

California Home Visiting Program

FY 2024-2025 Agreement Funding Application (AFA) Checklist

Agency Name:

Agreement Number(s):

Program (Check all that apply):

CHVP MIECHV

CHVP EBHV

CHVP INNV 1.0

CHVP INNV 2.0

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

Please check the box next to all submitted documents. **All documents must be submitted by email using the required naming convention on page 3.**

1. **AFA Checklist**
2. **Agency Information Form** | Excel version and signed PDF.
3. **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | Signed PDF.
4. **TXIX MCF Justification Letter** | See AFA Announcement Letter for items that need to be included in this letter. **Not required if only using base MCF rate.**
5. **Budget Template** | Submit for **each** funding initiative you will be participating in for FY24-25, list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Original Budget and Justifications. Personnel titles must be consistent with the Duty Statements and Organizational Charts.
6. **Indirect Cost Rate (ICR) Certification Form** | Details methodology and components of the ICR for this funding. Please provide a detailed methodology in the box on page 2 of the form of how Indirect Costs are specifically broken out for CHVP.
7. **Duty Statements (DS)** | For all staff listed on each funding initiative budget – Label and number each DS according to the applicable Budget Personnel Line Item and Organization Chart for each funding initiative. Please include which funding initiative the duty statement is applicable to. ****All LHJs new to CHVP will be allowed to submit their DS within 60 days of AFA approval. Please inform your CL and PC if you will *not* be submitting your DS with your AFA submission. Please reach out to your PC for assistance building your DS.**
8. **Organization Chart(s)** | Of the applicable program(s), identifying all staff positions on each of the funding initiative budget(s) including their Line Item number, and the program's relationship to other services for women and children, the local health officer and overall agency.
9. **Scope of Work (SOW)** | Signed PDF for **each** funding initiative you will be participating in for FY24-25.
10. **Annual Inventory** | Forms CDPH 1203 and CDPH 1204 – if not applicable, complete the top of each form and put "N/A" in line items below.
11. **Subcontractor (SubK) Agreement Packages** | If applicable, for all SubKs of \$5,000 or more. Submit Subcontract Agreement Transmittal Form, brief explanation of the award process, 3 competitive quotes (if less than three quotes include the reasoning in the explanation of award process) subcontractor agreement or waiver letter, SubK SOW, FY24-25 Budgets with detailed justifications, SubK Duty Statements, and SubK Organization Chart.

12. **Certification Statement for the Use of Certified Public Funds (CPE)** | Subks with FFP.
13. **NA Government Agency Taxpayer ID Form** | Form CDPH 9083, signed PDF. Only if remit to address has changed.
14. **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.

File Naming Convention

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

Agreement # (space) **Document #** (from Checklist above) (space) **Document Name** (from Checklist Above) (space) **MM.DD.YY**

Example for CHVP Program:

CHVP 24-XX 1 AFA Checklist 6.15.24

CHVP24-XX2 Agency Information Form 6.15.24

CHVP 24-XX 3 Attestation of Compliance 6.15.24

CHVP 24-XX 4 TXIX MCF Justification Letter 06.15.24

CHVP 24-XX 5 Budget FY24-25 6.15.24

CHVP 24-XX 6 ICR Certification Form 6.15.24

CHVP 24-XX 7 DS Line 1 6.15.24

CHVP 24-XX 7 DS Line 2 6.15.24

CHVP 24-XX 7 DS Line 3 6.15.24

CHVP 24-XX 8 Org Chart 6.15.24

CHVP 24-XX 9 SOW 6.15.24

CHVP 24-XX 10 CDPH 1203 6.15.24

CHVP 24-XX 10 CDPH 1204 6.15.24

CHVP 24-XX 11 SubK Transmittal 6.15.24

CHVP 24-XX 11 SubK Budget FY24-25 6.15.24

CHVP 24-XX 11 SubK Agreement 6.15.24

CHVP 24-XX 11 SubK Award Process 6.15.24

CHVP 24-XX 12 CPE 6.15.24

CHVP 24-XX 13 CDPH 9083 Govt Agency Taxpayer ID Form 6.15.24

CHVP 24-XX 14 Attestation – TXIX FFP 7.01.24

Please contact your **Contract Liaison (CL)** if you have any questions.

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

**FUNDING AGREEMENT PERIOD
FY 2023-2028**

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 information when updates occur** during the fiscal year. Updated submissions do not require certification signatures.

AGENCY IDENTIFICATION INFORMATION

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

Please enter the agreement or contract number for each applicable program

CHVP 24-29 / CHVP SGF EBHV 24-29

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 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	
Please enter the agreement or contract number for each of the applicable programs	
CHVP 24-29 / CHVP SGF EBHV 24-29	
Update Effective Date: _____(only required when submitting updates)	
<p>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.</p> <p>I certify that this Maternal, Child and Adolescent Health (MCAH) program 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. I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.</p>	
Original signature of official authorized to commit the Agency to a CHVP Agreement	
Signature line:	<div style="border: 1px solid green; padding: 5px; display: inline-block;"> APPROVED <i>By Kathleen Cahill at 12:04 pm, Jul 17, 2024</i> </div>
Name (Print):	Kathy Cahill, MPH

Title: Director of Public Health Date:

Original Signature of MCAH Director

Signature line:

Jessica Ferrer, RN

APPROVED

By Jessica Ferrer, RN, Sr. PHN, CLC at 2:49 pm, Jul 16, 2024

Name (Print):

Jessica Ferrer, BSN, RN Sr. PHN, CLC

Title:

MCAH Director

Date:

CONTACT	FIRST NAME	LAST NAME	TITLE	AUTHORIZED TO SIGN?			PHONE	EMAIL ADDRESS	CHVP INITIATIVE
				BUDGETS	INVOICES	IF YES SELECTED, SIGN			
AGENCY EXECUTIVE DIRECTOR	Kathy	Cahill	Public Health Director	Yes	Yes	<i>Kathy Cahill</i>	530-265-1732	Kathy.Cahill@nevadacountyca.gov	CHVP MIECHV
MCAH DIRECTOR	Jessica	Ferrer	MCAH Director	Yes	Yes	<i>Jessica Ferrer</i>	530-265-1491	Jessica.Ferrer-PH@nevadacountyca.gov	CHVP MIECHV
PROJECT COORDINATOR	Jeana	McHugh	MCAH Coordinator	No	No		530-265-1452	Jeana.McHugh@nevadacountyca.gov	CHVP MIECHV
FISCAL OFFICER	Brie	Mendoza-Perez	Administrative Services Officer	Yes	Yes	<i>Brie Mendoza-Perez</i>	530-265-1401	Brie.Mendoza-Perez@nevadacountyca.gov	CHVP MIECHV
FISCAL CONTACT	Jennifer	Hondel	Accountant	Yes	Yes	<i>Jennifer Hondel</i>		Jennifer.Hondel@nevadacountyca.gov	CHVP MIECHV
CLERK OF THE BOARD or	Jeff	Thorsby	Clerk of the Board	No	No		530-265-1484	jeffrey.thorsby@nevadacountyca.gov	CHVP MIECHV
CHAIR BOARD OF SUPERVISORS	Heidi	Hall	Chair Board of Supervisors	No	No				CHVP MIECHV
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Kathy	Cahill	Public Health Director	Yes	Yes	<i>Kathy Cahill</i>	530-265-1732	Kathy.Cahill@nevadacountyca.gov	CHVP MIECHV
ADDITIONAL CONTACTS									
PROJECT DIRECTOR	Charlene	Weiss-Wenzl	Director of Public Health Nursing	Yes	Yes	<i>Charlene Weiss-Wenzl</i>	530-265-7269	Charlene.Weiss-Wenzl@nevadacountyca.gov	CHVP MIECHV
									CHVP MIECHV

All payments from CDPH to the Contractor shall be sent to the following address:

REMITTANCE ADDRESS	
Federal ID #:	94-6000526
FISCAL ID #:	0
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.

