California Home Visiting Program

FY 2025 – 2026

Agreement Funding Application (AFA) Checklist

Agency Name: Nevada County Public Health

Agreement Number(s): CHVP 25-29 CHVP SGF EBHV 25-29 Select: SGF INNV 1.0 Select: SGF INNV 2.0

Program(s) (Check all that apply): ☑ MIECHV ☑ SGF EBHV ☐ INNV 1.0 ☐ INNV 2.0

Board of Supervisor approval/signature required to accept funds? ☑ Yes ☐ No

List any other reviews that your county requires the AFA to go through before funds can be accepted (include estimated timelines, if possible) *i.e. legal/compliance review – approximately 6 weeks*:

Once the state approves the AFA we can move it through our Board of Supervisor process which takes approx. 6 - 8 weeks for the fully executed approval.

All documents must be submitted:

- In PDF Format (excluding the excel budget template)
- Via email (MCAHFinAct@cdph.ca.gov for initial submission)
- Using the required naming convention shown on Page 4
- Using the correct agreement number(s):
  MIECHV = CHVP 25-XX
  EBHV = CHVP SGF EBHV 25-XX
  INNV 1.0 = CHVP SGF INNV 25-XX
  INNV 2.0 = CHVP SGF INNV 25b-XX

Check the boxes below pertaining to each submitted document:

☑ **1. AFA Checklist –** Required

☑ All required documents submitted

☑ **2. Agency Information Form (AIF) –** Required

AFA Policy Compliance and Certification section:

☑ Obtained signature for "Official authorized to commit the Agency to a CHVP Agreement"

☑ Obtained signature for "Original signature of MCAH Director"

Contact Lists:

☑ Obtained signatures for all individuals authorized to sign budgets/invoices

- [x] **3. Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 –** Required
  - [x] Correct agreement number(s) used – see page 1 of this checklist for agreement number format

N/A - [ ] 4. **TXIX MCP Justification Letter –** Only required when not using base MCP rate

Note: See AFA Announcement Letter for items that need to be included in this letter

- [x] **5. Budget Template -** Required
  - [x] Submitted budget for each funding stream you will be participating in for FY25-26
  - [x] List all staff by position without any title abbreviations
  - [x] Personnel titles and line items align with Duty Statements and Org Chart (must match verbatim)
  - [x] List all costs (including projected salaries and benefits, operating, other costs, and ICR)
  - [x] Include detailed justifications, including cost breakdowns that align with budgeted amounts
  - [x] Subk budgeted totals match the Subk budget (if applicable)
  - [ ] Signed budget to be submitted after budget has been completed and approved by PC and CL

N/A - [ ] **6. Indirect Cost Certification –** Only required if budgeted ICR differs from CDPH approved ICR
  - [ ] Correct agreement number(s) used – see page 1 of this checklist for agreement number format
  - [ ] Budgeted ICR must match the ICR listed on the certification

- [x] **7. Duty Statements -** Required
  - [x] Include applicable line-item reference(s) in the file naming convention of the document
  - [x] Position titles and line items align with Budget and Org Chart (must match verbatim)
  - [x] Includes a reference to CHVP in the duties
  - [x] All positions drawing down TXIX (Non-Enhanced and Enhanced) list one or both FFP objectives
  - [x] Any positions drawing down TXIX **Enhanced** must include "This position meets the criteria for SPMP"
  - [x] No Personnel names are listed
  - [x] Includes a statement describing the position's supervisory relationship (I.E. Reports directly to....)
  - [x] Supervisor duty statements must include a duty describing providing reflective supervision to home visitors and state how often.
  - [x] Submit all Duty Statements in one large PDF file for review

☑ **8. Organizational Chart -** Required

- ☑ Position titles and line items align with Budget and Duty Statements (must match verbatim)
- ☑ Clerical staff drawing down Enhanced TXIX must reflect as a **direct report** to the SPMP on org chart

If multiple funding streams are reflected on one org chart:

- ☑ Clearly label which funding stream the position applies to

Suggestion: color code the funding streams to easily differentiate

☑ **9. Scope of Work (SOW) –** Required

- ☑ Complete header with Agreement number/LHJ Name on each page

Note: See page 1 of this checklist for agreement number format

☑ **10. Annual Inventory | Forms CDPH1203 and CDPH1204 –** Required

- ☑ Complete the top portion of each form
- ☑ Correct agreement number(s) used – see page 1 of this checklist for agreement number format

Note: Previous year's agreement numbers reflect "24" in place of "25"

- ☑ If not applicable at this time, put "N/A" in the lines below for purchases/disposals

Note: These are to be revised and submitted as purchases/disposals are made throughout the FY

☑ **11. Subcontractor (Subk) Agreement Package –** Required for Subcontractors budgeted for $5,000 or more

The following documents are required for submission and review:

- ☑ Subcontract Agreement Transmittal Form
- ☑ Scope of work
- ☑ Subcontractor Budget with detailed justifications for each budgeted line item (same requirements as for LHJ budget)
- ☑ Subcontractor budget total(s) aligns precisely with the totals on the LHJ budget
- ☑ Duty statements (same requirements as for LHJ duty statements)
- ☑ Organizational Chart (same requirements as for LHJ org charts)

☑ **12. Certification Statement for the Use of Public Funds (CPE) –** Only required if Subk draws down TXIX

N/A ☐ **13. Government Agency Taxpayer ID Form | Form CDPH9083 –** Only required if remit-to address changed

☑ **14. Attestation of Compliance with the Requirements of Enhanced TXIX FFP Rate for SPMP –** Only Required if drawing down Enhanced TXIX

☑ Includes all SPMPs and direct reporting clerical staff drawing down Enhanced TXIX

File Naming Convention

Please save all electronic documents using the required naming convention below:

Program (space) FY (space) County/City (space) Document # (from checklist above) (space)

Document name (space) MM.DD.YY (date document submitted via email)

The below example is a site that has MIECHV and SGF EBHV funding:

CHVP FY25-26 XXX County/City 01 AFA Checklist 5.15.25

CHVP FY25-26 XXX County/City 02 AIF 5.15.25

CHVP FY25-26 XXX County/City 03 Attestation of Compliance 5.15.25

CHVP FY25-26 XXX County/City 04 TXIX MCP Justification Letter 5.15.25

CHVP FY25-26 XXX County/City 05 MIECHV Budget 5.15.25

CHVP FY25-26 XXX County/City 05 EBHV Budget 5.15.25

CHVP FY25-26 XXX County/City 06 ICR Certification 5.15.25

CHVP FY25-26 XXX County/City 07 MIECHV DS Line Items 1-10 5.15.25

CHVP FY25-26 XXX County/City 07 EBHV DS Line Items 1-6 5.15.25

CHVP FY25-26 XXX County/City 08 Org Chart 5.15.25

CHVP FY25-26 XXX County/City 09 MIECHV SOW 5.15.25

CHVP FY25-26 XXX County/City 09 EBHV SOW 5.15.25

CHVP FY25-26 XXX County/City 10 CDPH1203 5.15.25

CHVP FY25-26 XXX County/City 10 CDPH1204 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Transmittal 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Agreement 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk SOW 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Budget 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Brief Explanation of Award 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk DS 1-4 5.15.25

CHVP FY25-26 XXX County/City 11 EBHV Subk Org Chart 5.15.25

CHVP FY25-26 XXX County/City 12 CPE 5.15.25

CHVP FY25-26 XXX County/City 13 CDPH9083 5.15.25

CHVP FY25-26 XXX County/City 14 TXIX Attestation 5.15.25

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION

FUNDING AGREEMENT PERIOD FY 2025-2026

AGENCY INFORMATION FORM

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are **required to submit updated information when updates occur** during the fiscal year. Updated submissions do not require certification signatures.

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

AGENCY IDENTIFICATION INFORMATION

Please select the agreement or contract number for each of the applicable programs

MIECHV CHVP 25-29

SGF EBHV CHVP SGF EBHV 25-29

SGF INNV 1.0 N/A

SGF INNV 2.0 N/A

Update Effective Date *(only required when submitting updates)* _____

Federal Employer ID#: **94-6000526** FI$CAL ID#: _____

Complete Official Agency Name: **Nevada County Public Health Department**

Business Office Address: **500 Crown Point Circle, Suite 110, Grass Valley, CA 95945**

Agency Phone: **530-265-1450** Agency Fax: **530-271-0894**

Agency Website: **https://www.nevadacountyca.gov**

AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

Update Effective Date *(only required when submitting updates)* _____

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health, and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations, and policies with which it has certified it will comply.

Official authorized to commit the Agency to a CHVP Agreement

APPROVED
By Kathleen Cahill at 3:50 pm, May 28, 2025

Name (Print): **Kathy Cahill, MPH** Title: **Director of Public Health** Original Signature:_____ Date:_____

Original Signature of MCAH Director

Name (Print): **Jessica Ferrer, BSN, RN Sr. PHN, CLC** Title: **MCAH Director** Original Signature: APPROVED Date: _____

By Jessica Ferrer, RN, Sr. PHN, CLC at 4:17 pm, May 06, 2025

☒ **CHECK BOX if remittance address is the same as above**

NO **Has Remittance Address changed from previous Fiscal Year? If YES: Complete CDPH9083 (Item 13 on AFA Checklist)**

REMITTANCE ADDRESS	
ALL PAYMENTS FROM CDPH TO THE CONTRACTOR SHALL BE SENT TO THE FOLLOWING ADDRESS	
Contractor:	**Nevada County Public Health Department**
Attention: "Cashier"	**Cashier**
Address:	**500 Crown Point Circle, Suite 110, Grass Valley, CA 95945**
Contact Number:	**530-265-1450**
Email:	**PH.Fiscal@nevadacountyca.gov**

Either party may make changes to the information above by giving written notice to the other party.

Said changes shall not require an amendment to this agreement but will require a new STD204 Payee Data Record or CDPH9083 Government Agency Taxpayer Form.

Always include this remittance address on your invoice.

MIECHV				AUTHORIZED TO SIGN?				
Contact	**First Name**	**Last Name**	**Title**	**Budgets**	**Invoices**	**IF YES SELECTED, SIGN**	**Phone**	**Email Address**
AGENCY EXECUTIVE DIRECTOR	Kathy	Cahill	Public Health Director	YES	YES	Kathy Cahill	530-265-1732	Kathy.Cahill@nevadacountyca.gov
MCAH DIRECTOR	Jessica	Ferrer	MCAH Director	YES	YES	Jessica Ferrer	530-265-1491	Jessica.Ferrer-PH@nevadacountyca.gov
PROJECT COORDINATOR	Jeana	McHugh	MCAH Coordinator	NO	NO		530-265-1452	Jeana.McHugh@nevadacountyca.gov
FISCAL OFFICER	Brie	Mendoza-Perez	Administrative Services Officer	YES	YES	Brie Mendoza-Perez	530-265-1401	Brie.Mendoza-Perez@nevadacountyca.gov
FISCAL CONTACT	Jennifer or Elsie	Hondel Poplin	Accountant Accountant	YES	YES	Jennifer Hondel Elsie Poplin	530-470-2426 530-470-2415	Jennifer.Hondel@nevadacountyca.gov Elsie.Poplin@nevadacountyca.gov
CLERK OF THE BOARD or	Jeffrey	Thorsby	Clerk of the Board	NO	NO		530-265-1484	Jeffrey.Thorsby@nevadacountyca.gov
CHAIR BOARD OF SUPERVISORS	Heidi	Hall	Chair Board of Supervisors	NO	NO		530-265-1480	Heidi.Hall@nevadacountyca.gov
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Kathy	Cahill	Public Health Director	YES	YES	Kathy Cahill	530-265-1732	Kathy.Cahill@nevadacountyca.gov
ADDITIONAL CONTACTS								
Project Director	Charlene	Weiss-Wenzl	Director of Public Health Nursing	YES	YES	Charlene Weiss-Wenzl	530-265-7269	Charlene.Weiss-Wenzl@nevadaCountyca.gov
				Select Ye	Select Ye			

SGF EBHV				AUTHORIZED TO SIGN?				
Contact	**First Name**	**Last Name**	**Title**	**Budgets**	**Invoices**	**IF YES SELECTED, SIGN**	**Phone**	**Email Address**
AGENCY EXECUTIVE DIRECTOR	Kathy	Cahill	Public Health Director	**YES**	**YES**	Kathy Cahill	530-265-1732	Kathy.Cahill@nevadacountyca.gov
MCAH DIRECTOR	Jessica	Ferrer	MCAH Director	**YES**	**YES**	Jessica Ferrer	530-265-1491	Jessica.Ferrer-PH@nevadacountyca.gov
PROJECT COORDINATOR	Jeana	McHugh	MCAH Coordinator	**NO**	**NO**		530-265-1452	Jeana.McHugh@nevadacountyca.gov
FISCAL OFFICER	Brie	Mendoza-Perez	Administrative Services Officer	**YES**	**YES**	Brie Mendoza-Perez	530-265-1401	Brie.Mendoza-Perez@nevadacountyca.gov
FISCAL CONTACT	Jennifer or Elsie	Hondel Poplin	Accountant Accountant	**YES**	**YES**	Jennifer Hondel Elsie Poplin	530-470-2426 530-470-2415	Jennifer.Hondel@nevadacountyca.gov Elsie.Poplin@nevadacountyca.gov
CLERK OF THE BOARD or	Jeffrey	Thorsby	Clerk of the Board	**NO**	**NO**		530-265-1484	Jeffrey.Thorsby@nevadacountyca.gov
CHAIR BOARD OF SUPERVISORS	Heidi	Hall	Chair Board of Supervisors	**NO**	**NO**		530-265-1480	Heidi.Hall@nevadacountyca.gov
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Kathy	Cahill	Public Health Director	**YES**	**YES**	Kathy Cahill	530-265-1732	Kathy.Cahill@nevadacountyca.gov
ADDITIONAL CONTACTS								
Project Director	Charlene	Weiss-Wenzl	Director of Public Health Nursing	**YES**	**YES**	Charlene Weiss-Wenzl	530-265-7269	Charlene.Weiss-Wenzl@nevadacountyca.gov
Administrative Assistant	Carol	Smith	Administrative Assistant	**NO**	**NO**	Carol Smith	530-265-1413	Carol.Smith@nevadacountyca.gov

SGF INNV 1.0				AUTHORIZED TO SIGN?				
Contact	**First Name**	**Last Name**	**Title**	**Budgets**	**Invoices**	**IF YES SELECTED, SIGN**	**Phone**	**Email Address**
AGENCY EXECUTIVE DIRECTOR				Select Y	Select Y			
MCAH DIRECTOR				Select Y	Select Y			
PROJECT COORDINATOR				Select Y	Select Y			
FISCAL OFFICER				Select Y	Select Y			
FISCAL CONTACT				Select Y	Select Y			
CLERK OF THE BOARD or				Select Y	Select Y			
CHAIR BOARD OF SUPERVISORS				Select Y	Select Y			
OFFICIAL AUTHORIZED TO COMMIT AGENCY				Select Y	Select Y			
ADDITIONAL CONTACTS								
				Select Y	Select Y			
				Select Y	Select Y			

SGF INNV 2.0				AUTHORIZED TO SIGN?				
Contact	**First Name**	**Last Name**	**Title**	**Budgets**	**Invoices**	**IF YES SELECTED, SIGN**	**Phone**	**Email Address**
AGENCY EXECUTIVE DIRECTOR				Select Ye	Select Ye			
MCAH DIRECTOR				Select Ye	Select Ye			
PROJECT COORDINATOR				Select Ye	Select Ye			
FISCAL OFFICER				Select Ye	Select Ye			
FISCAL CONTACT				Select Ye	Select Ye			
CLERK OF THE BOARD or				Select Ye	Select Ye			
CHAIR BOARD OF SUPERVISORS				Select Ye	Select Ye			
OFFICIAL AUTHORIZED TO COMMIT AGENCY				Select Ye	Select Ye			
ADDITIONAL CONTACTS								
				Select Ye	Select Ye			
				Select Ye	Select Ye			

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

Agency Name: Nevada County Public Health Department

Agreement/Grant Number: CHVP 25-29 / CHVP SGF EBHV 25-29

Compliance Attestation for Fiscal Year: FY 2025-26

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter, the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or "is a witness to the fact that the programs comply with the requirements of the statute". The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

Exhibit K

Attestation of Compliance with the
Sexual Health Education Accountability Act of 2007

Signed

Nevada County Public Health Department	CHVP 25-29 / CHVP SGF EBHV 25-29
Agency Name	*Agreement/Grant Number*
Signature of MCAH Director *Signature of AFLP Director (CBOs only)*	*Date*
Jessica Ferrer, MCAH Director	
Printed Name of MCAH Director *Printed Name of AFLP Director (CBOs only)*	

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 4:18 pm, May 06, 2025

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

(b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:

(1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.

(2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).

(c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.

(d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.

(e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code**.** Notwithstanding Section 47610 of the Education Code**,** "publicly funded school" includes a charter school for the purposes of this subdivision.

(f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.

(g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).

