

CalWORKs HVP Request for County Plan - Attachment A

CalWORKs Home Visiting Program (HVP)

Request for County Plan (RFCP)

Attachment A

July 2022 - June 2024

Date Issued: April 2022

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PART I: OVERVIEW

1. Introduction

The California Department of Social Services (CDSS) is requesting county plans/applications for the fiscal year (FY) 2022-2024, implementation cycle three, of the California Work Opportunity and Responsibility to Kids (CalWORKs) Home Visiting Program (HVP).

a) Background

The CalWORKs HVP is a voluntary program supervised by the CDSS and administered by participating California County Welfare Departments (CDWs) established by [Welfare and Institutions Code \(W&IC\) § 11330.6-11330.9](#).

b) Purpose

The purpose of the CalWORKs HVP is to support positive health, development and well-being outcomes for pregnant and parenting individuals, families, and infants born into poverty. By helping families achieve stability while participating in the HVP, the program hopes to lay the foundation for other long-term goals such as future educational opportunities, economic progress, and greater financial opportunities. This two-generational whole family approach to service delivery will improve family engagement practices, support healthy development of young children living in poverty, and prepare parents for robust engagement in Welfare-to-Work activities and employment.

c) HVP Participant Eligibility

To be eligible for home visiting services per [W&IC section 11330.6\(c\)\(2\)](#) a voluntary participant must meet criteria (I) and one description under criteria (II):

- (I) The individual is pregnant, or the individual is a parent or caretaker relative of a child less than 24 months of age at the time the individual enrolls in the program; and
- (II) The individual is:
 - (i) A member of the CalWORKs assistance unit; or
 - (ii) The parent or caretaker relative of a child-only case; or
 - (iii) A pregnant individual who has applied for CalWORKs aid within 60 calendar days prior to reaching the second trimester of pregnancy and would be eligible for CalWORKs aid other than not having reached the second trimester of pregnancy; or
 - (iv) An individual who is apparently eligible for CalWORKs aid.

A CWD may serve additional CalWORKs individuals not described above in (I) with Department approval.

A CWD and its selected home visiting model may also incorporate participation of the noncustodial parent of a child who is a member of a CalWORKs assistance unit into home visiting services. Noncustodial parent participation is subject to the mutual agreement of the custodial and noncustodial parents.

Participation in the HVP is optional for CalWORKs clients. Participation does not affect a family's application for aid or eligibility for any other CalWORKs benefits, supports or services such as Welfare-to-Work exemptions.

d) Funding Award

Funding is subject to an appropriation in the annual Budget Act. CWDs may limit the number of families participating in the program to ensure that costs do not exceed the amount of funds awarded to them, as HVP services are not entitlement services.

2. County Participation

The CDSS will accept one application per county from the CWD. The CWD shall sign the application and agree to serve as the fiscal lead. CWDs and their home visiting partner(s) may work collaboratively to complete the application. The application must include the proposed/selected county partner(s) with the capacity to meet the requirements of the program and deliver services effectively and efficiently. A Memorandum of Understanding (MOU) between the participating CWD and home visiting agencies shall be submitted with the application. Draft MOU agreements are accepted; however, any CWD applying to participate in the CalWORKs HVP for the first time must submit an executed MOU to the CDSS before services may begin. The MOU agreement shall include, but not be limited to, each agencies' specific roles and responsibilities, data sharing and reporting, claiming funds, enrollment and outreach policies, and communication expectations.

a) Partnerships for CWDs with limited resources

CWDs may choose to partner with other CWDs to deliver home visiting services regionally. An MOU between the CWDs, and an outline of specific roles and responsibilities in the implementation of the HVP shall be submitted to the CDSS with the county plan.

3. Requirements for Home Visiting Models

Participating CWDs shall select an approved, evidence-based home visiting model(s) for the delivery of HVP services. The home visiting model(s) must have demonstrated evidence of effectiveness according to United States Department of Health and Human Services (HHS) criteria (see Home Visiting Evidence of Effectiveness (HomVEE)). For evidence-based home visiting models meeting the HHS criteria that are not identified in

the most recent HomVEE review, e.g. local models, CWDs must also submit a copy of the model's evaluation of efficacy to the CDSS with their application.

Participating CWDs must ensure the home visiting model(s) used meets the minimum requirements established by the CDSS. All submitted county plans will be assessed by the CDSS staff to determine that they are complete and meet the criteria outlined.

The CDSS will give priority to CWDs and their home visiting providers that are utilizing HomVEE approved home visiting models, except in cases where programs have already received CDSS approval in prior application cycles to use local models. However, CWDs with prior approval must confirm they are utilizing the model previously approved by CDSS and remain in good standing with the model certification/accreditation.

Funding eligibility and approval of the county plan are contingent upon a CWD's and the home visiting partners' ability to both implement the mandatory criteria and demonstrate the capacity to integrate additional criteria in the delivery of home visiting services. The CDSS will utilize the scoring criteria as referenced below.

a) Mandatory Criteria

Criteria	Description
Home Visiting Model ☒ Yes ☐ No	The home visiting model is identified by HomVEE to meet the HHS criteria for evidence-based home visiting programs or the home visiting model is an evidence-based model with an evaluation included with the RFCP. <i>Please note, home visiting models without an evaluation will not be considered for funding.</i>
Capacity ☒ Yes ☐ No	The home visiting model demonstrates capacity to serve the linguistic and cultural needs of the target population.
Ability to Serve Target Populations ☒ Yes ☐ No	The home visiting model demonstrates a plan to offer and continue to provide home visiting services to the target population.
Home Visitor Qualifications ☒ Yes ☐ No	Home visitors are registered nurses, nurse practitioners, social workers, or other persons able to provide culturally and linguistically appropriate services who are trained and have completed a background check (W&IC) 11330.7(d)).

Criteria	Description
Training ☒ Yes ☐ No	Home visitors will complete all required trainings below, prior to serving CalWORKs HVP clients (W&IC 11330.7(g)). 1. CalWORKs, Medi-Cal, Cal-Fresh, California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and other programs, with county-specific information about how the home visiting professionals can help a parent access additional services for which the parent may be eligible and troubleshoot problems with benefits or eligibility that would impact the parent's access to services. 2. Cultural competency and implicit bias. 3. Strength-based practices for working with families with unmet needs. The county in conjunction with their contractor(s) has a plan developed/identified to ensure that these trainings listed above are effective and occur in a timely manner.
Duration ☒ Yes ☐ No	The home visiting model includes the provision of home visiting services for 24 months or until the child's second birthday, whichever is later.
Home Visiting Outcome Domains ☒ Yes ☐ No	The home visiting model includes collaboration with other service providers to leverage and expand resources and referrals relating to all of the following: ☒ Prenatal, infant, and toddler care; ☒ Infant and child nutrition; ☒ Developmental screening and assessments; ☒ Parent education, parent and child interaction, child development, and childcare; ☒ Job readiness and barrier removal; and, ☒ Domestic violence and sexual assault, mental health, and substance abuse treatment.
Case Management ☒ Yes ☐ No	The home visiting agency and the county have, or plan to establish, a collaborative case management plan.
Screening and Assessment Tools ☒ Yes ☐ No	The home visiting agency uses standardized data collection tools (e.g. screenings, assessments, questionnaires, interviews), and procedures to evaluate the status and track progress in educational, developmental, health, mental health, and other domains for the child and the adult.
Model Fidelity ☒ Yes ☐ No	The home visiting agency has the appropriate supervision and infrastructure to maintain fidelity to its chosen model.
Data Collection ☒ Yes ☐ No	The home visiting agency has policies, procedures, and systems in place to collect data for program evaluation and continuous quality improvement (CQI) purposes. The home visiting

Criteria	Description
	agency and CWD have a system that will collect the specific outcome data mandated by W&IC 11330.8(d) .
	The CWD and their home visiting partner(s) have policies and procedures in place for evaluating local data and submitting the monthly status report (HVP19), and sharing client-level and aggregate data with the CDSS's data systems.

If you answered “NO” to any of the above mandated requirements, please DO NOT complete the RFCP. All the mandatory criteria listed above are required.

b) Additional Criteria

County plans will also be scored and evaluated on the following criteria:

Criteria	Description
Experience	The home visiting agency has a minimum of three years of experience serving CalWORKs clients or CalWORKs-eligible clients.
Outreach	Home visiting recruitment and outreach strategies are established.
Frequency	The home visiting agency has a demonstrated capacity to provide services to the same participant at least monthly and multiple times per month as needed in alignment with model fidelity.
Attrition	Home visiting agency has a plan to monitor the attrition rates with a goal to minimize attrition.
Early Learning Setting	Established procedures describing how the home visitors will encourage CalWORKs participants to engage in high-quality early learning settings. Parents should have an opportunity to select from high-quality early learning settings that may provide developmental screenings and assessments, and offer a core curriculum that is developmentally, culturally, and linguistically appropriate. If a parent volunteers in the early learning setting, these hours shall count towards their allowable activities under their Welfare-to-Work (WTW) plan per Section 11325.21. Children enrolled in an early learning setting through the HVP, may remain enrolled for 24-months regardless of the parent's participation in activities.
Resources for Immigrants	The home visiting agency has established and consistently updates a list of resources to ensure home visitors connect eligible families with immigration and other culturally appropriate services and resources.
Material Goods	There is an established procedure to allocate funds for health and safety related items.
Co-location	The home visiting agency co-locates with a CWD or provides a feasible reason as to why they are unable to co-locate.
Collaboration	All partners are involved and participate in a local multidisciplinary group that focuses on home visiting. The workgroup will share best practices, improve service delivery, ensure systems integration, and develop solutions to issues that arise locally.
Sustainability	The home visiting agency has a strategic plan for sustainability of funding for home visiting services to the CalWORKs populations. (E.g. funding from local sources, leveraging federal or other resources).