CONTACT	FIRST NAME	LAST NAME	TITLE	AUTHORIZED TO SIGN?			PHONE	EMAIL ADDRESS	CHVP INITIATIVE
				BUDGETS	INVOICES	IF YES SELECTED, SIGN			
AGENCY EXECUTIVE DIRECTOR	Kathy	Cahill	Public Health Director	Yes	Yes	<i>Kathy Cahill</i>	530-265-1732	Kathy.Cahill@nevadacountyca.gov	SGF EBHV
MCAH DIRECTOR	Jessica	Ferrer	MCAH Director	Yes	Yes	<i>Jessica Ferrer</i>	530-265-1491	Jessica.Ferrer-PH@nevadacountyca.gov	SGF EBHV
PROJECT COORDINATOR	Jeana	McHugh	MCAH Coordinator	No	No		530-265-1452	Jeana.McHugh@nevadacountyca.gov	SGF EBHV
FISCAL OFFICER	Brie	Mendoza-Perez	Administrative Services Officer	Yes	Yes	<i>Brie Mendoza-Perez</i>	530-265-1401	Brie.Mendoza-Perez@nevadacountyca.gov	SGF EBHV
FISCAL CONTACT	Jennifer	Hondel	Accountant	Yes	Yes	<i>Jennifer Hondel</i>		Jennifer.Hondel@nevadacountyca.gov	SGF EBHV
CLERK OF THE BOARD or	Jeff	Thorsby	Clerk of the Board	No	No		530-265-1484	jeffrey.thorsby@nevadacountyca.gov	SGF EBHV
CHAIR BOARD OF SUPERVISORS	Heidi	Hall	Chair Board of Supervisors	No	No				SGF EBHV
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Kathy	Cahill	Public Health Director	Yes	Yes	<i>Kathy Cahill</i>	530-265-1732	Kathy.Cahill@nevadacountyca.gov	SGF EBHV
ADDITIONAL CONTACTS									
PROJECT DIRECTOR	Charlene	Weiss-Wenzl	Director of Public Health Nursing	Yes	Yes	<i>Charlene Weiss-Wenzl</i>	530-265-7269	Charlene.Weiss-Wenzl@nevadacountyca.gov	SGF EBHV
ADMINISTRATIVE ASSISTANT	Carol	Smith	Administrative Assistant	No	No		530-559-3904	Carol.Smith@nevadacountyca.gov	SGF EBHV

All payments from CDPH to the Contractor shall be sent to the following address:

REMITTANCE ADDRESS	
Federal ID #:	94-6000526
FISCAL ID #:	0
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

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Always include this remittance address on your invoice.

Exhibit K

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

Agency Name: _____

Agreement/Grant Number: _____

Compliance Attestation for Fiscal Year: _____

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

Agency Name

APPROVED

By Jessica Ferrer, RN, Sr. PHN, CLC at 3:38 pm, Jul 12, 2024

Agreement/Grant Number

Signature of MCAH Director

Signature of AFLP Director (CBOs only)

Date

Printed Name of MCAH Director

*Printed Name of AFLP Director (CBOs
only)*

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.

Exhibit K

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

(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.

June 24, 2024

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 this Fiscal Year (FY) 24/25, 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 at 4:54 pm, Jun 24, 2024

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

BUDGET SUMMARY

FISCAL YEAR

2024-25

BUDGET

ORIGINAL

BUDGET STATUS

ACTIVE

BUDGET BALANCE

0.00

Version 7.0 - 150 Quarterly 4.20.20

Program:

California Home Visiting Program (SGF)

Agency:

CHVP 24-29 NEVADA

SubK:

UNMATCHED FUNDING

NON-ENHANCED MATCHING (50/50)

ENHANCED MATCHING (75/25)

CHVP - SGF

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 - SGF

%

Agency Funds*

%

Combined Fed/State

%

Combined Fed/Agency*

%

Combined Fed/State

%

Combined Fed/Agency*

ALLOCATION(S)

→

441,094.00

#VALUE!

EXPENSE CATEGORY													
(I) PERSONNEL	211,229.79		63,881.64		0.00		33,472.38		33,472.38		60,310.68		20,092.70
(II) OPERATING EXPENSES	38,560.00		13,962.70		0.00		24,597.30		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	323,356.60		246,141.28		0.00		77,215.32		0.00		0.00		0.00
(V) INDIRECT COSTS	52,807.45		15,968.97		0.00		36,838.48		0.00		0.00		0.00
BUDGET TOTALS*	625,953.84	54.31%	339,954.59	0.00%	0.00	27.50%	172,123.48	5.35%	33,472.38	9.64%	60,310.68	3.21%	20,092.70
BALANCE(S)			0.00										

TOTAL CHVP - SGF	441,094.00	→	339,954.59	[50%]	86,061.74	[25%]	15,077.67		
TOTAL TITLE XIX	163,100.47	→		[50%]	86,061.74	[50%]	16,736.19	[75%]	15,069.53
TOTAL AGENCY FUNDS	21,759.36	→	0.00			[50%]	16,736.19	[25%]	5,023.17

\$

604,194.47

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. PHM, CLC at 9:28 am, Feb 24, 2025

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 - SGF		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
PCA Codes		51023				51021		TBD		51022		TBD
(I) PERSONNEL		63,881.64				33,472.38		16,736.19		60,310.68		15,069.53
(II) OPERATING EXPENSES		13,962.70				24,597.30		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		246,141.28				77,215.32		0.00		0.00		0.00
(V) INDIRECT COSTS		15,968.97				36,838.48		0.00		0.00		0.00
Totals for PCA Codes	604,194.47	339,954.59				172,123.48		16,736.19		60,310.68		15,069.53

Program: Agency: SubK:		California Home Visiting Program (SGF)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		CHVP 24-29 NEVADA														
				CHVP - SGF		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 - SGF	%	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
								36.10%				38.94%				68.25%
TOTAL OPERATING EXPENSES			38,560.00		13,962.70		0.00		24,597.30		0.00		0.00		0.00	Match Available
	TRAVEL		10,500.00	31.75%	3,333.75		0.00	68.25%	7,166.25		0.00		0.00		0.00	6.79%
	TRAINING		18,100.00	31.75%	5,746.75		0.00	68.25%	12,353.25		0.00		0.00		0.00	0.00%
1	Mileage		500.00	31.75%	158.75		0.00	68.25%	341.25		0.00					0.00%
2	Communication - Cell Phones		1,440.00	31.75%	457.20		0.00	68.25%	982.80		0.00					0.00%
3	General Supplies		1,000.00	31.75%	317.50		0.00	68.25%	682.50		0.00					0.00%
4	Printing and Copying		2,000.00	31.75%	635.00		0.00	68.25%	1,365.00		0.00					0.00%
5	Translation Support		320.00	100.00%	320.00		0.00		0.00		0.00					68.25%
6	Intercounty support (IT support)		2,500.00	31.75%	793.75		0.00	68.25%	1,706.25		0.00					0.00%
7	Affiliation renewal fee		2,200.00	100.00%	2,200.00		0.00		0.00		0.00					68.25%
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					

