
California Home Visiting Coordination Learning Network Session 5

October 25, 2021





Participation Reminders



Please use the chat feature to engage in discussion and to reach our support team with any technology questions.

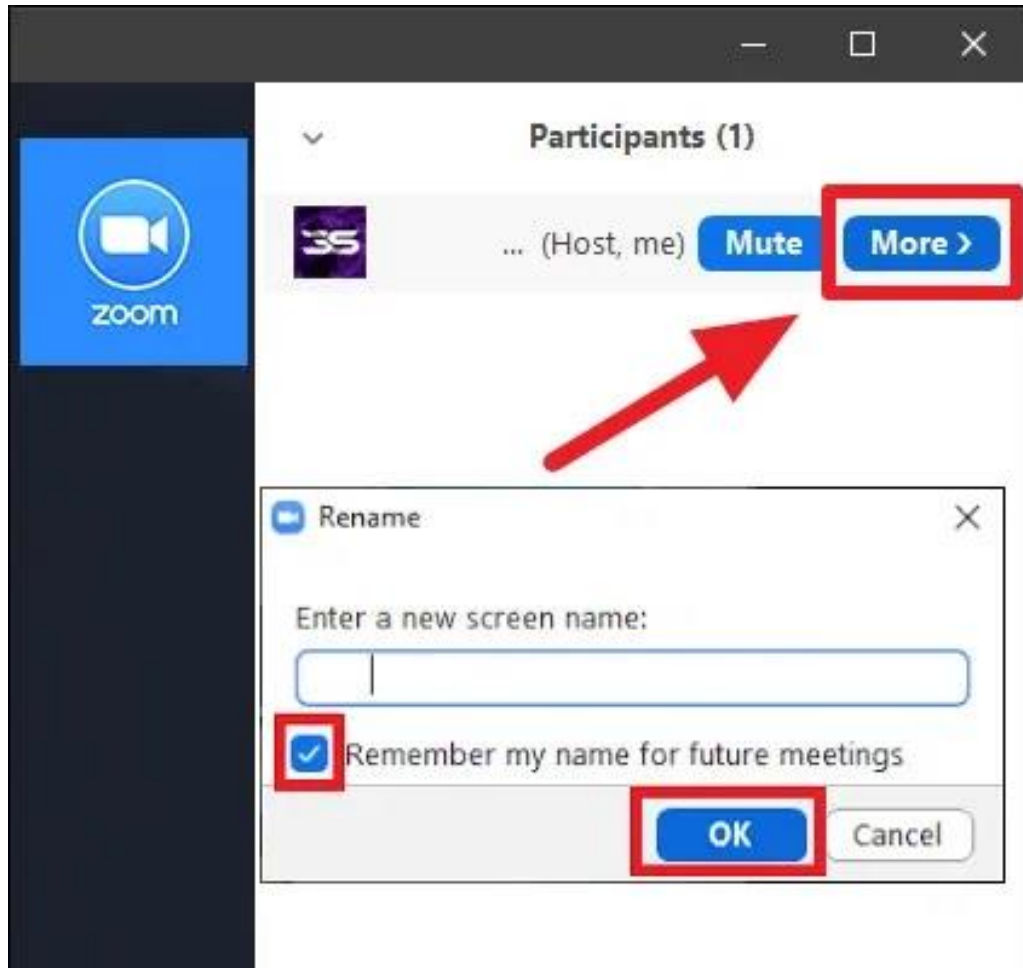


Please mute your computer speakers if you joined by phone and hear an echo.



If available, please turn your video on.

Rename Yourself in Zoom



OR



Example: Hannah, Fresno

Agenda

- Data system polls
- Coordination framework
- Infrastructure domain
- Peer Spotlight – San Luis Obispo
- Peer Spotlight – Santa Clara
- Group breakout discussions
- Next steps



Poll 1: Data System Use

Are you currently implementing one of these data systems?
Please select all that apply.

- a) Unite Us
- b) Aunt Bertha
- c) Persimmony
- d) Apricot 360
- e) Other

Poll 2: Data System Interest

Are you interested in learning more about one of these data systems?

Please select all that apply.

- a) Unite Us
- b) Aunt Bertha
- c) Persimmony
- d) Apricot 360

Coordination Framework



Service Coordination

Coordination between:

- HV programs
- HV and other family-serving organizations

Coordination is on a Continuum



Infrastructure

Reflections



Infrastructure: WHAT



Infrastructure

- **Governance & policies**
- **Referral systems**
- **Data collection & use**
 - **Financing**
 - **Workforce**

Infrastructure: WHAT



Infrastructure

- **Governance & policies**
- **Referral systems**
- **Data collection & use**
 - **Financing**
 - **Workforce**

Financing for CA Evidence-Based Home Visiting

Funding Source	Number of Counties	Percent of Counties
Head Start/Early Head Start	43	86%
CalWORKs Home Visiting Program (HVP)	30	60%
First 5 County Commission	26	52%
Other county or local funds	22	44%
MIECHV (CHVP)	20	40%
MediCal	12	24%
Foundation or Other Private Funds	6	12%
Mental Health Services Act (MHSA Prop 56)	5	10%
Child Welfare (Family First Act, CAPTA)	4	8%

Note. Two counties reported having no home visiting programs.