(h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

NEVADA COUNTY CALIFORNIA | Public Health

Kathy Cahill, MPH | Public Health Director
Sherilynn Cooke, MD, MPH | Public Health Officer

10075 Levon Ave, STE 202, Truckee, CA 96161 | (Ph) 530-582-7814
500 Crown Point Circle, STE 110, Grass Valley, CA 95945 | (Ph) 530-265-1450

May 23, 2025

CDPH Maternal, Child and Adolescent Health Division/
Center for Family Health
MS 8300
P.O. Box 997420
Sacramento, CA 95899-7420

To CDPH/MCAH,

Nevada County is using the following Medi-Cal Factors (MCF) for the Fiscal Year (FY) 25/26, which includes the justifications:

MCF Type	MCF % Justification Maximum characters = 1024
Variable	Nevada County will use quarterly time studies based on actual client contacts by MCAH personnel.
Local	
Weighted	
Multiple	
Base	

Sincerely,

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 4:19 pm, May 06, 2025

Jessica Ferrer, BSN, RN, Sr. PHN
Maternal, Child & Adolescent Health Director

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2025-26	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	

	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	CHVP - EBHV			AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			441,094.00										#VALUE!
EXPENSE CATEGORY													
(I) PERSONNEL	283,369.68		74,318.85		0.00		122,825.64		0.00		86,225.18		0.00
(II) OPERATING EXPENSES	34,100.00		11,929.08		0.00		19,290.92		0.00		2,880.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	245,406.55		188,192.07		0.00		57,214.48		0.00		0.00		0.00
(V) INDIRECT COSTS	70,842.42		18,581.97		0.00		52,260.45		0.00		0.00		0.00
BUDGET TOTALS*	633,718.65	46.24%	293,021.97	0.00%	0.00	39.70%	251,591.49	0.00%	0.00	14.06%	89,105.18	0.00%	0.00
BALANCE(S) →			0.00										
TOTAL CHVP - EBHV	441,094.00	→	293,021.97			[50%]	125,795.74			[25%]	22,276.29		
TOTAL TITLE XIX	192,624.64	→				[50%]	125,795.75	[50%]	0.00	[75%]	66,828.89	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→			0.00			[50%]	0.00			[25%]	0.00

$	633,718.64	Maximum Amount Payable from State and Federal resources

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 7:46 am, Sep 02, 2025

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

APPROVED
By Brie Mendoza at 8:51 am, Sep 02, 2025

AGENCY EXECUTIVE DIRECTOR'S SIGNATURE DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
	PCA Codes	51023				51021		53165		51022		53164
(I) PERSONNEL		74,318.85				122,825.64		0.00		86,225.18		0.00
(II) OPERATING EXPENSES		11,929.08				19,290.92		0.00		2,880.00		0.00
(III) CAPITAL EXPENSES		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		188,192.07				57,214.48		0.00		0.00		0.00
(V) INDIRECT COSTS		18,581.97				52,260.45		0.00		0.00		0.00
Totals for PCA Codes	633,718.64	293,021.97				251,591.49		0.00		89,105.18		0.00

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	CHVP 25-29 NEVADA	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
SubK:		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
(II) OPERATING EXPENSES DETAIL							% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH			% PERSONNEL MATCH
							48.00%				28.80%			72.31%
	TOTAL OPERATING EXPENSES	**34,100.00**		**11,929.08**		**0.00**		**19,290.92**		**0.00**		**2,880.00**		**0.00**
	TRAVEL	10,000.00	23.20%	2,320.00		0.00	48.00%	4,800.00		0.00	28.80%	2,880.00		0.00
	TRAINING	7,000.00	27.69%	1,938.30		0.00	72.31%	5,061.70		0.00		0.00		0.00
1	Mileage	500.00	27.69%	138.45		0.00	72.31%	361.55		0.00				
2	Communication- Cell Phones	5,040.00	27.69%	1,395.58		0.00	72.31%	3,644.42		0.00				
3	General Supplies	1,000.00	27.69%	276.90		0.00	72.31%	723.10		0.00				
4	Printing Duplication	4,000.00	27.69%	1,107.60		0.00	72.31%	2,892.40		0.00				
5	Translation Support	320.00	100.00%	320.00		0.00		0.00		0.00				
6	IT Support	2,500.00	27.69%	692.25		0.00	72.31%	1,807.75		0.00				
7	PAT Affiliation/Renewal/Curriculum Subscription	3,740.00	100.00%	3,740.00		0.00		0.00		0.00				
8				0.00		0.00		0.00		0.00				
9				0.00		0.00		0.00		0.00				
10				0.00		0.00		0.00		0.00				
11				0.00		0.00		0.00		0.00				
12				0.00		0.00		0.00		0.00				
13				0.00		0.00		0.00		0.00				
14				0.00		0.00		0.00		0.00				
15				0.00		0.00		0.00		0.00				

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL													
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00			

(IV) OTHER COSTS DETAIL													% PERSONNEL MATCH
													72.31%
	TOTAL OTHER COSTS	**245,406.55**		**188,192.07**		**0.00**		**57,214.48**		**0.00**		**0.00**	
	SUBCONTRACTS												
1	Mental Health Consultant	9,000.00	100.00%	9,000.00		0.00		0.00		0.00		0.00	0.00
2	Parent Educator Truckee - Contract	30,000.00	100.00%	30,000.00		0.00		0.00		0.00		0.00	0.00
3	Public Health Nurse / Parent Educator Truckee - Contract	80,800.00	29.19%	23,585.52		0.00	70.81%	57,214.48		0.00		0.00	0.00
4	Admin - CAPC	43,200.00	100.00%	43,200.00		0.00		0.00		0.00		0.00	0.00
5				0.00		0.00		0.00		0.00		0.00	0.00
6				0.00		0.00	0.00%	0.00	0.00%	0.00		0	0
7				0.00		0.00	0.00%	0.00	0.00%	0.00		0	0
8				0.00		0.00		0.00		0.00		0	0
	OTHER CHARGES												Match Available
1	Special Support Activities diapers	6,318.55	100.00%	6,318.55		0.00		0.00		0.00			72.31%
2	Educational Supplies	5,088.00	100.00%	5,088.00		0.00		0.00		0.00			72.31%
3	Client Support Material	21,000.00	100.00%	21,000.00		0.00		0.00		0.00			72.31%
4	Special Support Activities grocery cards	35,000.00	100.00%	35,000.00		0.00		0.00		0.00			72.31%
5	SSA Gas Cards	15,000.00	100.00%	15,000.00		0.00		0.00		0.00			72.31%
6				0.00		0.00		0.00		0.00			
7				0.00		0.00		0.00		0.00			
8				0.00		0.00		0.00		0.00			

(V) INDIRECT COSTS DETAIL												
	TOTAL INDIRECT COSTS	**70,842.42**		**18,581.97**		**0.00**		**52,260.45**		**0.00**		
25.00%	**of Total Wages + Fringe Benefits**	70,842.42	26.23%	18,581.97		0.00	73.77%	52,260.45		0.00		

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	

	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

	TOTAL PERSONNEL COSTS			283,369.68		74,318.85		0.00		122,825.64		0.00		86,225.18		0.00		
	FRINGE BENEFIT RATE	48.00%		91,903.68		24,103.41		0.00		39,835.34		0.00		27,964.92		0.00		
	TOTAL WAGES			191,466.00		50,215.44		0.00		82,990.30		0.00		58,260.26		0.00		

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES												J-Pers MCF Per Staff	Staff Traveling (X)
1	Jessica Ferrer	MCAH Director/Senior Public Health Nurse	25.00%	131,140.00	32,785.00	23.20%	7,606.12		0.00	43.00%	14,097.55		0.00	33.80%	11,081.33		0.00	76.80%	x
2	Jeana McHugh	Parents As Teacher Supervisor	40.00%	109,768.00	43,907.00	23.20%	10,186.42		0.00	33.00%	14,489.31		0.00	43.80%	19,231.27		0.00	76.80%	x
3	Carol Smith	Administrative Assistant II	10.00%	75,456.00	7,546.00	100.00%	7,546.00		0.00		0.00		0.00		0.00		0.00	76.80%	
4	Alison O'Connor	Parent Educator/Public Health Nurse I/II	38.00%	100,277.00	38,105.00	23.20%	8,840.36		0.00	32.00%	12,193.60		0.00	44.80%	17,071.04		0.00	76.80%	x
5	Debra Ashlock-Dugan	Parent Educator/Public Health Nurse I/II	38.00%	105,394.00	40,050.00	23.20%	9,291.60		0.00	64.00%	25,632.00		0.00	12.80%	5,126.40		0.00	76.80%	x
6	Charlene Weiss-Wenzl	Director of Public Health Nursing	10.00%	159,590.00	15,959.00	23.20%	3,702.49		0.00	48.00%	7,660.32		0.00	28.80%	4,596.19		0.00	76.80%	x
7	Jessica Ferrer	Parents As Teacher Supervisor	10.00%	131,140.00	13,114.00	23.20%	3,042.45		0.00	68.00%	8,917.52		0.00	8.80%	1,154.03		0.00	76.80%	x
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	CHVP 25-29 NEVADA	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
SubK:		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
56		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program:	California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	CHVP 25-29 NEVADA				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
SubK:					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
120					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
121					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
122					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
123					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
124					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
125					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
126					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
127					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
128					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
129					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
130					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
131					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
132					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
133					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
134					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
135					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
136					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
137					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
138					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
139					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
140					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
141					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
142					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
143					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
144					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
145					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
146					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
147					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
148					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
149					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
150					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**0**

Version 7.0 - 150 Quarterly 4.1.25

(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **76.80%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	1.71	$ 812,765.00	$ 191,466.00		91,903.68					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCP %	MCP Type	Requirements (Click link to view)	MCP % Justification Maximum characters = 1024
1	Jessica Ferrer	MCAH Director/Senior Public Health Nurse	25.00%	$ 131,140	$ 32,785	48.00%	15,736.80	CHVP	76.80%	Base		
2	Jeana McHugh	Parents As Teacher Supervisor	40.00%	$ 109,768	$ 43,907	48.00%	21,075.36	CHVP	76.80%	Base		
3	Carol Smith	Administrative Assistant II	10.00%	$ 75,456	$ 7,546	48.00%	3,622.08	CHVP	76.80%	Base		
4	Alison O'Connor	Parent Educator/Public Health Nurse I/II	38.00%	$ 100,277	$ 38,105	48.00%	18,290.40	CHVP	76.80%	Base		
5	Debra Ashlock-Dugan	Parent Educator/Public Health Nurse I/II	38.00%	$ 105,394	$ 40,050	48.00%	19,224.00	CHVP	76.80%	Base		
6	Charlene Weiss-Wenzl	Director of Public Health Nursing	10.00%	$ 159,590	$ 15,959	48.00%	7,660.32	CHVP	76.80%	Base		
7	Jessica Ferrer	Parents As Teacher Supervisor	10.00%	$ 131,140	$ 13,114	48.00%	6,294.72	CHVP	76.80%	Base		
8			0.00%	$ -	$ -			CHVP	0.00%	0		
9			0.00%	$ -	$ -			CHVP	0.00%	0		
10			0.00%	$ -	$ -			CHVP	0.00%	0		
11			0.00%	$ -	$ -			CHVP	0.00%	0		
12			0.00%	$ -	$ -			CHVP	0.00%	0		
13			0.00%	$ -	$ -			CHVP	0.00%	0		
14			0.00%	$ -	$ -			CHVP	0.00%	0		
15			0.00%	$ -	$ -			CHVP	0.00%	0		
16			0.00%	$ -	$ -			CHVP	0.00%	0		
17			0.00%	$ -	$ -			CHVP	0.00%	0		
18			0.00%	$ -	$ -			CHVP	0.00%	0		
19			0.00%	$ -	$ -			CHVP	0.00%	0		
20			0.00%	$ -	$ -			CHVP	0.00%	0		
21			0.00%	$ -	$ -			CHVP	0.00%	0		
22			0.00%	$ -	$ -			CHVP	0.00%	0		
23			0.00%	$ -	$ -			CHVP	0.00%	0		
24			0.00%	$ -	$ -			CHVP	0.00%	0		
25			0.00%	$ -	$ -			CHVP	0.00%	0		
26			0.00%	$ -	$ -			CHVP	0.00%	0		
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40			0.00%	$ -	$ -			CHVP	0.00%	0		
41			0.00%	$ -	$ -			CHVP	0.00%	0		
42			0.00%	$ -	$ -			CHVP	0.00%	0		
43			0.00%	$ -	$ -			CHVP	0.00%	0		
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45			0.00%	$ -	$ -			CHVP	0.00%	0		
46			0.00%	$ -	$ -			CHVP	0.00%	0		
47			0.00%	$ -	$ -			CHVP	0.00%	0		
48			0.00%	$ -	$ -			CHVP	0.00%	0		
49			0.00%	$ -	$ -			CHVP	0.00%	0		
50			0.00%	$ -	$ -			CHVP	0.00%	0		
51			0.00%	$ -	$ -			CHVP	0.00%	0		

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**0**

Version 7.0 - 150 Quarterly 4.1.25

52			0.00%	$ -	$ -			CHVP	0.00%	0		
53			0.00%	$ -	$ -			CHVP	0.00%	0		
54			0.00%	$ -	$ -			CHVP	0.00%	0		
55			0.00%	$ -	$ -			CHVP	0.00%	0		
56			0.00%	$ -	$ -			CHVP	0.00%	0		
57			0.00%	$ -	$ -			CHVP	0.00%	0		
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67			0.00%	$ -	$ -			CHVP	0.00%	0		
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80			0.00%	$ -	$ -			CHVP	0.00%	0		
81			0.00%	$ -	$ -			CHVP	0.00%	0		
82			0.00%	$ -	$ -			CHVP	0.00%	0		
83			0.00%	$ -	$ -			CHVP	0.00%	0		
84			0.00%	$ -	$ -			CHVP	0.00%	0		
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106			0.00%	$ -	$ -			CHVP	0.00%	0		
107			0.00%	$ -	$ -			CHVP	0.00%	0		

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**0**

Version 7.0 - 150 Quarterly 4.1.25

108			0.00%	$ -	$ -			CHVP	0.00%	0		
109			0.00%	$ -	$ -			CHVP	0.00%	0		
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150			0.00%	$ -	$ -			CHVP	0.00%	0		

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**0**

Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	10,000.00	Mandatory confrences, trainings, and networking meetings to ensure adequate workforce development. Expected travel to include MCAH Action (2x X 3 employees), SIDS Confrence, PSI and Maternal Mental Health forums, Parents as Teachers Confrence, Lactation confrences.
	TRAINING	7,000.00	Foundation and Model Implementation for 1 new staff ($1300) Foundation 2 x 3 staff ($1300 x 3 = $3900) MCAH Action Education Day x 3 staff ($700). TBD (lacation, equity, mental health) $1100.
1	Mileage	500.00	Non county cars 60 mi/month @ $0.70/mile = $42 mo. x 12 months. Will use County or Mileage rate, whichever is lower.
2	Communication- Cell Phones	5,040.00	7 phones x $60 x 12 months
3	General Supplies	1,000.00	Baby scale covers, santizing wipes, folders, pens, tissues, measuring tapes, other supplies as needed.
4	Printing Duplication	4,000.00	Printing of PAT brochures (#3000/$3000), group fliers and signs $1000
5	Translation Support	320.00	2 services provided X $160/per service. County translation line, to provide translation services while serving families. Most all common languages included.
6	IT Support	2,500.00	IT support for computer set up, phone setup, and trouble shooting for new staff. $100/hour x 25 hours
7	PAT Affiliation/Renewal/Curriculum Subscription	3,740.00	$2200- Annual Affliation + $220x7 staff curriculum access
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	245,406.55	

SUBCONTRACTS

1	Mental Health Consultant	9,000.00	See SubK package- Provide mental health consultation, defined as utilizing expertise in the specialty of perinatal mental wellness to optimize the effectiveness of Moving Beyond Depression by coordinating treating therapists and home visiting staff. The collaboration facilitates sharing of pertinent information regarding the client's progress in treatment and allow care synchronization between the treatment providers. Together, the mental health consultant and home visitor will develop treatment plans utilizing each other's expertise. Case collaborations and consultations will enhance staff's effective assessment and care for the families on their caseload. The contractor will educate staff on the most recent treatment approaches and help enhance staff's understanding of Perinatal Mood and Anxiety Disorders (PMADS) and other mental health challenges. The contractor will work with staff to develop group education topics and material for parenting groups.

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**0**

2	Parent Educator Truckee - Contract	30,000.00	See SubK package- Home Visitor to deliver EB Curriculum (PAT) to families per CHVP guidelines. Special concentration on connecting to the Latino Community and enhance current trust and coordination withhin Eastern County of Nevada.
3	Public Health Nurse / Parent Educator Truckee - Contract	80,800.00	See SubK package- Home Visiting PHN to deliver EB Curriculum (PAT) to families per CHVP guidelines.
4	Admin - CAPC	43,200.00	See SubK package- Home Visitor to deliver EB Curriculum (PAT) to families per CHVP guidelines. Special concentration on connecting to the fathers. Will develop fatherhood initatives, and gather local resources.
5	0	0.00	

OTHER CHARGES

1	Special Support Activities diapers	6,318.55	Other supplies- provide diapers and diapering supplies to local MCAH programs
2	Educational Supplies	5,088.00	Books, webinars, educational videos and accompanying material for successful parenting, appropriate educational toys to encourage healthy development in children. Risk reducation supplies necessary as assessed by nurse.
3	Client Support Material	21,000.00	Risk reducation supplies necessary as assessed by nurse: Includes but limited to safe sleeping surface (PACK N Plays), outlet covers,baby gates, cupboard locks, car seats, diapers, diapering suuplies, weather appropriate clothes, formula and nutritional support.
4	Special Support Activities grocery cards	35,000.00	Prepaid grocery cards ($50 gift cards, two per month to be provided to approximately 29 families for one year (50x2x29x12= $34,800) +$200 for >29families= $35000
5	SSA Gas Cards	15,000.00	Gas Cards ($20 gas cards, two-three per month to be provided to approximately 31 families for 12 months) 20x2x31x12=$14880 + $120 for occasional extra card= $1500
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	**70,842.42**	Per CDPH approved ICR

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement – MCAH Director / Sr. Public Health Nurse (Budget line #1)

Maintains oversight of the County's MCAH/CHVP Program

Provides program direction for MCAH/CHVP goals, objectives and works with MCAH staff to accomplish such.

Using SPMP expertise and Parents as Teachers EB model identifies and defines problems and establishes priorities for action, based on measurable, realistic, and attainable goals.

Plans, implements, evaluates, coordinates, and manages MCAH/CHVP services in the local jurisdiction.

Using SPMP expertise, develops policies, procedures, and protocols for the MCAH/CHVP program and provides educational in-services to LHJ MCAH, WIC, Social Services and CHVP staff, as needed.

Maintains and reports MCAH activity statistics and other pertinent data specific to MCAH.

Reviews MCAH services and provides Technical Assistance and Quality Assurance activities within the parameters of MCAH/CHVP practice.

Reports to and works in conjunction with the Director of Public Health Nursing

Represents the County Health Department at MCAH Director's meetings, and participates in statewide planning, advisory and regional boards.

Using SPMP expertise to engage community partners in addressing social determinants of health and encourage participation and support of public health and policy efforts to improve the health of Medi-Cal populations.

Works collaboratively with local community groups, county and non-profit agencies, and individuals to plan and implement solutions to promote improved access to community and provider resources and services, along with joint programs or projects to address mutually agreed upon service gaps and barriers.