Program: Agency: SubK:		California Home Visiting Program (SGF)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		CHVP 24-29 NEVADA								CHVP - SGF		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE			
						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
					TOTAL FUNDING	%	CHVP - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
3	Carol Smith	Administrative Assistant II	12.00%	71,863.00	8,624.00	100.00%	8,624.00		0.00		0.00		0.00		0.00		0.00	75.50%	
4	Alison O'Connor	Parent Educator/Public Health Nurse I/II	48.00%	102,373.00	49,139.00	24.50%	12,039.50		0.00	16.35%	8,034.23	16.35%	8,034.23	32.10%	15,773.28	10.70%	5,257.77	75.50%	x
5	Charlene Weiss-Wenzl	Director of Public Health Nursing	5.00%	157,167.00	7,858.00	24.57%	1,930.71		0.00	23.60%	1,854.49	23.60%	1,854.49	21.23%	1,668.25	7.00%	550.06	75.50%	x
6	Jessica Ferrer	Parents as Teachers Supervisor/Public Health Nurse I/II	10.00%	126,074.00	12,607.00	24.51%	3,089.98		0.00	18.50%	2,332.30	18.50%	2,332.30	28.87%	3,639.64	9.62%	1,212.79	75.50%	x
7	To Be Determined - Vacant	Parent Educator/Public Health Nurse I/II	48.00%	51,186.00	24,569.00	27.20%	6,682.77		0.00	15.00%	3,685.35	15.00%	3,685.35	32.10%	7,886.65	10.70%	2,628.88	75.50%	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%	

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	0

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(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		75.50%	Use the following link to access the current AFA webpage and the current base MCF% for your agency:			
TOTALS			1.43	\$ 731,318.00	\$ 125,062.00		86,167.79					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Jessica Ferrer	MCAH Director/Senior Public Health	10.00%	\$ 126,074	\$ 12,607	68.90%	8,686.23	CHVP	75.50%	Base		
2	Jeana McHugh	Parents as Teachers Supervisor/Pu	10.00%	\$ 96,581	\$ 9,658	68.90%	6,654.37	CHVP	75.50%	Base		
3	Carol Smith	Administrative Assistant II	12.00%	\$ 71,863	\$ 8,624	68.90%	5,941.94	CHVP	75.50%	Base		
4	Alison O'Connor	Parent Educator/Public Health Nurs	48.00%	\$ 102,373	\$ 49,139	68.90%	33,856.80	CHVP	75.50%	Base		
5	Charlene Weiss-Wenzl	Director of Public Health Nursing	5.00%	\$ 157,167	\$ 7,858	68.90%	5,414.17	CHVP	75.50%	Base		
6	Jessica Ferrer	Parents as Teachers Supervisor/Pu	10.00%	\$ 126,074	\$ 12,607	68.90%	8,686.23	CHVP	75.50%	Base		
7	To Be Determined - Vacan	Parent Educator/Public Health Nurs	48.00%	\$ 51,186	\$ 24,569	68.90%	16,928.05	CHVP	75.50%	Base		
8			0.00%	\$ -	\$ -				0.00%			
9			0.00%	\$ -	\$ -				0.00%			
10			0.00%	\$ -	\$ -				0.00%	0		
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13			0.00%	\$ -	\$ -				0.00%	0		
14			0.00%	\$ -	\$ -				0.00%	0		
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16			0.00%	\$ -	\$ -				0.00%	0		
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33			0.00%	\$ -	\$ -				0.00%	0		
34			0.00%	\$ -	\$ -				0.00%	0		
35			0.00%	\$ -	\$ -				0.00%	0		
36			0.00%	\$ -	\$ -				0.00%	0		
37			0.00%	\$ -	\$ -				0.00%	0		
38			0.00%	\$ -	\$ -				0.00%	0		
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42			0.00%	\$ -	\$ -				0.00%	0		
43			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	0

Version 7.0 - 150 Quarterly 4.20.20

44			0.00%	\$ -	\$ -				0.00%	0		
45			0.00%	\$ -	\$ -				0.00%	0		
46			0.00%	\$ -	\$ -				0.00%	0		
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92			0.00%	\$ -	\$ -				0.00%	0		
93			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	0

Version 7.0 - 150 Quarterly 4.20.20

94			0.00%	\$ -	\$ -				0.00%	0		
95			0.00%	\$ -	\$ -				0.00%	0		
96			0.00%	\$ -	\$ -				0.00%	0		
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99			0.00%	\$ -	\$ -				0.00%	0		
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142			0.00%	\$ -	\$ -				0.00%	0		
143			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	0

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144			0.00%	\$	-	\$	-				0.00%	0		
145			0.00%	\$	-	\$	-				0.00%	0		
146			0.00%	\$	-	\$	-				0.00%	0		
147			0.00%	\$	-	\$	-				0.00%	0		
148			0.00%	\$	-	\$	-				0.00%	0		
149			0.00%	\$	-	\$	-				0.00%	0		
150			0.00%	\$	-	\$	-				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	0

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	10,500.00	Mandatory confrences, trainings, and networking meetings for up tp 5 staff to ensure adequate staff training and development. Funds will cover mileage to events/trainings, airfare, hotel, parking, other transportation costs, per diem expenses. Expected travel to include Postpartum Support International (PSI)- (out of state) and Maternal Mental Health forums, Equity Confrences, NACCHO Conference, Lactation confrences, Leadership development trainings.
	TRAINING	18,100.00	Foundation and model Implementation Training 2 staff (\$2600) Cerified Lactation Counselor training (\$1400). Foundation 2 x 4-5 staff (1300 x 5 = \$6500) NACCHO (2) \$3200.00 ASQ, Interactions Across Abilities \$2500 ongoing staff development TBD \$2500 for CHVP staff and leadership.
1	Mileage	500.00	500 (home visits) trips X 16/miles per round trip X .655/mile
2	Communication - Cell Phones	1,440.00	Phones for home visiting staff. Three cell phone X 60/month X 12 months.
3	General Supplies	1,000.00	50/month X 12 months: Baby scale covers, santizing wipes, folders, pens, tissues, measuring tapes, other supplies as needed.
4	Printing and Copying	2,000.00	\$150/month X 12 months. Provides brochures for outreach, fliers for events and educational material.
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	Intercounty support (IT support)	2,500.00	Information Systems/IT support for computer set up, phone setup, and trouble shooting for new CHVP staff.
7	Affiliation renewal fee	2,200.00	Per PAT model, must pay annual dues to maintain affiliation
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	
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	323,356.60	
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SUBCONTRACTS

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	0

1	Mental Health Consultant - Toni McCormick	22,000.00	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.
2	Health Education Specialist Truckee - Contract, Beatriz Schaffner	40,000.00	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 within Eastern County of Nevada.
3	Child Advocates of Nevada County Healthy Babies	70,061.00	Continue to Implement expansion into PAT, year three. Healthy Babies has one staff and a caseload of 9 families. Funds will support personnel, and delivery of PAT program.
4	Parent Educator/Public Health Nurse I/II	109,200.00	Home Visiting PHN to deliver EB Curriculum (PAT) to families per CHVP guidelines. Special concentration on connecting to the Latino Community and enhance current trust and coordination within Eastern County of Nevada.
5	0	0.00	
OTHER CHARGES			
1	Special Support Activities-Prepaid Grocery Cards	18,000.00	Prepaid grocery cards (\$50 gift cards, two per month to be provided to approximately 15 families for one year (50x2x15x12= \$18,000)
2	Educational Supplies	22,195.60	Books, webinars, educational videos and accompanying material for successful parenting, appropriate educational toys to encourage healthy development in children. Safe sleep material.
3	Laptop, Monitors (6), Docking Stations (3)	3,600.00	New Staff will require a laptop. Provide at-home work station for 2 employees and office set-up for 1 employee, for use in CHVP Program only. Provide at-home work station for 2 employees and office set-up for 1 employee, for use in CHVP Program only.
4	Curriculum to support assessments	1,300.00	Purchase ASQ assessments kits and access to curriculum to complete assessments
5	Storage of Group supplies, Education and Clt supplies	1,500.00	Storage unit (\$250X12 mo).
6	Client Support Material	23,500.00	Risk reduction 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 supplies, weather appropriate clothes, formula and nutritional support.
7	Special Support Activities-Gas Cards	9,000.00	Gas Cards (\$50 gift cards, one per month to be provided to approximately 15 families for one year (50x15x12= \$9,000).
8	Special Support Activities-Diapers	3,000.00	Other Supplies (diapers \$3,000)

(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	52,807.45	Per CDPH approved ICR

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: 8/9/24

Agency Name: County of Nevada Public Health Department

Contract/Agreement Number: CHVP 24-29

Contract Term/Allocation Fiscal Year: 2024/2025

1. NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget

 % Fixed Percent of:

☐ Total Personnel Costs

2. LOCAL HEALTH JURISDICTIONS (LHJ)

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

25 % Fixed Percent of:

☒ Total Personnel Costs

☐ Total Allowable Direct Costs

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

_____ % Fixed Percent of:

- ☐ Total Personnel Costs (Includes Fringe Benefits)
- ☐ Total Personnel Costs (Excludes Fringe Benefits)
- ☐ Total Allowable Direct Costs

Please provide your agency's detailed methodology by listing all indirect costs, fees and percentages in the box below. (i.e. Insurance -- \$350,000 – 3%)

Please see attached ICR Detailed Methodology & Letter.