Financing: HOW



Blended: Multiple funding streams are mixed and do not need to be tracked separately.



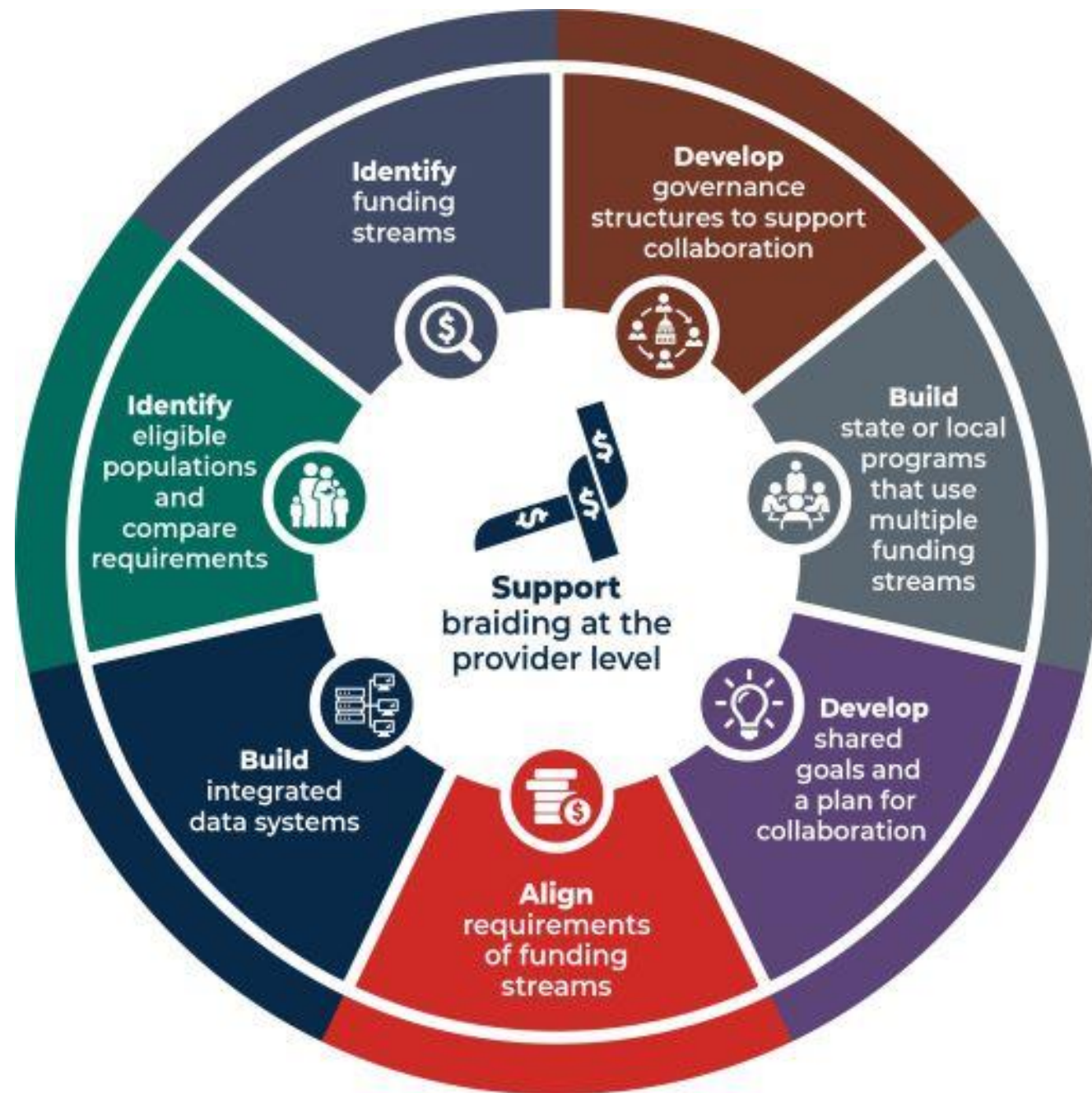
Braided: Funding streams support a common goal, but each source must be tracked separately.



Results-based: Strategies such as “pay for success” and social impact bonds that link payments to improved outcomes.

Financing: WHY

- Key to sustainability
- Leverage available resources



Financing: Where to Start

Start with a shared vision and goals, then align priorities with funding sources...