Using SPMP expertise, acts as a liaison on medical aspects of MCAH program with providers and other agencies providing medical care.

Participates in the Child Death Review Team

Serves as the LHJ Sudden Infant Death (SIDS) Coordinator.

Provides community and first-responder SIDS education and ongoing grief services to SIDS families.

Participates in the hiring of MCAH personnel and provides orientation to newly hired staff members.

Supervises MCAH PHN and CHVP home visiting staff, assessing case management and home visiting programs.

Ensures CHVP staff is trained and effectively delivering Parents as Teachers EB model.

Assists those currently enrolled in Medi-Cal in accessing services, and aids individuals and families eligible for Medi-Cal in the referral process and accessing Medi-Cal providers, care and/or services.

Using SPMP expertise, provides assessments, referrals, and case coordination with partnering agencies, to address the ongoing needs of CYSHCN's.

Receives calls from the county's 24-hour toll-free MCAH telephone line and responds to callers by the next business day to provide referrals to community health and human resources.

Develops the annual MCAH AFA according to state policies and procedures and assesses other needs of Nevada County's MCAH population, not addressed in the plan.

Prepares the annual MCAH Scope of Work (SOW) and work plan from the State's goals and objectives through identified county needs.

Responsible for developing and submitting to the state reports of the county MCAH activities and participates in preparing the annual program budget.

Participates in the CHVP system of care improvement activities in the LHJ, to build local capacity to promote positive outcomes for children and families in the LHJ.

Coordinates with the Director of Public Health Nursing and participates in the CHVP Community Advisory Board (CAB), through quarterly meetings, and assists in development, implementation and reporting of agenda items to improve systems of care for early childhood.

Develops, in collaboration with the Director of Public Health Nursing, community partnerships and relationships and establishes appropriate MOUs with community partners to strengthen referrals, service integration, and continuity of care.

Serves as Program Coordinator, referral, and reporting agent for the Moving Beyond Depression program of Every Child Succeeds, Cincinnati, Ohio. Trained & licensed therapists provide in-home Cognitive Behavioral Therapy in partnership with a home visitation program for women experiencing perinatal depression. This program directly is for clients enrolled in home visiting programs. It directly benefits clients served by CHVP.

Assists with development and distribution of listing of community referrals.

This position must be filled by a qualified SPMP.

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement – Parents As Teachers Supervisor / Public Health Nurse I/II (Budget line #2 & 7)

Provides program direction for CHVP goals, objectives and works with staff to accomplish such.

Provide quality reflective supervision to Parent Educators, per model guidelines. Observe visits and groups, giving feedback for strengths and quality improvement.

Provide training and onboarding for new parent educators and ongoing workforce development for current staff.

Monitor caseloads, adherence to model fidelity, essential elements and quality standards on all program levels.

Using SPMP expertise and Parents as Teachers EB model identifies and defines problems and establishes priorities for action, based on measurable, realistic, and attainable goals.

Plans, implements, evaluates, coordinates, and manages MCAH/CHVP services in the local jurisdiction.

Using SPMP expertise, develops policies, procedures, and protocols for the Parents as Teachers program and provides educational in-services to LHJ MCAH, WIC, Social Services and CHVP staff, as needed.

Maintains and reports CHVP activity statistics and other pertinent data specific to CHVP.

Reviews MCAH services and provides Technical Assistance and Quality Assurance activities within the parameters of MCAH/CHVP practice.

Reports to and works in conjunction with the MCAH Director and Director of Public Health Nursing

Review family files for quality assurance.

Documenting and monitoring assigned program standards.

Using SPMP expertise to engage community partners in addressing social determinants of health and encourage participation and support of public health and policy efforts to improve the health of Medi-Cal populations.

Works collaboratively with local community groups, county and non-profit agencies, and individuals to plan and implement solutions to promote improved access to community and provider resources and services, along with joint programs or projects to address mutually agreed upon service gaps and barriers.

Assists those currently enrolled in Medi-Cal in accessing services, and aids individuals and families eligible for Medi-Cal in the referral process and accessing Medi-Cal providers, care and/or services.

Responsible for developing and submitting to the state reports of the county CHVP and Parents As Teachers activities and participates in preparing the annual program budget.

Maintains electronic health records, documentation, and portals.

Attends all staff meetings, mandatory trainings.

This position meets the criteria for SPMP.

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement – Administrative Assistant II (Budget line #3)

Under the direction of the MCAH/CHVP Director and/or Coordinator performs duties that support the activities of the MCAH/CHVP program staff.

Creates and participates in the development of Medi-Cal program specific information via flyers, forms, databases, mailing labels, and other secretarial duties which support the MCAH program staff.

Serves as administrator for County Electronic Health Records, assisting MCAH/CHVP staff with training and administrative support.

Types letters (for Medi-Cal eligible), assists with grant proposals, types and maintains copies of articles, flyers, grants and reports for CHVP staff.

Orders necessary office supplies, journals, reference books, and promotional items for CHVP staff.

Helps with set-up and take-down for presentations regarding Medi-Cal related issues, services and resources, receives phone calls and makes appointments and appropriate referrals to Medi-Cal eligible clients and CHVP staff.

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement - MCAH Parent Educator Public Health Nurse I/II (Budget line #4 & 5)

Under the program direction of the MCAH Director, the Parent Educator Public Health Nurse shall conduct outreach and home visits with assigned families under the California Home Visiting Program (CHVP). The Parent Educator will help families identify strengths, develop a strong parent/child bond, set and meet goals, and develop parenting skills.

Will train in Parents as Teachers (PAT). Will maintain all necessary training to continue as a Parent Educator under the PAT program.

Follow program direction for CHVP goals, objectives and adhere to all CHVP Policies and Procedures

Will use Parents as Teachers EB model for appropriate birthing/family population. The Parent Educator will ensure model fidelity and administer to curriculum in such a way that ensures all essential elements and quality standards are met.

Attending all mandatory meetings and trainings as assigned.

Abiding by all program policies and procedures.

Providing outreach activities to engage or re-engage families.

Providing a variety of case management services to the families based on the level of need for the individual family.

Assisting families with goal setting and supporting them to reach their goals. Providing interactive, engaging activities to promote parent/child interaction. Assisting the family in establishing a medical home and keeping immunization and well baby appointments.

Assisting families in locating, accessing and utilizing existing community services and resources. Attending weekly supervision sessions and prepared with questions related to delivering the best services to families.

Engaging in weekly staff meetings and group supervision. Documenting every home visit within 1 week of the visit. Submitting all necessary forms to supervisor on a monthly basis.

Completing all necessary confidentiality and family rights paperwork upon family enrollment.

Conducting developmental screenings for all assigned children. Maintaining and promoting a sense of teamwork.

Representing Nevada County Public Health and CDPH/CHVP in a positive, professional manner at all times.

Performing related duties as assigned.

Maintain client confidentiality.

Assists and provides referrals to individuals and families, eligible for Medi-Cal, in the referral process and accessing Medi-Cal providers, care and/or services.

Assists individuals currently enrolled in Medi-Cal in accessing Medi-Cal services.

Through home visiting and telephone calls, provide case management for high risk mothers, infants, and children to ensure access to providers of care and other essential services.

Provides assessments, referrals, and case coordination, along with partnering agencies, to address the ongoing needs of CYSHCN's.

Acts as an SPMP resource for other programs within the County serving the high-risk population.

Gathers statistical information which is utilized in performing an ongoing assessment of the pregnant and parenting population using drugs, alcohol, and tobacco.

Engage community partners in addressing social determinants of health and encourage participation and support of public health and policy efforts to improve the health of Medi-Cal populations.

Screen all participants for Depression. Partner with professional therapists to provide the Moving Beyond Depression in-home cognitive behavioral therapy (IH-CBT) program to mothers meeting eligibility criteria. This service is performed in conjunction with MCAH home visiting services.

Participates in program planning, involvement in goal setting, objectives and evaluation tools, that measure outcomes.

Performs office functions as necessary.

Attends professional trainings as appropriate.

This position meets the criteria for SPMP.

MATERNAL CHILD ADOLESCENT HEALTH / CHVP PROGRAM

NEVADA COUNTY

Duty Statement - Director of Public Health Nursing (Budget line #6)

Administration

Maintains oversight of the County's CHVP Programs

Assists individuals eligible for Medi-Cal to enroll in the Medi-Cal program or assists individuals enrolled in Medi-Cal to access providers, care, or services

Examples:

- Provides consultation to SPMP staff in other agencies/programs about specific medical conditions within their client population;
- Provides technical assistance to other agencies/programs that interface with the medical care needs of clients;
- Assists in health care planning and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources;
- Assesses the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system;
- Provides training which improves the medical knowledge and skill level of SPMP medical staff that directly relates to the performance of the person's allowable SPMP administrative activities.

Provides support and consultation to the MCAH Director on a regular and as-needed basis

Works with the CHVP programs regarding needs, including assessments, goals and objectives, staffing, and training

Works with MCAH Director, CHVP program and fiscal staff in developing the budget for MCAH and CHVP

Collaborates with MCAH Director, and executive and management staff of CHVP on MCAH and CHVP SOW

Leads and/or participates in the Community Advisory Board for CHVP

Leads and/or participates in the Child Death Review Team

Attends and participates in CHVP meetings, trainings, and education events

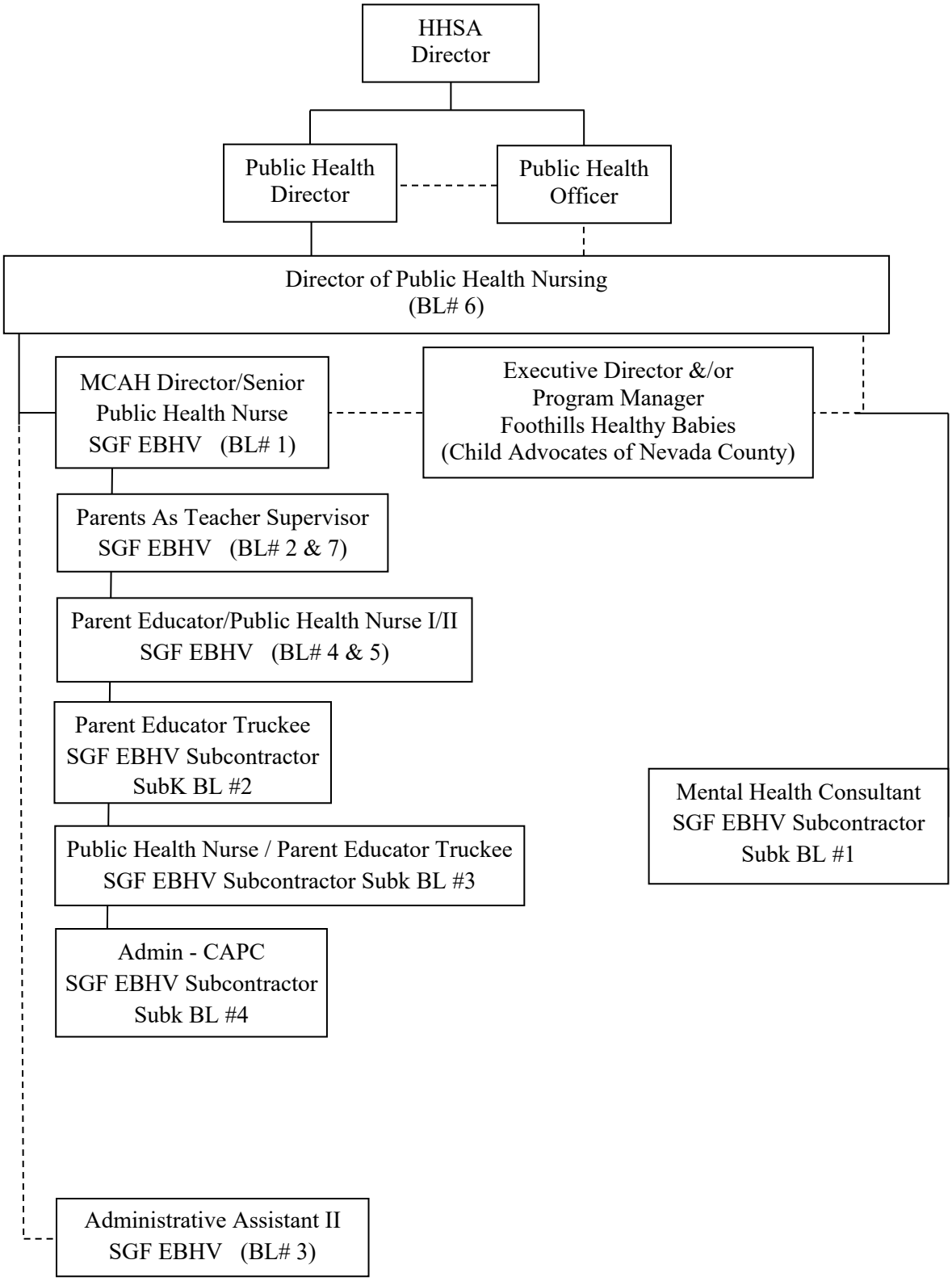
Attends program and non-program related community meetings and collaborates with interagency groups

Apprises the MCAH Director of changes in agency directives and policy

This position must be filled by a qualified SPMP.

NEVADA COUNTY PUBLIC HEALTH

2025/26
MATERNAL CHILD AND ADOLESCENT HEALTH / CALIFORNIA HOME VISITING PROGRAM (SGF EBHV) ORGANIZATIONAL CHART



Revised 5/29/2025

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work

July 1, 2025- June 30, 2026

The purpose of this scope of work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by California State General Funds (SGF). CHVP SGF-funded local health jurisdictions (LHJs) may implement Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects International (FCI), and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) evidence-based home visiting (EBHV) programs with fidelity to the model and in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement CHVP in funded LHJs
2. Integrate the home visiting program into the local early childhood system
3. Collect, enter, and report on all required participant data
4. Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities

Note: *LHJs may spend up to 20% of the SGF EBHV allocation on Special Support Activities, as outlined in Goal 4, below*

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goals, Objectives, Activities, and Deliverables for July 1, 2025 – June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP [1]	(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements (b) Attend quarterly CHVP Director calls (c) Participate in ongoing CAB Meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP	**Submission of:** • Progress Reports • CAB meeting materials • Staffing Reports **Participation in:** • Quarterly CHVP Director calls • Virtual and/or in-person site visits [2]
1.2	The LHJ will implement home visiting services using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs (b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	**Submission of:** • Progress Reports • Staffing Reports • Staff training logs • Collect and submit Priority Population Data (NFP only)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.) (d) Provide documents in the family's preferred language, when feasible (e) Provide translation services when needed (f) Documents should be written in no more than an eighth grade reading level and use plain language (g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible	
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software	**Submission of:** • Progress Reports • Staffing Reports • Training plans

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements (c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter (d) All staff directly serving families will complete mandated reporter training and comply with all mandated reporter requirements	• Training logs • Confirmation of a signed county confidentiality agreement for each applicable staff member
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals (b) Develop a referral triage process for incoming home visiting participants to ensure families are connected to the program that best meets their needs	**Submission of:** • Progress Reports • Outreach activity logs or plan • Referral triage plans outlining referral process (flow chart, narrative, etc.) • Confirmation of signed *CHVP Participant Consent Form* for each enrolled participant

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure newly enrolled participants provide informed consent and sign a *CHVP Participant Consent Form* at enrollment (d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50	• Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards (b) Monitor subcontracted agencies to ensure model fidelity standards are met (if applicable) (c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation	**Submission of:** • Model developer agreement, accreditation, affiliation, and/or endorsement documentation

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	(a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed (b) Conduct an annual review of, and ensure compliance with, CDPH/CHVP P&Ps (c) Conduct an annual review of, and ensure compliance with, the *Local MCAH Programs Policies and Procedure.* (d) Conduct an annual review of, and ensure compliance with, the *MCAH Fiscal Administration P&P Manual*	**Submission of:** • Progress Reports • Updated LHJ P&Ps related to home visiting • Annual confirmation of review of local and CDPH/CHVP P&Ps, *Local MCAH Program Policies and Procedures,* and the *MCAH Fiscal Administration Policy & Procedure Manual*
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	(a) Participate in voluntary CQI projects and activities in collaboration with CDPH/CHVP (b) Attend all meetings and site visits, included but not limited to: • Individual TA meetings • Model TA meeting	**Submission of:** • Progress Reports • CQI information as requested **Participation in:** • Individual and group TA meetings • CQI meetings as applicable

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		• All LHJ TA meeting • Ad hoc TA meetings • In-person or virtual site visit as scheduled by CDPH/CHVP (c) Use data to inform and improve program activities	

[1] The MCAH Director or their designee is required to devote a minimum of 0.05 full-time equivalent (FTE) and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP community advisory board (CAB). The percentage FTE dedicated to CHVP budgets should be deducted from the local MCAH budget to ensure the LHJ does not exceed the MCAH Director FTE requirements as outlined in the *Local MCAH Programs Policies and Procedures*. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the *Local MCAH Programs Policy and Procedures*. In this situation, the designee, who may be identified as an MCAH Coordinator or other position, can act as the responsible party for CHVP, and should be designated as such in the CHVP budget justification.

[2] If a LHJ establishes a subcontractor to deliver home visiting services, a LHJ representative (ideally the MCAH Director) must be present during all scheduled group and individual technical assistance (TA) meetings, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures that the LHJ maintains oversight and

California Home Visiting Program
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July 1, 2025- June 30, 2026

direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation should be spent on administrative oversight of a subcontractor.