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

The items listed on the ICR are unallocated department costs and are totally separate from expenses in the EBHV or MIECHV budgets. All expenses are carefully tracked and classified so that there is no duplication.

Please submit this form via email to your assigned Contract Liaison.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available, and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Printed First & Last Name: Sarah Malugani

Title/Position: Accountant

Signature: _____

APPROVED

Date: _____

By Sarah Malugani at 1:52 pm, Aug 09, 2024

Nevada County Department of Public Health
FY 2024/2025 Indirect Cost Rate
Based on FY 22/23 Actual Expenses

Column A	B	C	D	H	I
		Total		G + I + K	Indirect Costs
Expenditures	Acct Code	by Department	Unallowed	Total Direct	Admin
		Amount		Costs	XXXXX
Permanent Salaries	510100	3,301,580.11	0.00	3,162,456.89	139,123.22
Overtime/Shift Differential	510105-10	0.00	0.00	0.00	0.00
Stand By Pay	510115	0.00	0.00	0.00	0.00
Leave Payoff	510120	156,005.82	0.00	109,576.00	46,429.82
Temporary Salaries	510200	339,137.72	0.00	339,137.72	0.00
Retirement Benefits	510300	1,540,701.63	5,621.31	1,477,118.22	57,962.10
OPEB - Other Post Empl Ben	510301	115,018.50	0.00	0.00	115,018.50
Health Insurance	510400	609,339.17	0.00	595,658.64	13,680.53
Dental Insurance	510401	30,907.26	0.00	30,330.66	576.60
Vision Insurance	510402	6,514.49	0.00	6,392.69	121.80
Unemployment Insurance	510403	5,044.38	0.00	4,972.82	71.56
Worker's Comp Insurance	510500	71,187.97	0.00	62,722.12	8,465.85
Other Benefits	510600	16,928.25	0.00	14,471.73	2,456.52
Total Salaries & Benefits		6,192,365.30	5,621.31	5,802,837.49	383,906.50
Miscellaneous Expense	520010	8.00	0.00	8.00	0.00
Telephone Svc	520310	49,362.12	0.00	42,647.18	6,714.94
Data Communications Svc	520330	3,444.83	0.00	3,444.83	0.00
Pager Svc	520340	0.00	0.00	0.00	0.00
bu	520500	0.00	0.00	0.00	0.00
Household Appliances	520640	0.00	0.00	0.00	0.00
Household Expense - Other	520690	0.00	0.00	0.00	0.00
Insurance	520700	60,452.88	0.00	0.00	60,452.88
Maintenance Equipment	520900	3,352.85	0.00	3,272.85	80.00
Maint Building & Improve	521000	0.00	0.00	0.00	0.00
Memberships	521200	8,536.58	0.00	4,980.00	3,556.58
Medical-Dental-Lab	521300	35,194.10	0.00	35,194.10	0.00
Office Expense - Other	521410	42,414.59	0.00	40,002.43	2,412.16
Postage	521420	241.20	0.00	241.20	0.00
Software & License	521470	1,089.07	0.00	735.52	353.55
Software Maintenance	521474	14,026.40	0.00	13,726.60	299.80
Computers & Related Equip	521480	4,551.59	0.00	4,551.59	0.00
Central Svc - Postage	521490	14,074.06	0.00	5,567.24	8,506.82
Central Svc - Printing	521491	0.00	0.00	0.00	0.00
Central Svc - Copier	521492	18,708.74	0.00	14,396.25	4,312.49
Central Svc - Other	521493	0.00	0.00	0.00	0.00
Professional Svcs	521520	1,258,532.96	0.00	1,075,890.04	182,642.92
Profesional Svcs - Subrecipient	521525	753,505.00	0.00	753,505.00	0.00
Publications & Legal	521600	0.00	0.00	0.00	0.00
Rent & Lease - Bldg/Improv	521800	6,562.28	0.00	6,312.28	250.00
Small Tools & Instruments	521900	0.00	0.00	0.00	0.00
Spec Dept Expense - Other	522090	466,538.91	375,000.00	85,718.74	5,820.17
Vehicle Rental	522210	32,208.05	0.00	15,378.16	16,829.89
Mileage Reimbursement	522220	1,836.12	0.00	1,652.10	184.02
Travel - Training	522271	90,010.08	0.00	85,010.08	5,000.00
Other Transportation & Travel	522290	0.00	0.00	0.00	0.00
Utilities	522400	0.00	0.00	0.00	0.00
Total Services and Supplies		2,864,650.41	375,000.00	2,192,234.19	297,416.22



**TOMAS J. ARAGON, M.D.,
DR.P.H.**
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

January 31, 2024

Brie Mendoza
Administrative Services Officer
Nevada County
950 Maidu Ave
Nevada City, CA 95959

Dear Brie Mendoza:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is using a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year 2024-2025, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

25.0% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2024 or later.

If you have any questions, contact CDPH at CDPH-ICR-Mailbox@cdph.ca.gov.

Sincerely,

Luz Lunetta, Accounting Reporting Section Chief
California Department of Public Health

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement – MCAH Director / Senior 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 & 6)

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.

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. Coordinates supplies received and submits approved purchase orders and invoices to fiscal.

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 PHN I/II (Budget line #4 & 7)

Under the program direction of the MCAH Director, and following all CHVP Policies and Procedures, the Parent Educator Public Health Nurse shall conduct outreach and home visits with assigned families. 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 and understand CHVP guidelines.

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, including CHVP confidentiality agreements and consents.

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.

MATERNAL CHILD ADOLESCENT HEALTH / CHVP PROGRAM

NEVADA COUNTY

Duty Statement - Director of Public Health Nursing (Budget line #5)