- Populations served and special populations of interest
- Risk and protective factors
- Shared outcomes of interest
- Functions and requirements of specific funding mechanisms



Peer Spotlights



County of San Luis Obispo Public Health Department Nurse Home Visiting Programs





Healthy Families San Luis Obispo County™

**Early Support Program
(Public Health Nursing)**



History of SLO Home Visiting Programs

- ▶ Local Public Health Nursing Model – Early Support Program has been in existence for over 30 years
 - Staffing includes Public Health Nurses
- ▶ Nurse Family Partnership – Implemented in 2001
 - Staffing includes Public Health Nurses
- ▶ Healthy Families America – Implemented in 2019
 - Staffing expanded to include Public Health Nurses, Community Health Nurses, and Social Worker Aides



History of SLO Program Funding

Initially funding came through MCAH Title V Block Grant/Title XIX (FFP) funding

Changed to Targeted Case Management/County General Funds (50/50 match)
(During FY 2001-2002)

Fiscal Year 2020-2021 – left TCM and returned to MCAH Title V/Title XIX (FFP) funding

Funds from our Department of Social Services via MOUs



Current Funding Sources

- Title XIX (FFP) & Title V Block Grant (MCAH Funding)
- Department of Social Services (MOU's IHHS, Public Health Nursing, Options for Recovery Foster Care Program & Resource Family Pre-Certification)
- County General Funds
- CalWORKs Home Visiting Program (California Department of Social Services)
- CAF5 Home Visiting Coordination Grant



Tracking of Blended/Braided Funding

- ✓ Internal orders are developed by our Fiscal Department for all new funding sources
- ✓ Staff code to the internal order in the SAP (Employee Self-Service) system for their weekly time-card
- ✓ Reports can be run in the SAP system by our fiscal team for any state audits or secondary documentation needs
- ✓ MCAH time study quarterly
- ✓ Time study of the federal codes for CalWORKs HVP Program in Persimmony (electronic database) for quarterly fiscal reporting and secondary documentation










Weekly Coding for Staff

Example Time-Card Template

Week From: 10/03/2021 Apply Template Favorites Check Insert Row									
Rec. order	Receiving Func. Area	Att./abs. type	Premium no.	Total	SU, 10/03	Det.	MO, 10/04	Det.	TU
160ROFR		Regular Pay ▼		0					
160RCWDSS		Regular Pay ▼		0					
160RCALWORKS		Regular Pay ▼		0					
160RNLWP		Sick Leave ▼		0					
160RNLWP		Personal Leave ▼		0					
160RNLWP		Vacation ▼		0					
160RNLWP		Holiday ▼		0					
160RDISAST05	COV19	Regular Pay ▼		0					
160RMCH		Regular Pay ▼		0					
160RMCH	C_LEGAL	Regular Pay ▼		0					

Weekly Coding for Staff

Example Time-Card Completed

		AAR	Acct assgnt text	General receiver	Number	MU	Short Text	ActTyp	A/A type
09/10/2021		Order	MATERNAL CHILD HEALTH 16005	<u>160RMCH</u>	8	H		10	0010
09/09/2021		Order	NURSING LEAVE WITH PAY 16005	<u>160RNLWP</u>	1.500	H		30	0030
		Order	MATERNAL CHILD HEALTH 16005	<u>160RMCH</u>	5.500	H		10	0010
		Order	PHN AT DSS CHILD WELFARE DIVISION	<u>160RCWDSS</u>	1	H		10	0010
09/08/2021		Order	HOME VISIT INITIATIVE CALWORKS CLIENTS	<u>160RCALWORKS</u>	4.500	H		10	0010
		Order	MATERNAL CHILD HEALTH 16005	<u>160RMCH</u>	3.500	H		10	0010
09/07/2021		Order	MATERNAL CHILD HEALTH 16005	<u>160RMCH</u>	8	H		10	0010
09/06/2021		Order	NURSING LEAVE WITH PAY 16005	<u>160RNLWP</u>	8	H		36	0036



Lessons Learned

- Develop a strong working relationship with your fiscal team
- Always keep excellent secondary documentation of daily work events
 - Meetings, home visits, trainings, time studies (MCAH, TCM, CalWORKs etc)
- Have a good line of communication with your funders
- Always be prepared for an audit



Questions?



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Q&A





Santa Clara County Approach to Systems Investment and Sustainability

October 25, 2021



Systems Investment and Sustainability: Universal Developmental Screening Initiative

2006

- FIRST 5 Santa Clara County and County Behavioral Health Services Department (BHSD) partner to provide developmental and behavioral health screening, assessment and early intervention services to young children (**KidConnections Network of Providers**): executive sponsorship, common vision, braided and leveraged funding; collaborative design; geographically selected community-based providers; and joint oversight and evaluation.

2013

- Board of Supervisors launches a **Universal Developmental Screening Initiative** in several pilot pediatric-serving Federally Qualified Health Centers operated by the County (Valley Health Center) and by a non-profit (Gardner Health Services), utilizing the evidence-based Ages and Stages Questionnaire-3rd Edition (ASQ-3) and ASQ:Social-Emotional (ASQ:SE)

