

California Home Visiting Program

2022 Expansion Plan Update and Allocations

The California Department of Public Health (CDPH) received \$37.5 million in State General Funds (SGF) to expand the California Home Visiting Program (CHVP) for 2022-23 and ongoing, which includes \$33.7 million for Local Assistance. The long-term goal of this funding is to increase the number of families participating in the three evidence-based home visiting (EBHV) models supported by CDPH/CHVP: Healthy Families America (HFA), Nurse Family Partnership (NFP) and Parents as Teachers (PAT). Local Health Jurisdictions (LHJs) may use Year 1 funding for expansion, planning and/or special support activities. This document includes the plan for the CHVP SGF evidence-based home visiting expansion funds for current state fiscal year (Year 1) and the following five years (Years 2-6).

New: This document provides updates including recent revisions to the information regarding the special support activities. The use of SGF funding for special support activities is intended to provide short-term relief to help stabilize home visiting programs with the longer-term goal of increasing the number of families served in home visiting.

Year 1 CHVP SGF Expansion Plan Updates

- The plan presented to LHJs during the *Draft CHVP and BIH Augmentation Allocation Plan* meeting on September 1, 2022, included three different allocation “pots” for Year 1 for Planning, Expansion, and Special Allocations.
- Based on local stakeholder questions and feedback, CDPH/CHVP adjusted the plan to maintain the same allowable activities (see Table 1) but provide a single allocation to each LHJ with the opportunity to select Year 1 activities based on the needs of their program and communities.
- Year 1 funding for each LHJ is based on the data-driven funding formula presented on September 1 (Table 2).
 - Each LHJ may accept or decline funds for Year 1.
 - LHJs are no longer able to accept a partial award for Year 1. Each LHJ will be able to invoice up to their full allocated amount, but it is not a requirement that each LHJ spend all of the Year 1 allocation amount.
 - CDPH/CHVP does not have authority to grant roll over spending from one fiscal year to the next.
 - Once an executed agreement is in place, LHJs will be able to invoice back to July 1, 2022.
 - CDPH/CHVP will not redistribute declined/unspent funds for Year 1.
- LHJs that decline Year 1 funding are eligible to opt-in for Years 2-6 funding. LHJs that decline Year 2, may not be re-eligible until the end of the five-year agreement cycle.

Year 1 CHVP SGF Expansion Plan Details

Year 1 Allocation: Starting July 1, 2022, or upon agreement execution, through June 30, 2023, all 61 LHJs are eligible to receive an allocation amount from the 2022 SGF Expansion (\$33.7 million). Each LHJ that accepts their allocation, will receive \$400,000 base funding plus an additional amount that is proportional to the LHJs three-year aggregated Medi-Cal birth data. (Table 2)

- As part of the Agreement Funding Application (AFA) process LHJs will determine Year 1 activities. (See Table 1 and Scope of Work)
- In addition to hiring home visiting staff to increase caseload/provide home visiting services to families, LHJs will be allowed to provide cost of living/salary increases for existing staff following local agency protocols and state contracting rules.
- LHJs must select planning, expansion, and/or special support activities that will best meet the home visiting needs of their jurisdiction for Year 1.
- LHJs have the option to establish regional or multi-LHJ consortia to implement home visiting programs.
- Current SGF (2019 SGF Expansion of \$16 million for EBHV and \$5 million for Innovation) will remain as allocated for current SFY (2022-23).
- *New: In Year 1, there are no restrictions on the amount of funding that can be used in any of the three activity categories (expansion, planning, and special support). LHJs will decide how to utilize the SGF funding based on the needs of their program and in accordance with the SOW. In Years 2-6, there will be restrictions on planning and special support activities.*

Table 1. Year 1 Options for Activities.