Goal 2: Integrate the home visiting program into the local early childhood system			
#	**Objective**	**Activities**	**Deliverables**
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families (b) Meet and work with other local early childhood system and community partners to coordinate services to participating families (c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	**Submission of:** • Progress Report including CAB meeting materials and Memoranda of Understanding (MOUs) and/or other written agreements

California Home Visiting Program
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2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	**Submission of:** • Progress Report including CAB meeting materials, MOUs, and/or other written agreements • Outreach materials • Outreach activity logs or plan

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
3.1	The LHJ will maintain clean and compliant data	(a) Accurately collect and submit participant data using selected home visiting model and CDPH/CHVP-required documents, as applicable (b) Ensure all data handling complies with CDPH/CHVP's security policies, including necessary encryption, access controls, and regular data system user account audits	• Submission of timely and accurate data on participant demographics, service utilization, and performance measures according to, and with fidelity to, the selected home visiting model guidelines and CDPH/CHVP requirements

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
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Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring (d) NFP LHJs will coordinate data system requirements with the NFP National Service Office (e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all *CHVP HFA Data Collection Manual* requirements (f) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Visit Tracker Web data system (g) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model	• Participation in regular TA meetings and site visits with CDPH/CHVP staff

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
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Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(h) Correct data entry errors and strive to reduce missing data as directed by the CDPH/CHVP data team as needed (i) HIPPY and FCI LHJs will provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed	

California Home Visiting Program
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Goal 4 (if applicable): Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities			
#	**Objective**	**Activity**	**Deliverable**
4.1	The LHJ will use Special Support funds for allowable activities as reflected in their budget	LHJs can spend up to 20% of their SGF EBHV allocation on approved Special Support Activities per the *CHVP Special Support Activity Reference Guide* Special Support Activity categories include: (a) Additional Staff Costs (b) Training (c) Technology (d) Family Support Materials	**Submission of:** *Special Support Activity Report* per the *CHVP Special Support Activity Reporting Guide*
4.2	LHJ leadership will maintain clean and compliant Special Support Activity data, per CDPH/CHVP guidelines	(a) Collect, maintain, and report use of SGF EBHV funds for Special Support as outlined in *CHVP Special Support Activity Reference Guide* and the *CHVP Special Support Activity Reporting Guide*	**Submission of:** • *Special Support Activity Report* • Additional documentation upon request

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Staffing Reports	• July 15, 2025 (for SFY 2024-2025) • October 15, 2025 • January 15, 2026 • April 15, 2026
Progress Report, deliverables, and updates: • CAB Roster, Minutes, and Agendas • MOUs or other written agreements with community agencies and service providers • Outreach materials • Outreach activity logs or plan • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed CDPH/CHVP Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer agreement, accreditation, endorsement, and/or affiliation documentation	• July 15, 2025 (for SFY 2024-25) • January 15, 2026
Special Support Activity Report (if applicable)	• July 15, 2025 (for SFY 2024-25)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Priority Population Survey (NFP only)	• July 15, 2025 (for SFY 2024-25) • January 15, 2026 (SFY 2025-26 to date)
CQI monitoring reports, data, and information	Upon Request
Individual TA meetings	Semi-annually (TBD)
Model TA meetings	Annually (TBD)
All LHJ TA meeting	Annually (TBD)
Site Visit	TBD

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP may require the local agency to participate in an Extra Support Plan (ESP) process, and/or may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 6:48 am, May 21, 2025

Jessica Ferrer, BSN, RN, SR. PHN

MCAH Director Name | MCAH Director Signature | Date

Exhibit _____

CONTRACTOR EQUIPMENT PURCHASED WITH CDPH FUNDS

Current Contract Number: CHVP 25-29/CHVP 25-29 SGF EBHV

Previous Contract Number (if applicable): CHVP 24-29/CHVP 24-29 SGF EBHV

Contractor's Name: Nevada County CHVP

Contractor's Complete Address: 500 Crown Point Circle, Suite 110
Grass Valley, CA 95945-9561

Contractor's Contact Person: Jessica Ferrarr

Contact's Telephone Number: 530-265-1491

Date Current Contract Expires: 06/30/2026

CDPH Program Name: CHVP

CDPH Program Contract Manager: Christina Jenkins

CDPH Program Address: PO Box 997420, MS 8305
Sacramento, CA 95899-7420

CDPH Program Contract Manager's Telephone Number: 916-650-0300

Date of this Report: 05/23/25

(THIS IS NOT A BUDGET FORM)

STATE/ CDPH PROPERTY TAG (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDPH PURCHASE ORDER (STD 65) NUMBER	DATE PURCHASED	MAJOR/MINOR EQUIPMENT SERIAL NUMBER (If motor vehicle, list VIN number.)	*OPTIONAL* *PROGRAM USE ONLY*
		N/A	$				
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INSTRUCTIONS FOR CDPH 1203
(Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to tag contract equipment and/or property (see definitions A, and B) which is purchased with CDPH funds and is used to conduct state business under this contract. After the Standard Agreement has been approved and each time state/CDPH equipment and/or property has been received, the CDPH Program Contract Manager is responsible for obtaining the information from the Contractor and submitting this form to CDPH AM. The CDPH Program Contract Manager is responsible for ensuring the information is complete and accurate. (See *Public Health Administrative Manual (PHAM),* Section 1-1030 and Section 1-1070.)

Upon receipt of this form from the CDPH Program Contract Manager, AM will fill in the first column with the assigned state/ CDPH property tag, if applicable, for each item (See definitions A and B). AM will return the original form to the CDPH Program Contract Manager, along with the appropriate property tags. The CDPH Program Contract Manager will then forward the property tags and the original form to the Contractor and retain one copy until the termination of this contract. The Contractor should place property tags in plain sight and, to the extent possible, on the item's front left-hand corner. The manufacturer's brand name and model number are not to be covered by the property tags.

1. If the item was shipped via the CDPH warehouse and was issued a state/CDPH property tag by warehouse staff, fill in the assigned property tag. If the item was shipped directly to the Contractor, leave the first column blank.

2. Provide the quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of:

   A. **Major Equipment:**
   - Tangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more.
   - Intangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more (e.g., software, video).

   These items are issued green numbered state/ CDPH property tags.

   B. Minor Equipment/Property: Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than $5,000. **These items are issued green unnumbered "BLANK" state/ CDPH property tags** with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers, and switches. NOTE: It is CDPH policy not to tag modular furniture. (See your Federal rules, if applicable.)

3. Provide the CDPH Purchase Order (STD 65) number if the items were purchased by CDPH.

4. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services.

5. If all items being reported do not fit on one form, make copies and write the number of pages being sent in the upper right-hand corner (e.g., "Page 1 of 3.") The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS 1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.

6. Property tags that have been lost or destroyed must be replaced. Replacement property tags can be obtained by contacting AM at (916) 341-6168.

7. Use the version on the CDPH Intranet forms site. The CDPH 1203 consists of one page for completion and one page with information and instructions.

Exhibit _____

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Current Contract Number: CHVP 25-29/CHVP 25-29 SGF EBHV

Previous Contract Number (if applicable): CHVP 24-29/CHVP 24-29 SGF EBHV

Contractor's Name: Nevada County CHVP

Contractor's Complete Address: 500 Crown Point Circle, Suite 110
Grass Valley, CA 95945-9561

Contractor's Contact Person: Jessica Ferrar

Contact's Telephone Number: 530-265-1491

Date Current Contract Expires: 06/30/2026

CDPH Program Name: CHVP

CDPH Program Contract Manager: Christina Jenkins

CDPH Program Address: PO Box 997420, MS 8305
Sacramento, CA 95899-7420

CDPH Program Contract Manager's Telephone Number: 916-650-0300

Date of this Report: 05/23/2025

(THIS IS NOT A BUDGET FORM)

STATE/ CDPH PROPERTY TAG (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDPH ASSET MGMT. USE ONLY CDPH Document (DISPOSAL) Number	ORIGINAL PURCHASE DATE	MAJOR/MINOR EQUIPMENT SERIAL NUMBER (If motor vehicle, list VIN number.)	*OPTIONAL— PROGRAM USE ONLY*
		N / A	$				
			$				
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			$				
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INSTRUCTIONS FOR CDPH 1204
(Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to; (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Public Health Administrative Manual (PHAM),* Section 1-1000 and Section 3-1320.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

Inventory: List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See PHAM, Section 1-1020.)

Disposal: *(Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).)* The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See PHAM, Section 1-1050.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;

   A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**
   - Tangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more.
   - Intangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)

   B. Minor Equipment/Property: **(These items were issued green state/ CDPH property tags.)**
   Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than $5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.

2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See PHAM, Section 17-4000.)

3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")

4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, Sacramento, CA 95899-7377.

5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 341-6168.

Subcontract Agreement Transmittal Form

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

REQUIREMENT: If the total subcontract amount over the term of the subcontract is $5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

*The following items are **required for submission and review** as part of the Subcontract Agreement Package*:

1. Subcontract Agreement Transmittal Form
2. Scope of Work
3. Budget with detailed justification – Usage of the CDPH MCAH program-specific template is mandatory
4. Duty Statements and Organizational Chart

*The following items should be **kept on file** in the event they are requested as secondary documentation during an audit:*

1. Subcontractor/Agency Agreement
2. Documentation pertaining to the process surrounding the Local Health Jurisdiction's solicitation of vendors, including three competitive quotes received in the solicitation process (or justification for absence of bidding on county letterhead)

Agency Identification

Agency Name: Nevada County Public Health Department

Agreement Number: CHVP SGF EBHV 25-29

Agreement Term: 7/1/2025-6/30/2026

Program Name: ☐ MCAH ☐ BIH ☐ AFLP ☑ CHVP ☐ PEI

Approved Program Maximum Amount Payable: $633,718.64

Program Director/Coordinator: Jessica Ferrer, BSN, RN, Sr. PHN, MCAH Director

Subcontractor Identification

Subcontractor or Consultant Name: Mental Health Consultant - Toni McCormick

Address: 12870 Hawkeye Lane Grass Valley, California 95949

Subcontractor Contact: Toni McCormick Phone Number: (775) 721-1751

Total Subcontract Amount: $9,000.00

Is Subcontract: ☑ Single Year Agreement ☐ Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2021-2025): _____

Current Fiscal Year (FY) Subcontract Amount: $9,000.00

Current FY Subcontract Period: 7/1/2025 - 6/30/2026

Federal ID Number: 548-25-7847

Subcontractor's Program Director (N/A for consultants): N/A

Phone Number: 530-823-7701

Type of Subcontractor:

☐ For-profit Organization ☑ Non-profit Organization

☐ University ☐ Governmental Agency

The Agency certifies that, for the above-named subcontractor, all applicable terms and conditions are included within the subcontract.

Agency Signature: APPROVED By Kathleen Cahill at 8:09 am, May 27, 2025

Title: Director of Public Health

Print Name: Kathy, Cahill, MPH

Date:

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work

July 1, 2025- June 30, 2026

The purpose of this scope of work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by California State General Funds (SGF). CHVP SGF-funded local health jurisdictions (LHJs) may implement Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects International (FCI), and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) evidence-based home visiting (EBHV) programs with fidelity to the model and in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement CHVP in funded LHJs
2. Integrate the home visiting program into the local early childhood system
3. Collect, enter, and report on all required participant data
4. Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities

Note: *LHJs may spend up to 20% of the SGF EBHV allocation on Special Support Activities, as outlined in Goal 4, below*

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goals, Objectives, Activities, and Deliverables for July 1, 2025 – June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP [1]	(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements (b) Attend quarterly CHVP Director calls (c) Participate in ongoing CAB Meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP	**Submission of:** • Progress Reports • CAB meeting materials • Staffing Reports **Participation in:** • Quarterly CHVP Director calls • Virtual and/or in-person site visits [2]
1.2	The LHJ will implement home visiting services using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs (b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	**Submission of:** • Progress Reports • Staffing Reports • Staff training logs • Collect and submit Priority Population Data (NFP only)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.) (d) Provide documents in the family's preferred language, when feasible (e) Provide translation services when needed (f) Documents should be written in no more than an eighth grade reading level and use plain language (g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible	
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software	**Submission of:** • Progress Reports • Staffing Reports • Training plans

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements (c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter (d) All staff directly serving families will complete mandated reporter training and comply with all mandated reporter requirements	• Training logs • Confirmation of a signed county confidentiality agreement for each applicable staff member
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals (b) Develop a referral triage process for incoming home visiting participants to ensure families are connected to the program that best meets their needs	**Submission of:** • Progress Reports • Outreach activity logs or plan • Referral triage plans outlining referral process (flow chart, narrative, etc.) • Confirmation of signed *CHVP Participant Consent Form* for each enrolled participant

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure newly enrolled participants provide informed consent and sign a *CHVP Participant Consent Form* at enrollment (d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50	• Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards (b) Monitor subcontracted agencies to ensure model fidelity standards are met (if applicable) (c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation	**Submission of:** • Model developer agreement, accreditation, affiliation, and/or endorsement documentation

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	(a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed (b) Conduct an annual review of, and ensure compliance with, CDPH/CHVP P&Ps (c) Conduct an annual review of, and ensure compliance with, the *Local MCAH Programs Policies and Procedure.* (d) Conduct an annual review of, and ensure compliance with, the *MCAH Fiscal Administration P&P Manual*	**Submission of:** • Progress Reports • Updated LHJ P&Ps related to home visiting • Annual confirmation of review of local and CDPH/CHVP P&Ps, *Local MCAH Program Policies and Procedures,* and the *MCAH Fiscal Administration Policy & Procedure Manual*
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	(a) Participate in voluntary CQI projects and activities in collaboration with CDPH/CHVP (b) Attend all meetings and site visits, included but not limited to: • Individual TA meetings • Model TA meeting	**Submission of:** • Progress Reports • CQI information as requested **Participation in:** • Individual and group TA meetings • CQI meetings as applicable

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		• All LHJ TA meeting • Ad hoc TA meetings • In-person or virtual site visit as scheduled by CDPH/CHVP (c) Use data to inform and improve program activities	

[1] The MCAH Director or their designee is required to devote a minimum of 0.05 full-time equivalent (FTE) and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP community advisory board (CAB). The percentage FTE dedicated to CHVP budgets should be deducted from the local MCAH budget to ensure the LHJ does not exceed the MCAH Director FTE requirements as outlined in the *Local MCAH Programs Policies and Procedures*. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the *Local MCAH Programs Policy and Procedures*. In this situation, the designee, who may be identified as an MCAH Coordinator or other position, can act as the responsible party for CHVP, and should be designated as such in the CHVP budget justification.

[2] If a LHJ establishes a subcontractor to deliver home visiting services, a LHJ representative (ideally the MCAH Director) must be present during all scheduled group and individual technical assistance (TA) meetings, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures that the LHJ maintains oversight and

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation should be spent on administrative oversight of a subcontractor.

Goal 2: Integrate the home visiting program into the local early childhood system			
#	**Objective**	**Activities**	**Deliverables**
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families (b) Meet and work with other local early childhood system and community partners to coordinate services to participating families (c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	**Submission of:** • Progress Report including CAB meeting materials and Memoranda of Understanding (MOUs) and/or other written agreements

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	**Submission of:** • Progress Report including CAB meeting materials, MOUs, and/or other written agreements • Outreach materials • Outreach activity logs or plan

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
3.1	The LHJ will maintain clean and compliant data	(a) Accurately collect and submit participant data using selected home visiting model and CDPH/CHVP-required documents, as applicable (b) Ensure all data handling complies with CDPH/CHVP's security policies, including necessary encryption, access controls, and regular data system user account audits	• Submission of timely and accurate data on participant demographics, service utilization, and performance measures according to, and with fidelity to, the selected home visiting model guidelines and CDPH/CHVP requirements

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring (d) NFP LHJs will coordinate data system requirements with the NFP National Service Office (e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all *CHVP HFA Data Collection Manual* requirements (f) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Visit Tracker Web data system (g) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model	• Participation in regular TA meetings and site visits with CDPH/CHVP staff

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(h) Correct data entry errors and strive to reduce missing data as directed by the CDPH/CHVP data team as needed (i) HIPPY and FCI LHJs will provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed	

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 4 (if applicable): Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities			
#	**Objective**	**Activity**	**Deliverable**
4.1	The LHJ will use Special Support funds for allowable activities as reflected in their budget	LHJs can spend up to 20% of their SGF EBHV allocation on approved Special Support Activities per the *CHVP Special Support Activity Reference Guide* Special Support Activity categories include: (a) Additional Staff Costs (b) Training (c) Technology (d) Family Support Materials	**Submission of:** *Special Support Activity Report* per the *CHVP Special Support Activity Reporting Guide*
4.2	LHJ leadership will maintain clean and compliant Special Support Activity data, per CDPH/CHVP guidelines	(a) Collect, maintain, and report use of SGF EBHV funds for Special Support as outlined in *CHVP Special Support Activity Reference Guide* and the *CHVP Special Support Activity Reporting Guide*	**Submission of:** • *Special Support Activity Report* • Additional documentation upon request

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Staffing Reports	• July 15, 2025 (for SFY 2024-2025) • October 15, 2025 • January 15, 2026 • April 15, 2026
Progress Report, deliverables, and updates: • CAB Roster, Minutes, and Agendas • MOUs or other written agreements with community agencies and service providers • Outreach materials • Outreach activity logs or plan • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed CDPH/CHVP Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer agreement, accreditation, endorsement, and/or affiliation documentation	• July 15, 2025 (for SFY 2024-25) • January 15, 2026
Special Support Activity Report (if applicable)	• July 15, 2025 (for SFY 2024-25)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Priority Population Survey (NFP only)	• July 15, 2025 (for SFY 2024-25) • January 15, 2026 (SFY 2025-26 to date)
CQI monitoring reports, data, and information	Upon Request
Individual TA meetings	Semi-annually (TBD)
Model TA meetings	Annually (TBD)
All LHJ TA meeting	Annually (TBD)
Site Visit	TBD

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP may require the local agency to participate in an Extra Support Plan (ESP) process, and/or may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 6:48 am, May 21, 2025

Jessica Ferrer, BSN, RN, SR. PHN

MCAH Director Name | MCAH Director Signature | Date

ORIGINAL

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY	FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
SUBCONTRACT	2025-26	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Mental Health Consultant

	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			9,000.00										#VALUE!