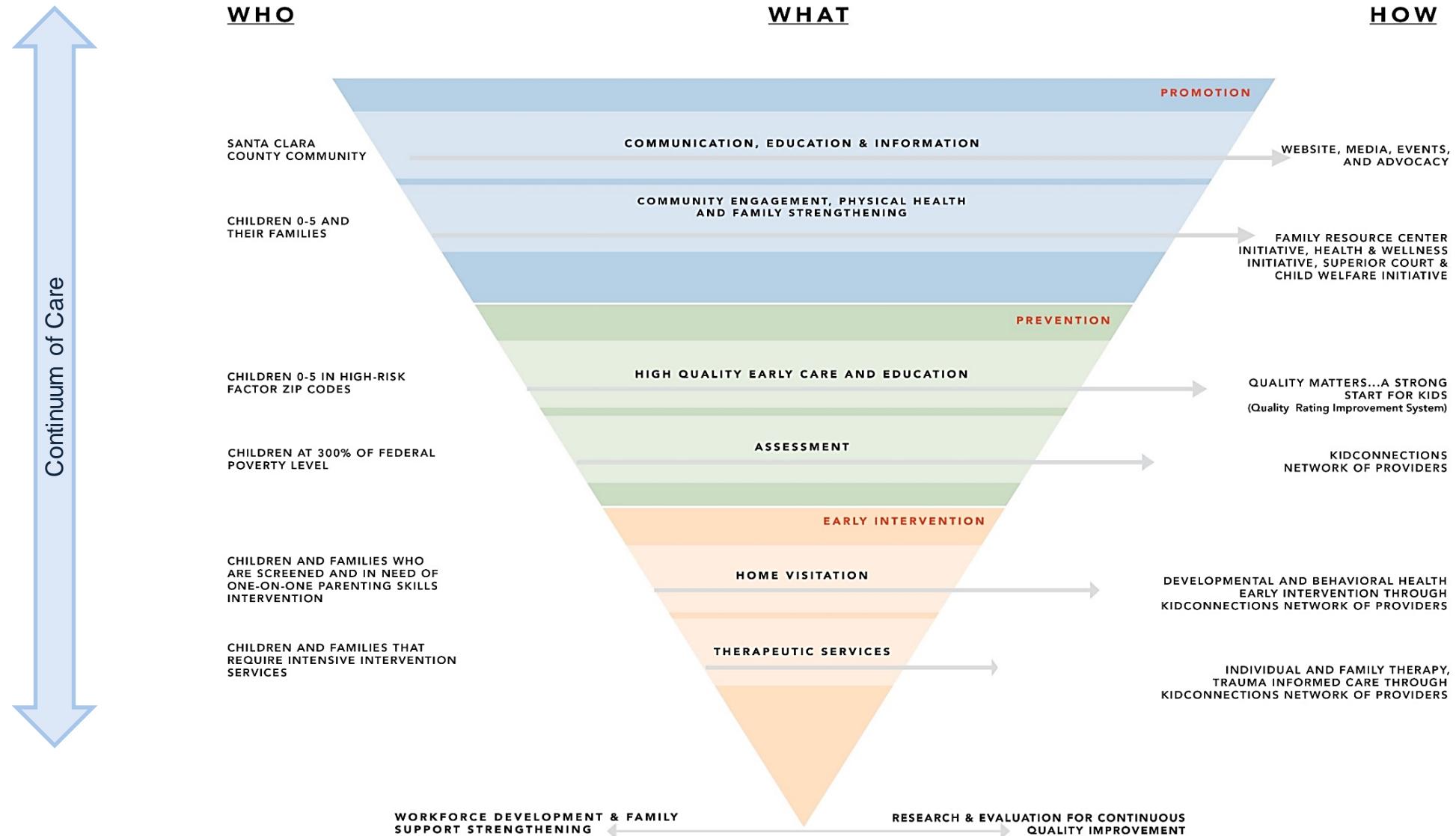
2015

- FIRST 5 Santa Clara County receives designation as a **Help Me Grow** California County Affiliate based on the FIRST 5 and County-supported community and clinic-based Universal Developmental Screening and KidConnections initiatives. Help Me Grow is a system model that utilizes and builds on existing resources in order to develop and enhance a comprehensive approach to increasing access and connection to developmental and behavioral health information and services that support the healthy development of children and their families.