Type	Purpose	Eligibility/Parameters	Example Activities
Expansion	Expand participation, beyond current caseload capacity, in an NFP, HFA or PAT program.	<ul style="list-style-type: none"> • Any LHJ that is implementing an NFP, HFA or PAT program and is ready to expand, regardless of funding source (e.g., if an LHJ is implementing one or more of these models with local funds or CalWORKs funds they may choose to expand with CHVP funds). • For Year 1, LHJs choosing to opt into 2022 SGF funding to expand an existing NFP, HFA, or PAT program will be expected to increase their caseload capacity by a negotiated number decided 	<ul style="list-style-type: none"> • Recruit and hire home visiting staff • Train home visiting staff to perform job duties • Engage in technical assistance (TA) with CDPH/CHVP and EBHV model to ensure smooth onboarding of new staff. • Engage in TA and training with CDPH/CHVP to ensure correct use of required forms, data systems, and processes (e.g., SharePoint, model specific data systems, CHVP Policies and Procedures (P&P)). • Develop an Implementation

Type	Purpose	Eligibility/Parameters	Example Activities
		<p>between CDPH/CHVP and the LHJ. This number will balance the funding amount, LHJ capacity, timeframe for spending, and other activities selected during Year 1.</p>	<p>Plan outlining planned activities and a timeline for meeting milestones.</p> <ul style="list-style-type: none"> • Enroll and serve families

<p>Planning</p>	<p>Plan for implementation or expansion of NFP, HFA or PAT.</p>	<ul style="list-style-type: none"> • LHJs that are not implementing NFP, HFA or PAT that would like to plan for start-up. • LHJs that are implementing NFP, HFA or PAT that would like to work towards expansion or work towards adding another of the three models. This refers to LHJs that are not ready for immediate expansion and would like to focus on planning. 	<ul style="list-style-type: none"> • Hire core staff for planning and program management • Conduct a Needs Assessment to assess gaps in services and local need for home visiting services • Assess organizational capacity to start-up and implement a home visiting program • Engage local stakeholders in planning • Explore available EBHV options (NFP, HFA, PAT) and select model • Connect with and receive TA and initial support from EBHV model National Offices • Develop an Implementation Plan outlining planned activities and a timeline for meeting milestones • Develop home visiting program P&P • Apply for affiliation, if needed, with EBHV model National Office • Establish processes and infrastructure (e.g., data system, community referral network)
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			<ul style="list-style-type: none"> • Develop agency-wide referral triage process • Connect with or establish a Community Advisory Board (CAB) • Develop Duty Statements and hire home visiting staff • Explore EBHV model approved adaptations to meet gaps in services identified in the Needs Assessment
Special Support	Provide relief and support with rebuilding and stabilizing the staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, hazard pay and other staff costs, and emergency supplies.	<ul style="list-style-type: none"> • All LHJs/Local MCAH home visiting programs, including CHVP Innovation projects and subcontracted agencies, regardless of current funding source and model. 	<ul style="list-style-type: none"> • Fund hazard pay or other staff costs associated with providing home visits or administration of programs, including incentive bonuses, overtime pay, and technology that supports individual home visiting employees. • Provide enhanced training opportunities for staff. • Acquire the necessary technological means for families enrolled in the program, to support virtual home visiting and address digital access and equity concerns. • Provide emergency supplies (such as diapers and diapering supplies, formula, food, water, hand soap and hand sanitizer) to enrolled participant families. Includes gift cards and prepaid grocery cards for the purpose of meeting the emergency needs of families.

Years 2-6 CHVP SGF Expansion Plan Details

Key Points of CHVP Expansion Plan for Years 2-6 (July 1, 2023- June 30, 2028)

- CDPH/CHVP extended this plan to 5 years instead of 3 years. CDPH/CHVP will maintain an annual agreement process and will re-assess annual allocation amounts, if needed.
- All 61 LHJs are eligible for CHVP SGF Allocation funds from July 1, 2023-June 30, 2028. Each LHJ that accepts funds will receive an annual allocation with a base amount of approximately \$400,000 plus an additional amount related to each LHJ’s proportional three-year aggregated Medi-Cal birth data. (Table 3)
- Table 3 below provides an example of the annual CHVP SGF allocation for Years 2-6 based on the approved funding formula and consolidated SGF “pot” for a total of \$49.7 million to be distributed each year (2019 SGF EBHV expansion funds, \$16 million, and current 2022 SGF expansion funds, \$33.7 million).
 - The Years 2-6 example allocation table shows a minimum annual allocation for each of the years and may be higher depending on how many LHJs opt-in/out.
 - CDPH/CHVP will redistribute declined funds.
- LHJs are expected to increase expansion/implementation activities and decrease planning and special support activities over the course of the five-year agreement cycle to work towards full program implementation. Additional guidance on planning and implementation activities will be provided at a later time.
- The special support category provides short-term relief opportunities and CDPH/CHVP will provide more guidance about parameters and duration of these allowable activities in Years 2-6.
- CDPH/CHVP will continue to address the need for flexibility in EBHV through program and budget guidance; by working with LHJs and model developers to assess needs and opportunities for adaptations, enhancements and/or modifications; and by establishing learning communities to support LHJs with meeting the needs of families and improving administrative processes.
- Starting July 1, 2023, new annual agreements will be established with all LHJs that opt-in for CHVP SGF allocations.
- CDPH/CHVP will continue investment in the nine current CDPH/CHVP Innovation Projects through the 2019 expansion funds, which is not included in the allocation tables below.