EXPENSE CATEGORY													
(I) PERSONNEL	5,717.00		5,717.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	3,283.00		3,283.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	9,000.00	100.00%	9,000.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00										

TOTAL CHVP - EBHV	9,000.00	→	9,000.00			[50%]	0.00			[25%]	0.00		
TOTAL TITLE XIX	0.00	→				[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→			0.00			[50%]	0.00			[25%]	0.00

$ 9,000.00	Maximum Amount Payable from State and Federal resources

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
PCA Codes		51023				51021		53165		51022		53164
(I) PERSONNEL		5,717.00				0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES		3,283.00				0.00		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		0.00				0.00		0.00		0.00		0.00
Totals for PCA Codes	9,000.00	9,000.00				0.00		0.00		0.00		0.00

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Mental Health Consultant

			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL							% TRAVEL NON-ENH MATCH 0.00%				% TRAVEL ENH MATCH 0.00%				% PERSONNEL MATCH 0.00%
	TOTAL OPERATING EXPENSES	**3,283.00**		**3,283.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL	2,083.00	100.00%	2,083.00		0.00	0.00%	0.00		0.00		0.00		0.00	**0.00%**
	TRAINING	1,200.00	100.00%	1,200.00		0.00	0.00%	0.00		0.00		0.00		0.00	**0.00%**
1				0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00					
4				0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00					
9				0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00					

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL														
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00				

(IV) OTHER COSTS DETAIL														% PERSONNEL MATCH 0.00%
	TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS														
1				0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0		0	
7				0.00		0.00		0.00		0.00		0		0	
8				0.00		0.00		0.00		0.00		0		0	
	OTHER CHARGES														Match Available
1				0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00					
4				0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00					

(V) INDIRECT COSTS DETAIL												
	TOTAL INDIRECT COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		
	of Total Wages + Fringe Benefits	0.00		0.00		0.00	0.00%	0.00		0.00		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Mental Health Consultant

(I) PERSONNEL DETAIL

						UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
				TOTAL PERSONNEL COSTS	5,717.00		5,717.00		0.00		0.00		0.00		0.00		0.00		
				FRINGE BENEFIT RATE	0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				TOTAL WAGES	5,717.00		5,717.00		0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Pers MCF Per Staff	Staff Traveling (X)
1	Toni McCormick	Mental Health Consultant	5.72%	100,000.00	5,717.00	100.00%	5,717.00		0.00		0.00		0.00		0.00		0.00	0.00%	
2					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
3					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
4					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
5					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
7					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Mental Health Consultant

						UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Mental Health Consultant

						UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*		%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
118					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
119					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
120					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
121					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
122					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
123					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
124					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
125					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
126					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
127					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
128					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
129					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
130					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
131					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
132					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
133					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
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141					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
142					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
143					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
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145					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
146					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
147					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
148					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
149					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
150					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Mental Health Consultant**

Version 7.0 - 150 Quarterly 4.1.25

(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **76.80%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	0.06	$ 100,000.00	$ 5,717.00		0.00					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCP %	MCP Type	Requirements (Click link to view)	MCP % Justification Maximum characters = 1024
1	Toni McCormick	Mental Health Consultant	5.72%	$ 100,000	$ 5,717	0.00%	0.00	CHVP	0.00%	0		
2			0.00%	$ -	$ -			CHVP	0.00%	0		
3			0.00%	$ -	$ -			CHVP	0.00%	0		
4			0.00%	$ -	$ -			CHVP	0.00%	0		
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Mental Health Consultant**

Version 7.0 - 150 Quarterly 4.1.25

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Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Mental Health Consultant**

106			0.00%	$ -	$ -			CHVP	0.00%	0		
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Budget:	**ORIGINAL**
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Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	2,083.00	Attend PSI Conference
	TRAINING	1,200.00	Attend PSI Conference
1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	

SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	0.00	Per CDPH approved ICR

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement - Mental Health Consultant - Toni McCormick

CHVP local health jurisdictions (LHJs) may use a portion of their State General Fund (SGF) or Maternal, Infant, Early Childhood Home Visiting (MIECHV) (pending HRSA approval) allocation for mental health or social worker consultant for CHVP in alignment with the parameters outlined in the draft Allowable Uses of CHVP Funding for Mental Health and Social Worker Consultation in Home Visiting Policy and Procedure.

Approval for this position was competed 1/23/24

Provide regular reflective consultation sessions to CHVP home visitors with a focus on reducing vicarious trauma, enhancing resilience, and supporting emotional well-being.

Offer guidance and support to improve staff retention, helping home visitors manage stress, set boundaries, and build professional coping strategies.

Increase home visitor knowledge and competence in identifying and responding to Perinatal Mood and Anxiety Disorders (PMADs) through targeted consultation and education.

Develop and deliver specialized training modules on PMADs, trauma-informed care, and self-care strategies for home visitors and program staff.

Create and facilitate educational sessions for community partners to raise awareness of PMADs, reduce stigma, and promote mental health resources for perinatal families.

Consult on complex client cases as needed, offering mental health expertise to support appropriate referrals and intervention strategies.

Collaborate with program leadership to assess mental health training needs, inform policy development, and integrate mental wellness into organizational culture.

Contribute to the development of resources and materials that support staff education on PMADs and mental health best practices.

Monitor and evaluate the impact of mental health support services, using feedback and data to inform continuous improvement.

Stay current with emerging research and practices in perinatal mental health, vicarious trauma, and workforce wellness to ensure the delivery of evidence-based support.
To optimize the screening, assessment, and treatment of families that may experience Perinatal Mood and Anxiety Disorders.

To collaborate and facilitate sharing of pertinent information regarding clients' progress in treatment, and allow care synchronization between the treatment providers.

Together, the mental health consultant and home visitor will develop treatment plans utilizing each other's expertise.

Case collaborations and consultations will enhance staff's effective assessment and care for the families on their caseload.

The mental health consultant will educate staff on the most recent treatment approaches and help enhance staff's understanding of Perinatal Mood and Anxiety Disorders (PMADS) and other mental health challenges.

The mental health consultant will work with staff to develop group education topics and material for parenting groups.

The mental health consultant will be able to meet individually or with groups of home visitors to provide reflective and supportive debriefings and processing of difficult cases.

Subcontract Agreement Transmittal Form

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

REQUIREMENT: If the total subcontract amount over the term of the subcontract is $5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

*The following items are **required for submission and review** as part of the Subcontract Agreement Package*:

1. Subcontract Agreement Transmittal Form
2. Scope of Work
3. Budget with detailed justification – Usage of the CDPH MCAH program-specific template is mandatory
4. Duty Statements and Organizational Chart

*The following items should be **kept on file** in the event they are requested as secondary documentation during an audit:*

1. Subcontractor/Agency Agreement
2. Documentation pertaining to the process surrounding the Local Health Jurisdiction's solicitation of vendors, including three competitive quotes received in the solicitation process (or justification for absence of bidding on county letterhead)

Agency Identification

Agency Name: Nevada County Public Health Department

Agreement Number: CHVP SGF EBHV 25-29

Agreement Term: 7/1/2025-6/30/2026

Program Name: ☐ MCAH ☐ BIH ☐ AFLP ☑ CHVP ☐ PEI

Approved Program Maximum Amount Payable: $633,718.64

Program Director/Coordinator: Jessica Ferrer, BSN, RN, Sr. PHN, MCAH Director

Subcontractor Identification

Subcontractor or Consultant Name: Parent Educator - Beatriz Schaffert

Address: 9848 Donner Pass Rd# 224, Truckee, CA 96161

Subcontractor Contact: Beatriz Schaffert Phone Number: 775-741-0043

Total Subcontract Amount: $50,000.00 (Braided with Title V/MCAH)

Is Subcontract: ☑ Single Year Agreement ☐ Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2021-2025): _____

Current Fiscal Year (FY) Subcontract Amount: $50,000.00 (Braided with Title V/MCAH)

Current FY Subcontract Period: 7/1/2025 - 6/30/2026

Federal ID Number: 603-90-8791

Subcontractor's Program Director (N/A for consultants): Jessica Ferrer, MCAH Director

Phone Number: 530-265-1491

Type of Subcontractor:

☐ For-profit Organization ☑ Non-profit Organization

☐ University ☐ Governmental Agency

The Agency certifies that, for the above-named subcontractor, all applicable terms and conditions are included within the subcontract.

Agency Signature: APPROVED By Kathleen Cahill at 8:11 am, May 27, 2025

Title: Director of Public Health

Print Name: Kathy, Cahill, MPH

Date:

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work

July 1, 2025- June 30, 2026

The purpose of this scope of work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by California State General Funds (SGF). CHVP SGF-funded local health jurisdictions (LHJs) may implement Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects International (FCI), and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) evidence-based home visiting (EBHV) programs with fidelity to the model and in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement CHVP in funded LHJs
2. Integrate the home visiting program into the local early childhood system
3. Collect, enter, and report on all required participant data
4. Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities

Note: *LHJs may spend up to 20% of the SGF EBHV allocation on Special Support Activities, as outlined in Goal 4, below*

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goals, Objectives, Activities, and Deliverables for July 1, 2025 – June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP [1]	(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements (b) Attend quarterly CHVP Director calls (c) Participate in ongoing CAB Meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP	**Submission of:** • Progress Reports • CAB meeting materials • Staffing Reports **Participation in:** • Quarterly CHVP Director calls • Virtual and/or in-person site visits [2]
1.2	The LHJ will implement home visiting services using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs (b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	**Submission of:** • Progress Reports • Staffing Reports • Staff training logs • Collect and submit Priority Population Data (NFP only)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.) (d) Provide documents in the family's preferred language, when feasible (e) Provide translation services when needed (f) Documents should be written in no more than an eighth grade reading level and use plain language (g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible	
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software	**Submission of:** • Progress Reports • Staffing Reports • Training plans

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements (c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter (d) All staff directly serving families will complete mandated reporter training and comply with all mandated reporter requirements	• Training logs • Confirmation of a signed county confidentiality agreement for each applicable staff member
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals (b) Develop a referral triage process for incoming home visiting participants to ensure families are connected to the program that best meets their needs	**Submission of:** • Progress Reports • Outreach activity logs or plan • Referral triage plans outlining referral process (flow chart, narrative, etc.) • Confirmation of signed *CHVP Participant Consent Form* for each enrolled participant

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure newly enrolled participants provide informed consent and sign a *CHVP Participant Consent Form* at enrollment (d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50	• Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards (b) Monitor subcontracted agencies to ensure model fidelity standards are met (if applicable) (c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation	**Submission of:** • Model developer agreement, accreditation, affiliation, and/or endorsement documentation

California Home Visiting Program
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Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	(a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed (b) Conduct an annual review of, and ensure compliance with, CDPH/CHVP P&Ps (c) Conduct an annual review of, and ensure compliance with, the *Local MCAH Programs Policies and Procedure.* (d) Conduct an annual review of, and ensure compliance with, the *MCAH Fiscal Administration P&P Manual*	**Submission of:** • Progress Reports • Updated LHJ P&Ps related to home visiting • Annual confirmation of review of local and CDPH/CHVP P&Ps, *Local MCAH Program Policies and Procedures,* and the *MCAH Fiscal Administration Policy & Procedure Manual*
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	(a) Participate in voluntary CQI projects and activities in collaboration with CDPH/CHVP (b) Attend all meetings and site visits, included but not limited to: • Individual TA meetings • Model TA meeting	**Submission of:** • Progress Reports • CQI information as requested **Participation in:** • Individual and group TA meetings • CQI meetings as applicable

California Home Visiting Program
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July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		• All LHJ TA meeting • Ad hoc TA meetings • In-person or virtual site visit as scheduled by CDPH/CHVP (c) Use data to inform and improve program activities	

[1] The MCAH Director or their designee is required to devote a minimum of 0.05 full-time equivalent (FTE) and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP community advisory board (CAB). The percentage FTE dedicated to CHVP budgets should be deducted from the local MCAH budget to ensure the LHJ does not exceed the MCAH Director FTE requirements as outlined in the *Local MCAH Programs Policies and Procedures*. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the *Local MCAH Programs Policy and Procedures*. In this situation, the designee, who may be identified as an MCAH Coordinator or other position, can act as the responsible party for CHVP, and should be designated as such in the CHVP budget justification.

[2] If a LHJ establishes a subcontractor to deliver home visiting services, a LHJ representative (ideally the MCAH Director) must be present during all scheduled group and individual technical assistance (TA) meetings, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures that the LHJ maintains oversight and

California Home Visiting Program
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Scope of Work
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direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation should be spent on administrative oversight of a subcontractor.

Goal 2: Integrate the home visiting program into the local early childhood system			
#	**Objective**	**Activities**	**Deliverables**
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families (b) Meet and work with other local early childhood system and community partners to coordinate services to participating families (c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	**Submission of:** • Progress Report including CAB meeting materials and Memoranda of Understanding (MOUs) and/or other written agreements

California Home Visiting Program
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2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	**Submission of:** • Progress Report including CAB meeting materials, MOUs, and/or other written agreements • Outreach materials • Outreach activity logs or plan

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
3.1	The LHJ will maintain clean and compliant data	(a) Accurately collect and submit participant data using selected home visiting model and CDPH/CHVP-required documents, as applicable (b) Ensure all data handling complies with CDPH/CHVP's security policies, including necessary encryption, access controls, and regular data system user account audits	• Submission of timely and accurate data on participant demographics, service utilization, and performance measures according to, and with fidelity to, the selected home visiting model guidelines and CDPH/CHVP requirements

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring (d) NFP LHJs will coordinate data system requirements with the NFP National Service Office (e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all *CHVP HFA Data Collection Manual* requirements (f) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Visit Tracker Web data system (g) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model	• Participation in regular TA meetings and site visits with CDPH/CHVP staff

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(h) Correct data entry errors and strive to reduce missing data as directed by the CDPH/CHVP data team as needed (i) HIPPY and FCI LHJs will provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed	

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
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Goal 4 (if applicable): Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities			
#	**Objective**	**Activity**	**Deliverable**
4.1	The LHJ will use Special Support funds for allowable activities as reflected in their budget	LHJs can spend up to 20% of their SGF EBHV allocation on approved Special Support Activities per the *CHVP Special Support Activity Reference Guide* Special Support Activity categories include: (a) Additional Staff Costs (b) Training (c) Technology (d) Family Support Materials	**Submission of:** *Special Support Activity Report* per the *CHVP Special Support Activity Reporting Guide*
4.2	LHJ leadership will maintain clean and compliant Special Support Activity data, per CDPH/CHVP guidelines	(a) Collect, maintain, and report use of SGF EBHV funds for Special Support as outlined in *CHVP Special Support Activity Reference Guide* and the *CHVP Special Support Activity Reporting Guide*	**Submission of:** • *Special Support Activity Report* • Additional documentation upon request

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Staffing Reports	• July 15, 2025 (for SFY 2024-2025) • October 15, 2025 • January 15, 2026 • April 15, 2026
Progress Report, deliverables, and updates: • CAB Roster, Minutes, and Agendas • MOUs or other written agreements with community agencies and service providers • Outreach materials • Outreach activity logs or plan • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed CDPH/CHVP Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer agreement, accreditation, endorsement, and/or affiliation documentation	• July 15, 2025 (for SFY 2024-25) • January 15, 2026
Special Support Activity Report (if applicable)	• July 15, 2025 (for SFY 2024-25)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Priority Population Survey (NFP only)	• July 15, 2025 (for SFY 2024-25) • January 15, 2026 (SFY 2025-26 to date)
CQI monitoring reports, data, and information	Upon Request
Individual TA meetings	Semi-annually (TBD)
Model TA meetings	Annually (TBD)
All LHJ TA meeting	Annually (TBD)
Site Visit	TBD

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP may require the local agency to participate in an Extra Support Plan (ESP) process, and/or may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 6:48 am, May 21, 2025

Jessica Ferrer, BSN, RN, SR. PHN

MCAH Director Name | MCAH Director Signature | Date

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

SUBCONTRACT

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2025-26	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Parent Educator Truckee

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			30,000.00										#VALUE!

EXPENSE CATEGORY													
(I) PERSONNEL	30,000.00		30,000.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	30,000.00	100.00%	30,000.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00										

TOTAL CHVP - EBHV	30,000.00	→	30,000.00			[50%]	0.00			[25%]	0.00		
TOTAL TITLE XIX	0.00	→				[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→			0.00			[50%]	0.00			[25%]	0.00

$ 30,000.00 **Maximum Amount Payable from State and Federal resources**

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
PCA Codes		51023				51021		53165		51022		53164
(I) PERSONNEL		30,000.00				0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES		0.00				0.00		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		0.00				0.00		0.00		0.00		0.00
Totals for PCA Codes	30,000.00	30,000.00				0.00		0.00		0.00		0.00

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Parent Educator Truckee

			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL							% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH				% PERSONNEL MATCH
							0.00%				0.00%				0.00%
	TOTAL OPERATING EXPENSES	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL			0.00		0.00		0.00		0.00		0.00		0.00	
	TRAINING			0.00		0.00		0.00		0.00		0.00		0.00	
1				0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00					
4				0.00		0.00	70.50%	0.00		0.00					
5				0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00					
9				0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00					

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL										
TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00	

(IV) OTHER COSTS DETAIL														% PERSONNEL MATCH
														0.00%
	TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**
	SUBCONTRACTS													
1				0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00	70.81%	0.00		0.00		0.00		0.00
4				0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00		0.00		0.00		0.00		0.00
6				0.00		0.00	0.00%	0.00	0.00%	0.00		0		0
7				0.00		0.00	0.00%	0.00	0.00%	0.00		0		0
8				0.00		0.00		0.00		0.00		0		0
	OTHER CHARGES													Match Available
1				0.00		0.00		0.00		0.00				
2				0.00		0.00		0.00		0.00				
3				0.00		0.00		0.00		0.00				
4				0.00		0.00		0.00		0.00				
5				0.00		0.00		0.00		0.00				
6				0.00		0.00		0.00		0.00				
7				0.00		0.00		0.00		0.00				
8				0.00		0.00		0.00		0.00				

(V) INDIRECT COSTS DETAIL												
	TOTAL INDIRECT COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		
0.00%	**of Total Wages + Fringe Benefits**	0.00		0.00		0.00	0.00%	0.00		0.00		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Parent Educator Truckee

			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
			CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
(I) PERSONNEL DETAIL																
	TOTAL PERSONNEL COSTS	30,000.00		30,000.00		0.00		0.00		0.00		0.00		0.00		
	FRINGE BENEFIT RATE	0.00		0.00		0.00		0.00		0.00		0.00		0.00		
	TOTAL WAGES	30,000.00		30,000.00		0.00		0.00		0.00		0.00		0.00		

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES												J-Pers MCF Per Staff	Staff Traveling (X)
1	Beatriz Schaffert	Parent Educator	30.00%	100,000.00	30,000.00	100.00%	30,000.00		0.00		0.00		0.00		0.00		0.00	76.80%	
2					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
3					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
4					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
5					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	x
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	x
7					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	x
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Parent Educator Truckee

						UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Parent Educator Truckee

						UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
118					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
119					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
120					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
121					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
122					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
123					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
124					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
125					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
126					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
127					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
128					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
129					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
130					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
131					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
132					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
133					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
134					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
135					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
136					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
137					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
138					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
139					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
140					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
141					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
142					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
143					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
144					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
145					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
146					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
147					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
148					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
149					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
150					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Parent Educator Truckee**

Version 7.0 - 150 Quarterly 4.1.25

(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **76.80%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	0.30	$ 100,000.00	$ 30,000.00		0.00					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCP %	MCP Type	Requirements (Click link to view)	MCP % Justification Maximum characters = 1024
1	Beatriz Schaffert	Parent Educator	30.00%	$ 100,000	$ 30,000	0.00%	0.00	CHVP	76.80%	Base		
2			0.00%	$ -	$ -			CHVP	0.00%	0		
3			0.00%	$ -	$ -			CHVP	0.00%	0		
4			0.00%	$ -	$ -			CHVP	0.00%	0		
5			0.00%	$ -	$ -			CHVP	0.00%	0		
6			0.00%	$ -	$ -			CHVP	0.00%	0		
7			0.00%	$ -	$ -			CHVP	0.00%	0		
8			0.00%	$ -	$ -			CHVP	0.00%	0		
9			0.00%	$ -	$ -			CHVP	0.00%	0		
10			0.00%	$ -	$ -			CHVP	0.00%	0		
11			0.00%	$ -	$ -			CHVP	0.00%	0		
12			0.00%	$ -	$ -			CHVP	0.00%	0		
13			0.00%	$ -	$ -			CHVP	0.00%	0		
14			0.00%	$ -	$ -			CHVP	0.00%	0		
15			0.00%	$ -	$ -			CHVP	0.00%	0		
16			0.00%	$ -	$ -			CHVP	0.00%	0		
17			0.00%	$ -	$ -			CHVP	0.00%	0		
18			0.00%	$ -	$ -			CHVP	0.00%	0		
19			0.00%	$ -	$ -			CHVP	0.00%	0		
20			0.00%	$ -	$ -			CHVP	0.00%	0		
21			0.00%	$ -	$ -			CHVP	0.00%	0		
22			0.00%	$ -	$ -			CHVP	0.00%	0		
23			0.00%	$ -	$ -			CHVP	0.00%	0		
24			0.00%	$ -	$ -			CHVP	0.00%	0		
25			0.00%	$ -	$ -			CHVP	0.00%	0		
26			0.00%	$ -	$ -			CHVP	0.00%	0		
27			0.00%	$ -	$ -			CHVP	0.00%	0		
28			0.00%	$ -	$ -			CHVP	0.00%	0		
29			0.00%	$ -	$ -			CHVP	0.00%	0		
30			0.00%	$ -	$ -			CHVP	0.00%	0		
31			0.00%	$ -	$ -			CHVP	0.00%	0		
32			0.00%	$ -	$ -			CHVP	0.00%	0		
33			0.00%	$ -	$ -			CHVP	0.00%	0		
34			0.00%	$ -	$ -			CHVP	0.00%	0		
35			0.00%	$ -	$ -			CHVP	0.00%	0		
36			0.00%	$ -	$ -			CHVP	0.00%	0		
37			0.00%	$ -	$ -			CHVP	0.00%	0		
38			0.00%	$ -	$ -			CHVP	0.00%	0		
39			0.00%	$ -	$ -			CHVP	0.00%	0		
40			0.00%	$ -	$ -			CHVP	0.00%	0		
41			0.00%	$ -	$ -			CHVP	0.00%	0		
42			0.00%	$ -	$ -			CHVP	0.00%	0		
43			0.00%	$ -	$ -			CHVP	0.00%	0		
44			0.00%	$ -	$ -			CHVP	0.00%	0		
45			0.00%	$ -	$ -			CHVP	0.00%	0		
46			0.00%	$ -	$ -			CHVP	0.00%	0		
47			0.00%	$ -	$ -			CHVP	0.00%	0		
48			0.00%	$ -	$ -			CHVP	0.00%	0		
49			0.00%	$ -	$ -			CHVP	0.00%	0		

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Parent Educator Truckee**

Version 7.0 - 150 Quarterly 4.1.25

50			0.00%	$ -	$ -			CHVP	0.00%	0		
51			0.00%	$ -	$ -			CHVP	0.00%	0		
52			0.00%	$ -	$ -			CHVP	0.00%	0		
53			0.00%	$ -	$ -			CHVP	0.00%	0		
54			0.00%	$ -	$ -			CHVP	0.00%	0		
55			0.00%	$ -	$ -			CHVP	0.00%	0		
56			0.00%	$ -	$ -			CHVP	0.00%	0		
57			0.00%	$ -	$ -			CHVP	0.00%	0		
58			0.00%	$ -	$ -			CHVP	0.00%	0		
59			0.00%	$ -	$ -			CHVP	0.00%	0		
60			0.00%	$ -	$ -			CHVP	0.00%	0		
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Parent Educator Truckee**

Version 7.0 - 150 Quarterly 4.1.25

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Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Parent Educator Truckee**

Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	0.00	
	TRAINING	0.00	
1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	

SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	0.00	Per CDPH approved ICR

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement – Parent Educator Truckee - Contract

Under the program direction of the MCAH Director and PHN Coordinator, the Health Education Specialist shall conduct outreach and home visits with assigned families. The Health Education Specialist will help families identify strengths, develop a strong parent/child bond, set and meet goals, and develop parenting skills.

Will train in Parents as Teachers.

Will use Parents as Teachers EB model for appropriate birthing/family population. The Parent Educator will ensure model fidelity and administer to curriculum in such a way that ensures all essential elements and quality standards are met.

Attending all mandatory meetings and trainings as assigned.

Abiding by all program policies and procedures.

Providing outreach activities to engage or re-engage families.

Providing a variety of case management services to the families based on the level of need for the individual family.

Assisting families with goal setting and supporting them to reach their goals. Providing interactive, engaging activities to promote parent/child interaction. Assisting the family in establishing a medical home and keeping immunization and well baby appointments.

Assisting families in locating, accessing and utilizing existing community services and resources. Attending weekly supervision sessions and prepared with questions related to delivering the best services to families.

Engaging in weekly staff meetings and group supervision. Documenting every home visit within 1 week of the visit. Submitting all necessary forms to supervisor on a monthly basis.

Completing all necessary confidentiality and family rights paperwork upon family enrollment.

Conducting developmental screenings for all assigned children. Maintaining and promoting a sense of teamwork.

Representing Nevada County Public Health in a positive, professional manner at all times.

Performing related duties as assigned.

Maintain client confidentiality.

Assists and provides referrals to individuals and families, eligible for Medi-Cal, in the referral process and accessing Medi-Cal providers, care and/or services.

Assists individuals currently enrolled in Medi-Cal in accessing Medi-Cal services.

Through home visiting and telephone calls, provide case management for high risk mothers, infants, and children to ensure access to providers of care and other essential services.

Provides assessments, referrals, and case coordination, along with partnering agencies, to address the ongoing needs of CYSHCN's.

Acts as an SPMP resource for other programs within the County serving the high-risk population.

Gathers statistical information which is utilized in performing an ongoing assessment of the pregnant and parenting population using drugs, alcohol, and tobacco.

Engage community partners in addressing social determinants of health and encourage participation and support of public health and policy efforts to improve the health of Medi-Cal populations.

Partners with professional therapists to provide the Moving Beyond Depression in-home cognitive behavioral therapy (IH-CBT) program to mothers meeting eligibility criteria. This service is performed in conjunction with MCAH home visiting services.

Participates in program planning, involvement in goal setting, objectives and evaluation tools, that measure outcomes.

Performs office functions as necessary.

Attends professional trainings as appropriate.

This position must be filled by a candidate with a minimum of a high school diploma. A Bachelors degree is preferred in Social Work, Psychology, Counseling or other related Social Service field from an accredited college or university. Five years experience working directly with clients in a community-based and service organization can be substituted for a bachelor degree. Bilingual/fluent in Spanish, able to provide culturally aligned care is preferred.

Subcontract Agreement Transmittal Form

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

REQUIREMENT: If the total subcontract amount over the term of the subcontract is $5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

*The following items are **required for submission and review** as part of the Subcontract Agreement Package*:

1. Subcontract Agreement Transmittal Form
2. Scope of Work
3. Budget with detailed justification – Usage of the CDPH MCAH program-specific template is mandatory
4. Duty Statements and Organizational Chart

*The following items should be **kept on file** in the event they are requested as secondary documentation during an audit:*

1. Subcontractor/Agency Agreement
2. Documentation pertaining to the process surrounding the Local Health Jurisdiction's solicitation of vendors, including three competitive quotes received in the solicitation process (or justification for absence of bidding on county letterhead)

Agency Identification

Agency Name: Nevada County Public Health Department

Agreement Number: CHVP SGF EBHV 25-29

Agreement Term: 7/1/2025-6/30/2026

Program Name: ☐ MCAH ☐ BIH ☐ AFLP ☑ CHVP ☐ PEI

Approved Program Maximum Amount Payable: $633,718.64

Program Director/Coordinator: Jessica Ferrer, BSN, RN, Sr. PHN, MCAH Director

Subcontractor Identification

Subcontractor or Consultant Name: Public Health Nurse/ Parent Educator - Bobbie McKenzie

Address: PO Box 779 Penn Valley, CA 95946

Subcontractor Contact: Bobbie McKenzie Phone Number: 530-277-2863

Total Subcontract Amount: $100,800.00 (Braided with Title V/MCAH and Title XIX)

Is Subcontract: ☑ Single Year Agreement ☐ Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2021-2025): _____

Current Fiscal Year (FY) Subcontract Amount: $100,800.00 (Braided with Title V/MCAH and Title XIX)

Current FY Subcontract Period: 7/1/2025 - 6/30/2026

Federal ID Number: 33-3688792

Subcontractor's Program Director (N/A for consultants): Jessica Ferrer, MCAH Director

Phone Number: 530-265-1491

Type of Subcontractor:

☐ For-profit Organization ☑ Non-profit Organization

☐ University ☐ Governmental Agency

The Agency certifies that, for the above-named subcontractor, all applicable terms and conditions are included within the subcontract.

Agency Signature: *APPROVED* *By Kathleen Cahill at 8:13 am, May 27, 2025*

Title: Director of Public Health

Print Name: Kathy, Cahill, MPH

Date:

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work

July 1, 2025- June 30, 2026

The purpose of this scope of work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by California State General Funds (SGF). CHVP SGF-funded local health jurisdictions (LHJs) may implement Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects International (FCI), and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) evidence-based home visiting (EBHV) programs with fidelity to the model and in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement CHVP in funded LHJs
2. Integrate the home visiting program into the local early childhood system
3. Collect, enter, and report on all required participant data
4. Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities

Note: *LHJs may spend up to 20% of the SGF EBHV allocation on Special Support Activities, as outlined in Goal 4, below*

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goals, Objectives, Activities, and Deliverables for July 1, 2025 – June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP [1]	(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements (b) Attend quarterly CHVP Director calls (c) Participate in ongoing CAB Meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP	**Submission of:** • Progress Reports • CAB meeting materials • Staffing Reports **Participation in:** • Quarterly CHVP Director calls • Virtual and/or in-person site visits [2]
1.2	The LHJ will implement home visiting services using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs (b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	**Submission of:** • Progress Reports • Staffing Reports • Staff training logs • Collect and submit Priority Population Data (NFP only)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.) (d) Provide documents in the family's preferred language, when feasible (e) Provide translation services when needed (f) Documents should be written in no more than an eighth grade reading level and use plain language (g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible	
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software	**Submission of:** • Progress Reports • Staffing Reports • Training plans

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements (c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter (d) All staff directly serving families will complete mandated reporter training and comply with all mandated reporter requirements	• Training logs • Confirmation of a signed county confidentiality agreement for each applicable staff member
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals (b) Develop a referral triage process for incoming home visiting participants to ensure families are connected to the program that best meets their needs	**Submission of:** • Progress Reports • Outreach activity logs or plan • Referral triage plans outlining referral process (flow chart, narrative, etc.) • Confirmation of signed *CHVP Participant Consent Form* for each enrolled participant

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure newly enrolled participants provide informed consent and sign a *CHVP Participant Consent Form* at enrollment (d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50	• Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards (b) Monitor subcontracted agencies to ensure model fidelity standards are met (if applicable) (c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation	**Submission of:** • Model developer agreement, accreditation, affiliation, and/or endorsement documentation

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	(a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed (b) Conduct an annual review of, and ensure compliance with, CDPH/CHVP P&Ps (c) Conduct an annual review of, and ensure compliance with, the *Local MCAH Programs Policies and Procedure.* (d) Conduct an annual review of, and ensure compliance with, the *MCAH Fiscal Administration P&P Manual*	**Submission of:** • Progress Reports • Updated LHJ P&Ps related to home visiting • Annual confirmation of review of local and CDPH/CHVP P&Ps, *Local MCAH Program Policies and Procedures,* and the *MCAH Fiscal Administration Policy & Procedure Manual*
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	(a) Participate in voluntary CQI projects and activities in collaboration with CDPH/CHVP (b) Attend all meetings and site visits, included but not limited to: • Individual TA meetings • Model TA meeting	**Submission of:** • Progress Reports • CQI information as requested **Participation in:** • Individual and group TA meetings • CQI meetings as applicable

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		• All LHJ TA meeting • Ad hoc TA meetings • In-person or virtual site visit as scheduled by CDPH/CHVP (c) Use data to inform and improve program activities	

[1] The MCAH Director or their designee is required to devote a minimum of 0.05 full-time equivalent (FTE) and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP community advisory board (CAB). The percentage FTE dedicated to CHVP budgets should be deducted from the local MCAH budget to ensure the LHJ does not exceed the MCAH Director FTE requirements as outlined in the *Local MCAH Programs Policies and Procedures*. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the *Local MCAH Programs Policy and Procedures*. In this situation, the designee, who may be identified as an MCAH Coordinator or other position, can act as the responsible party for CHVP, and should be designated as such in the CHVP budget justification.

[2] If a LHJ establishes a subcontractor to deliver home visiting services, a LHJ representative (ideally the MCAH Director) must be present during all scheduled group and individual technical assistance (TA) meetings, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures that the LHJ maintains oversight and

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation should be spent on administrative oversight of a subcontractor.

Goal 2: Integrate the home visiting program into the local early childhood system			
#	**Objective**	**Activities**	**Deliverables**
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families (b) Meet and work with other local early childhood system and community partners to coordinate services to participating families (c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	**Submission of:** • Progress Report including CAB meeting materials and Memoranda of Understanding (MOUs) and/or other written agreements

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	**Submission of:** • Progress Report including CAB meeting materials, MOUs, and/or other written agreements • Outreach materials • Outreach activity logs or plan

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
3.1	The LHJ will maintain clean and compliant data	(a) Accurately collect and submit participant data using selected home visiting model and CDPH/CHVP-required documents, as applicable (b) Ensure all data handling complies with CDPH/CHVP's security policies, including necessary encryption, access controls, and regular data system user account audits	• Submission of timely and accurate data on participant demographics, service utilization, and performance measures according to, and with fidelity to, the selected home visiting model guidelines and CDPH/CHVP requirements

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring (d) NFP LHJs will coordinate data system requirements with the NFP National Service Office (e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all *CHVP HFA Data Collection Manual* requirements (f) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Visit Tracker Web data system (g) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model	• Participation in regular TA meetings and site visits with CDPH/CHVP staff

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(h) Correct data entry errors and strive to reduce missing data as directed by the CDPH/CHVP data team as needed (i) HIPPY and FCI LHJs will provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed	

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 4 (if applicable): Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities			
#	**Objective**	**Activity**	**Deliverable**
4.1	The LHJ will use Special Support funds for allowable activities as reflected in their budget	LHJs can spend up to 20% of their SGF EBHV allocation on approved Special Support Activities per the *CHVP Special Support Activity Reference Guide* Special Support Activity categories include: (a) Additional Staff Costs (b) Training (c) Technology (d) Family Support Materials	**Submission of:** *Special Support Activity Report* per the *CHVP Special Support Activity Reporting Guide*
4.2	LHJ leadership will maintain clean and compliant Special Support Activity data, per CDPH/CHVP guidelines	(a) Collect, maintain, and report use of SGF EBHV funds for Special Support as outlined in *CHVP Special Support Activity Reference Guide* and the *CHVP Special Support Activity Reporting Guide*	**Submission of:** • *Special Support Activity Report* • Additional documentation upon request

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Staffing Reports	• July 15, 2025 (for SFY 2024-2025) • October 15, 2025 • January 15, 2026 • April 15, 2026
Progress Report, deliverables, and updates: • CAB Roster, Minutes, and Agendas • MOUs or other written agreements with community agencies and service providers • Outreach materials • Outreach activity logs or plan • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed CDPH/CHVP Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer agreement, accreditation, endorsement, and/or affiliation documentation	• July 15, 2025 (for SFY 2024-25) • January 15, 2026
Special Support Activity Report (if applicable)	• July 15, 2025 (for SFY 2024-25)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Priority Population Survey (NFP only)	• July 15, 2025 (for SFY 2024-25) • January 15, 2026 (SFY 2025-26 to date)
CQI monitoring reports, data, and information	Upon Request
Individual TA meetings	Semi-annually (TBD)
Model TA meetings	Annually (TBD)
All LHJ TA meeting	Annually (TBD)
Site Visit	TBD

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP may require the local agency to participate in an Extra Support Plan (ESP) process, and/or may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 6:48 am, May 21, 2025

Jessica Ferrer, BSN, RN, SR. PHN

MCAH Director Name | MCAH Director Signature | Date

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

SUBCONTRACT

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2025-26	ORIGINAL	ACTIVE	(28,607.24)

Version 7.0 - 150 Quarterly 4.1.25

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Public Health Nurse / Parent Educator Truckee- Contract

	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			23,585.52										#VALUE!