4. Allowance for Multiple Home Visiting Models

CWDs have the flexibility to use multiple evidence-based home visiting models. If CWDs choose to use more than one home visiting model, an MOU, or other formal agreement between the CWD and each home visiting agency must be submitted to CDSS prior to implementation. All the home visiting models chosen must be approved by the CDSS and meet the minimum requirements for the CalWORKs HVP.

5. Stakeholder Collaboration workgroups and Meetings

CDSS will convene CWDs with participating home visiting programs twice annually to share challenges, lessons learned, and best practices. [W&IC section 11330.8\(b\)](#). These meetings will be open to all stakeholders listed in [W&IC 11330.8\(a\)](#).

CDSS shall consult with a workgroup of CWDs and other stakeholders to provide CQI and technical assistance to CalWORKs HVP CWDs. The CQI workgroup shall biennially review, analyze and interpret data collected to inform HVP practices, policies and technical assistance efforts per [W&IC section 11330.8\(a\)](#).

6. Modifying Application Information

A CWD may request to change their county plan, specifically their evidence-based home visiting model(s) included in their county plan by resubmitting their RFCP with the updated information. Adding or changing a home visiting model requires Department approval prior to implementation.

At any time, a CWD may also request to change or expand the population they serve, which may be the result of further planning and coordination efforts to reach the target population. The updated information must be sent in writing, on CWD letterhead, to the CalWORKs HVP email address: (CalWORKsHVP@dss.ca.gov).

7. Data Collection and Continuous Program Evaluation

CWDs shall be compliant with the most recently released guidance on data reporting.

Aggregate Data Collection

CDSS will collect the following types of data from CWDs in the monthly aggregate status report (HVP 19):

- Home Visiting Program Models. Summarizes the total number of cases enrolled by model type.
- Home Visiting Program Caseload. Summarizes the caseload, which includes parents or caretakers and children receiving services.
- Home Visiting Program Referrals and Services. Summarizes referrals made to various services.

Applicants can find more information regarding the HVP 19 monthly status report in [All County Letter \(ACL\) NO. 19-82](#). This letter also includes the form and instructions for completing the form.

Program/Client Data

CDSS will work with counties and other stakeholders, including independent research-based institutions, to establish outcome and process measures to evaluate the impact and effectiveness of the CalWORKS HVP. As a condition of funding, participating CWDs and their home visiting partners shall collect and provide to CDSS client data necessary to administer the program and related to the outcomes of participants and children (W&IC section 11330.8(c)). CDSS may request additional data, including client-level data, for the purposes of evaluating the program and doing continuous quality improvement.

Outcome measures related to the following areas will be used to track performance (W&IC § 11330.8(d)):

- (A) Rates of children receiving regular well-child check-ups and, if available, immunization rates according to the American Academy of Pediatrics Bright Futures guidelines.
- (B) Rates of children receiving developmental screening and referrals for further assessment.
- (C) Rates of participation in early learning programs.
- (D) Service referrals by type.
- (E) Services accessed by type.
- (F) Number of home visits completed, including data on duration of families' enrollment in home visiting services.
- (G) Parental satisfaction with their gains in parenting skills and knowledge.
- (H) Food and housing stability.
- (I) Workforce training, employment, and financial stability.
- (J) Participation in educational programs or English as a Second Language programs, or both, as applicable.
- (K) Access to immigration services and remedies.
- (L) Indicators of home visiting program workforce capacity, including demographics, characteristics, composition, including employer and certification status, and future training needs of the home visiting workforce.
- (M) Child welfare referrals and outcomes.
- (N) Additional descriptive and outcome indicators, as appropriate.

It is the responsibility of the CWDs to coordinate with all parties administering home visiting in their jurisdictions, including affiliate and partner agencies, to ensure that CDSS and their evaluation team receives the necessary individual level data to conduct an efficient and effective continuous evaluation of the CalWORKS HVP

PART II: REQUEST FOR COUNTY PLAN INFORMATION AND IMPORTANT DATES

1. RFCP Submission Instructions

CWDs must submit a completed county plan that complies with the requirements established in this RFCP along with all the requested documents to CalWORKsHVP@dss.ca.gov no later than **June 6, 2022**.

Include in the subject line: **CalWORKs HVP Request for County Plan (FY 2022-2024)**

2. Application Technical Assistance

The CDSS will provide intensive individual technical assistance to any CWD that requests assistance with the application. A CWD can request a conference call through the CalWORKs HVP email address (CalWORKsHVP@dss.ca.gov). During this conference call, the CDSS can either provide a high-level overview of the entire application, or answer specific questions posed by the applicant.

3. RFCP Implementation and Reporting Timeline

ACTIVITY	DATE¹
RFCP Release Date	April 2022
RFCP Due Date	June 6, 2022
Tentative Award Notification and All County Letter for Participating Counties	June 30, 2022
HVP-19 Aggregate Monthly Data Reports	5 th calendar day of the second month following the report month
Other Data Collection	TBD

4. RFCP Technical Assistance

During the application process, CWDs can fill out the county conference call tool (on the Department HVP webpage). This tool allows CWDs to submit specific questions based on a subject area, which they can then send through the HVP email address. The CDSS will then setup a phone call with the CWD representatives to discuss the questions posed. The conference call tool can be found by clicking on the following link: [Conference Call Request Document](#). Additionally, CWDs can directly send any questions they have regarding the application to the CalWORKs HVP email CalWORKsHVP@dss.ca.gov.

¹ All dates are subject to change at the discretion of CDSS.

5. Home Visiting Model Selection

CWDs are expected to plan for and select a home visiting model(s) that would best meet the need of eligible individuals and families and align to local capacity and resources.

- a) Population mapping and community resource mapping are important factors in helping choose which home visiting model(s) will best serve their CWD's vulnerable populations.
- b) CWDs are also encouraged to explore the dosage and duration requirements for all evidence-based home visiting models prior to home visiting model selection. In order to maintain fidelity to the home visiting model, CWDs may need to blend/braid other funding sources in order to ensure that clients receive services consistent with the home visiting model's minimum requirements without a break in service.
- c) CWDs are encouraged to consider Medi-Cal birth rates as a factor in projecting the likely CalWORKs-eligible population of pregnant and newly parenting individuals.
- d) CWDs should also research the eligibility criteria for all evidence-based home visiting models prior to home visiting model selection. If a home visiting model's requirements are too restrictive to best serve the CWD's population, CWDs are encouraged to leverage other evidence-based home visiting programs that are more inclusive to better meet the needs of the target population. CWDs can also implement additional evidence-based home visiting model(s) in order to serve more clients.

6. Home Visiting Models Resources

Information for the five commonly selected home visiting models selected by CWDs can be found by clicking on the links below:

[Early Head Start – Home Based Option \(EHS-HBO\)](#)

[Healthy Families America \(HFA\)](#)

[Home Instructions for Parents of Preschool Youngsters \(HIPPY\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents-As-Teachers \(PAT\)](#)

More information about additional home visiting models that meet U.S. Department of Health and Human Services evidence-based criteria can be found by clicking on the following link: [Home Visiting Evidence of Effectiveness](#)

7. Implementation Technical Assistance

Technical assistance (TA) will be provided to participating CWDs by the CDSS. The CDSS recognizes that a CWD's and contracted partners' (such as the County Public Health Department) successful implementation of the CalWORKs HVP is partially dependent upon the technical support provided by the CDSS. Therefore, the CDSS is providing an ongoing technical assistance process which includes activities to support CWDs' successful implementation of the CalWORKs HVP.

- Continuous Quality Improvement (CQI): W&IC section 11330.8(a) requires the CDSS to consult with a workgroup of CWDs and other stakeholders to provide continuous quality improvement (CQI) and technical assistance to CalWORKs HVP counties. The CQI workgroup shall biennially review, analyze and interpret data collected to inform HVP practices, policies and technical assistance efforts.
- Stakeholder Meetings and Webinars: W&IC Section 11330.8(b) requires the CDSS to convene CWDs with participating home visiting partners at a minimum of twice a year. These meetings will be open to all stakeholders and provide an opportunity for the CDSS and CWDs to share programmatic updates, lessons learned, and best practices related to the implementation and administration of the CalWORKs HVP.
 - ◊ Additionally, the CDSS will conduct webinars for CWDs, their home visiting partner(s), and other county partners for the purpose of either presenting a topic related to home visiting or for providing CalWORKs HVP counties an opportunity to collaborate and share information on successful practices, lessons learned, as well as barriers and challenges.
- Individual County Conference Calls: CWDs that are experiencing barriers and challenges to implementation may also request additional phone conference support from the CDSS CalWORKs HVP unit. Trouble-shooting phone conferences will be guided by technical assistance tool. The tool is available on the CalWORKs HVP website and allows CWDs to submit specific questions based on a subject area.
- Surveys: The CalWORKs HVP unit will survey CWDs periodically to assess their implementation progress, need for technical support, and to gather input from CWDs necessary to improve future TA offerings.
- CalWORKs HVP Website: The CalWORKs HVP unit will maintain and update the website with information about the program, resources and links to home visiting training topics aimed to support staff with non-model relevant topics related to working with CalWORKs families. The website will include links to letters and notices released to CWDs, slides from webinars, links to Frequently Asked Questions (FAQs) that will be updated as needed, as well as HVP related quick links and additional resources.