Next Steps

- *Completed:* Tuesday, October 25, 2022, 2:30-4:00pm CHVP SGF Expansion Plan Update Meeting
- *Completed:* Friday, November 4, 2022, CHVP emailed the CHVP SGF Expansion Survey for LHJs to express intent to accept/decline Year 1 funds. The survey was non-binding.
- *Completed:* Friday, November 18, 2022, CHVP SGF Expansion Survey for LHJs was due.
- *Completed:* Friday, December 16, 2022, Agreement Funding Application (AFA) packages were released to new CHVP LHJs.
 - AFA packages for existing CHVP LHJs are being released on a rolling basis.
- Friday, December 30, 2022, AFA Packages and updated forms due back to MCAH. (If needed, please contact your Contract Manager for any extensions.)

Table 2. Intent to Award Year 1 Allocation for all LHJs.

The table below shows the intended distribution of the \$33.7 million in new SGF funding for CHVP expansion activities from July 1, 2022-June 30, 2023. The November CHVP survey will provide an opportunity for LHJs to express intent to accept or decline funds, which will be followed by an Agreement Funding Application (AFA) process.

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Total Funding Amount
Los Angeles (excludes Long Beach and Pasadena)	126,643	23.7%	\$400,000	\$2,201,445	\$2,601,445
San Bernardino	39,754	7.4%	\$400,000	\$691,047	\$1,091,047
Riverside	39,397	7.4%	\$400,000	\$684,841	\$1,084,841
San Diego	37,754	7.1%	\$400,000	\$656,281	\$1,056,281
Fresno	28,051	5.2%	\$400,000	\$487,613	\$887,613
Orange	27,753	5.2%	\$400,000	\$482,433	\$882,433
Sacramento	25,408	4.7%	\$400,000	\$441,669	\$841,669
Kern	23,096	4.3%	\$400,000	\$401,480	\$801,480
San Joaquin	15,078	2.8%	\$400,000	\$262,102	\$662,102
Santa Clara	13,170	2.5%	\$400,000	\$228,935	\$628,935
Tulare	13,010	2.4%	\$400,000	\$226,154	\$626,154
Stanislaus	11,266	2.1%	\$400,000	\$195,838	\$595,838
Alameda (excludes Berkeley)	10,963	2.0%	\$400,000	\$190,571	\$590,571
Ventura	10,782	2.0%	\$400,000	\$187,424	\$587,424
Santa Barbara	9,245	1.7%	\$400,000	\$160,707	\$560,707

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Total Funding Amount
Monterey	8,592	1.6%	\$400,000	\$149,355	\$549,355
Merced	7,648	1.4%	\$400,000	\$132,946	\$532,946
City of Long Beach	7,394	1.4%	\$400,000	\$128,530	\$528,530
Contra Costa	6,514	1.2%	\$400,000	\$113,233	\$513,233
San Francisco	5,377	1.0%	\$400,000	\$93,469	\$493,469
Solano	5,360	1.0%	\$400,000	\$93,173	\$493,173
San Mateo	5,232	1.0%	\$400,000	\$90,948	\$490,948
Imperial	4,938	0.9%	\$400,000	\$85,838	\$485,838
Sonoma	4,804	0.9%	\$400,000	\$83,508	\$483,508
Madera	4,336	0.8%	\$400,000	\$75,373	\$475,373
Kings	3,673	0.7%	\$400,000	\$63,848	\$463,848
Butte	3,436	0.6%	\$400,000	\$59,728	\$459,728
Santa Cruz	3,166	0.6%	\$400,000	\$55,035	\$455,035
Shasta	3,073	0.6%	\$400,000	\$53,418	\$453,418
San Luis Obispo	2,709	0.5%	\$400,000	\$47,091	\$447,091
Yolo	2,393	0.4%	\$400,000	\$41,598	\$441,598
Sutter	2,125	0.4%	\$400,000	\$36,939	\$436,939
Placer	2,034	0.4%	\$400,000	\$35,357	\$435,357
Marin	1,776	0.3%	\$400,000	\$30,872	\$430,872
Yuba	1,725	0.3%	\$400,000	\$29,986	\$429,986

