CHVP Work Plan Timeline

Goals and Measures for September 30, 2019 – September 29, 2023					
Goal 1: Provide leadership and structure for implementation of the California Home Visiting Program (CHVP) at the Local Implementing Agency (LIA)					
#	**Objective**	**Activities**	**Responsible Party**	**Start and Completion Dates**	**Performance/Outcome Measures**
Staffing Requirements					
1.1	LIA will ensure Maternal, Child, and Adolescent Health (MCAH) Director and/or designee dedicate no less than 5% Full	(A.) Provide oversight to LIA site managers, supervisors, staff, and various entities on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of CHVP.	• MCAH Program Director/Equivalent Designee	9/30/19 – 9/29/23	• Submission of Status Report • Submission of Staffing Report • Submission of Community Advisory Board (CAB) Meeting Materials • Submission of Invoices

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	Time Equivalent (FTE) and no more than 15% FTE on the CHVP budget and staffing reports.	(B.) Attend monthly MCAH and quarterly CHVP Directors calls. Participate in ongoing local community stakeholder groups, site visits, meetings, and/or conferences as directed. Note: If the LIA has a subcontractor, an LIA representative from the Department of Public Health must be present during entire site visit.	• MCAH Program Director/Equivalent Designee	9/30/19 – 9/29/23	• Submission of Status Report • Submission of CAB Meeting materials
1.2	LIA will implement home visiting programs using culturally proficient practices.	(A.) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.	• Supervising Public Health Nurse (SPHN) or Program Manager • Home Visitors	9/30/19 – 9/29/23	• Submission of Training Log
		(B.) Recruit and hire staff that reflect the community served and/or speak the language of participants when possible.	• SPHN or Program Manager • Home Visitors	9/30/19 – 9/29/23	• Submission of Staffing Report • Submission of Status Report
1.3	LIA will hire, train, and retain staff to comply with selected	(A.) Participate in required trainings as related to screening tools, health assessments,	• SPHN or Program Manager • Home Visitors	9/30/19 – 9/29/23	• Submission of Training Log • Submission of Training Plan

	home visiting model requirements and CHVP policies and procedures.	reflective supervision, data collection tools and software.			
		(B.) Maintain full staffing capacity to serve home visiting program participants and adhere to the specific model-based guidelines.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of Staffing Report
Program Requirements					
1.4	LIA will reach and maintain negotiated Maximum Caseload Capacity (MCC).	(A.) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.	• MCAH Director/ Equivalent Designee • SPHN or Program Manager	9/30/19 – 9/29/23	• Outreach activities listed on NFP or HFA Referrals Tracking Log
		(B.) Develop a Referral Triage Plan process for incoming home visiting participants.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Production and submission of Referral Triage Plan outlining referral process (flow chart, logic model, narrative, etc.)

		(C.) Home visitors funded at or above 25% FTE will maintain and monitor caseloads (referrals and dismissals) and provide data for all participants.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Sustain minimum of 85% MCC on Monthly Caseload Report • If below 85% MCC, submission of Performance Improvement Plan (PIP)
1.5	LIA will ensure selected home visiting model fidelity and quality assurance.	(A.) Implement NFP and HFA model requirements in accordance with the NFP Model Elements or the HFA Best Practice Standards.	• MCAH Director/ Equivalent Designee • SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of accreditation reports and/or proof of application for affiliation •
1.6	LIA will develop and implement home visiting policies and procedures.	(A.) Conduct an annual review of LIA policies and procedures and update as needed.	• MCAH Director/ Equivalent Designee • SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of policies in Status Report • Completion of policies and procedures questions on Status Report
		(B.) Conduct an annual review of CHVP policies and procedures.	• MCAH Director/ Equivalent Designee • SPHN or Program Manager	9/30/19 – 9/29/23	• Completion of policies and procedures questions on Status Report
1.7	LIA will accurately collect and submit	(A.) Implement *CHVP Guidance 400-10 Required Screening and Assessment Tools* into home visiting practice.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of timely and accurate data

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	participant data using selected home visiting model and CHVP-required documents.	(B.) Adhere to *CHVP Policy 600-10 Data Collection and Standardization* procedures.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of timely and accurate data
		(C.) Comply with NFP Quality Framework and NFP Quality Tools or CHVP HFA Data Collection Manual.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of timely and accurate data
Continuous Quality Improvement (CQI) Requirements					
1.8	LIA will conduct CQI projects and activities that align with CHVP program improvement goals.	(A.) Participate in quality improvement activities as directed by CHVP.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Participation in Quarterly Technical Assistance (TA) calls • Submission of CQI plans, data, and information as requested by CHVP
		(B.) Utilize the CAB to inform and address quality improvement projects and decisions.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Completion of CAB involvement in CQI efforts in Status Reports or as requested
		(C.) Utilize data to inform and improve program activities.	• SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of CQI plans, data, and information as requested by CHVP • Completion of CQI questions on Status Report