CWDs can find more information about implementing the CalWORKs HVP and technical assistance provided by the Department in [ACIN No. I-56-19](#).

PART III: COUNTY PLAN**CalWORKs Home Visiting Program
County Plan**

Term: July 1, 2022 – June 30, 2024

1. Cover Sheet

DATE	4/26/2022
COUNTY	Siskiyou County
CWD ADDRESS	818 South Main Street
AUTHORIZED CONTACT (CWD ONLY)	Trish Barbieri Director, Social Services Division
AGENCY/DEPARTMENT	Siskiyou County Health & Human Services Agency/Social Services
EMAIL	pbarbieri@co.siskiyou.ca.us
PHONE	(530) 841-2570
SECONDARY AUTHORIZED COUNTY CONTACT (CWD or DPH)	Shelly Davis, MN BSN-RN PHN CCHP Director, Public Health Division
AGENCY/DEPARTMENT	Siskiyou County Health & Human Services Agency/Public Health Division
EMAIL	sdavis@co.siskiyou.ca.us
PHONE	(530) 841-2140
AUTHORIZED PARTNER CONTACT (Home Visiting Agency)	Jeanna Grant-Frost, MPH, FSS, FRS
AGENCY	Siskiyou County Health & Human Services Agency, Public Health Division
EMAIL	jgrantfrost@co.siskiyou.ca.us
PHONE	(530) 841-2139

2. Home Visiting Model(s) (More than one may be selected):

Indicate the evidence-based home visiting model(s) the county will utilize below

- ☐ Early Head Start–Home Based Option (EHS-HBO)
- ☒ Healthy Families America (HFA)
- ☐ Nurse-Family Partnership (NFP)
- ☐ Parents as Teachers (PAT)
- ☐ Home Instruction for Parents of Preschool Youngsters (HIPPY)
- ☐ Other (See below)

If the home visiting model is not listed above, please enter the name(s) of the model(s) here:

Is the home visiting model evidence-based?

- ☐ Yes - An evaluation with outcomes in several HVP domains must accompany the RFCP. (See home visiting outcome domains on page 6. Additionally, please answer Question 8 in Part III of the application.)
- ☐ No - Please do not complete the RFCP.

3. Caseload Proposal and Cost Per Case Proposal

The services offered via the HVP are not entitlement services and participating CWDs may limit the number of families participating in the program to ensure that the costs do not exceed the amount of funds awarded to the county for this purpose. Funding awarded for the purpose of home visiting services provided under this article shall not supplant expenditures from any other existing funding sources subject to county control for home visiting services.

Enter the total unduplicated caseload your county intends to serve for Fiscal Year 2022-2023 (July 1, 2022 – June 30, 2023). When determining the caseload, assess your county's capacity to manage the caseload.

Home Visiting Caseload and Cost Per Case

	Welfare –to- Work Eligible	Child Only	Cal-Learn	Expanded Population
Unduplicated Number of families the county will serve in their Cal- WORKs HVP	12	4		6
Estimated cost per case	\$762.00	\$762.00		\$762
Total	\$109,728	\$36,576		\$54,864

2 This cost per case estimate is the average cost per family per month

4. Expanded Population

If a county chooses to serve additional individuals beyond the target population, please describe which type of expanded population case(s) you are proposing to serve (ex. Children over 24 months, timed-out cases, sanctioned clients) and why the county is proposing to offer services to this population. Include any additional outcomes that would be expected based on this population. Please include the data used to determine the need for expanding HVP services to this population.

Types of Cases (Description of Expanded Population)	Proposed Unduplicated Caseload Count
First time Parent/caretaker with a child over 24 months or Child only case, but younger than 3 years old at time of enrollment.	This population may only be added after the target population above is served first and budget allows. One full time (40hrs/wk) home visitor will have a caseload of not more than 12-15 families when served most intensely and a maximum of 20-25 families when at a variety of service levels. Currently we have 14 families eligible for services.
Pregnant or parent/caretaker with more than one child at time of enrollment, with at least one child 24 months old or less	This population may only be added after the target population above is served first and budget allows. One full time (40hrs/wk) home visitor will have a caseload of not more than 12-15 families when served most intensely and a maximum of 20-25 families when at a variety of service levels. Currently we have 6 families eligible for services.
Timed-out cases that fall within the Target population and first two Extended population age range.	This population may only be added after the target population above is served first and budget allows. One full time (40hrs/wk) home visitor will have a caseload of not more than 12-15 families when served most intensely and a maximum of 20-25 families when at a variety of service levels. Currently we have 23 families eligible for services.
Sanctioned Clients that fall within the Target population and first two Extended population age range.	This population may only be added after the target population above is served first and budget allows. One full time (40hrs/wk) home visitor will have a caseload of not more than 12-15 families when served most intensely and a maximum of 20-25 families when at a variety of service levels. Currently we have 10 families eligible for services

5. County Plan Questions

Please read the statements and questions below and provide a comprehensive response. Responses will be used to determine if the CWD and their partner(s) have the capacity to implement the HVP as required by the CDSS.

Home Visiting Model(s)

a. Please identify the organizations and stakeholders the county consulted with to select the home visiting model(s) for the CalWORKs HVP. Include in your response why this home visiting model(s) was selected and how stakeholders will be engaged in implementation. Please include research findings on effectiveness and meeting the population needs.

Siskiyou County Public Health Division (PHD) consulted with the CWD, Siskiyou Early Head Start, Shasta Head Start, First 5 Siskiyou, the county Home Visiting Advisory Board, members of Siskiyou Early Childhood Team (SECT) and State MCAH Nurse Consultants (Richard Rockwell & Paula Curran) along with the Director of Public Health (Shelly Davis), Program Manager (Brenda Harris) and Nursing Supervisor (Sarah Zwetsloot) to determine the best home visiting model for Siskiyou County.

The Siskiyou HVP selected the Healthy Families America (HFA) model in part because it allows for a more expanded client base and a variety of professionals to be home visitors. HFA allows for the hiring of a trained registered nurse, PHN, nurse practitioner, social worker, or other person able to provide culturally appropriate services. The home visiting program engages stakeholders by maintaining a local multi-disciplinary work group that will share best practices, work to improve service delivery, ensure systems integration, and develop solutions to issues that may arise. The stakeholders meet once a month to focus on program planning, implementation, and assessment of site related activities. Currently Siskiyou County has two Community Advisory/Planning groups: Siskiyou Early Childhood Team (SECT) and the Home Visiting Advisory Board (HVAB). SECT meets every three months and the meetings involve many countywide partners such as, Shasta Head Start/Early Head Start, Siskiyou Child Care Council, Siskiyou Early Head Start, Karuk Tribal Head Start, Choices Pregnancy & Parenting Support, Partnership Health Plan, Far Northern Regional Center and Siskiyou Domestic Violence & Crisis Center. The HVAB meets monthly and includes other home visitor providers such as Early Head Start and First 5 Siskiyou. These workgroups monitor and evaluate the quality of services through analysis of data collected and through the implementation of a quality assurance plan.

b. Describe how the model(s) selected will address the specific needs of the populations identified to be served. Did your county do a needs assessment prior to choosing your home visiting model? If so, please describe the community's profile and assessment results. (Counties may use the following tools to assess community needs: Community Readiness: A Toolkit to Support Maternal, Infant, and Early Childhood Home Visiting Program Awardees in Assessing Community Capacity.)

The Public Health Division (PHD) conducted a Community Health Improvement Plan during 2019-2022. Siskiyou County is a geographically large, rural county with a population of approximately 42,000. According to the 2018 County Health Rankings, 27% of children live in poverty and 38% of children are in single parent homes in Siskiyou County. Children in poverty are at greater risk for food insecurity, academic failure and poor health outcomes. Children raised in single parent homes often have less stability and supervision and are more likely to be living in poverty as well. Participation in evidence based home visiting model such as Healthy Families America, is based on the belief that early nurturing relationships are the foundation for life-long, healthy development. Interactions between the home visitor and the family are relationship based, designed to promote positive parent-child relationships and healthy attachment.

Desired outcomes include; fewer infant deaths and injuries, fewer child neglect referrals, increased access to primary care medical services and community services, improved parent-child interactions, improved child social-emotional well-being, increased school readiness, increased family self-sufficiency, and better overall physical health and development. Prior to discontinuance of HVP services for families, transitional plans are developed along with resources and referrals that are identified as appropriate. PHD has a long history of serving CalWORKs clients in Siskiyou County.

c. Describe how the home visiting agency and staff have the capacity to serve the linguistic, cultural, and demographic needs of the target population. Also include the policies and strategies that will be used by the program to address and avoid implicit bias when serving participants.