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Total Funding Amount
Humboldt	1,580	0.3%	\$400,000	\$27,465	\$427,465
Mendocino	1,577	0.3%	\$400,000	\$27,413	\$427,413
Lake	1,489	0.3%	\$400,000	\$25,883	\$425,883
El Dorado	1,476	0.3%	\$400,000	\$25,657	\$425,657
Napa	1,356	0.3%	\$400,000	\$23,571	\$423,571
Tehama	1,299	0.2%	\$400,000	\$22,581	\$422,581
City of Pasadena	1,213	0.2%	\$400,000	\$21,086	\$421,086
San Benito	903	0.2%	\$400,000	\$15,697	\$415,697
Nevada	869	0.2%	\$400,000	\$15,106	\$415,106
Glenn	650	0.1%	\$400,000	\$11,299	\$411,299
Siskiyou	628	0.1%	\$400,000	\$10,917	\$410,917
Tuolumne	570	0.1%	\$400,000	\$9,908	\$409,908
Calaveras	566	0.1%	\$400,000	\$9,839	\$409,839
Colusa	496	0.1%	\$400,000	\$8,622	\$408,622
Del Norte	445	0.1%	\$400,000	\$7,735	\$407,735
Lassen	389	0.1%	\$400,000	\$6,762	\$406,762
Amador	385	0.1%	\$400,000	\$6,692	\$406,692
City of Berkeley	290	0.1%	\$400,000	\$5,041	\$405,041
Inyo	255	0.0%	\$400,000	\$4,433	\$404,433
Plumas	226	0.0%	\$400,000	\$3,929	\$403,929

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Total Funding Amount
Mariposa	219	0.0%	\$400,000	\$3,807	\$403,807
Trinity	183	0.0%	\$400,000	\$3,181	\$403,181
Mono	171	0.0%	\$400,000	\$2,973	\$402,973
Modoc	46	0.0%	\$400,000	\$800	\$400,800
Sierra	26	0.0%	\$400,000	\$452	\$400,452
Alpine	21	0.0%	\$400,000	\$365	\$400,365
California Total	535,003		\$24,400,000	\$9,300,000	\$33,700,000

Table 3. Minimum Projected CHVP SGF Annual Allocation for 61 LHJs for Years 2-6.

The table below shows the minimum projected distribution of the total \$49.7 million CHVP SGF available annually, starting July 1, 2023, for evidence-based home visiting implementation (2019 EBHV expansion funds, \$16 million, and current 2022 expansion funds, \$33.7 million). If LHJs opt-out, there will be a process for re-distributing declined funds.

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Minimum Total Funding Amount Years 2-6
Los Angeles (excludes Long Beach and Pasadena)	126,643	23.7%	\$400,000	\$5,988,878	\$6,388,878
San Bernardino	39,754	7.4%	\$400,000	\$1,879,945	\$2,279,945
Riverside	39,397	7.4%	\$400,000	\$1,863,063	\$2,263,063