EXPENSE CATEGORY													
(I) PERSONNEL	80,800.00		23,585.52		0.00		57,214.48		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	80,800.00	29.19%	23,585.52	0.00%	0.00	70.81%	57,214.48	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			(28,607.24)										

TOTAL CHVP - EBHV	52,192.76	→	23,585.52			[50%]	28,607.24			[25%]	0.00		
TOTAL TITLE XIX	28,607.24	→				[50%]	28,607.24	[50%]	0.00	[75%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→			0.00			[50%]	0.00			[25%]	0.00

$ 80,800.00 **Maximum Amount Payable from State and Federal resources**

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
	PCA Codes	51023				51021		53165		51022		53164
(I) PERSONNEL		23,585.52				57,214.48		0.00		0.00		0.00
(II) OPERATING EXPENSES		0.00				0.00		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		0.00				0.00		0.00		0.00		0.00
Totals for PCA Codes	80,800.00	23,585.52				57,214.48		0.00		0.00		0.00

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Public Health Nurse / Parent Educator Truckee- Contract

			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL							% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH				% PERSONNEL MATCH
							0.00%				0.00%				70.81%
	TOTAL OPERATING EXPENSES	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL			0.00		0.00		0.00		0.00		0.00		0.00	
	TRAINING			0.00		0.00		0.00		0.00		0.00		0.00	
1				0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00					
4				0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00					
9				0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00					

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL											
TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		

(IV) OTHER COSTS DETAIL													% PERSONNEL MATCH
													70.81%
	TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS														
1				0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0		0	
7				0.00		0.00		0.00		0.00		0		0	
8				0.00		0.00		0.00		0.00		0		0	
	OTHER CHARGES														Match Available
1				0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00					
4				0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00					

(V) INDIRECT COSTS DETAIL												
TOTAL INDIRECT COSTS		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		
	of Total Wages + Fringe Benefits	0.00		0.00		0.00	0.00%	0.00		0.00		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Public Health Nurse / Parent Educator Truckee- Contract

(I) PERSONNEL DETAIL

						UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*		%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
				TOTAL PERSONNEL COSTS	80,800.00		23,585.52		0.00			57,214.48		0.00		0.00		0.00		
				FRINGE BENEFIT RATE	0.00		0.00		0.00			0.00		0.00		0.00		0.00		
				TOTAL WAGES	80,800.00		23,585.52		0.00			57,214.48		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES														J-Pers MCF Per Staff	Staff Traveling (X)
1	Bobbie McKenzie	Public Health Nurse / Parent Educator Truckee- Co	40.40%	200,000.00	80,800.00	29.19%	23,585.52		0.00		70.81%	57,214.48		0.00		0.00		0.00	76.80%	
2					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
3					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
4					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
5					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	x
6					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	x
7					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	x
8					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Public Health Nurse / Parent Educator Truckee- Contract

						UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*		%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
55					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
56					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
57					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
58					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
59					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
60					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
61					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
62					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
63					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
64					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
65					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
66					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
67					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
68					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
69					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
70					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
71					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
72					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
73					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
74					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
75					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
76					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
77					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
78					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
79					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
80					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
81					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
82					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
83					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
84					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
85					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
86					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
87					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
88					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
89					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
90					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
91					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
92					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
93					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
94					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
95					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
96					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
97					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
98					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
99					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
100					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
101					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
102					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
103					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
104					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
105					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
106					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
107					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
108					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
109					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
110					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
111					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
112					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
113					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
114					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
115					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
116					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
117					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Public Health Nurse / Parent Educator Truckee- Contract

						UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*		%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
118					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
119					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
120					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
121					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
122					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
123					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
124					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
125					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
126					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
127					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
128					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
129					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
130					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
131					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
132					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
133					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
134					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
135					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
136					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
137					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
138					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
139					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
140					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
141					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
142					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
143					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
144					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
145					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
146					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
147					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
148					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
149					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
150					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Public Health Nurse / Parent Educator Truckee- Contract**

Version 7.0 - 150 Quarterly 4.1.25

(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **76.80%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	0.40	$ 200,000.00	$ 80,800.00		0.00					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCP %	MCP Type	Requirements (Click link to view)	MCP % Justification Maximum characters = 1024
1	Bobbie McKenzie	Public Health Nurse / Parent Educator Truckee- Cor	40.40%	$ 200,000	$ 80,800	0.00%	0.00	CHVP	76.80%	Base		
2			0.00%	$ -	$ -			CHVP	0.00%	0		
3			0.00%	$ -	$ -			CHVP	0.00%	0		
4			0.00%	$ -	$ -			CHVP	0.00%	0		
5			0.00%	$ -	$ -			CHVP	0.00%	0		
6			0.00%	$ -	$ -			CHVP	0.00%	0		
7			0.00%	$ -	$ -			CHVP	0.00%	0		
8			0.00%	$ -	$ -			CHVP	0.00%	0		
9			0.00%	$ -	$ -			CHVP	0.00%	0		
10			0.00%	$ -	$ -			CHVP	0.00%	0		
11			0.00%	$ -	$ -			CHVP	0.00%	0		
12			0.00%	$ -	$ -			CHVP	0.00%	0		
13			0.00%	$ -	$ -			CHVP	0.00%	0		
14			0.00%	$ -	$ -			CHVP	0.00%	0		
15			0.00%	$ -	$ -			CHVP	0.00%	0		
16			0.00%	$ -	$ -			CHVP	0.00%	0		
17			0.00%	$ -	$ -			CHVP	0.00%	0		
18			0.00%	$ -	$ -			CHVP	0.00%	0		
19			0.00%	$ -	$ -			CHVP	0.00%	0		
20			0.00%	$ -	$ -			CHVP	0.00%	0		
21			0.00%	$ -	$ -			CHVP	0.00%	0		
22			0.00%	$ -	$ -			CHVP	0.00%	0		
23			0.00%	$ -	$ -			CHVP	0.00%	0		
24			0.00%	$ -	$ -			CHVP	0.00%	0		
25			0.00%	$ -	$ -			CHVP	0.00%	0		
26			0.00%	$ -	$ -			CHVP	0.00%	0		
27			0.00%	$ -	$ -			CHVP	0.00%	0		
28			0.00%	$ -	$ -			CHVP	0.00%	0		
29			0.00%	$ -	$ -			CHVP	0.00%	0		
30			0.00%	$ -	$ -			CHVP	0.00%	0		
31			0.00%	$ -	$ -			CHVP	0.00%	0		
32			0.00%	$ -	$ -			CHVP	0.00%	0		
33			0.00%	$ -	$ -			CHVP	0.00%	0		
34			0.00%	$ -	$ -			CHVP	0.00%	0		
35			0.00%	$ -	$ -			CHVP	0.00%	0		
36			0.00%	$ -	$ -			CHVP	0.00%	0		
37			0.00%	$ -	$ -			CHVP	0.00%	0		
38			0.00%	$ -	$ -			CHVP	0.00%	0		
39			0.00%	$ -	$ -			CHVP	0.00%	0		
40			0.00%	$ -	$ -			CHVP	0.00%	0		
41			0.00%	$ -	$ -			CHVP	0.00%	0		
42			0.00%	$ -	$ -			CHVP	0.00%	0		
43			0.00%	$ -	$ -			CHVP	0.00%	0		
44			0.00%	$ -	$ -			CHVP	0.00%	0		
45			0.00%	$ -	$ -			CHVP	0.00%	0		
46			0.00%	$ -	$ -			CHVP	0.00%	0		
47			0.00%	$ -	$ -			CHVP	0.00%	0		
48			0.00%	$ -	$ -			CHVP	0.00%	0		
49			0.00%	$ -	$ -			CHVP	0.00%	0		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Public Health Nurse / Parent Educator Truckee- Contract**

Version 7.0 - 150 Quarterly 4.1.25

50			0.00%	$ -	$ -			CHVP	0.00%	0		
51			0.00%	$ -	$ -			CHVP	0.00%	0		
52			0.00%	$ -	$ -			CHVP	0.00%	0		
53			0.00%	$ -	$ -			CHVP	0.00%	0		
54			0.00%	$ -	$ -			CHVP	0.00%	0		
55			0.00%	$ -	$ -			CHVP	0.00%	0		
56			0.00%	$ -	$ -			CHVP	0.00%	0		
57			0.00%	$ -	$ -			CHVP	0.00%	0		
58			0.00%	$ -	$ -			CHVP	0.00%	0		
59			0.00%	$ -	$ -			CHVP	0.00%	0		
60			0.00%	$ -	$ -			CHVP	0.00%	0		
61			0.00%	$ -	$ -			CHVP	0.00%	0		
62			0.00%	$ -	$ -			CHVP	0.00%	0		
63			0.00%	$ -	$ -			CHVP	0.00%	0		
64			0.00%	$ -	$ -			CHVP	0.00%	0		
65			0.00%	$ -	$ -			CHVP	0.00%	0		
66			0.00%	$ -	$ -			CHVP	0.00%	0		
67			0.00%	$ -	$ -			CHVP	0.00%	0		
68			0.00%	$ -	$ -			CHVP	0.00%	0		
69			0.00%	$ -	$ -			CHVP	0.00%	0		
70			0.00%	$ -	$ -			CHVP	0.00%	0		
71			0.00%	$ -	$ -			CHVP	0.00%	0		
72			0.00%	$ -	$ -			CHVP	0.00%	0		
73			0.00%	$ -	$ -			CHVP	0.00%	0		
74			0.00%	$ -	$ -			CHVP	0.00%	0		
75			0.00%	$ -	$ -			CHVP	0.00%	0		
76			0.00%	$ -	$ -			CHVP	0.00%	0		
77			0.00%	$ -	$ -			CHVP	0.00%	0		
78			0.00%	$ -	$ -			CHVP	0.00%	0		
79			0.00%	$ -	$ -			CHVP	0.00%	0		
80			0.00%	$ -	$ -			CHVP	0.00%	0		
81			0.00%	$ -	$ -			CHVP	0.00%	0		
82			0.00%	$ -	$ -			CHVP	0.00%	0		
83			0.00%	$ -	$ -			CHVP	0.00%	0		
84			0.00%	$ -	$ -			CHVP	0.00%	0		
85			0.00%	$ -	$ -			CHVP	0.00%	0		
86			0.00%	$ -	$ -			CHVP	0.00%	0		
87			0.00%	$ -	$ -			CHVP	0.00%	0		
88			0.00%	$ -	$ -			CHVP	0.00%	0		
89			0.00%	$ -	$ -			CHVP	0.00%	0		
90			0.00%	$ -	$ -			CHVP	0.00%	0		
91			0.00%	$ -	$ -			CHVP	0.00%	0		
92			0.00%	$ -	$ -			CHVP	0.00%	0		
93			0.00%	$ -	$ -			CHVP	0.00%	0		
94			0.00%	$ -	$ -			CHVP	0.00%	0		
95			0.00%	$ -	$ -			CHVP	0.00%	0		
96			0.00%	$ -	$ -			CHVP	0.00%	0		
97			0.00%	$ -	$ -			CHVP	0.00%	0		
98			0.00%	$ -	$ -			CHVP	0.00%	0		
99			0.00%	$ -	$ -			CHVP	0.00%	0		
100			0.00%	$ -	$ -			CHVP	0.00%	0		
101			0.00%	$ -	$ -			CHVP	0.00%	0		
102			0.00%	$ -	$ -			CHVP	0.00%	0		
103			0.00%	$ -	$ -			CHVP	0.00%	0		
104			0.00%	$ -	$ -			CHVP	0.00%	0		
105			0.00%	$ -	$ -			CHVP	0.00%	0		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Public Health Nurse / Parent Educator Truckee- Contract**

Version 7.0 - 150 Quarterly 4.1.25

106			0.00%	$ -	$ -			CHVP	0.00%	0		
107			0.00%	$ -	$ -			CHVP	0.00%	0		
108			0.00%	$ -	$ -			CHVP	0.00%	0		
109			0.00%	$ -	$ -			CHVP	0.00%	0		
110			0.00%	$ -	$ -			CHVP	0.00%	0		
111			0.00%	$ -	$ -			CHVP	0.00%	0		
112			0.00%	$ -	$ -			CHVP	0.00%	0		
113			0.00%	$ -	$ -			CHVP	0.00%	0		
114			0.00%	$ -	$ -			CHVP	0.00%	0		
115			0.00%	$ -	$ -			CHVP	0.00%	0		
116			0.00%	$ -	$ -			CHVP	0.00%	0		
117			0.00%	$ -	$ -			CHVP	0.00%	0		
118			0.00%	$ -	$ -			CHVP	0.00%	0		
119			0.00%	$ -	$ -			CHVP	0.00%	0		
120			0.00%	$ -	$ -			CHVP	0.00%	0		
121			0.00%	$ -	$ -			CHVP	0.00%	0		
122			0.00%	$ -	$ -			CHVP	0.00%	0		
123			0.00%	$ -	$ -			CHVP	0.00%	0		
124			0.00%	$ -	$ -			CHVP	0.00%	0		
125			0.00%	$ -	$ -			CHVP	0.00%	0		
126			0.00%	$ -	$ -			CHVP	0.00%	0		
127			0.00%	$ -	$ -			CHVP	0.00%	0		
128			0.00%	$ -	$ -			CHVP	0.00%	0		
129			0.00%	$ -	$ -			CHVP	0.00%	0		
130			0.00%	$ -	$ -			CHVP	0.00%	0		
131			0.00%	$ -	$ -			CHVP	0.00%	0		
132			0.00%	$ -	$ -			CHVP	0.00%	0		
133			0.00%	$ -	$ -			CHVP	0.00%	0		
134			0.00%	$ -	$ -			CHVP	0.00%	0		
135			0.00%	$ -	$ -			CHVP	0.00%	0		
136			0.00%	$ -	$ -			CHVP	0.00%	0		
137			0.00%	$ -	$ -			CHVP	0.00%	0		
138			0.00%	$ -	$ -			CHVP	0.00%	0		
139			0.00%	$ -	$ -			CHVP	0.00%	0		
140			0.00%	$ -	$ -			CHVP	0.00%	0		
141			0.00%	$ -	$ -			CHVP	0.00%	0		
142			0.00%	$ -	$ -			CHVP	0.00%	0		
143			0.00%	$ -	$ -			CHVP	0.00%	0		
144			0.00%	$ -	$ -			CHVP	0.00%	0		
145			0.00%	$ -	$ -			CHVP	0.00%	0		
146			0.00%	$ -	$ -			CHVP	0.00%	0		
147			0.00%	$ -	$ -			CHVP	0.00%	0		
148			0.00%	$ -	$ -			CHVP	0.00%	0		
149			0.00%	$ -	$ -			CHVP	0.00%	0		
150			0.00%	$ -	$ -			CHVP	0.00%	0		

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Public Health Nurse / Parent Educator Truckee- Contract**

Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	0.00	
	TRAINING	0.00	
1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	

SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	0.00	Per CDPH approved ICR

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement - Public Health Nurse / Parent Educator Truckee- Contract

Under the program direction of the MCAH Director, designs and carries out strategies that assess the needs, and plans for systems of care that will benefit the high-risk perinatal population.

Using SPMP expertise, initiates and maintains outreach to the high-risk pregnancy and parenting population in Nevada County which includes case finding, case coordination, referrals to needed services and follow up.

Assists and provides referrals to individuals and families, eligible for Medi-Cal, in the referral process and accessing Medi-Cal providers, care and/or services.

Assists individuals currently enrolled in Medi-Cal in accessing Medi-Cal services.

Through home visiting and telephone calls, provide case management for high risk mothers, infants, and children to ensure access to providers of care and other essential services.

Using SPMP expertise, provides assessments, referrals, and case coordination, along with partnering agencies, to address the ongoing needs of CYSHCN's.

Participates in interdisciplinary team meetings with the CPSP program providers and other related care providers.

Acts as an SPMP resource for other programs within the County serving the high-risk population.

Gathers statistical information which is utilized in performing an ongoing assessment of the pregnant and parenting population using drugs, alcohol, and tobacco.

Provides SPMP nursing consultation and technical assistance to other Human Services Departments and CBO's serving the pregnant population.

Using SPMP expertise to engage community partners in addressing social determinants of health and encourage participation and support of public health and policy efforts to improve the health of Medi-Cal populations.

Using SPMP knowledge, participates in planning for the provision of services, case conferencing and multidisciplinary teams.

Partners with professional therapists to provide the Moving Beyond Depression in-home cognitive behavioral therapy (IH-CBT) program to mothers meeting eligibility criteria. This service is performed in conjunction with MCAH home visiting services.

Provides anticipatory guidance to clients with daily living needs that require the specialized training and services of a public health nurse.

Participates in program planning, involvement in goal setting, objectives and evaluation tools, that measure outcomes.

Act as Perinatal Services Coordinator (PSC) in its capacity to support health care homes and clinics needing direction with the Comprehensive Perinatal Service Program as described in the CA State CDPH MCAH Scope of Work goals and objectives.

- Under the program direction of the MCAH Director, designs and carries out strategies that assess the needs, and plans for systems of care that will benefit the high-risk perinatal population.
- Using SPMP expertise in planning, implementation, and evaluation of CPSP Program in accordance with the MCAH Policies and Procedures, specifically targeting Medi-Cal eligible population.
- Provide services and acting as a liaison on medical aspects of CPSP program with providers and other agencies providing medical care as defined in the Comprehensive Perinatal Services Program (CPSP) handbook for Local Health Department Coordinators.
- Monitor local trends and statistics regarding access to care and pregnancy outcomes.
- Using SPMP expertise, engages and collaborates with community partners, agencies and providers to coordinate and maximize outreach efforts to increase access to care for women of child-bearing age.
- Participates in the review of perinatal data to identify and define populations targeted “at risk”.
- Attends community professional and interagency meetings to provide SPMP expertise on perinatal issues and advocates for maternal and child health services.
- Performs outreach activities with providers of prenatal care and community organizations serving pregnant women, regarding the availability of Comprehensive Perinatal Services in Nevada County.

Provides supervision of staff working in the MCAH program as necessary.

Performs office functions as necessary.

Attends professional trainings as appropriate.

This position must be filled by a qualified SPMP.