This home-visiting program will address the specific needs of the targeted population by ensuring that staff are qualified and trained to be culturally respectful to each family's unique characteristics and to view each family's culture broadly beyond just ethnicity, race, language, or other cultural characteristics. We have purchased Nurturing Parenting curriculum specifically to address cultural context and is blended into the HFA service design and delivery. PHD will utilize the HFA Parent Screening Tool and follow up with a second assessment according to HFA guidelines. Staff receive annual training designed to increase understanding of the unique characteristics of the service population. The PHD requires training, policies and procedures that will focus on cultural diversity, avoiding bias, sharing challenges, lessons learned, and best practices. Training will be provided on all CWD administered programs to ensure families are connected with services. Refresher trainings are offered as appropriate. At least annually, our site will be evaluated through the development of a written Cultural Analysis Plan (CAP). The CAP will evaluate all aspects of its service delivery system (initial engagement, home visiting, supervision, and management) and will take into account the culture of families served.

d. Describe the county's plan for ensuring home visitor qualifications and training requirements will be followed. Also include how the agency will meet the required pre-service CalWORKs training requirements (See Part III-Assurances page number 21 for more information)

- Include in your response how the home visiting agency and staff have the capacity to respond to participants who have experienced, or are experiencing, trauma related to adverse childhood experiences or other traumatic events.

Home visitors are registered nurses, public health nurses, nurse practitioners, social workers, or other persons able to provide culturally and linguistically appropriate services and are required to pass a background check that includes fingerprint submission. During the interview process, potential home visitors are screened utilizing the HFA tool designed specifically to screen for bias. Home visitors will complete all required trainings as outlined in the Part III-Assurances, prior to visiting homes. Home visitors are screened and selected based on qualifications and personal characteristics, (i.e. non-judgmental, compassionate, ability to establish a trusting relationship, dedicated to serving clients, willingness to work in a variety of situations and experience working with culturally diverse communities.). All HFA home visitors are required to complete orientation training and the HFA "Core Foundations for Family Support Specialists" training on intensive role specific functions. Supervisors must complete the same courses as the home visitors with additional implementation training. There are also ongoing trainings for wrap-around topics, cultural humility, ASQ-3 and ASQ: SE-2, depression screens, child abuse and neglect, and any other evaluation tools for screening/assessment as mentioned in Section C. All HVP providers complete orientation training in the following areas before

providing services:

- (A) CalWORKs, Medi-Cal, Cal-Fresh, Special Supplemental Nutrition Program (SNAP-Ed), and Women, Infants, and Children (WIC).
- (B) Cultural competency and implicit bias (CalWORKs contracts with UC Davis to provide culturally sensitive training and will be utilized by Public Health);
- (C) Strengths-based practices for working with families with unmet needs.

Training is administered by the county and includes, but is not limited to, the demographics of the population served and the supports and services available for CalWORKs clients. All home visiting staff, Supervisors and Program Managers, must receive "HFA Core Family Resilience and opportunities for Growth (FROG) Scale" and "Integrated Strategies" training from a certified HFA trainer within 6 months of hire. This training will equip staff to deal with participants who have experienced, or are experiencing trauma related to adverse childhood experiences (ACES) or other traumatic events. Siskiyou County is actively participating in ACES education for our educators, medical providers, Family Resource Centers, childcare centers, and the public. County staff and partners will be participating in a training that includes unique developmental needs of young children, the impact of trauma, and review of mandates guiding the work of the Child Welfare system.

e. Describe the selected model's standards of practice, curriculum used, and how the home visiting model ensures local home visiting agencies deliver the program with fidelity.

- **Include in your response the supervision and support that will be offered to home visitors.**

Public Health operates the home visiting program by adhering to the "HFA Best Practice Standards". A best practice is a method or technique that sets the standard by consistently resulting in outcomes superior to those achieved by other means. Serving as an alternative to mandatory legislated standards, best practices formulate self-assessments and benchmarks as a mechanism to maintain quality. Best practices define a standard way of operating across multiple organizations. Not intended to be stagnant and immovable, best practices can and do evolve to become better as improvements are discovered.

The HFA Best Practice Standards (BPS) describes expectations for fidelity to the Healthy Families America model. Herein referred to as the Standards, they are the twelve research-based critical elements upon which the Healthy Families America (HFA) model is based. The critical elements serve as the overarching "big ideas" defining the Healthy Families America model. The Standards also have a section on Governance and Administration, which articulates expectations for effective site management.

The policies, procedures and practices within each critical element are defined specifically so that HFA sites have clear direction on how to implement the HFA model. The expectation is not that sites would implement these policies, procedures, and practices to perfection, but that sites engage in a process of continuous quality improvement to strive for these benchmarks and goals. In order to ensure that all families being served through the HFA model receive high quality services, all HFA sites regularly submit themselves to HFA's Accreditation process, which evaluates the site's current degree of implementation.

Public Health maintains fidelity by having a quarterly Community Advisory group review program planning, implementation, assessment, and evaluation of site related activities. Caretaking adults will have a mechanism for providing feedback that at minimum relates to service satisfaction, and whether services offered are culturally appropriate. Additional opportunities for caretaker involvement are encouraged, for example, parent advisory committees and focus groups. Public Health has a process for families to follow should there be a grievance. Public Health monitors and evaluates the quality of services through analyzing the ability to meet site goals and objectives, and through the implementation of a quality assurance plan.

Public Health has adopted HFA policy and procedure for reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present families. Public Health has policy, procedures and practice for informing families of their rights and ensuring confidentiality of information both during the intake process as well as during the course of services. Forms meet specifications outlined in the HFA Best Practice standards. Public Health tracks and measures retention of families at different intervals (6 months, 12 months, and 24 months). A retention analysis is completed of families who discontinue services compared to families who remain in services and identify strategies to increase retention rates at least once every two years.

The HVP supervisor will utilize specific criteria when assigning and managing staff caseloads to ensure home visitors have adequate time to spend with each family and meet their needs. Direct service staff (home visitors and assessment workers) must receive weekly, individualized supervision (minimum of 1.5 hours per week for employees that are .75-1.0 FTE). Direct service staff must receive skill development and professional support and are accountable for the quality of their work. Supervision includes administrative, clinical, and reflective components. Supervisors and Program Managers are accountable for the quality of their work and are provided with skill development and professional support. Supervisors are required to attend at least monthly meetings with the PHD Program Manager. The trauma lens is detailed to provide an understanding of the use of trauma informed practices and how the effort to implement resiliency building approaches have been shown throughout history to be pivotal in reducing the effects of trauma. Additionally, client engagement and the benefit from parent education programming was looked at through the idea of dosage, referring to the duration and depth of program participation

Local Models (Only respond to the following questions if your CWD is applying to use a local home visiting model.) N/A

- a. **Please describe the CWD's evaluation process.**
- b. **What additional evaluation plans do you have in place to ensure the ongoing efficacy of the model?**

Eligible and Subset Populations

- a. **Cal-Learn: To give CWDs flexibility to determine the best approach for serving their unique Cal-Learn client populations, CWDs may use case management models approved by the CDSS as part of the HVP. For more information on Cal-Learn Case Management standards, see All County Letter (ACL) NO. 20-21. If your CWD has chosen to provide Cal-Learn clients with case management through the HVP, please describe how the case management model(s) utilized by the CWD ensure all Cal-Learn teens will have access to at least one case management model they are eligible to enroll in.**

The PHD HVP provides Cal-Learn case management according to AFLP standards and the Healthy Families America model. This evidence-based curriculum includes guidelines for pregnant and parenting teens in accordance with Cal-Learn case management guidance. Graduation from high school or equivalent is included as a main goal of the program. The FSRS works closely with the CWD, the teen, and school personnel to streamline goal setting and achievements. Teens are encouraged to complete school assignments in a timely manner, and are educated on early childhood development, nurturing activities, healthy nutrition during pregnancy, benefits of breastfeeding, along with the health and safety of the baby.

b. Child-Only: For CalWORKs HVP implementation purposes, child-only cases occur when parents are ineligible for CalWORKs due to immigration status, receipt of Supplemental Security Income (SSI), or when the child is living in the home of a non-needy caretaker relative. Describe the CWD's immigration resources and supports for CalWORKs child-only cases. Include any existing collaborations with immigrant-serving partners and describe the working relationship. Include how the CWD and their home visiting partner(s) plans to ensure that this population is being reached.