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

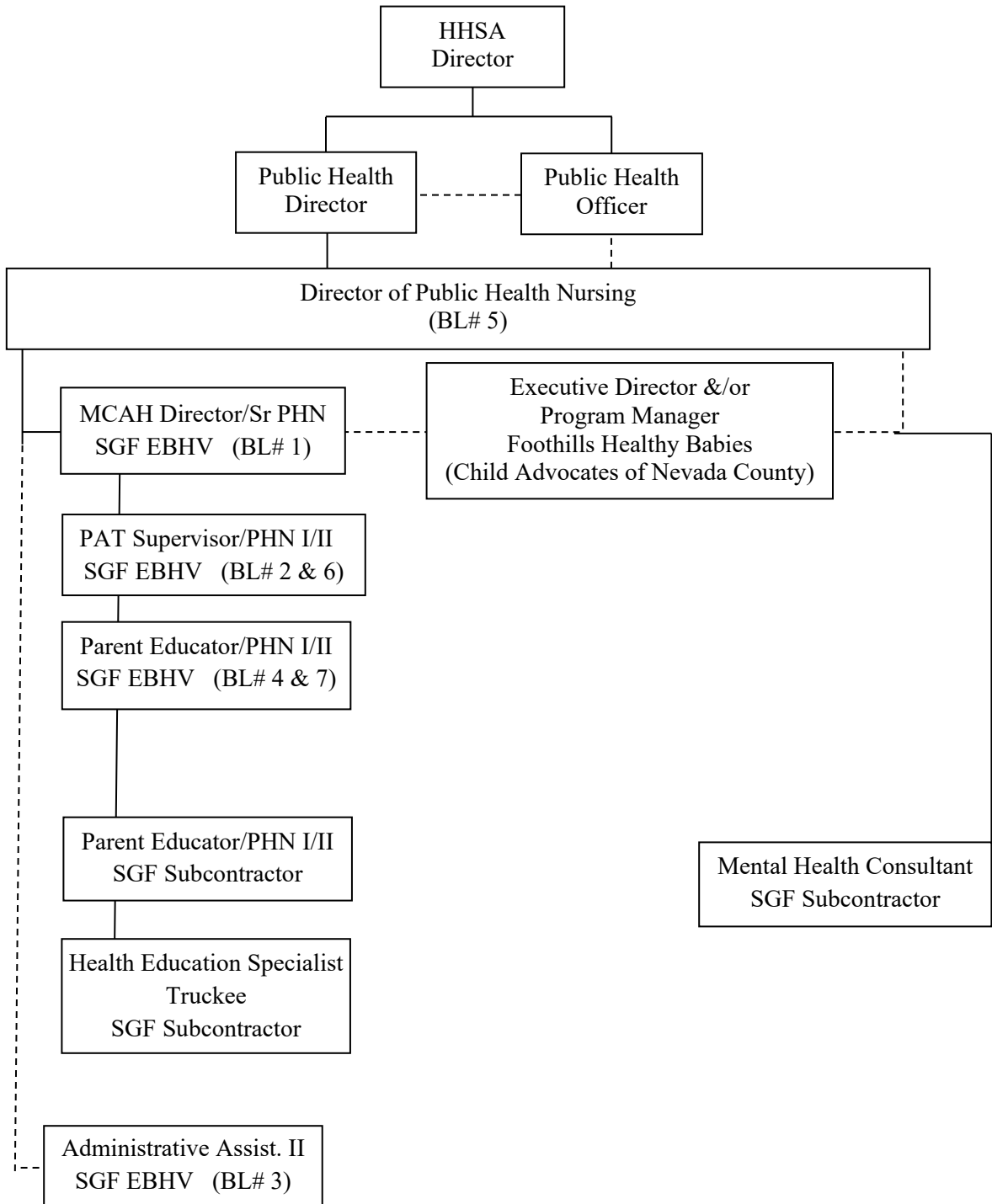
Apprises the MCAH Director of changes in agency directives and policy

This position must be filled by a qualified SPMP.

NEVADA COUNTY PUBLIC HEALTH

2024/25

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



California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

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 and/or expand Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects, and/or Home Instruction for Parents of Preschool Youngsters (HIPPPY) home visiting programs in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement the California Home Visiting Program (CHVP) in 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 relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, additional staff costs, and family support materials (Special Support Activities).

Note: ***LHJs may continue to spend up to 25% of the SFY 2024-25 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, 2024- June 30, 2025

Goals, Objectives, Activities, and Deliverables for July 1, 2024 – June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.1	<p>MCAH Director or designee will provide effective leadership and oversight of CHVP.</p> <p>NOTE: The MCAH Director is required to devote a minimum of 0.05 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 Program P&P Manual. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the Local MCAH Program P&P. In this</p>	<p>(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of home visiting programs following CDPH/CHVP Policies and Procedures (P&P).</p> <p>(b) Attend quarterly CHVP Director calls.</p> <p>(c) Participate in ongoing community advisory board (CAB) Meetings, other local community groups, site visits meetings and conferences as directed.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • CAB meeting materials • Staffing Reports <p>Participation in:</p> <ul style="list-style-type: none"> • Virtual and/or in-person site visits <p>NOTE: If an LHJ establishes a subcontractor (subK) to deliver home visiting services, an LHJ representative (the CHVP Director when possible and appropriate) must be present during all technical assistance (TA) calls, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement</p>

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
	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 on the CHVP budget justification.		ensures that the LHJ maintains oversight and 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 can be spent on administrative oversight of a subK.
1.2	LHJ leadership and home visitors will implement home visiting services utilizing culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served, employing a cultural humility approach.	<p>(a) Review LHJs MCAH Title V Needs Assessment to determine the community's equity needs.</p> <p>(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.</p> <p>(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.).</p> <p>(d) Provide documents in the family's preferred language, when feasible. Documents should be</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Staffing Reports • Staff Training Logs

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
		<p>written in no more than an eighth-grade reading level and use plain language.</p> <p>(e) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible.</p> <p>(f) As needed, develop and document adaptations that are developmentally, culturally, and linguistically responsive to families, upon approval from model developer and CDPH/CHVP.</p>	
1.3	LHJ leadership will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP Policies and Procedures.	<p>(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software.</p> <p>(b) Participate in CHVP site visits as directed by CDPH/CHVP.</p> <p>(c) Maintain full staffing capacity to serve families and adhere to specific model requirements.</p> <p>(d) All staff will sign a confidentiality agreement at the time of hire and annually thereafter.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Report • Staff training logs and plans • Staffing Reports • Confirmation of signed confidentiality agreement for each staff member

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
1.4	LHJ Leadership will ensure the program reaches and maintains contracted Caseload Capacity (CC).	<p>(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.</p> <p>(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected with the program that best meets their needs.</p> <p>(c) Ensure each newly enrolled participant receives informed consent and signs a CHVP Participant Consent Form.</p> <p>NOTE: Any LHJ that falls below 85% of the CC for three (3) consecutive months may be required to participate in an Extra Support Plan.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Outreach activity Log • Referral triage process outlining referral process (flow chart, logic model, narrative, etc.). • Confirmation of signed CHVP Participant Consent Form for each enrolled participant • Submission of complete and timely participant enrollment data.
1.5	MCAH Director or designee will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance.	<p>(a) Implement model requirements in accordance with the selected model(s) fidelity standards.</p> <p>(b) LHJs interested in implementing a model-approved adaptation must obtain written</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Selected model Certificate of Fidelity, Fidelity or Accreditation Report, or similar document demonstrating good standing and model fidelity.

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
 July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
		approval from CDPH/CHVP prior to implementation.	
1.6	LHJ leadership will develop and implement home visiting policies and procedures (P&P) and follow all applicable MCAH and CHVP P&Ps.	(a) Develop and conduct an annual review of local P&Ps related to home visiting. (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 MCAH Fiscal Administration P&P Manual. (d) Conduct an annual review of, and ensure compliance with, the Local MCAH Programs P&Ps.	Submission of: <ul style="list-style-type: none"> • Status Reports • Annual confirmation of review of local and CDPH/CHVP P&Ps

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.7	LHJ leadership will participate in technical assistance (TA) and Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals.	(a) Participate in TA meetings and quality improvement activities as directed by CDPH/CHVP. (b) Utilize the CAB to inform and address quality improvement projects and decisions. (c) Utilize data to inform and improve program activities.	Submission of: <ul style="list-style-type: none">• Status Reports• CAB meeting materials• CQI Plans, data, and information Participation in: <ul style="list-style-type: none">• Quarterly TA meetings

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 2: Integrate the home visiting program into the local early childhood system.			
#	Objective	Activities	Deliverables
2.1	MCAH Director or designee 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. (b) Meet and work with other local early childhood system and community partners to coordinate services to families.	Submission of: <ul style="list-style-type: none">• Status Reports• CAB meeting materials• MOUs and/or information written agreements
2.2	MCAH Director or designee will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment.	(a) Develop Memoranda of Understanding (MOU) and/or informal written agreements (e.g., letters of support) with community agencies and service providers.	Submission of: <ul style="list-style-type: none">• Status Reports• MOUs and/or informal written agreements• Outreach logs

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
 July 1, 2024- June 30, 2025

Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
3.1	LHJ leadership, home visitors, and data support staff will maintain clean and compliant data.	(a) Accurately collect and submit participant data using selected home visiting model and CHVP-required documents. (b) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring. (c) NFP LHJs will coordinate data system requirements with the NFP National Service Office. (d) HFA LHJs will coordinate with the 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. (e) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Penelope or Visit Tracker Web data system(s)	<ul style="list-style-type: none"> • 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 CHVP requirements. • Participate in regular technical assistance calls and site visits with CDPH/CHVP staff.

