Policy and Procedure Updates

Please see table below that provides a summary of updates made since the distribution of CDPH/CHVP Memo #23-07: CHVP Policy and Procedure Feedback Request,, which was released on October 31, 2023 and CDPH/CHVP Memo #24-05: CDPH/CHVP Policy and Procedure Expedited Review and Feedback Request, which was released on May 13, 2024.

CHVP Policy and Procedure: 200-40 Family Transition Plans

Key Updates CHVP Memo 24-05:

- Added language:
  - *Home visitors must obtain verbal or written consent from the family prior to making any referral.*
  - *The home visitor will ensure families are aware of local available resources for future use (see resources to consider below).*
  - *LHJs must maintain model fidelity and adhere to all model requirements and recommendations related to transition planning and services and ensure CHVP requirements are incorporated.*
  - *CHVP local health jurisdictions (LHJs) must assess the needs of families approaching program completion or dismissal of home visiting services and provide support in the transition to community services.*
  - *If a transition plan cannot be developed, the home visitor must document the reason in the family chart. (Examples: family does not consent, family becomes disengaged, etc.).*

Key Updates CHVP Memo 24-06:

- Added language: *CDPH/CHVP LHJs must develop a transition plan for families at three to six months prior to the date of their planned exit or according to model guidance.*
- Removed language: *Transition plans must be initiated immediately should the family intend to exit with less than three months' notice.*

CHVP Policy and Procedure: Allowable Uses of CHVP Funding for Mental Health Consultation in Home Visiting

Key Updates CHVP Memo 24-05:

- Removed social worker throughout the P&P
- Social worker will be included as an example of an MHC in the staffing requirement P&P
- Removed the CHVP FTE Home Visitor/CHVP Maximum FTE Mental Consultant Table and added language: *LHJs must have their Request Form for Mental Health Consultant with CHVP approved prior to including a Mental Health consultant to their budget. The maximum allowable FTE for a mental health consultant is 1 FTE. LHJs may determine time allotment for staff based on program needs.*
  - Added language:
    - *Interested LHJs must submit a Request Form for Mental Health Consultant with CHVP to their Program Consultant. Once the request for a mental health consultant is submitted, the assigned PC will have 10 business days to respond with additional questions or approval.*

- *Requests that do not meet the outlined parameters or discuss direct mental health services may be denied.*

Key Updates CHVP Memo 24-06:

- Added language in Policy section
  - *LHJs are encouraged to identify strategies for how the Mental Health Consultant might integrate with community organizations, other local agencies, and local public health leadership to support coordination and sustainability for provision of mental health supports.*
- Updated section A for Parameters and Procedures
  - The mental health consultant is defined as anyone licensed to provide therapeutic services in California or working toward their licensure, or working under the supervision of a licensed *clinician.*
- Updated Section B(i)
  - *CDPH/CHVP funds may not be used for the following mental health consultation activities:*
    - *Direct mental health services or treatment provided directly to families (See definition for direct mental health services below), such as therapy*
- Added language to Section C
  - *This does not include individual therapy.*
- Added language to Section C (i)
  - *C. Mental health consultant may support CDPH/CHVP funded home visiting staff by providing guidance, support, and expertise in addressing mental health related issues and challenges that may arise within the context of their work. This does not include individual therapy. Some examples of mental health consultation to home visiting staff may include:*
    - *Individual and group level reflective consultation with home visiting staff. This may include the program manager/ supervisor, if desired.*

CHVP Policy and Procedure: Allowable Uses of CHVP Funding for Mental Health Consultation in Home Visiting

- *Ongoing and regular opportunities for home visitors to reflect on, and manage the secondary trauma brought on by their complex work.*
- *Use these reflective practices to strengthen support that home visitors provide. Reflective practices may include, but are not limited to the following:*
  - *reflecting on one's experiences and engaging in a process of continuous learning*
  - *debriefing events and experiences that occurred during home visiting work*

- Added language in Section D (viii)
  - *viii. Provide mental/behavioral health training to home visiting staff on topics including but not limited to:*
    - *Perinatal mood and anxiety disorders; alcohol and other substance use disorders; best practices and support for mental health screening; trauma-responsive practices; and intimate partner violence prevention and response.*
- Definition for Direct Mental Health Services added*:*
  - *Direct mental health services are ambulatory care services which provides direct delivery of mental health services and interventions. The services include family support, counseling, assessments, education, and prevention. Each service is unique and enhances quality of life tailored to the needs of each individual and family encouraging collaboration from supporters and loved ones.*

Request Form for Mental Health Consultant with California Department of Public Health (CDPH)/ California Home Visiting Program (CHVP) State General Funding (SGF)