Siskiyou County is geographically large, yet very rural. The population is culturally diverse and includes Native American, Hispanic, and Hmong, ethnicities. Siskiyou County has limited immigration resources and supports for CalWORKs cases. While there are no true collaborations with immigrant serving partners, referrals are made to the existing resources. Resources include: Northern Valley Catholic Social Services (NVCSS) and Legal Services of Northern California. NVCSS is located in Redding, California, in Shasta County, but services are provided for Siskiyou County. NVCSS has an Immigration Legal Services Program, which provides limited legal immigration services, including the following: 1). Naturalization & Citizenship Applications, 2). Citizenship Preparation, 3). Green Card Renewals, 4). Deferred Action for Childhood Arrivals (DACA) Initial and Renewals, 5). Employment Authorization Applications, 6). Translation and 7). Legal Services Referrals. Legal Services of Northern California (LSNC) is also located in Redding, California and offers a variety of advocacy services related to; housing, health, CalWORKs, CALFRESH, Unemployment Insurance and General Assistance. LSNC travels to Tulelake, in the Northeastern part of the County to conduct a Legal Services Workshop by a Family Law Facilitator on a monthly basis. Additional resources for referral include the Citizenship and Immigration Services in Northern California and the Immigration Center for Women and Children, which are both located in the Bay Area. Referrals are made to the U.S. Citizenship and Immigration Services.

Outreach and Implementation Strategies

- a. Please describe the plan for identifying, screening, and recruiting participants.**
- Include in your response how you will conduct outreach, what modalities will be used, and who will be conducting the outreach. Please include the role of each partner involved in the CalWORKs HVP.
 - Please describe the process by which your CWD will provide the HVP informing notice to clients.

When in contact with the client during a CalWORKs Intake or Recertification or the report of a pregnancy, the CWD eligibility worker will explain the HVP program and CalWORKs eligibility requirements and provide the client with the HVP Informing Notice CW 2224 (Attachment 1). The CWD eligibility worker will review the HVP Informing Notice with the client and offer a referral. The CWD eligibility worker will assist the client in filling out page two of the Informing Notice. If the CWD eligibility worker is completing a telephone interview with the client, the eligibility worker will review the second page of the HVP Informing Notice and that the client was informed about HVP and document that the client opted in or declined a referral.

If the client agrees to the referral, the CWD eligibility worker will provide the client with the HVP Brochure (Attachment 2) and complete the HVP Referral Form (Attachment 3) with the client. They will attach a Passport to Services to the HVP Referral Form. The CWD eligibility worker will use interoffice mail to send the referral form and passport to services to the PHD upon CalWORKs approval. If the referral is urgent, the eligibility worker may place a call to the HVP Family Support Specialist and email the form to the group email homevisiting@co.siskiyou.ca.us which is located in Outlook Global Address. The eligibility worker advises the Family Support Specialist at PHD of the HVP contact and the clients' acceptance of the referral for HVP services.

The PHD Home Visiting Supervisor and HVP Family Support and Resource Specialist will conduct outreach in OB/GYN offices, resource centers, WIC offices, and other programs in the county that may have eligible families. The HVP participates in Health Fair events in coordination with First 5 Siskiyou, local hospitals, and family resource centers. The HVP also uses social media platforms as part of outreach activities. The PHD HVP started outreach in October 2019 and continues to perform these activities. The PHD offered a countywide Nurturing Parenting training. This training certified 18 professionals to teach Nurturing Parenting during home visits and group classes. Outreach efforts include using a multi-pronged approach. Currently PHD implements a Perinatal Care Guidance program and this program connects staff with Medi-Cal eligible pregnant women to promote early access to prenatal care and other services. PHD annually sponsors a Baby Friendly Rest Area at the County Fair, which promotes contact with local families and helps create personal and positive interactions. Every six months PHD will provide an in-service on screening and recruiting clients for the home visiting program to all CWD CalWORKs staff.

b. If your CWD is currently providing outreach to potential clients, please describe your approach including best practices and lessons learned.

The PHD coordinates closely with CWD staff. Close coordination and communication between PHD and CWD staff is essential to ensure that families have access to services without adding any additional burdens to the clients or duplication of processes and services by the CWD or PHD.

Some techniques of the PHD Home Visiting Program uses are, to implement face-to-face contact with informational resources, explain the program and answer any questions the future participant may have. Having established good partnerships with the family resource centers and WIC program has helped the HVP increase outreach as well.

Public Health HVP bases outreach work on a number of principles. Many of these principles relate to the importance of the human connection and how to create it, including building trust, developing a sense of community, dignity and respect, and honesty. Public Health principles involve relationship dynamics such as giving individuals the choice of whether or not to engage, the need for a give-and-take relationship between the Home Visitor and client, letting the client lead, emotionally present and approachable, taking small steps toward progress, not making promises, ensuring consistent follow-up, and not pushing an agenda. Some other principles of importance include serving as a patient advocate; reducing barriers to services, follow evidence based-models of care, motivational interviewing, harm reduction, and trauma-informed care.

Core outreach principles include the following:

- Meet people where they are-geographically, emotionally, and physically.
- Meet basic needs.
- Be respectful and treat everyone with dignity.
- Recognize that the relationship is central to outreach and engagement.
- Create a safe, open, friendly space, regardless of the setting.

c. Please describe the plan for minimizing attrition for both the home visiting staff and clients participating in the CalWORKs HVP.

Public Health minimizes attrition by providing intensive case management. Public Health, along with the CWD will continue to work together to case manage clients and minimize duplication of services in order to be the most effective with each home visit and family.

d. Describe how your CWD and home visiting partner(s) shall coordinate and partner across multiple agencies, community-based organizations and other key entities to maximize reaching and serving the target population(s). If applicable, organizational charts and attachments are accepted.

The HVP includes collaboration with other service providers to leverage and expand resources and referrals. This includes the following: (1) Prenatal, infant, and toddler care; (2) Infant and child nutrition; (3) Developmental screening and assessments; (4) Patient education, parent and child interaction, child development, and child care; (5) Job readiness and barrier removal; and (6) Intimate partner violence, sexual assault, mental health, and substance abuse treatment. PHD and CWD currently co-locate Supervisors and staff in a shared building. Eligibility Workers, Employment and Training Workers, Registered Nurses, Licensed Vocational Nurses, Public Health Nurses, Assessment Workers, and Home Visitors work effectively and efficiently by offering wraparound services in a one-stop manner. The PHD home visitors meet with home visitors from other ally agencies to coordinate and/or transfer cases when the PHD HVP Supervisor deems it appropriate.

Connection to Community Resources

a. Please outline the plan for coordination between the home visiting agency and community resources and referrals relating to:

- (1) Prenatal, infant, and toddler care;**
- (2) Infant and child nutrition;**
- (3) Developmental screening and assessments;**
- (4) Parent education, parent and child interaction, child development, and treatment.**
- Include in your response how the home visitor will connect the families to these resources**

The PHD MCAH Director, who is the supervisor for the Home Visiting Program, conducts a weekly case management meeting with the Family Support & Resource Specialist (FSRS) using reflective strategies. The FSRS meets monthly with all countywide home visitors, family resource centers, and the Home Visiting Collaboration Group. The PHD also provides education/training regarding all community resources available in Siskiyou County. Referrals for resources include but are not limited to the following: (1) Prenatal, infant, and toddler care; (2) Infant and child nutrition; (3) Developmental screening and assessments; (4) Parent education, parent and child interaction, child development, and child care; (5) Job readiness and barrier removal; and, (6) Domestic violence and sexual assault, mental health, and substance abuse treatment. In addition, Siskiyou County has a Home Visiting Advisory Board (HVAB) that includes the MCAH Director, First 5 Siskiyou, Karuk Tribal Head Start and youth programs, Shasta Head Start, Siskiyou Head Start and the Family Resource Centers. The HVAB also meets once a month with a focus on program planning, implementation and assessment of all home visiting programs and site related activities. The PHD continues to utilize this board to coordinate between the home visitors and all of our community resources.

Furthermore, Siskiyou Early Childhood Team (SECT), currently meets every three months and involves many other community partners including: Shasta Head Start/Early Head Start, Siskiyou Child Care Council, Siskiyou Early Head Start, Karuk Tribal Head Start, Choices Pregnancy & Parenting Support, Partnership Health Plan, Far Northern Regional Center (FNRC) and Siskiyou Domestic Violence & Crisis Center. Public Health will invite SNAP-Ed, the Oral Health Program, Mental Health Services, Immigration Legal Services, Substance Abuse Staff, CHDP Coordinator, and CalWORKs staff to join or participate in meetings.

b. Describe how the home visitor will encourage participants to engage in a high quality early learning setting. What resources and local partners will be used to identify these settings?

Home visitors encourage clients to engage in high-quality early learning settings by promoting the referral process for families to enroll their child in early learning settings, participate in playgroups, and engage in child enrichment activities. Home visitors are actively involved in Siskiyou County Family Resource Centers, Early Head Start, Head Start, Shasta Head Start, Siskiyou Child Care Council, and quality pre-schools. Home visitors also teach group-parenting classes at local family resource centers. These early learning programs will provide ASQ developmental screenings and assessments, offer a core curriculum that is developmentally, culturally, and linguistically appropriate. If the parent also volunteers in these early learning settings, the hours volunteered shall count toward their allowable activities under their Welfare-to-Work (WTW) Plan.

c. Will the CWD and their home visiting partner(s) be offering material goods related to the health and safety of the child and family? If no, please specify why the CWD and their home visiting partner(s) chose not to provide these resources. If yes, describe how the CWD and their home visiting partner(s) will operationalize this component, including how the home visitor will identify needs and distribute the goods and services. (Note: no more than \$500 of CalWORKs HVP funding can be used to support material goods for each family receiving home visiting services. [See All County Information Notice \(ACIN\) 1-4-20](#) for more information.)