Contract #/LHJ Name:
California Home Visiting Program – SGF EBHV



California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
		(f) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model. (g) 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, 2024- June 30, 2025

Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.

#	Objective	Activity	Deliverable
4.1	<p>LHJ leadership will monitor the use of funds for Special Support Activities.</p> <p>NOTE: LHJs can spend up to 25% of the FY 2024-25 SGF EBHV allocation on Special Support Activities.</p>	<p>(a) Additional Staff Costs: Fund staff costs associated with providing home visits or administration for programs, including incentive bonuses or overtime pay that supports individual employees.</p> <p>(b) Training: Fund additional training opportunities that address the needs of families, including but not limited to health equity, reproductive justice, social determinants of health, etc.</p> <p>(c) Technology: Fund and distribute the necessary technological means for participant families and staff.</p> <p>(d) Family Support Materials: Fund the purchase of necessary support materials, including diapers, diapering supplies, gift cards, and prepaid grocery cards to participating families for the purpose of providing extra support.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Special Support Activity Report <p>Additional Staff Costs:</p> <ul style="list-style-type: none"> ○ Number of staff (not FTE) receiving incentive or other pay ○ Total amount spent on Additional Staff Costs ○ Explanation of fund use <p>Training:</p> <ul style="list-style-type: none"> ○ Name and date of training. ○ Purpose and description of training ○ Name and number of staff participating in training ○ Costs associated with training, including travel <p>Technology:</p> <ul style="list-style-type: none"> ○ Hardware or software purchased ○ Number of families receiving technology

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
 July 1, 2024- June 30, 2025

Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.

			<ul style="list-style-type: none"> ○ Number of staff receiving technology Family Support Materials: <ul style="list-style-type: none"> ○ Type and number of gift cards purchased and distributed ○ Type and number of prepaid grocery cards purchased and distributed. ○ Number of families receiving diapers and diapering supplies ○ Information about “other” Family Support Materials purchased
4.2	LHJ leadership will maintain clean and compliant special support activity data, per CHVP guidelines.	(a) Collect, maintain, and report use of Special Support funds as outlined in CHVP Special Support Activity guidance.	Submission of: <ul style="list-style-type: none"> ● 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, 2024- June 30, 2025

Home Visiting Model	Monitoring Channel	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP.		
All	Staffing Report	January 15, April 15, July 15, October 15
All	Status Report <ul style="list-style-type: none"> • CAB Roster, Minutes, and Agendas • MOUs or informal agreements with community agencies and service providers • Outreach logs • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer Agreement, Accreditation, and/or Affiliation documentation. • Special Support Activity Report 	April 15 and/or October 15 as determined by CDPH/CHVP
Nurse-Family Partnership	Priority Population Survey	April 15 and October 15
All	CQI plans, data, and information	Upon Request

Contract #/LHJ Name:
California Home Visiting Program – SGF EBHV



California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Home Visiting Model	Monitoring Channel	Due Date
All	Technical assistance calls/meetings	Quarterly (TBD)
All	Site Visit	TBD
All (if applicable)	Special Support Activity Report	April 15 and October 15

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP 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 at 8:07 am, Jun 25, 2024

MCAH Director Name

MCAH Director Signature

Date

CONTRACTOR EQUIPMENT PURCHASED WITH CDPH FUNDS

Date Current Contract Expires: 06/30/2029

CDPH Program Name: CHVP

CDPH Program Contract Manager: Andria Soto

CDPH Program Address: PO Box 997420, MS 8305

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

Date of this Report: 07/31/24

Date of this Report: 07/31/24

(THIS IS NOT A BUDGET FORM)

[illegible]

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.

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

(THIS IS NOT A BUDGET FORM)

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.

BUDGET SUMMARY

FISCAL YEAR
2024-25

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
0.00

SUBCONTRACT

Version 7.0 - 150 Quarterly 4.20.20

Program:	California Home Visiting Program (SGF)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	CHVP 24-29 NEVADA													
SubK:	Child Advocates of Nevada County	CHVP - SGF		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 - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) ➡				70,061.00	#VALUE!									

EXPENSE CATEGORY														
(I) PERSONNEL	50,765.12		50,765.12		0.00		0.00		0.00		0.00		0.00	0.00
(II) OPERATING EXPENSES	4,100.00		4,100.00		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	0.00
(IV) OTHER COSTS	8,195.88		8,195.88		0.00		0.00		0.00		0.00		0.00	0.00
(V) INDIRECT COSTS	7,000.00		7,000.00		0.00		0.00		0.00		0.00		0.00	0.00
BUDGET TOTALS*	70,061.00	100.00%	70,061.00	0.00%	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 - SGF
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

70,061.00	→	70,061.00	[50%]	0.00	[25%]	0.00
0.00	→		[50%]	0.00	[75%]	0.00
0.00	→	0.00	[50%]	0.00	[25%]	0.00

\$	70,061.00	Maximum Amount Payable from State and Federal resources
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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 7:57 am, Jan 21, 2025

DATE

APPROVED

By Brie Mendoza at 1:06 pm, Jan 21, 2025

DATE

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - SGF	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	TBD	51022	TBD
(I) PERSONNEL		50,765.12		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		4,100.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		8,195.88		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		7,000.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	70,061.00	70,061.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (SGF)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		CHVP 24-29 NEVADA															
SubK:		Child Advocates of Nevada County															
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
		TOTAL FUNDING	%	CHVP - SGF	%	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			
TOTAL OPERATING EXPENSES		4,100.00		4,100.00		0.00	0.00%			0.00%			0.00		0.00%		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	TRAVEL	800.00	100.00%	800.00		0.00	0.00%	0.00		0.00		0.00		0.00	Match Available		
	TRAINING	800.00	100.00%	800.00		0.00	0.00%	0.00		0.00		0.00		0.00	0.00%		
	Staff Mileage	2,000.00	100.00%	2,000.00		0.00	0.00%	0.00		0.00		0.00		0.00	0.00%		
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		0.00		0.00		0.00		0.00			
	Program Office Supplies	500.00	100.00%	500.00		0.00	0.00%	0.00		0.00		0.00		0.00	0.00%		
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		0.00		0.00		0.00		0.00			
				0.00		0.00		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		0.00		

(IV) OTHER COSTS DETAIL														% PERSONNEL MATCH
														0.00%
TOTAL OTHER COSTS		8,195.88		8,195.88		0.00		0.00		0.00		0.00		0.00
SUBCONTRACTS														Match Available
1				0.00		0.00		0.00		0.00		0.00		
2				0.00		0.00		0.00		0.00		0.00		
3				0.00		0.00		0.00		0.00		0.00		
4				0.00		0.00		0.00		0.00		0.00		
5				0.00		0.00		0.00		0.00		0.00		
6				0.00		0.00		0.00		0.00		0		
7				0.00		0.00		0.00		0.00		0		
8				0.00		0.00		0.00		0.00		0		
OTHER CHARGES														Match Available
1 Parent Groups		1,795.88	100.00%	1,795.88		0.00	0.00%	0.00		0.00				
2 Affiliate Fee		2,500.00	100.00%	2,500.00		0.00	0.00%	0.00		0.00				
3 Curriculum/Assessment Tools		500.00	100.00%	500.00		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 Special Support Activity - Target Gift Cards		2,700.00	100.00%	2,700.00		0.00	0.00%	0.00		0.00				
7 Special Support Activity - Diapers/safety equipment		700.00	100.00%	700.00		0.00	0.00%	0.00		0.00				
8				0.00		0.00		0.00		0.00				