Subcontract Agreement Transmittal Form

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

REQUIREMENT: If the total subcontract amount over the term of the subcontract is $5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

*The following items are **required for submission and review** as part of the Subcontract Agreement Package*:

1. Subcontract Agreement Transmittal Form
2. Scope of Work
3. Budget with detailed justification – Usage of the CDPH MCAH program-specific template is mandatory
4. Duty Statements and Organizational Chart

*The following items should be **kept on file** in the event they are requested as secondary documentation during an audit:*

1. Subcontractor/Agency Agreement
2. Documentation pertaining to the process surrounding the Local Health Jurisdiction's solicitation of vendors, including three competitive quotes received in the solicitation process (or justification for absence of bidding on county letterhead)

Agency Identification

Agency Name: Nevada County Public Health Department

Agreement Number: CHVP SGF EBHV 25-29

Agreement Term: 7/1/2025-6/30/2026

Program Name: ☐ MCAH ☐ BIH ☐ AFLP ☑ CHVP ☐ PEI

Approved Program Maximum Amount Payable: $633,718.64

Program Director/Coordinator: Jessica Ferrer, BSN, RN, Sr. PHN, MCAH Director

Subcontractor Identification

Subcontractor or Consultant Name: Child Abuse Prevention Council

Address: PO Box 1871, Nevada City, CA 95959

Subcontractor Contact: Alyssa Burke Phone Number: 530-575-6790

Total Subcontract Amount: $43,200.00

Is Subcontract: ☑ Single Year Agreement ☐ Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2021-2025): _____

Current Fiscal Year (FY) Subcontract Amount: $43,200.00

Current FY Subcontract Period: 7/1/2025 - 6/30/2026

Federal ID Number: 68-0026014

Subcontractor's Program Director (N/A for consultants): Jessica Ferrer, MCAH Director

Phone Number: 530-265-1491

Type of Subcontractor:

☐ For-profit Organization ☑ Non-profit Organization

☐ University ☐ Governmental Agency

The Agency certifies that, for the above-named subcontractor, all applicable terms and conditions are included within the subcontract.

Agency Signature: APPROVED By Kathleen Cahill at 8:16 am, May 27, 2025

Title: Director of Public Health

Print Name: Kathy, Cahill, MPH

Date:

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work

July 1, 2025- June 30, 2026

The purpose of this scope of work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by California State General Funds (SGF). CHVP SGF-funded local health jurisdictions (LHJs) may implement Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects International (FCI), and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) evidence-based home visiting (EBHV) programs with fidelity to the model and in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement CHVP in funded LHJs
2. Integrate the home visiting program into the local early childhood system
3. Collect, enter, and report on all required participant data
4. Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities

Note: *LHJs may spend up to 20% of the SGF EBHV allocation on Special Support Activities, as outlined in Goal 4, below*

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goals, Objectives, Activities, and Deliverables for July 1, 2025 – June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP [1]	(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements (b) Attend quarterly CHVP Director calls (c) Participate in ongoing CAB Meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP	**Submission of:** • Progress Reports • CAB meeting materials • Staffing Reports **Participation in:** • Quarterly CHVP Director calls • Virtual and/or in-person site visits [2]
1.2	The LHJ will implement home visiting services using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs (b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	**Submission of:** • Progress Reports • Staffing Reports • Staff training logs • Collect and submit Priority Population Data (NFP only)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.) (d) Provide documents in the family's preferred language, when feasible (e) Provide translation services when needed (f) Documents should be written in no more than an eighth grade reading level and use plain language (g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible	
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software	**Submission of:** • Progress Reports • Staffing Reports • Training plans

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements (c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter (d) All staff directly serving families will complete mandated reporter training and comply with all mandated reporter requirements	• Training logs • Confirmation of a signed county confidentiality agreement for each applicable staff member
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals (b) Develop a referral triage process for incoming home visiting participants to ensure families are connected to the program that best meets their needs	**Submission of:** • Progress Reports • Outreach activity logs or plan • Referral triage plans outlining referral process (flow chart, narrative, etc.) • Confirmation of signed *CHVP Participant Consent Form* for each enrolled participant

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure newly enrolled participants provide informed consent and sign a *CHVP Participant Consent Form* at enrollment (d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50	• Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards (b) Monitor subcontracted agencies to ensure model fidelity standards are met (if applicable) (c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation	**Submission of:** • Model developer agreement, accreditation, affiliation, and/or endorsement documentation

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	(a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed (b) Conduct an annual review of, and ensure compliance with, CDPH/CHVP P&Ps (c) Conduct an annual review of, and ensure compliance with, the *Local MCAH Programs Policies and Procedure.* (d) Conduct an annual review of, and ensure compliance with, the *MCAH Fiscal Administration P&P Manual*	**Submission of:** • Progress Reports • Updated LHJ P&Ps related to home visiting • Annual confirmation of review of local and CDPH/CHVP P&Ps, *Local MCAH Program Policies and Procedures,* and the *MCAH Fiscal Administration Policy & Procedure Manual*
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	(a) Participate in voluntary CQI projects and activities in collaboration with CDPH/CHVP (b) Attend all meetings and site visits, included but not limited to: • Individual TA meetings • Model TA meeting	**Submission of:** • Progress Reports • CQI information as requested **Participation in:** • Individual and group TA meetings • CQI meetings as applicable

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	**Objective**	**Activities**	**Deliverables**
		• All LHJ TA meeting • Ad hoc TA meetings • In-person or virtual site visit as scheduled by CDPH/CHVP (c) Use data to inform and improve program activities	

[1] The MCAH Director or their designee is required to devote a minimum of 0.05 full-time equivalent (FTE) and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP community advisory board (CAB). The percentage FTE dedicated to CHVP budgets should be deducted from the local MCAH budget to ensure the LHJ does not exceed the MCAH Director FTE requirements as outlined in the *Local MCAH Programs Policies and Procedures*. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the *Local MCAH Programs Policy and Procedures*. In this situation, the designee, who may be identified as an MCAH Coordinator or other position, can act as the responsible party for CHVP, and should be designated as such in the CHVP budget justification.

[2] If a LHJ establishes a subcontractor to deliver home visiting services, a LHJ representative (ideally the MCAH Director) must be present during all scheduled group and individual technical assistance (TA) meetings, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures that the LHJ maintains oversight and

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation should be spent on administrative oversight of a subcontractor.

Goal 2: Integrate the home visiting program into the local early childhood system			
#	**Objective**	**Activities**	**Deliverables**
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families (b) Meet and work with other local early childhood system and community partners to coordinate services to participating families (c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	**Submission of:** • Progress Report including CAB meeting materials and Memoranda of Understanding (MOUs) and/or other written agreements

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	**Submission of:** • Progress Report including CAB meeting materials, MOUs, and/or other written agreements • Outreach materials • Outreach activity logs or plan

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
3.1	The LHJ will maintain clean and compliant data	(a) Accurately collect and submit participant data using selected home visiting model and CDPH/CHVP-required documents, as applicable (b) Ensure all data handling complies with CDPH/CHVP's security policies, including necessary encryption, access controls, and regular data system user account audits	• Submission of timely and accurate data on participant demographics, service utilization, and performance measures according to, and with fidelity to, the selected home visiting model guidelines and CDPH/CHVP requirements

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring (d) NFP LHJs will coordinate data system requirements with the NFP National Service Office (e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all *CHVP HFA Data Collection Manual* requirements (f) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Visit Tracker Web data system (g) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model	• Participation in regular TA meetings and site visits with CDPH/CHVP staff

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Collect, enter, and report on all required participant data			
#	**Objective**	**Activities**	**Deliverables**
		(h) Correct data entry errors and strive to reduce missing data as directed by the CDPH/CHVP data team as needed (i) HIPPY and FCI LHJs will provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed	

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 4 (if applicable): Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities			
#	**Objective**	**Activity**	**Deliverable**
4.1	The LHJ will use Special Support funds for allowable activities as reflected in their budget	LHJs can spend up to 20% of their SGF EBHV allocation on approved Special Support Activities per the *CHVP Special Support Activity Reference Guide* Special Support Activity categories include: (a) Additional Staff Costs (b) Training (c) Technology (d) Family Support Materials	**Submission of:** *Special Support Activity Report* per the *CHVP Special Support Activity Reporting Guide*
4.2	LHJ leadership will maintain clean and compliant Special Support Activity data, per CDPH/CHVP guidelines	(a) Collect, maintain, and report use of SGF EBHV funds for Special Support as outlined in *CHVP Special Support Activity Reference Guide* and the *CHVP Special Support Activity Reporting Guide*	**Submission of:** • *Special Support Activity Report* • Additional documentation upon request

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Staffing Reports	• July 15, 2025 (for SFY 2024-2025) • October 15, 2025 • January 15, 2026 • April 15, 2026
Progress Report, deliverables, and updates: • CAB Roster, Minutes, and Agendas • MOUs or other written agreements with community agencies and service providers • Outreach materials • Outreach activity logs or plan • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed CDPH/CHVP Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer agreement, accreditation, endorsement, and/or affiliation documentation	• July 15, 2025 (for SFY 2024-25) • January 15, 2026
Special Support Activity Report (if applicable)	• July 15, 2025 (for SFY 2024-25)

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Priority Population Survey (NFP only)	• July 15, 2025 (for SFY 2024-25) • January 15, 2026 (SFY 2025-26 to date)
CQI monitoring reports, data, and information	Upon Request
Individual TA meetings	Semi-annually (TBD)
Model TA meetings	Annually (TBD)
All LHJ TA meeting	Annually (TBD)
Site Visit	TBD

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP may require the local agency to participate in an Extra Support Plan (ESP) process, and/or may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 6:48 am, May 21, 2025

Jessica Ferrer, BSN, RN, SR. PHN

MCAH Director Name | MCAH Director Signature | Date

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

SUBCONTRACT

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2025-26	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Admin/CAPC

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			43,200.00										#VALUE!

EXPENSE CATEGORY													
(I) PERSONNEL	43,200.00		43,200.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	43,200.00	100.00%	43,200.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00										

TOTAL CHVP - EBHV	43,200.00	→	43,200.00			[50%]	0.00			[25%]	0.00		
TOTAL TITLE XIX	0.00	→				[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→			0.00			[50%]	0.00			[25%]	0.00

$ 43,200.00 **Maximum Amount Payable from State and Federal resources**

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
PCA Codes		51023				51021		53165		51022		53164
(I) PERSONNEL		43,200.00				0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES		0.00				0.00		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		0.00				0.00		0.00		0.00		0.00
Totals for PCA Codes	43,200.00	43,200.00				0.00		0.00		0.00		0.00

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Admin/CAPC

			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL							% TRAVEL NON-ENH MATCH 0.00%				% TRAVEL ENH MATCH 0.00%				% PERSONNEL MATCH 0.00%
	TOTAL OPERATING EXPENSES	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL			0.00		0.00		0.00		0.00		0.00		0.00	
	TRAINING			0.00		0.00		0.00		0.00		0.00		0.00	
1				0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00					
4				0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00					
9				0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00					

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL											
TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		

(IV) OTHER COSTS DETAIL													% PERSONNEL MATCH 0.00%
	TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS														
1				0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0		0	
7				0.00		0.00		0.00		0.00		0		0	
8				0.00		0.00		0.00		0.00		0		0	
	OTHER CHARGES														Match Available
1				0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00					
4				0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00					

(V) INDIRECT COSTS DETAIL												
	TOTAL INDIRECT COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		
	of Total Wages + Fringe Benefits	0.00		0.00		0.00	0.00%	0.00		0.00		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Admin/CAPC

			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
			CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
(I) PERSONNEL DETAIL																
	TOTAL PERSONNEL COSTS	43,200.00		43,200.00		0.00		0.00		0.00		0.00		0.00		
	FRINGE BENEFIT RATE	0.00		0.00		0.00		0.00		0.00		0.00		0.00		
	TOTAL WAGES	43,200.00		43,200.00		0.00		0.00		0.00		0.00		0.00		

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES												J-Pers MCF Per Staff	Staff Traveling (X)
1	TBD	Admin/CAPC	43.20%	100,000.00	43,200.00	100.00%	43,200.00		0.00		0.00		0.00		0.00		0.00	0.00%	
2					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
3					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
4					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
5					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
7					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
SubK:	Admin/CAPC

						UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-29 NEVADA
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						UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
					(1)	(2)	(3)	(6)	(7)		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*		%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
118					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
119					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
120					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
121					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
122					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
123					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
124					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
125					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
126					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
127					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
128					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
129					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
130					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
131					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
132					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
133					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
134					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
135					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
136					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
137					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
138					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
139					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
140					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
141					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
142					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
143					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
144					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
145					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
146					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
147					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
148					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
149					0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.00%	
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Admin/CAPC**

Version 7.0 - 150 Quarterly 4.1.25

(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **76.80%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	0.43	$ 100,000.00	$ 43,200.00		0.00					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCP %	MCP Type	Requirements (Click link to view)	MCP % Justification Maximum characters = 1024
1	TBD	Admin/CAPC	43.20%	$ 100,000	$ 43,200	0.00%	0.00	CHVP	0.00%	0		
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**California Home Visiting Program (EBHV)**
Agency:	**CHVP 25-29 NEVADA**
SubK:	**Admin/CAPC**

Version 7.0 - 150 Quarterly 4.1.25

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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
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Version 7.0 - 150 Quarterly 4.1.25

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Budget:	**ORIGINAL**
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Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	0.00	
	TRAINING	0.00	
1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	

SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	0.00	Per CDPH approved ICR

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement – Admin/ CAPC

The CHVP Administrator and CAPC Coordinator is responsible for supporting the effective implementation and coordination of the California Home Visiting Program (CHVP) and leading local efforts of the Child Abuse Prevention Council (CAPC). This role includes oversight of child abuse prevention initiatives, data entry and reporting, program monitoring, and administrative support. The individual will work collaboratively with internal staff and external partners to enhance child and family well-being in the community.

Duties and Responsibilities:

1. Program Coordination and Support:

    Coordinate child abuse prevention efforts in alignment with CAPC objectives.

    Facilitate CAPC meetings, including agenda preparation, minutes, and follow-up actions.

    Collaborate with community partners and stakeholders to develop and implement child abuse prevention strategies and initiatives.

    Support planning and implementation of community education and outreach activities related to child abuse prevention.

2. CHVP Administration and Data Management:

    Enter and maintain accurate and timely data for CHVP home visiting clients in the designated data management system.

    Run and analyze reports from the Parents As Teachers (PAT) data system to monitor client outcomes and program performance.

    Ensure data quality and compliance with CHVP reporting requirements.

3. Outcome Reporting and Evaluation:

    Compile and report on child abuse prevention and reduction outcomes as required by program funders and oversight agencies.

    Assist with the development of evaluation tools and contribute to program improvement efforts based on data analysis.

4. Administrative Support:

    Provide day-to-day administrative support for CHVP operations, including scheduling, documentation, and communications.

    Assist with preparation of reports, presentations, and grant documentation.

    Perform other duties as assigned to support overall program operations and organizational goals.

Required Skills and Qualifications:

Strong organizational and coordination skills.

Proficiency in data entry, reporting systems, and Microsoft Office Suite.

Ability to work collaboratively and communicate effectively with diverse partners and community stakeholders.

Understanding of child abuse prevention strategies, family support services, and home visiting programs preferred.

Certification Statement for the Use of Certified Public Funds

Pursuant to Code of Federal Regulations Title 42, Section 433.51, Public Funds as the State share of financial participation.

(a) Public Funds may be considered as the State's share in claiming FFP if they meet the conditions specified in paragraphs (b) and (c) of this section.

(b) The public funds are appropriated directly to the State or local Medicaid agency, or are transferred from other public agencies (including Indian tribes) to the State or local agency and under its administrative control, or certified by the contributing public agency as representing expenditures eligible for FFP under this section.

(c) The public funds are not Federal funds, or are Federal funds authorized by Federal law to be used to match other Federal funds.

Public Agency: Individual Contractor: Bobbie McKenzie, PHN / Parent Educator - Truckee

Address: P.O. Box 779

City: Penn Valley State: CA Zip: 95946

Period Covered: 7/1/2025-6/30/2026 Fiscal Year: 2025/26

Grant Amount: $633,718.64 Recipient: Bobbie McKenzie

I HEREBY CERTIFY under penalty of perjury that:

1. I am the official responsible for the information contained in this certification statement and I am authorized to make this certification on behalf of the Public Agency.
    a. The information provided in this certification statement is true and correct and in accordance with state and federal law:
    b. This certification is based on actual, total expenditures made by the Public Agency of public funds that meet the requirements for claiming FFP.
2. The funds from units of government are not Federal funds, or are Federal funds authorized by Federal law to be used to match other Federal funds.
3. The costs contained in this certification statement have not previously been, nor will subsequently be used for federal match in this or any other program.
4. I understand that the making of false statements is punishable and constitutes violation of the Federal False Claims Act.

Signature: Bobbie McKenzie Digitally signed by Bobbie McKenzie Date: 2025.06.26 09:08:25 -07'00'

Print name: Bobbie McKenzie, BSN, RN, PHN

Title: Public Health Nurse/Parent Educator Date: 6/26/2025

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 1:15 pm, Aug 14, 2025

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided,

Nevada County Public Health

has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2025-26, based on our review of all the criteria below:

- ☑ Professional Education and Training
- ☑ Job Classification
- ☑ Job Duties /Duty Statement
- ☑ Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- ☑ Organizational Chart
- ☑ Accurate, complete, and signed SPMP Questionnaire
- ☑ Active California License/Certification
- ☑ The undersigned hereby attests that he/she:

  - Has personally reviewed the criteria above and its supporting documentation and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
  - Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
  - Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
  - Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
  - Understands that CDPH may request additional information to substantiate the SPMP claims, and such information must be provided in a timely manner.

Nevada County Public Health
Agency Name/Local Health Jurisdiction

Kathy Cahill, Director of Public Health	Kathy Cahill Digitally signed by Kathy Cahill Date: 2025.05.22 14:52:01 -07'00'	
Name and Title	*Signature*	*Date*

SPMP Attestation
Exhibit A

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Jessica Ferrer	Sr. PHN/ MCAH Director	Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse	RN 818771, PHN 85449
2	Jeana McHugh	PHN/ MCAH Coordinator	Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse	RN 95186923, PHN 567212
3	Charlene Weiss-Wenzl	Sr. PHN/ Director of Nursing	Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse	RN 836556, PHN 86138
4	Alison O'Connor	PHN/ MCAH Coordinator	Masters - Public Health, Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse	RN 584575, PHN 63951
5	Debra Ashlock-Dugan	PHN/Parent Educator	Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse - in progress	RN 538555
6	Bobbie McKenzie	PHN/Parent Educator	Bachelor of Science - Nursing (B.S.N)	Registered Nurse Public Health Nurse	RN 95095472 PHN 562932
7					
8					
9					
10					

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
11					
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
21					
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
31					
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