Yes. This component is utilized by having the home visitor conduct a home safety assessment. This assessment determines the need for specific health and safety related items. These provisions may also include the cost of installation if needed. The supervisor will approve all resources on a case-by-case basis. The home visitor is responsible for delivering the material goods to the appropriate families. A record of all transactions and receipts are documented appropriately for each family to ensure the supplies do not exceed the \$500.00 limit per family. All approvals are submitted to the CWD for claiming through the County Expense Claim (CEC) process. The following list is comprised of the possible items for use of supportive service funds under this agreement include but not limited to:

1. Electrical outlet covers
2. Safety latches/locks for cabinets and/or doors
3. Baby gates to block off unsafe areas
4. Safe place to sleep for the infant (i.e. crib, bassinet)
5. Items for the child/family to stay warm (i.e. jackets, shoes, clothing, heater)
6. Mat or area rug for homes that do not have a safe floor space for infants to have floor time
7. Smoke/carbon monoxide detectors (including batteries)
8. Bath tub mat or safe place to bathe an infant
9. Safety straps for items that could fall onto a child
10. Storage containers for items that need to be kept away from the child
11. Items for furniture safety (i.e. sharp edges, etc.)
12. Safe car seat
13. Baby supplies (i.e. baby wipes, diapers, baby food/formula)
14. Personal care items (i.e. deodorant, body wash, shampoo, conditioner, soap, razors, toothpaste, toothbrushes, toilet paper, haircuts, feminine hygiene products)
15. First aid kits (i.e. band aids, Neosporin or any other over-the-counter medications for small injuries, medicated wipes, ace bandages)
16. Cleaning items (i.e. broom, mop, vacuum, paper towels, dish soap, laundry soaps, disinfecting supplies, sponges)

17. Sleep items (i.e. crib/playpen, beds, bedding, blankets, sheets)
18. Lice treatment kits and pest management items (i.e. lice, roaches, mice, rats, fleas)
19. Windshield wipers
20. File box for family record keeping
21. Utility bill payment
22. Bus passes
23. Household items (i.e. pots/pans, small household appliances, furniture, lamps, flashlights, hot plate, refrigerator)

d. Does your CWD and their home visiting partner(s) currently have a coordinated services approach to providing home visiting? If so, what are the most commonly/frequently used services in the approach? If not, does your CWD plan to dedicate any funds to a coordinated services approach? ([Administration for Children and Families](#))

Yes, currently Siskiyou County is utilizing a MOA between CWD and PHD HVP. The PHD also has an MOA with all of the home visiting agencies. The participating organizations are Modoc Early Head Start, Shasta Head Start, Siskiyou Early Head Start, Siskiyou Community Resource Collaborative, and the PHD. Together we have developed a referral process with a universal referral tool that is used to all families in our community. We work together to facilitate referrals to early childhood home visiting and Help Me Grow Screening systems.

Collaboration between the CWD and the Home Visiting Agency

a. Will county CalWORKs staff and home visitors be co-located? If yes, provide information about the co-location arrangement. If no, please describe why this is not feasible.

Yes, the PHD and CWD currently are located in the same building. The HVP staff are provided with access to secure areas of the CWD to allow for interaction with the CWD staff.

b. Describe how county CalWORKs staff and home visitors will coordinate case management of HVP participants. (Include information such as how often county CalWORKs staff and home visitors will meet, how agencies collaborate and share information to ensure all eligible clients learn about this program, etc.)

PHD and CWD have established a collaborative case management plan to allow home visitors the opportunity to coordinate closely with the CWD CalWORKs staff. They meet on a monthly basis. Close coordination and monthly meetings between FSRs home visitors and the CWD CalWORKs staff ensures that services for families are comprehensive and streamlined. Case management activities include assessing the family needs, developing a case plan, monitoring progress in achieving case plan objectives, and ensuring the provision of all services specified in the case plan. The case plan builds on the strengths established during the home visiting period. Home visitors will work with families in an ongoing way to develop "Family Goals" that build on family strengths and support the family in what they want to accomplish. Families will have an "active goal" at all times that they will be striving to achieve. The FSRs home visitor assists the family in the process of achieving these goals using reflective strategies. The family goals and service plan is reviewed and modified, if needed, by the PHD HVP supervisor.

c. Do the CWD and home visiting agency currently participate in a workgroup that includes discussions related to continuous quality improvement (CQI) in home visiting? If yes, provide information about this workgroup. If no, please describe how the agencies will work together on CQI efforts.

Yes. The group, Home Visiting Advisory Board, meets once a month. The group works with the Ford Family Foundation and Portland University to conduct studies, quality assurance and implement a systems informational hub throughout Southern Oregon and Siskiyou County. This larger Advisory Board meets annually in September in Roseburg, Oregon at the Ford Family Foundation to collaborate and improve "Systems Building" for all home visiting agencies.

Data Collection and Security

a. Describe the tools (i.e. developmental screenings, assessments, questionnaires, interviews) that will be utilized by the home visitor. Explain how these tools will be used to evaluate and track progress in educational, developmental, health, and other domains for the child(ren) and the adult(s).

The PHD HVP utilizes Healthy Family America (HFA) screening tools and assessments. The PHD ensures fidelity and compliance with the HFA Best Practice Standards. The initial assessment tool used for determining eligibility and service planning is the Eligibility Screening Tool. Then, the FSRS home visitor administers the Family Resilience and Opportunity for Growth (FROG) Scale interview in a standardized manner. The initial assessment and interview process explores and identifies family strengths and needs. The face-to-face conversational interview occurs in the home during the prenatal-newborn period or in the hospital. Upon completion of the interview, "strengths and needs" are used to support the development of an Individualized Service Plan. Updates to the Service Plan occur as goals are met, and the needs of the family changes. Home visitors will work with families in an ongoing way to develop "Family Goals" that build on family strengths and support the family as they accomplish goals. Families will have an active goal at all times. The home visitor assists the family in the process of achieving goals. The FSRS and the HVP supervisor discuss the Service Plan and the family's progress at the weekly case management meeting. The CHEERS Check-In observation occurs at least once annually. This in depth observation of the parent/caretaker-child interaction. The home visitor also observes caretaker/child interactions during each visit. CHEERS is an acronym for Cues, Holding, Expression, Empathy, Rhythmicity/Reciprocity, and Smiles. Following the observation of the parent-child interaction, the home visitors utilize reflective strategies and other activities to address and promote parent-child interactions during each subsequent visit. Other screening tools that are used include Ages and Stages Questionnaire (ASQ's), Social Emotional (SE-2), and a prenatal and postnatal Edinburgh Depression Screen (EPDS). The ASQ-3 and the ASQ SE-2 monitor child development and social emotional development respectively, at specified intervals. Screening is for all children to detect potential developmental delays. Home visitors complete an EPDS screening at the initial visit and within three months following birth and all subsequent births. Additional tools may be used depending on the needs of each individual family.

b. Describe the information management systems that will be used to collect the individual and aggregate data by all the involved partners. How will the CWD manage scheduled reporting on data and deliverables for both aggregate and identified client-level information, and ensure quality control?

The CWD will collect individual and aggregate data from the CALSAWS and MEDS system. The PHD collects individual and aggregate data from the Healthy Families HFAST and the Tools Tracker.

1 Please provide the name(s), title(s) and telephone number(s) of individuals knowledgeable about and/or responsible for extracting data from the case management information systems used by the home visiting programs.

CWD Contact information:

Trish Barbieri, Social Services Division Director

Phone: 530.841.2750

pbarbieri@co.siskiyou.ca.us

PHD Contact Information:

Brenda Harris, RN, BSN, PHN Public Health Division, Deputy Director

Phone: 530.841.2124

bharris@co.siskiyou.ca.us

2. For CWDs who choose to adopt HVP for Cal-Learn case management, explain how the CWD will ensure Cal-Learn Data Collection and reporting meet the standards established by [MPP section 42-762.5](#).

c. Describe the key components and timeline to develop the data sharing arrangement between the CWD and home visiting agency. Include how the CWD and other participating agencies and organizations will protect the privacy, confidentiality and personal information of individuals and families against loss, unauthorized access, and illegal use or disclosure, consistent with applicable state and federal laws. Also include how client consent will be obtained in order to share both aggregate program and identified client-level case management data with contracted partners and CDSS.

The CWD worker will indicate if the household is Federal (A/C 30, 33 or 35), Non-Federal (A/C 32) or Non-Federal, Non-MOE (A/C K1 or 3F). If the CWD is completing the referral, the CWD will indicate the name of the referring worker on the referral form. The worker will include any hours spent participating in the HVP program in the customer's WTW Plan. The worker will provide all necessary supportive services in coordination with the PHD. The PHD home visitor will submit data to the appropriate CWD staff. The PHD HVP is required to enter data using the Healthy Families Tools Tracker reporting tool on a daily basis, weekly basis, monthly basis and semi-annual basis depending on the data collected. The appropriate data from the Tool Tracker is shared with CWD upon request. The CWD will submit the data to CDSS using the required CDSS reporting mechanisms.