(V) INDIRECT COSTS DETAIL													
TOTAL INDIRECT COSTS		7,000.00		7,000.00		0.00		0.00		0.00			
13.79%	of Total Wages + Fringe Benefits	7,000.00	100.00%	7,000.00		0.00	0.00%	0.00		0.00			

Program:	California Home Visiting Program (SGF)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	CHVP 24-29 NEVADA													
SubK:	Child Advocates of Nevada County													
		CHVP - SGF		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 - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL													
TOTAL PERSONNEL COSTS						50,765.12	50,765.12	0.00	0.00	0.00	0.00	0.00	0.00
FRINGE BENEFIT RATE						12.00%	5,439.12	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL WAGES						45,326.00	45,326.00	0.00	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 Nicole Hurd	PAT Supervisor PT	10.00%	68,640.00	6,864.00	100.00%	6,864.00		0.00	0.00	0.00	0.00	75.50%	
2 Nicole Hurd	PAT Home Visitor	40.00%	68,640.00	27,456.00	100.00%	27,456.00		0.00	0.00	0.00	0.00	75.50%	
3 Susan Duffey Smith	Program Manager	5.00%	83,210.00	4,161.00	100.00%	4,161.00		0.00	0.00	0.00	0.00	75.50%	
4 Nicole McNeely	Executive Director	5.00%	97,900.00	4,895.00	100.00%	4,895.00		0.00	0.00	0.00	0.00	75.50%	
5 Lynda Roath	Bookkeeper	5.00%	39,000.00	1,950.00	100.00%	1,950.00		0.00	0.00	0.00	0.00	75.50%	
6 Cara Bowling	PAT Supervisor PT Sierra County		in kind	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%	
8				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%	
10				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%	
12				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%	
14				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%	
16				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%	
18				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%	
20				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%	
22				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%	
24				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%	
26				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%	
28				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%	
30				0.00		0.00		0.00	0.00	0.00	0.00	0.00%	

CHILD ADVOCATES OF NEVADA COUNTY

Healthy Babies Program

Supervisor Job Description

Compensation Nicole Hurd- 20 hours/week exempt PT

Minimum Requirements: Master's degree in human services or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate HFA experience • a solid understanding of, or experience in supervising diverse staff with humility, as well as providing support to staff in stressful work environments • knowledge of infant and child development and parent-child attachment • experience with family services that embraces the concepts of family-centered and strength-based service provision • knowledge of parent-infant health and dynamics of child abuse and neglect • experience supporting culturally diverse communities/families • experience in home visiting with a strong background in early childhood prevention services • willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.) • experience with reflective practice preferred.

Definition:

Under the direction of the Program Manager, the Supervisor provides supervision, coaching, and support for the Parents as Teachers (PAT) program staff, Parent Educator(s) under the California Home Visiting Program (CHVP). This includes reflective supervision, monitoring of caseloads, quality assurance on all program levels, and acting as a substitute for staff that may be unable to perform their regular assignments. This position carries a caseload of up to 5 families. Within the supervisor's work while functioning as a home visitor/ parent educator they will complete all duties assigned to a parent educator. This is an Exempt position.

Duties:

- Will train in Parents as Teachers (PAT). Will maintain all necessary training to continue as a Supervisor under the PAT program.
- Independently seek, engage with, and attend community meetings, participate in outreach collaboratives, and events to maintain and increase participant engagement and participant program retention.
- Follow program direction for CHVP goals, objectives and adhere to all CHVP Policies and Procedures
- Participate in recruiting activities as assigned by PM.
- Attending all mandatory meetings and training as assigned.
- Providing reflective supervision per PAT requirements with assigned team while supporting all direct service staff in their professional growth and learning.
- Participating in collecting referrals, returning calls as necessary, scheduling visits, attending meetings on assigning new participants to HVs, and monitoring all caseloads and documenting all supervisory interactions.
- Maintain all data and spreadsheets related to direct reports and PAT reporting.

CANC SGF PAT BL# 1

- Assist with overseeing facilities by keeping areas organized, managing dated/obsolete materials, ordering supplies when asked, and related duties.
- Review family files for quality assurance.
- Documenting and monitoring assigned program standards.
- Being immediately available to staff for crisis interventions and emergencies.
- Promoting Healthy Babies and PAT throughout the community by attending networking meetings.
- Working collaboratively with partner agencies and establishing strong partner relationships.
- Attending all regular staff meetings.
- Helping to coordinate and assist with family socialization activities and events.
- Meeting with the PM regularly for reflective supervision and to report on overall program progress and performance.
- Monitoring the coordination and attendance of all necessary staff training.
- Conducting scheduled performance evaluations for team.
- Provide support regarding approval of timecards, vacation requests and sick days. Performing related duties as assigned.
- Attends all PAT meetings and trainings whenever possible.
- Maintains client confidentiality and abides by all program protocols.

Home Visitor Duties:

- Conducts assessments of families as trained and assigned.
- Provides a variety of case management services to the families based on the level of need for the individual family and per the PAT program, guidelines.
- Assists families with goal setting and supporting them to reach their goals.
- Provides interactive, engaging activities to promote parent/child interaction.
- Assists the family in establishing a medical home and keeping immunization and well-baby appointments.
- Documents every home visit in a timely manner adhering to policies and procedures.
- Conducts developmental screenings for all assigned children; and other assessments as required.
- Participated in developing and implementing monthly group socials for parents.
- Performs related duties as required.
- Able to adapt to a hybrid model, as necessary, be responsible for equipment, maintain equipment care, follow instructions regarding office time, come into the office when equipment or power or internet is not functioning properly.
- Participate in reflective supervision

Minimum Employment Qualifications:

Preference is given to candidates who have a master's degree in social work, Psychology, Nursing, Counseling or other related Social Service field from an accredited college or university. Preference given to candidates with five years' experience, two years of which must be in a supervisory position, working in programs that serve families in a community-based or public agency that provides home visitation or family support service. Additional experience may be substituted for

CANC SGF PAT BL# 1

master's degree. A Bachelor's degree is required or 5 years prior experience in a social service program, including 2 years supervisory experience. Ability to operate standard office equipment; ability to lift 25 pounds; ability to legally drive a motor vehicle.

Conditions of Employment:

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must submit a D.M.V. driving record report. Employee must have a cell phone, a car, a valid driver's license, and proof of automobile insurance.

Position is dependent on continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

This job description provided above for the position of Supervisor is read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.3 08-30-23

Print Name of Employee Date

Signature of Employee Date

Print Name of Supervisor Date

Signature of Supervisor Date

Position: **Healthy Babies Parents as Teachers (PAT)**
 Parent Educator

Compensation: \$23.07/hr, part or full time; hours per week TBD; non-Exempt

Definition: Through the California Home Visiting Program, under the direction of the Lead Case Manager and Program Manager, the Parent Educator (PE) conducts home visits with assigned families and outreach in the assigned communities, determined at the time of hire. The PE's follow the PAT program model and provide families with a parenting and development curriculum, provide child development support, identify strengths, assist moms to develop a strong parent/child bond, help parents to set and meet goals, and provide resources.