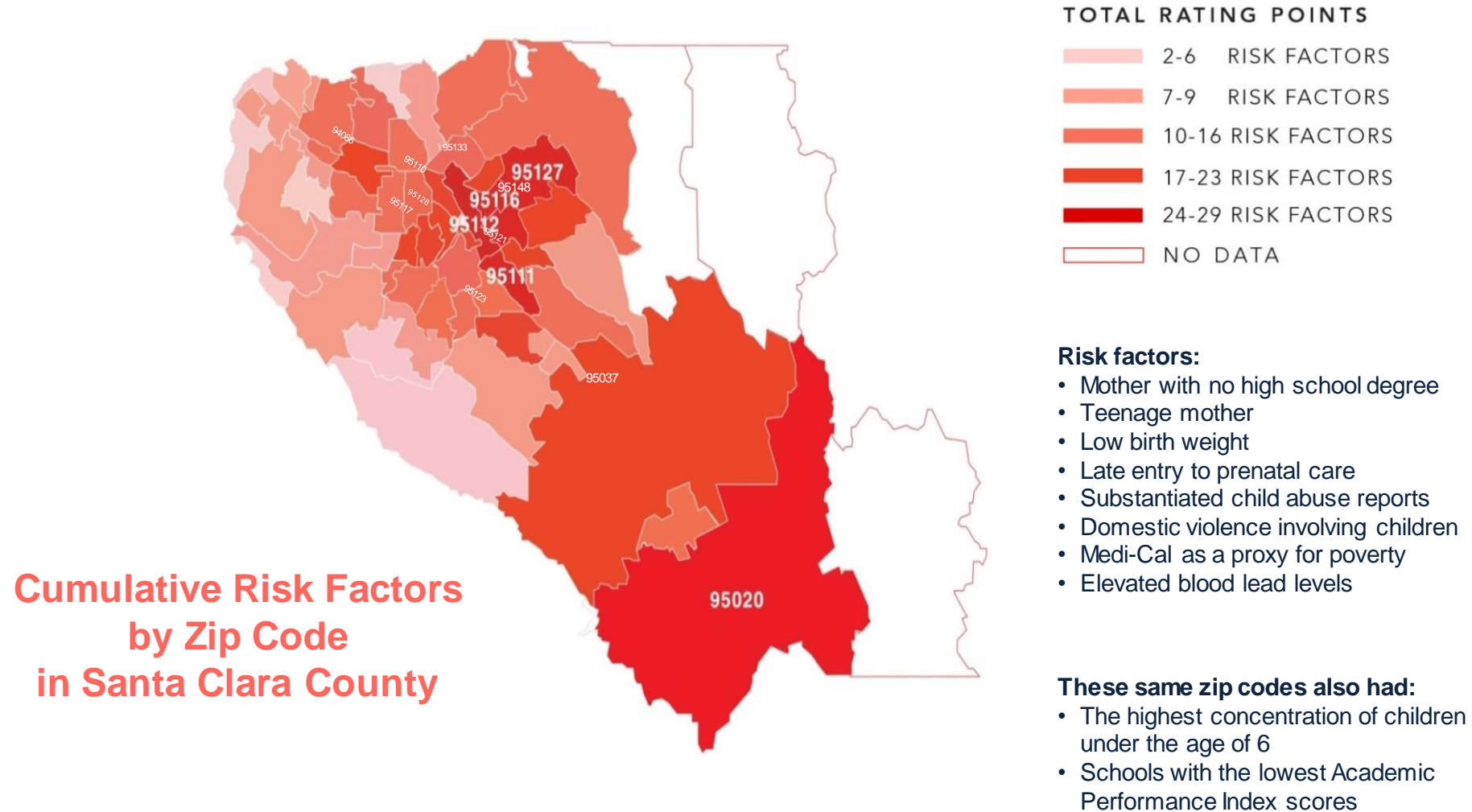
2021

- Today, this screening, assessment, referral, and early intervention system of care for young children, along with the broader network of family resource centers and parenting support services in Santa Clara County, is poised, with its partners, to expand to an even broader information, referral, and early intervention system (Help Me Grow) that connects families with young children to needed information and services in support of children's optimal health, development, and school success.