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Minimum Total Funding Amount Years 2-6
San Diego	37,754	7.1%	\$400,000	\$1,785,366	\$2,185,366
Fresno	28,051	5.2%	\$400,000	\$1,326,516	\$1,726,516
Orange	27,753	5.2%	\$400,000	\$1,312,424	\$1,712,424
Sacramento	25,408	4.7%	\$400,000	\$1,201,530	\$1,601,530
Kern	23,096	4.3%	\$400,000	\$1,092,197	\$1,492,197
San Joaquin	15,078	2.8%	\$400,000	\$713,030	\$1,113,030
Santa Clara	13,170	2.5%	\$400,000	\$622,802	\$1,022,802
Tulare	13,010	2.4%	\$400,000	\$615,236	\$1,015,236
Stanislaus	11,266	2.1%	\$400,000	\$532,763	\$932,763
Alameda (excludes Berkeley)	10,963	2.0%	\$400,000	\$518,434	\$918,434
Ventura	10,782	2.0%	\$400,000	\$509,875	\$909,875
Santa Barbara	9,245	1.7%	\$400,000	\$437,191	\$837,191
Monterey	8,592	1.6%	\$400,000	\$406,311	\$806,311
Merced	7,648	1.4%	\$400,000	\$361,670	\$761,670
City of Long Beach	7,394	1.4%	\$400,000	\$349,658	\$749,658
Contra Costa	6,514	1.2%	\$400,000	\$308,044	\$708,044
San Francisco	5,377	1.0%	\$400,000	\$254,275	\$654,275
Solano	5,360	1.0%	\$400,000	\$253,471	\$653,471
San Mateo	5,232	1.0%	\$400,000	\$247,418	\$647,418
Imperial	4,938	0.9%	\$400,000	\$233,515	\$633,515

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Minimum Total Funding Amount Years 2-6
Sonoma	4,804	0.9%	\$400,000	\$227,179	\$627,179
Madera	4,336	0.8%	\$400,000	\$205,047	\$605,047
Kings	3,673	0.7%	\$400,000	\$173,694	\$573,694
Butte	3,436	0.6%	\$400,000	\$162,487	\$562,487
Santa Cruz	3,166	0.6%	\$400,000	\$149,718	\$549,718
Shasta	3,073	0.6%	\$400,000	\$145,320	\$545,320
San Luis Obispo	2,709	0.5%	\$400,000	\$128,107	\$528,107
Yolo	2,393	0.4%	\$400,000	\$113,164	\$513,164
Sutter	2,125	0.4%	\$400,000	\$100,490	\$500,490
Placer	2,034	0.4%	\$400,000	\$96,187	\$496,187
Marin	1,776	0.3%	\$400,000	\$83,986	\$483,986
Yuba	1,725	0.3%	\$400,000	\$81,574	\$481,574
Humboldt	1,580	0.3%	\$400,000	\$74,717	\$474,717
Mendocino	1,577	0.3%	\$400,000	\$74,575	\$474,575
Lake	1,489	0.3%	\$400,000	\$70,414	\$470,414
El Dorado	1,476	0.3%	\$400,000	\$69,799	\$469,799
Napa	1,356	0.3%	\$400,000	\$64,125	\$464,125
Tehama	1,299	0.2%	\$400,000	\$61,429	\$461,429
City of Pasadena	1,213	0.2%	\$400,000	\$57,362	\$457,362
San Benito	903	0.2%	\$400,000	\$42,702	\$442,702
Nevada	869	0.2%	\$400,000	\$41,095	\$441,095

Local Health Jurisdiction	# Medi-Cal Births 2018-2020	Proportion of 2018-2020 Medi-Cal Births	Base Funding Amount	Medi-Cal Births Funding Amount	Minimum Total Funding Amount Years 2-6
Glenn	650	0.1%	\$400,000	\$30,738	\$430,738
Siskiyou	628	0.1%	\$400,000	\$29,698	\$429,698
Tuolumne	570	0.1%	\$400,000	\$26,955	\$426,955
Calaveras	566	0.1%	\$400,000	\$26,766	\$426,766
Colusa	496	0.1%	\$400,000	\$23,456	\$423,456
Del Norte	445	0.1%	\$400,000	\$21,044	\$421,044
Lassen	389	0.1%	\$400,000	\$18,396	\$418,396
Amador	385	0.1%	\$400,000	\$18,206	\$418,206
City of Berkeley	290	0.1%	\$400,000	\$13,714	\$413,714
Inyo	255	0.0%	\$400,000	\$12,059	\$412,059
Plumas	226	0.0%	\$400,000	\$10,687	\$410,687
Mariposa	219	0.0%	\$400,000	\$10,356	\$410,356
Trinity	183	0.0%	\$400,000	\$8,654	\$408,654
Mono	171	0.0%	\$400,000	\$8,086	\$408,086
Modoc	46	0.0%	\$400,000	\$2,175	\$402,175
Sierra	26	0.0%	\$400,000	\$1,230	\$401,230
Alpine	21	0.0%	\$400,000	\$993	\$400,993
California Total	535,003		\$24,400,000	\$25,300,000	\$49,700,000