PHD is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This privacy rule establishes national standards to protect individual's medical records and other personal health information. Our site follows HIPAA guidelines with a paper trail of confidentiality starting with referrals and an additional signed release required to share any information with specific persons. Additionally, as part of this MOU, PHD is subject to provisions of Welfare & Institution Code Section 10850 and 5328, CDSS Manual of Policies and Procedures Division 19, the Medi-Cal Data Privacy and Security Agreement between the CA Department of Health Care Services and the County of Siskiyou, along with Health and Human Services Agency, and the Agreement between the Social Security Administration and The Department of Health Care Services. This is for the protection of personal identifying information (PII).

PHD and CWD agree to comply with, and require their officers, employees, agents, volunteers, contractors and subcontractors to comply with all federal and state confidentiality requirements, including the provisions of Welfare and Institutions Code Sections 10850 and 5328, the California Department of Social Services' Manual of Policies and Procedures, Division 19, the Medi-Cal Data Privacy and Security Agreement between the California Department of Health Care Services and the County of Siskiyou, Health and Human Services Agency, and the Agreement between the Social Security Administration and the Department of Health Care Services, otherwise referred to as the 1137 Agreement to assure that:

All confidential documents are locked in a file cabinet in each office. While out in community doing home visits this information is in a locked portable case in the trunk of the visiting personnel's car. Any electronic information is encrypted and password protected. This site maintains a policy that is consistent with all state and federal confidentiality laws. All families are informed of their rights and receive a copy of their family rights and confidentiality, on or before the first home visit, both verbally and in writing. All shared data will be washed of personal identifiers and presented according to Healthy Families America Best Practices, utilizing tools and spreadsheets provided by HFA. Data is collected by the home visiting staff and will be issued to their home visiting supervisor/program manager. This data is only shared with CalWORKs staff during monthly case management meetings.

Program Sustainability

a. Describe the plan for sustainability of funding for home visiting services for CalWORKs participants.

The CalWORKs HVP allocation would have a lasting impact on Siskiyou County's most vulnerable population. Currently, we have families 103 and children that would be eligible for home visiting services in the targeted population alone. CalWORKs HVP funding would be pivotal to our sustainability. The MCAH Director will be supervising the PHD HVP, which is approved and supported from the MCAH budget. This allows any funding from CalWORKs HVP to be used directly for the hiring of home visitors and its program sustainability. In addition to this funding, the California Department of Public Health (CDPH) MCAH program approved a Scope of Work to support and include the needed staff to meet these objectives with short and long term goals.

6. RESOURCES

Bills and Regulations

- [Senate Bill 80](#)
- [Welfare and Institutions Code 11330.6-11330.9](#)

Helpful Websites

- [CalWORKs HVP Webpage](#)
- [Home Visiting Evidence of Effectiveness](#)
- [Home Visiting Evidence of Effectiveness Review \(Executive Summary\)](#)
- [National Home Visiting Resource Center](#)

Letters and Notices

- [All County Welfare Directors Letter \(July 2018\)](#)
- [County Fiscal Letter No. 18/19-51](#)
- [County Fiscal Letter No. 18/19-50](#)
- [County Fiscal Letter No. 18/19-49](#)
- [All County Welfare Directors Letter \(April 2019\)](#)
- [All County Information Notice I-4-20 - \\$500 Material Goods Fund](#)
- [All County Letter 19-82 – HVP19 Monthly Status Report](#)

Tools

- [CalWORKs HVP Conference Call Tool](#)
- [CW 2224 – Informing Notice](#)
- CalWORKs HVP Conference Call Tool
- CW 2224 – Informing Notice

7. ASSURANCES

The following section reflects statutory provisions of the HVP, and guidance issued by the CDSS. The implementation of these provisions is a requirement for CWD participation in the CalWORKs HVP. CWDs must assure the implementation of the provisions indicated below.

Case Management W&IC section 11330.7(a)

A primary component of the program described in this article shall be case management and evidence-based home visiting for the purpose of family support which shall commence upon the determination that an individual is eligible in accordance with W&IC section 11330.6(c)(2) and shall continue until the eligible individual completes the evidence-based home visiting program or terminates their own participation. The CWD and home visiting partner(s) shall establish collaborative case management plan, which shall include assessing the family's needs, developing case plan, monitoring progress in achieving case plan objectives, and ensuring the provision of all services specified in the case plan. The case plan should build on the strengths established during the home visiting period, and the family's associated connections to childcare.

Home Visitation W&IC sections 11330.7(a) through (e)

Home visiting shall include, but not be limited to, resources and referrals to all of the following: (1) Prenatal, infant, and toddler care; (2) Infant and child nutrition; Developmental screening and assessments; (4) Parent education, parent and child interaction, child development and childcare; (5) Job readiness and barrier removal; and, (6) Domestic violence and sexual assault, mental health, and substance abuse treatment, as applicable. Home visiting services and visits shall not be mandatory, random, or unannounced.

CalWORKs participants electing to participate in the HVP will receive coaching and guidance through regular, planned home visits. Participants will obtain information about strategies to improve their family's health and provide better developmental opportunities for their children. CalWORKs participants will also receive information that will connect them to an array of employment and other services. Home visitors will provide resources directly and refer families to services so that families can receive the support they need. If a family chooses to participate in this program, their participation shall not affect their application for aid nor eligibility for any other CalWORKs benefits, supports, or services.

Home Visitor Qualifications W&IC section 11330.7(d)

Home visiting services shall only be those intended to achieve the goals established in W&IC section 11330.6(a) and that are provided in the home of an assistance unit or at a location agreed upon by the parent or caretaker relative and the home visitor. Home visiting services shall only be provided through an approved evidence-based model by a registered nurse, nurse practitioner, social worker, or other person able to provide culturally appropriate services who is trained and certified according to the requirements of W&IC sections 11330.6 and 11330.7, and has completed a background check.

Training W&IC section 11330.7(g)(1)

All home visiting providers shall complete training in the following areas before providing services to a CalWORKs recipient: (A) CalWORKs, Medi-Cal, Cal-Fresh, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and other programs, with county-specific information about how the home visiting professionals can help a parent access additional services for which they may be eligible and troubleshoot problems with benefits or eligibility that would impact their access to services; (B) Cultural competency and implicit bias; and, (C) Strengths-based practices for working with families with unmet needs.

Training must be administered by the CWD or home visiting partner(s) and include, but not be limited to, the demographics of the population served and the supports and services available for CalWORKs recipients. Home visiting partner(s) are encouraged to partner with local organizations to develop a training curriculum that best suits the needs of the home visiting program participants. The training must be administered prior to serving CalWORKs clients.

A CWD that staffs its home visiting program solely with CWD staff is exempt from the training requirements to the extent the training would duplicate training already received.

High-Quality Early Learning W&IC section 11330.7(c)

Home visitors shall encourage participants to enroll their child in a high-quality, early learning setting, or participate in playgroups, or other child enrichment activities, as appropriate.

Data Collection W&IC sections 11330.8(c) and (d)

CWDs and participating home visitation organizations shall collect and provide to CDSS, as a condition of funding, data that is necessary to administer the program and demonstrate the outcomes of participants and children, including by race, ethnicity, national origin, primary and secondary language, and county. The data shall include program outcomes for the parents and children served in the program, models utilized, and measures specific to CalWORKs objectives. These data components shall be developed in consultation with the HVP stakeholder workgroup formed by CDSS. All state, county, and other participating organizations shall protect the personal information of individuals and families collected or maintained against loss, unauthorized access, and illegal use or disclosure, consistent with applicable state and federal laws. CWDs must develop a data sharing agreement with the home visiting agency and provide a copy of the agreement(s) to the CDSS.

Outcome Measures W&IC sections 11330.8(c) and (d)

As a condition of funding, participating CWDs and home visiting agencies are required to collect data for the purpose of informing the continued quality improvement process. The information must include but is not limited to:

- (A) Rates of children receiving regular well-child check-ups and, if available, immunization rates according to the American Academy of Pediatrics Bright Futures guidelines.
- (B) Rates of children receiving developmental screening and referrals for further assessment.

- (C) Rates of participation in early learning programs.
- (D) Service referrals by type.
- (E) Services accessed by type.
- (F) Parental satisfaction with their gains in parenting skills and knowledge
- (G) Number of home visits completed, including data on duration of families' enrollment in home visiting services
- (H) Food and housing stability.
- (I) Workforce training, employment, and financial stability.
- (J) Participation in educational programs or English as a Second Language programs, or both, as applicable.
- (K) Access to immigration services and remedies.
- (L) Indicators of home visiting program workforce capacity, including demographics, characteristics, composition, including employer and certification status, and future training needs of the home visiting workforce.
- (M) Child welfare referrals and outcomes.
- (N) Additional descriptive and outcome indicators, as appropriate.

CWDs must fully participate in the data collection and evaluation components and meet submission deadlines set by the CDSS.

The County Welfare Department (CWD) agrees to provide the following RFCP information prior to implementation:

A copy of the MOU or other formal agreement between the CWD and the home visiting program partner(s).

A copy of the MOU or other formal agreement if proposing a regional partnership.

Termination: The county agrees to provide the CDSS a minimum (30) days written notice if they no longer intend to participate in the CalWORKs HVP.