FIRST 5 SYSTEM OF CARE SERVICE DELIVERY SYSTEM

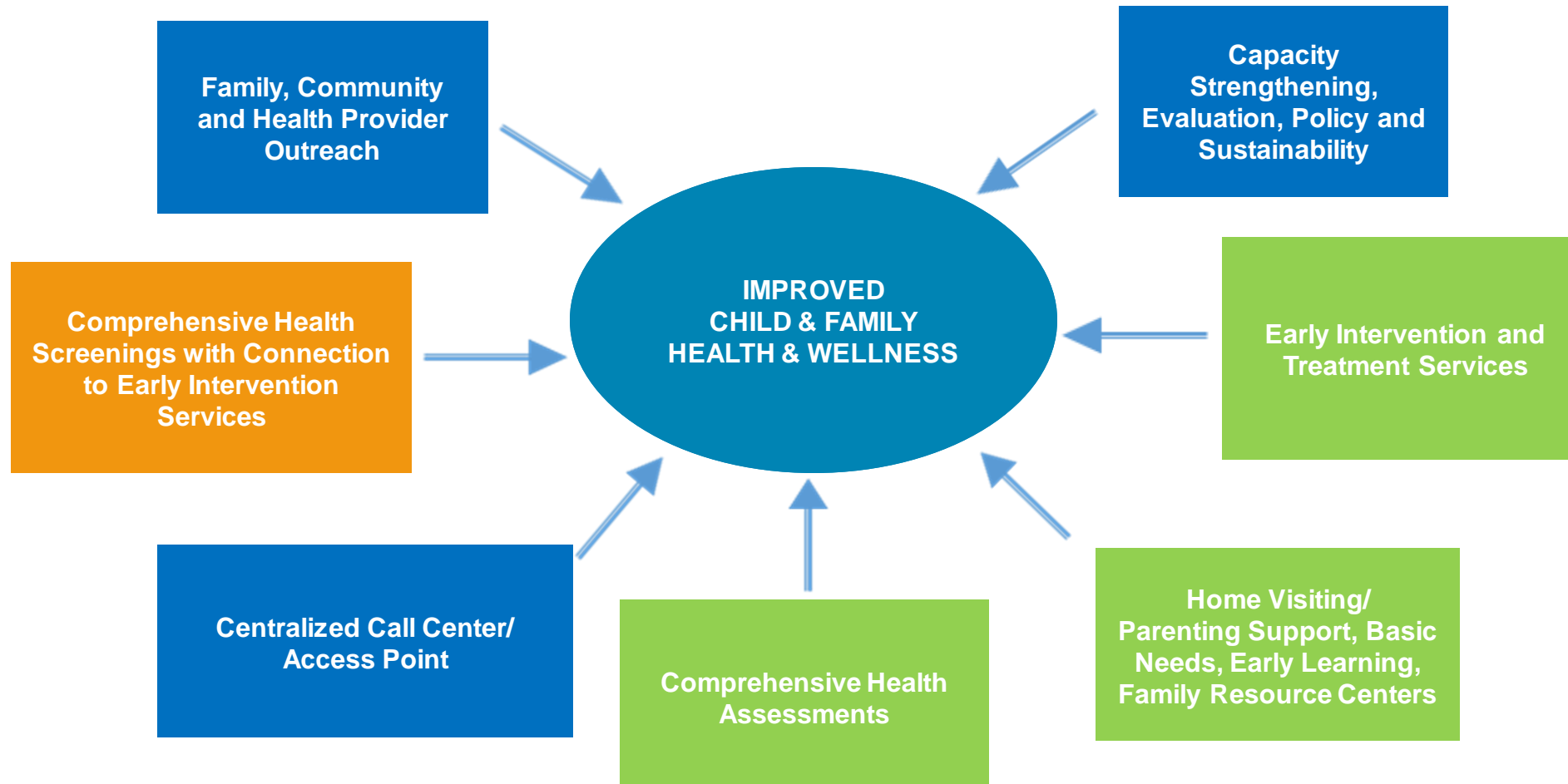


Systems Investment and Sustainability : Universal Developmental Screening Initiative



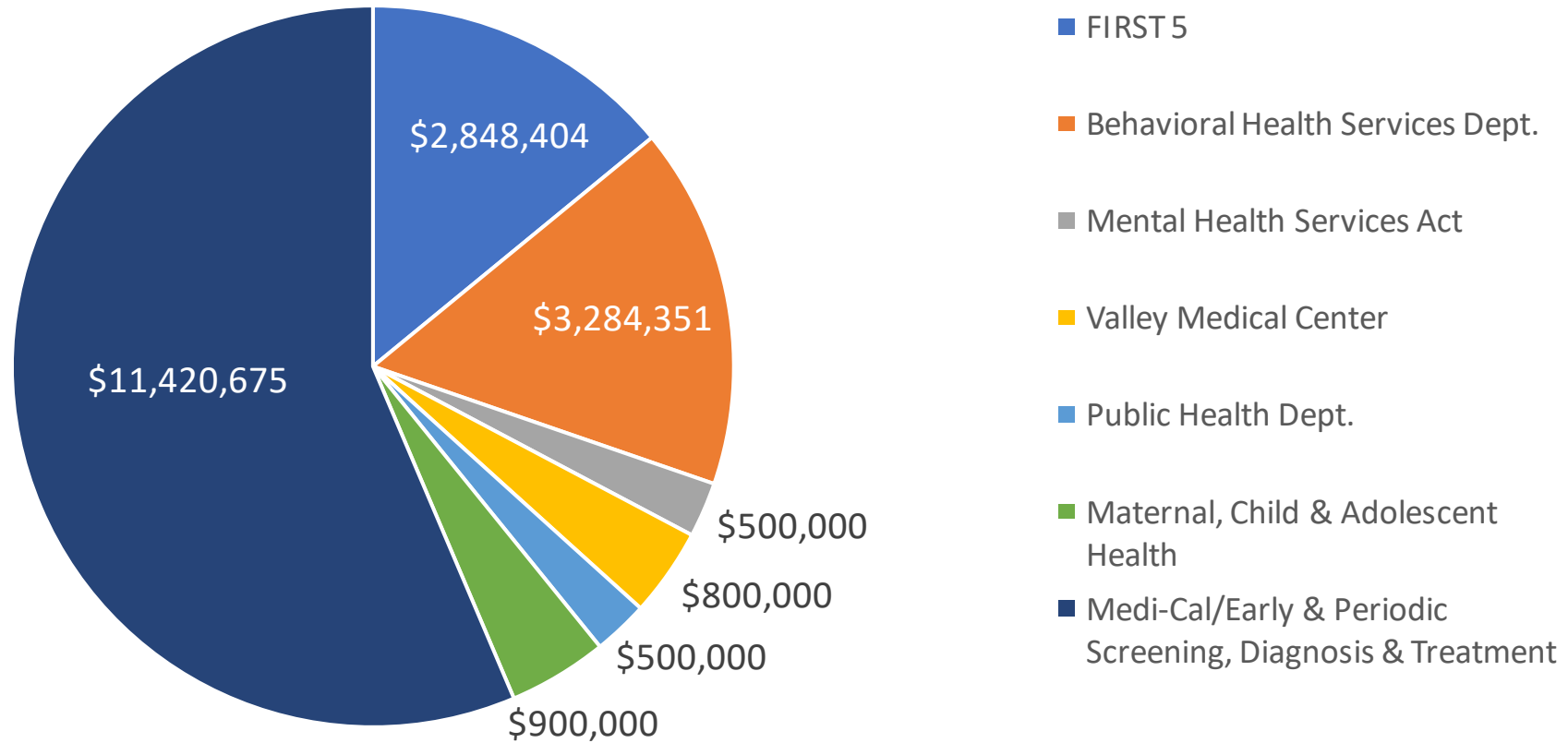
Systems Investment and Leveraging : Universal Developmental Screening Initiative