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#	Objective	Activities	Responsible Party		Performance/Outcome Measures
1.9	LIA will participante in the CHVP 2020 Conference.	(A.) Travel to and attend the CHVP 2020 Conference.	• Attendees To Be Determined	9/30/19 – 9/29/23	• Completion of post conference survey
Goal 2: Collaborate with Local Early Childhood System Partners					
#	**Objective**	**Activities**	**Responsible Party**		**Performance/Outcome Measures**
2.1	LIA will collaborate with local early childhood system partners.	(A.) Collaborate with local early childhood system partners to provide a continuum of services.	• MCAH Director/ Equivalent Designee • SPHN or Program Manager	9/30/19 – 9/29/23	• Completion of CHVP-required systems level data collection surveys or reports
2.2	LIA will maintain a CAB.	(A.) Coordinate quarterly CAB meetings for the purpose of establishing appropriate linkages to referral/service systems and other community supports, including statewide and local early childhood partners.	• MCAH Director/ Equivalent Designee • SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of CAB Meeting Materials (CAB Roster, Agenda, and Minutes) with Status Report • Completion of CHVP-required systems level data collection surveys or reports

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#	Objective	Activities	Responsible Party		Performance/Outcome Measures
2.3	LIA will pursue, develop, and maintain relationships with local service agencies, hospitals, and referral resources to facilitate the coordination of services and recruit participants.	(A.) Develop Memorandum of Understanding (MOU) agreements and/or informal written agreements (e.g., letters of support) with community agencies and service providers.	• MCAH Director/ Equivalent Designee • SPHN or Program Manager	9/30/19 – 9/29/23	• Submission of formal or informal agreements with community agencies and services providers with Status Report • Submission of Annual CHVP Service Provider Survey • Submission of Outreach Log
Goal 3: Collect data for federal reporting requirements					
#	**Objective**	**Activities**	**Responsible Party**		**Performance/Outcome Measures**
3.1	LIA will collect and submit all information required for	(A.) On an ongoing basis, complete all model issued forms and assessment tools entirely. Forms and assessment tools are defined by CHVP and respective	• SPHN or Program Manager • Home Visitors • Data Clerk	9/30/19 – 9/29/23	Submission of data for the following federal reports:

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	HRSA/MIECHV reporting.	model issued data collection manual(s).			• Demographic, Service Utilization, and Select Clinical Indicators (Form 1)
		(B.) Collect federally required priority population data for all participants served on an annual basis, entered directly into the data system (HFA) or collected and data aggregated into a CHVP-provided Excel spreadsheet (NFP).	• SPHN or Program Manager • Data Clerk	9/30/19 – 9/29/23	• Performance Indicators and Systems Outcomes (Form 2) • Quarterly Performance Report (Form 4) • Submission of NFP Priority Population Survey on Status Reports
3.2	LIA will maintain clean and compliant data for all home visiting activities	(A.) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring.	• SPHN or Program Manager • Home Visitors • Data Clerk	9/30/19 – 9/29/23	• Demonstrated compliance with data-related policies and program quality measures • Evidence of data cleaning on a monthly and quarterly basis using the CHVP data cleaning schedule (HFA) or model supplied data exception reports (NFP)

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and participants.	(B.) Collect and enter the participant data into secure and designated data system within seven working days of data collection and as required by NFP or HFA models.	• Home Visitors • Data Clerk	9/30/19 – 9/29/23	• Evidence of data cleaning on a monthly and quarterly basis using the CHVP data cleaning schedule • Evidence of data submission within seven working days of data collection • Evidence of signed participant consent forms

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Program, Data, and Evaluation Required Reports (Monitoring Channels)	Frequency
1. Priority Population Survey 2. CHVP Service Provider Survey 3. Outreach Log 4. Performance Improvement Plan (Below 85% MCC Action Plan) 5. Staffing Reports 6. CAB Meeting Materials – Minutes and Agendas 7. CAB Roster 8. Status Reports (Includes: Training Log, Training Plan, Formal and Informal Agreements, and Referral Tracking Log Progress) 9. Policies and procedures 10. Referral Triage Plan 11. HFA Accreditation Report (if applicable) 12. Fiscal Invoices 13. CQI Plan (if applicable)	1. Biannually 2. Annually 3. Biennially 4. Monthly Review 5. Quarterly 6. Biannually 7. Annually 8. Biannually 9. Annually 10. Annually 11. Upon Completion 12. Quarterly 13. Annually

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