Key Updates CHVP Memo 24-06:

- Added language:
  - *A mental health consultant position must be approved by CDPH/CHVP prior to adding it on the relevant CHVP budget.*
  - *Check here to confirm understanding that SGF funding may not be used to support provide direct mental health care services to participants or families.*
  - *Please explain how this proposed position and/or project will fill a specific need/gap in your community while maintaining home visiting as the primary activity for CHVP.*
  - *Delineate best practices and local policies and procedures to guide the implementation of the plan.*
- Removed language:
  - *3) outlines strategies with other mental health initiatives and services in the LHJ*
  - *Additionally, outline strategies for how you will coordinate with community organizations, with other local agencies, and local public leadership to support coordination and sustainability for provision of mental health services*.

CHVP Policy and Procedure: 100-50 Outreach to Disengaged Participants

Key Updates CHVP Memo 24-05:

- Removed social media as a type of outreach effort.
- Added language:
  - *LHJs must adhere to all model requirements and best practice standards related to participant re-engagement and creative outreach.*
  - *Outreach efforts should not be initiated when home visits have not occurred or the participant becomes disengaged due to staff inability or unavailability to conduct or complete home visits. LHJs must document this in the data system.*
  - *Outreach efforts must be made for three consecutive months (90 calendar days) or until the participant re-engages in services, declines services, or the home visitor is made aware that the participant is no longer in the area.*
- Added Definitions
  - *Enrolled participants* in a home visiting program are families or individuals who have completed the enrollment process and are actively receiving services from the program. Enrolled participants are a part of the Contracted Caseload Capacity.
  - *Contracted Caseload Capacity* is the number of participant families an LHJ is expected to serve at any given time. This number takes into consideration multiple factors, including the home visiting model being implemented, budgeted home visitor FTE, and acuity of the service population.

Key Updates CHVP Memo 24-06:

- Updated language: *Outreach efforts should not be initiated if first home visit has not occurred, or the participant becomes disengaged due to staff inability or unavailability to conduct or complete home visits.*

CHVP Policy and Procedure: 200-10 Approval Process for Outreach Materials

Key Updates CHVP Memo 24-05:

- Added language: *LHJs must submit all outreach materials using CHVP SGF or MIECHV funding with the semi-annual Status Reports*
- Added combined MIECHV and SGF funding tagline
- Added process for Use of photographs for outreach materials

CHVP Policy and Procedure: 200-30 Media Inquiries

Key Updates CHVP Memo 24-05:

- Clarified that LHJs would notify CDPH/CHVP prior to engaging in media inquiries, and would need approval for use of photographs and CDPH logo for media products
- Defined widespread publications
- Clarified process for:
  - media inquiries for local or state implementation of a program
  - process for the use of photographs for media products

Key Updates CHVP Memo 24-06:

- Added language: *LHJs do not need to request permission from CDPH/CHVP but should notify their PC of the media feature. Include a link or copy of the published media in the Status Report.*

CHVP Policy and Procedure: 500-10 Early Childhood Systems Integration

Key Updates CHVP Memo 24-05:

- Revised quarterly to four times per year
- CAB meetings will include LHJ program successes and challenges
- Provided resources for quality improvement resources
- Added school districts/HeadStart programs for CAB representatives

Key Updates CHVP Memo 24-06:

- Added language: *LHJs must follow Health Insurance Portability and Accountability Act (HIPAA) guidelines to ensure protection of participant confidential information.*

CHVP Policy and Procedure: 100-60 Contracted Caseload Capacity

Key Updates CHVP Memo 24-05:

- Removed model home visitor FTE/participant ratio table
  - Included language: *If an LHJ has an agreement or approval from the EBHV model for an FTE/participant ratio that varies from the standard ratios, CDPH/CHVP will honor that agreement. LHJs should provide verification of the approval to their CDPH/CHVP PC during the contracted caseload determination process or at the time of a request for change of CC. Agreements with EBHV models and reductions to CC are subject to annual reassessment. If you have any questions about Contracted Caseload Capacity, please contact your assigned Program Consultant (PC) or assigned Research Scientist (RS).*
- Included language: *If you have any questions regarding a timeframe for reaching or maintaining Contracted Caseload Capacity after the 18-month initial program implementation period, please reach out to your CHVP PC for assistance.*
- Removed language regarding the personnel slot method and MIECHV Service Capacity
- Included language: *LHJs must adhere to all MIECHV and SGF EBHV SOW requirements related to CC, including:*
  - *Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.*
  - *Develop a referral triage process for incoming home visiting participants.*