Medical, Developmental, and Behavioral Health Integrated Care System for Children and Their Families



Systems Investment and Leveraging: Universal Developmental Screening Initiative

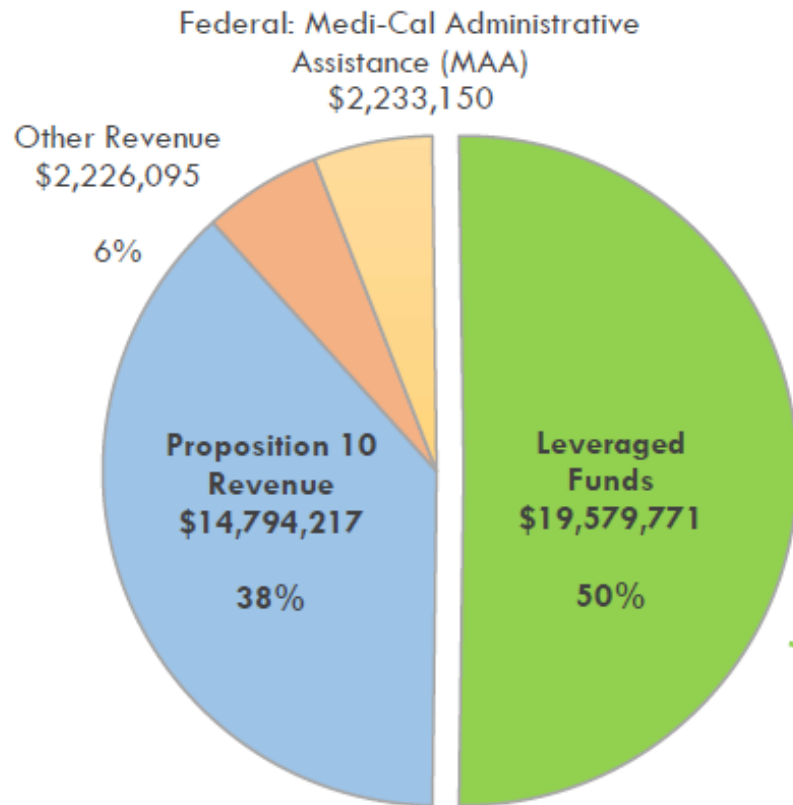
Direct Investment/Leveraged Funding: Universal Developmental Screening Initiative (FY 19/20)



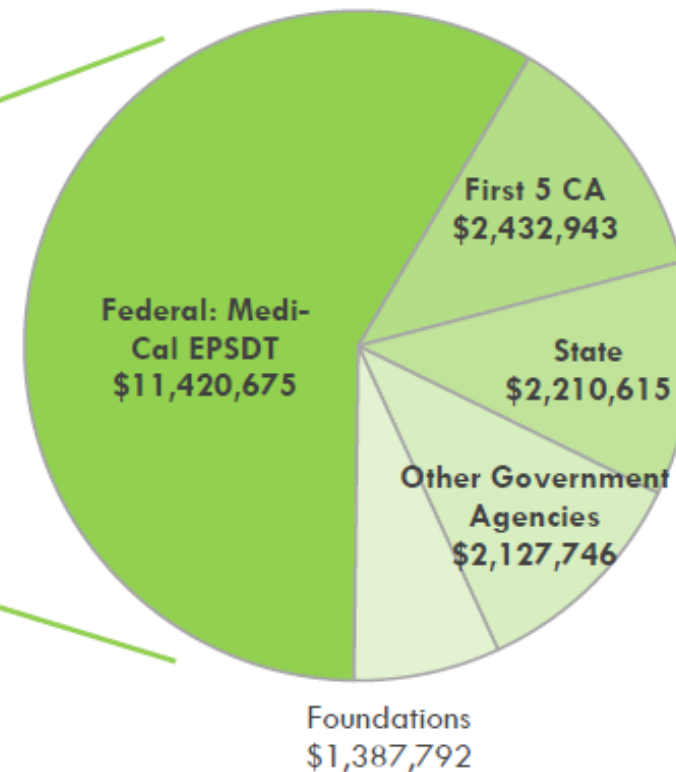
Systems Investment and Leveraging: FIRST 5 Santa Clara County

