



FACT SHEET

June 2019

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) HOME VISITING INITIATIVE



PURPOSE OF THE PROGRAM:

The purpose of the CalWORKs Home Visiting Initiative (HVI) is to support positive health, development and well-being outcomes for pregnant and parenting women, families and infants born into poverty. The HVI will expand future education, economic and financial opportunities for participants, improving the likelihood they exit poverty. This two-generational approach to fighting poverty 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.

BACKGROUND:

CalWORKs: The CalWORKs program provides temporary cash assistance to meet basic family needs, facilitate stability, enhance education, and provide access to employment and training programs to assist a family's progress toward self-sufficiency.

Leveraging home visiting services as part of the CalWORKs program presents a unique opportunity to promote two-generation policies that meet the needs of parents and their children, together.

Home visiting is an evidence-based, culturally competent, voluntary program model that pairs new parents with a nurse or other trained professional who makes regular visits to the participant's home to provide guidance, coaching, access to prenatal and postnatal care, and other health and social services.

HVI supports and resources include but are not limited to: (1) prenatal, infant and toddler care; (2) infant and child nutrition; (3) child developmental screening and assessments; (4) parent education, and training in parent/child interaction; (5) child development and child care referral; (6) job readiness and barrier removal; (7) domestic violence and sexual assault services; and (8) mental health and substance abuse treatment and support.

Home visitors will encourage participants to enroll their child in high-quality early learning settings, or participate in playgroups or other child enrichment activities. Parent participation in early learning settings may count towards allowable activities under a welfare-to-work plan.

Counties may establish processes, in coordination with home visitors and CalWORKs staff, to provide one-time, needs-based funding (not to exceed \$500) for the purchase of material goods for a participant's household related to care, health, and safety of the child and family.

FUNDING:

Senate Bill 840 (Budget Act of 2018) appropriated approximately \$26.9 million for the first program period,

January 1, 2019-June 30, 2019. The Governor's May Revise included a proposed \$10.7 million increase of funding for the program. The total funding in Fiscal Year 2019-20 for the program to \$89.6 million.

Subject to continuing appropriation in the annual Budget Act, the department will award funds to participating counties who apply biennially and meet the minimum requirements established by CDSS. Funds appropriated may be used in combination with funding from other sources.

CDSS will allocate funds to participating counties to provide voluntary evidence-based home visiting services to families meeting eligibility criteria. Counties will provide the Department with a plan and description of how they will accomplish the program's goals.

ELIGIBLE POPULATION:

To be eligible for home visiting services a participant must be a member of a CalWORKs assistance unit who is pregnant with no other children at the time of enrollment, or a first-time parent or caretaker relative of a child less than twenty-four months old at the time of enrollment in the HVI.

A county may serve additional individuals not described above so long as the county offers home visiting to all individuals in the target population. Participation 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.

A member of the assistance unit need not be eligible for, nor is required to participate in, the Welfare-to-Work program to receive home visiting services.

DATA COLLECTION

The Department of Social Services will collect the following types of data from counties monthly:

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

HOME VISITING MODELS UTILIZED:

- Early Head Start – Home Based Option (EHS - HBO)
- Healthy Families America (HFA)
- Parent-As-Teachers (PAT)
- Nurse-Family Partnership (NFP)
- Local Models (5)

PARTICIPATING COUNTIES AND MODELS:

County	Evidence-Based Models Utilized
Alameda	HFA, NFP
Butte	HFA
Calaveras	EHS-HBO
Contra Costa	EHS-HBO, NFP
Del Norte	HFA
Fresno	HFA
Humboldt	NFP
Imperial	HFA
Kern	EHS-HBO
Kings	PAT
Lake	Local Model
Los Angeles	HFA, NFP, PAT
Madera	HFA
Marin	HFA
Mendocino	EHS-HBO, HFA, Local Model
Merced	HFA, PAT
Mono	PAT
Monterey	PAT
Napa	PAT
Orange	NFP
Placer	PAT
Riverside	NFP
Sacramento	HFA
San Bernardino	EHS-HBO
San Diego	NFP, PAT
San Francisco	NFP, PAT
San Joaquin	PAT
San Luis Obispo	NFP, HFA
San Mateo	HFA, NFP
Santa Clara	NFP, Local Model
Santa Cruz	EHS-HBO, NFP
Shasta	NFP
Sierra	PAT
Siskiyou	HFA
Solano	HFA
Sonoma	NFP, Local Model
Stanislaus	EHS-HBO
Sutter	HFA
Tehama	HFA
Tulare	EHS-HBO, PAT
Tuolumne	EHS-HBO
Ventura	PAT
Yolo	HFA, PAT
Yuba	PAT

Non-Participating Counties

The following counties did not apply to participate in HVI during the first application cycle. Counties can apply to participate beginning in Spring 2020.

Alpine
Amador
Colusa
El Dorado
Glenn
Inyo
Lassen
Mariposa
Modoc
Nevada
Plumas
San Benito
Santa Barbara
Trinity

EVALUATION:

The Department of Social Services 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 HVI.

The following outcome measures will be used to track performance:

(A) Rates of children receiving regular well-child check-ups and immunization rates. (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.

NIRN¹ FRAMEWORK STAGES OF IMPLEMENTATION

The CDSS will follow the National Implementation Research Network (NIRN) framework for implementation to offer HVI counties technical assistance and support.

Exploration

During Exploration, readiness is assessed by an Implementation Team. To the extent an organization is not ready the Implementation Team is accountable for helping create readiness, an important function when the goal is to reach an entire population.

Installation

The function of the Installation Stage is to acquire or repurpose the resources needed to do the work ahead. (Selecting staff, identifying sources for training and coaching, providing initial training for staff, finding or establishing performance assessment (fidelity) tools, locating office space, assuring access to materials and equipment, etc.)

Initial Implementation

Initial Implementation is the time when the evidence-based program is being used for the first time. During this Stage, practitioners and staff are attempting to use newly learned skills in the context of a provider organization that is just learning how to change to accommodate and support the new ways of work.

Full Implementation

Full Implementation is reached when 50% or more of the intended practitioners, staff, or team members are using an effective evidence-based program with fidelity and good outcomes.

¹ <https://nirn.fpg.unc.edu/>.