The County agrees to deliver A-N by signing below.

I, Sarah Collard, the undersigned, as a representative of **Siskiyou** County, approve and agree to the provisions as outlined in this RFCP.

Authorized Contact's Name & Title: Sarah Collard, PhD, Director, Health & Human Services Agency.

Authorized Official Signature: _____

Date: 6/2/22

Provide additional signatures for each county participating if this a regional partnership plan and request for funding.

Authorized Contact:

Patricia Barbieri
Health and Human Services Agency
Director, Social Services Division
Office (530) 841-2750
Email: pbarbieri@co.siskiyou.ca.us

Authorized Official Signature: _____

Date: 6/1/2022

Authorized Contact:

Shelly Davis, MN BSN PHN CCHP
Health and Human Services Agency
Director, Public Health Division
Director of Nursing/Inmate Medical
Office (530) 841-2140
Email: sdavis@co.siskiyou.ca.us

Authorized Official Signature: _____

Date: 5/26/2022

Attachment 1

State of California – Health and Human Services Agency

California Department of Social Services

CALWORKS HOME VISITING PROGRAM (HVP)

You may be eligible to participate in Home Visiting

ABOUT THE CALWORKS HOME VISITING PROGRAM

- The CalWORKs Home Visiting Program is a voluntary program that pairs you with a trained professional who makes regular visits to your home to provide guidance, coaching, access to prenatal and postnatal care, early learning resources, and other health and social services for you and your child.
- Your family may be eligible to receive these home visiting services for up to twenty-four months or until your child's second birthday, whichever is later.

BENEFITS OF HOME VISITING

- Your family may receive many positive benefits from participating in home visiting including improving your ability to:
 - Keep you and your baby healthy;
 - Be the best parent you can be;
 - Cope with stress in healthy ways;
 - Support your child's development;
 - Obtain employment and training opportunities;
 - Obtain referrals to benefits and resources available for you and your children; and
 - Enroll in high-quality child care services at no cost to you.
- A home visitor will provide you with support, guidance, coaching, and connections to important resources that help improve your families' health education, social, economic, and financial future.

PROGRAM ELIGIBILITY

- To be eligible for home visiting services you must be:
 - a member of a CalWORKs assistance unit who is pregnant, or
 - a parent or caretaker relative of a child less than twenty-four months old at the time of enrollment, or
 - pregnant and have applied for CalWORKs aid within 60 calendar days prior to reaching the second trimester of pregnancy and would be eligible for CalWORKs aid other than not having reached the second trimester of pregnancy, or
 - apparently eligible for CalWORKs aid.
- If you do not meet the criteria listed above, you still may be eligible to participate depending on your location. Please discuss your options with your CalWORKs eligibility worker.

State of California – Health and Human Services Agency
California Department of Social Services

CALWORKS HOME VISITING PROGRAM OPT-IN FORM

To volunteer to participate in the program, sign and return this form to your worker.

HOME VISITING PROGRAM PARTICIPATION REQUEST

☐ I would like to volunteer to participate in the CalWORKs Home Visiting Program and understand that I may voluntarily terminate home visiting services at any time.

I volunteer to receive home visiting services for my child(ren) listed below:

Print Name of Child (Age)	Print Name of Child (Age)	Print Name of Child (Age)

☐ I am pregnant. My approximate due date is _____.

☐ I do not want to volunteer to participate in the Home Visiting Program at this time but understand that I may volunteer to participate in home visiting in the future by informing my worker, who will determine if I am still eligible to participate.

Reason(s) for declining home visiting services:

☐ Currently receiving home visiting services.

☐ Do not feel program will provide any benefits.

☐ Not interested in receiving home visiting services.

☐ Other: _____

By signing this form, I understand the following:

- The information I provided will be shared with the home visiting agency program so they can contact me and schedule a time for the visits to begin.
- I certify that I am pregnant or the parent or caretaker relative of the child(ren) listed above.
- This program is 100% voluntary, and I can cancel home visiting services at any time by notifying the County Welfare Department or home visiting agency in writing.
- This authorization expires two years from the date of signature unless revoked earlier.
- A copy of this form was offered or provided to me, and
- Participation in this program shall not affect my eligibility for any other CalWORKs benefits, supports, or services, including welfare-to-work exemptions.

Case Name	Case Number
Name of Parent or Caretaker Relative	Phone
Signature of Parent or Caretaker Relative	Date
Name of County Contact	Phone
Signature of County Contact	Date

CW 2224 (2/20) Required Form - Substitute Permitted
Page 2 of 2

Attachment 2

According to Nurturing Parenting curriculum philosophy,

"Research shows..."

What a child experiences in their first years of life makes a big impact on how their brain develops and how they interact with the world throughout their life."

"Benefits of Home Visiting..."

Individualized resources for you, your baby, and your family to enhance and support your baby's healthy development."

"Cultural Competency Vision..."

All cultures are openly welcomed and valued. Multiculturalism is appreciated and practiced to enhance the value of our work through respectful curiosity of one another's culture and developing a reciprocal relationship of mutual caring and learning. All families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations."



**SISKIYOU-
COUNTY**



Siskiyou County
Health and Human Services Agency
Public Health Division
810 S. Main St.
Yreka, CA 96097
Phone: (530) 841-2139
Fax: (530) 841-4092
Email: Homevisiting@co.siskiyou.ca.us

Revised 08/11/15



**CalWORKS
HOME-VISITING
PROGRAM
(HVP)**

*Parenting isn't a practice.
It's a daily learning experience.*



*When we parent, we are parenting
the world and its future.*

For Referrals Call:
(530) 841-2139

OR

Email:

Homevisiting@co.siskiyou.ca.us

Attachment 2 (continued)

BENEFITS OF HOME VISITING:

Your family may receive many positive benefits from participating in home visiting including:

- Support during pregnancy.
- Learn skills to strengthen family relationships.
- Obtain connections to helpful resources in our community.
- Receive information about your baby's growth and development.
- Get information about resources to make your home safer for your baby.
- Learn new parenting skills.
- Learn about tools to better manage stress levels.
- Receive positive impacts on your child's development.
- Acquire information about new employment opportunities.
- Find out about referrals and resources for you and your child.
- Find out about opportunities for your child to enroll in high-quality child care services, playgroups or other enrichment activities to give your child the best start in life.



PROGRAM GOALS AND SERVICES:

Improve maternal health

- Education around healthy pregnancy and management of complications.
- Support/reinforce a plan for prenatal care and specialty referrals.
- Assess and support positive relationships.

Improve infant health

- Infant assessment at each visit.
- Breastfeeding support.
- Education and support related to infant care, feeding, and safety.

Optimal infant development

- Physical and developmental screenings.
- Referral for further evaluation of areas of concern.

Strengthen family

- Referrals to community resources.
- Assess and promote positive problem-solving and stress-management skills.
- Strength-based approach to goal setting.

WHO CAN ENROLL?

- You are a CalWORKs/CalLearn recipient, you live in Siskiyou County AND
- Pregnant or Parent/Caretaker of a child 24 months or less.



FAQ'S:

Q: What is home visiting?

A: Home visiting is a voluntary program that will pair you with a nurse or a trained professional who makes regular visits in your home to provide guidance, coaching and access to prenatal and postnatal care, and other health and social services.

Q: Is there a cost for this program?

A: There is **NO COST** for this program.

Q: How often does the Home Visitor contact me?

A: Once a week to once a month, depending on your needs.

Q: How long will I receive this benefit?

A: Your family may be eligible to receive these home visiting services for three years.

Attachment 3



CalWORKs Home Visiting Program (HVP)

For CalWORKs/Cal-Learn participant(s) who are pregnant or within the first 24 months after the birth of a baby

DATE: _____

**FILLABLE
ELECTRONIC
VERSION**

This program is for CalWORKs/Cal-Learn recipients who are pregnant or within the first 24 months after the birth of the baby.

If you have any qualification questions, please give us a call at:

530-841-2139



Sarah Zwetsloot,
RN, BSN, PHN
MCAH Director
(530)-841-2130

Jeanna Frost, MPH
Home Visitor
(530)-841-2139

NAME: _____ CASE # _____

Type of Client: ☐ Federal ☐ Non-Federal ☐ Non-Federal, Non-MOE

NAME OF CHILD: _____ DOB: _____

OR

DELIVERY DUE DATE: _____

HOME # _____ CELL # _____
(Please enter both phone numbers for contact, if applicable)

BEST TIME TO CALL: _____ PRIMARY LANGUAGE: _____

The client is aware of the CalWORKs Home Visiting Program referral, and is interested in being contacted regarding Home Visiting? ☐ YES

CalWORKs REFERRAL SOURCE

STAFF NAME: _____

PHONE: _____

PASSPORT TO SERVICES ATTACHED? ☐ YES DATE SENT: _____

EMAIL, FAX, MAIL, or PHONE to:

Siskiyou County Public Health
CalWORKs Home Visiting Program
810 South Main St., Yreka, CA 96097

Ph: 530-841-2134 Fax: 530-841-4092 Email: homevisiting@co.siskiyou.ca.us

Office Use Only

CONTACTS AND DISPOSITION: _____

Revised 3/8/22