FIRST 5 Santa Clara County Total Revenue (FY 19/20)

TOTAL REVENUE, ALL SOURCES



LEVERAGED FUNDS, BY GRANT SOURCE



Systems Investment and Leveraging: Home Visiting Collaborative Programs/Partners*

Home Visiting Program Name (Prenatal – 5 Focus)	Funding Sources
1. Black Infant Health	California Department of Public Health/Maternal Child Adolescent Health (MCAH)
2. Early Head Start - County Office of Education	Federal Head Start
3. Early Start - County Office of Education	Part C Federal Funding
4. Early Start - San Andreas Regional Center	Department of Developmental Services (DDS)
5. FIRST 5 Public Health Nursing Home Visiting Program	FIRST 5, MCAH, County General Fund
6. General Public Health Nursing Program	Targeted Case Management (Medi-Cal)/County General Fund
7. Help Me Grow/ KidConnections	County General Fund, FIRST 5/Prop. 10, Medi-Cal/Early Periodic Screening Diagnostic and Treatment (EPSDT)
8. Nurse Family Partnership	Behavioral Health Services Department-Mental Health Services Act/MCAH/County General Fund
9. Nurse Family Partnership (CalWORKs Home Visiting Program)	CalWORKs Single Allocation Home Visiting Program Augmentation
10. ParentChild+ (CalWORKs Home Visiting Program)	Medi-Cal Administrative Activities, CalWORKs Single Allocation Home Visiting Program Augmentation (State Allocation)
11. ParentChild+	Medi-Cal Administrative Activities, CalWORKs Home Visiting Program, FIRST 5, State Dual Language Learner Pilot, Private Foundations
12. Strong Moms, Strong Babies (CalWORKs Home Visiting Program)	CalWORKs Single Allocation Home Visiting Program Augmentation

*First 5 California Home Visiting Coordination grant is leveraged by this collaborative for strategic planning facilitation and integration of Parents as Teachers across home visiting partner programs.

Systems Investment: Universal Developmental Screening Initiative



- **Phase 1: County-Operated Health Clinics**

- ✓ Universal developmental and behavioral health screening in all County-operated OB/GYN and Pediatric Health Clinics
 - 4Ps Plus Implementation - validated behavioral health screening instrument designed specifically for pregnant women
 - Ages and Stages Questionnaires Screening Tool Implementation surpasses American Academy of Pediatrics Screening Guidelines
- ✓ Valley Health Centers are the primary referral sources (40%) for children to Help Me Grow/KidConnections Developmental and Behavioral Health System of Care
- ✓ Sustainable staffing by 7 Licensed Vocational Nurses/Medical Assistants (funded through County General Fund) and 4 Community Workers (funded through County Behavioral Health Services Department)

- **Phase 2: Community Health Clinics**

- ❑ Board of Supervisors Referral to expand into Phase 2
- ❑ Integrated and Sustainable Behavioral Health Model in Primary Care Clinics
- ❑ Trauma-Informed & Healing-Centered Network of Care, including training on PEARLS screening tool
- ❑ Home Visiting Systems Coordination

- **Phase 3: Private Practice Health Clinics**

Lessons Learned

- Develop and strengthen relationships with your partners and learn how they are funded and how your agency could be a partner (e.g., providing a match to draw down funds, pass-through to leverage a funding stream—Medi-Cal Administrative Activities)
- Research funding streams (existing reports, hire consultants) to identify which ones are a good match for your organizational priorities/resources
- Develop infrastructure needed to bill and manage funding streams (e.g., Medi-Cal Administrative Activities)
- Look for creative ways that partnerships and funding streams can help sustain your SYSTEM, and not just your program (e.g., professional development, evaluation, policy)

Contact

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Q&A



Breakout Group Discussions

Poll

What are your biggest challenges in leveraging funding?

- a) Unsure where to start
- b) Unfamiliar with available funding opportunities or how various funding mechanisms work
- c) Lack of relationships with prospective partners or potential funders
- d) Lack of resources to explore, apply for, or maximize funding
- e) Burdensome administrative requirements for existing or prospective funding sources (e.g., time studies, billing, fiscal policies and procedures)
- f) Short funding cycles
- g) Other (please specify in chat box)

Breakout Room Instructions

- Click the Google doc link
- Navigate to group page
- HVC staff will take notes



Group Discussion Topics

- Have you tried blending or braiding funding? For what purpose?
 - What successes have you had?
 - What lessons have you learned?
- What resources or support might you need to better leverage funding for home visiting services?

Next Steps

HVC TA Liaisons



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Northwest Region



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Northeast Region



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Select counties in Central,
Northwest, and Southern
Regions

Next Steps

- Follow-up email with:
 - Post-session survey
 - Slide deck and breakout discussion notes
- Session 6 on Nov 22nd
 - Topic: Infrastructure (collecting, reporting, and sharing data)
 - Please email simmons@jbassoc.com with any questions you have in advance

Thank You!

Hannah Simmons

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