program • Co-location of the mental health and HV program staff • Mental Health staff that is culturally responsive, diverse and aware <p>Organizational needs and opportunities:</p> <ul style="list-style-type: none"> • Providing support and reflective supervision for HV staff that are confronted with the multiple needs of HV clients and the barriers to securing needed services. • Becoming a trauma informed organization/system • Learning more about mental health and what interventions are available • Forging and strengthening partnerships with county mental health departments and community MH providers <p>Funding for MH services and supports has come from the following sources:</p>			

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	<ul style="list-style-type: none"> • Federal grants • First 5 grants • Project LAUNCH grants • County matching funds • Mental Health Services Act (MHSA) grants • Medi-Cal, California Healthy Families, private insurance <p>Workgroup members indicated that funding should also be available through the Medi-Cal expansion for mental health services and health coverage through Covered California.</p>			
Adjourn	Kristen thanked the Workgroup and CIMH for their participation in the discussions and adjourned the Meeting.			
Next Meeting	<p style="text-align: center;">Date: August 7, 2014 Place: California Department of Public Health 1615 Capitol Avenue, Sacramento CA, 95899 Time: 1:00 PM – 4:00 PM</p>			

Attachment