Minimum Requirements:

Minimum of a high school diploma or equivalent • experience in working with or providing services to children and families • an ability to establish trusting relationships • acceptance of individual differences • experience and humility to work with culturally diverse families • knowledge of infant and child development • willing to engage in building reflective capacity (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing the value of supervision, etc.)

Position Requirements:

- a. Attends all mandatory meetings and training as assigned.
- b. Abides by all program policies and procedures.
- c. Provides outreach activities to engage or re-engage families. Assists families in locating, accessing, and utilizing existing community services and resources.
- d. Attends regular reflective supervision sessions and is prepared with questions related to delivering the best services to families.
- e. Engages in regular team meetings and group supervision.
- f. Submits all necessary forms to Supervisor required by CHVP, partners, funders, and the PAT program.
- g. Completes all necessary confidentiality and family rights paperwork upon family enrollment.
- h. Maintains a sense of teamwork representing the program in a positive, professional manner at all times.
- i. Works collaboratively with team and Supervisors during family assignments.
- j. Maintains client confidentiality.

- k. Adheres to and maintains professional boundaries.
- l. Performs related duties as assigned.

Home Visitor Duties:

- a. Conducts assessments of families as trained and assigned.
- b. Provides a variety of case management services to the families based on the level of need for the individual family and per the PAT program, guidelines.
- c. Assists families with goal setting and supporting them to reach their goals.
- d. Provides interactive, engaging activities to promote parent/child interaction.
- e. Assists the family in establishing a medical home and keeping immunization and well-baby appointments.
- f. Documents every home visit in a timely manner adhering to policies and procedures.
- g. Conducts developmental screenings for all assigned children; and other assessments as required.
- h. Participated in developing and implementing monthly group socials for parents.
- i. Performs related duties as required.
- j. Able to adapt to a hybrid model, as necessary, be responsible for equipment, maintain equipment care, follow instructions regarding office time, come into the office when equipment or power or internet is not functioning properly.

Additional Qualifications:

Knowledge of Microsoft products for Word and Outlook; ability to compile data for written and oral reports; ability to give presentations representing the agency and the program. Experience in the assessment process and scoring, recording of information, conducting interviews, problem solving skills and techniques, handling crisis intervention matters, and using proper referral procedures. Ability to establish rapport easily, outgoing, friendly and non-judgmental, user of active listening skills.

Conditions of Employment:

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must be able to legally drive a motor vehicle, have a currently registered car, a valid driver's license and proof of valid automobile insurance. Ability to operate standard office equipment; ability to lift 25 pounds, bend, move and sit on the floor to interact with infants and children as needed.

Position is dependent on continued funding.

Child Advocates of Nevada County is Equal Opportunity Employer

CHILD ADVOCATES OF NEVADA COUNTY

Job Description

Healthy Babies (HB) Program Manager Budget Line #3

Salary Range \$xxxxxxx Depending on Experience, Full-time, exempt

Minimum Requirements: A solid understanding of and experience in managing diverse staff with humility • administrative experience in human service or related field including experience in quality assurance and continuous quality improvement • master's degree in public health or human services administration or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate Healthy Families America (HFA) experience • willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing the value of supervision, etc.) • infant mental health endorsement preferred (if available in the state; if unsure, you can find out on the IMH website)

Definition: Through the California Home Visiting Program, under the direction of the Child Advocates of Nevada County Executive Director, the Program Manager (PM) shall be responsible for a full range of management-level support to guide and promote the HFA Home Visitation program, ensuring fidelity to the evidence-based program model. This includes contract and program compliance, data collection and reporting, collaboration and outreach with private and public entities, supervision and quality assurance of HB staff, and program outcomes at the Nevada City and Truckee sites. PM will coordinate extensively with Nevada County Public Health Department's Maternal Child Adolescent Health Director/Coordinator. This is a full-time exempt position and is dependent on grant funding.

Examples of Duties:

- a. Works collaboratively with MCAH Director/Coordinator, community partners including and funders to monitor and ensure program progress and success.
- b. Designs and implements HB policy and procedures as prescribed in the HFA Best Practice Standards (BPS) and revises and updates the HFA/HB Policy & Procedure Manual.
- c. Ensures accreditation and program standards are met as prescribed in the HFA BPS.
- d. Organizes trainings and in-services for HB staff as mandated by HFA guidelines.
- e. Conducts outreach to promote HB with prenatal providers and other family support programs.
- f. Coordinates and conducts program staff meetings.
- g. Collects and analyzes program data and outcomes in collaboration with staff and the admin/data position.
- h. Completes all monthly, quarterly, and yearly reports for funders and Board of Directors.
- i. Establishes and maintains MOUs and effective partnerships with medical providers and partner agencies.

- j. Provides coverage for assessments and supervision as necessary.
- k. Conducts supervision with program supervisor(s) weekly, as needed, but at least bi-weekly.
- l. Oversees quality assurance process of family files.
- m. Directly supervises Healthy Babies Program Supervisor(s) and Admin/Data personnel.
- o. Chairs quarterly HB Community Advisory Board, and may co-chair with Maternal Child Adolescent Health Director.
- p. Provides fiscal management and oversight for all HB activities in collaboration with Child Advocates Bookkeeper.
- q. Promotes, develops, and models a sense of teamwork among staff.
- r. Reports regularly to the Child Advocates Executive Director.
- t. Maintains, models, and enforces all aspects of client confidentiality policies.
- u. Attends all HFA core trainings as required by HFA standards.
- v. Other related duties as assigned by Executive Director.

Additional Employment Qualifications:

Requirements: A solid understanding of and experience in managing staff; Administrative experience in human service or related field including experience in quality assurance/improvement and adherence to program curricula or standards;

Conditions of Employment:

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must have car, a valid driver's license, and proof of valid automobile insurance. Position is dependent on continued funding.

Child Advocates is an equal opportunity employer.

This job description provided for the Program Manager has been read and understood by the following signees. The employee signature below indicates acceptance and agreement to adhere to the duties presented in this job description.

Print Name of Employee

Date

Signature of Employee

Date

Print Name of Supervisor

Date

Signature of Supervisor

Date

CHILD ADVOCATES OF NEVADA COUNTY
JOB DESCRIPTION

Title:	Executive Director
Reports to:	Board of Directors
Employment Status:	Fulltime, exempt
Hours:	40 hours per week, some weekend and evenings
Salary:	TBD – based on experience
Benefits:	Vacation, Holiday, and Sick Leave

SUMMARY

Child Advocates of Nevada County (CANC) is a nonprofit dedicated to its vision that all children in Nevada County grow up in a safe, nurturing, and healthy family and community. CANC operates several programs, including advocacy for abused and neglected children (Court Appointed Special Advocates – CASA), family support services for new parents to prevent abuse (Foothills and Truckee Healthy Babies) and school-based personal safety and anti-bullying curriculum to empower children to stay safe (Child Safety Puppeteers).

As CANC's leader, the Executive Director (ED) has the primary responsibility for program development and insuring a high level of service so that the Agency can execute its mission to help Nevada County's children grow up free from abuse and neglect. The executive director will fully understand the goals of funders, including CHVP, and ensure that the program meets expectations and requirements. The ED encourages visibility of Child Advocates in the community by promoting regular outreach activities outlined in the Development Plan. The ED is responsible for understanding community needs, program and grant requirements and other organizational and administrative issues. The ED is responsible for planning and implementing marketing and development plan. Effective communication skills are required and this position supervises program managers and coordinators, office bookkeeping, administrative and fundraising staff. Candidate will have 3-5 years of senior level experience and must be able to work occasional evenings/weekends

KEY RESPONSIBILITIES

Promote the overall vision, direction, health, and growth of the organization.
Understand CDPH/CHVP goals, objectives and promote and implement all CHVP Policies and Procedures
Provide overall executive leadership.
Coordinates and represents the organization to the BOD
Ensure that board policies and goals are being implemented
Non-voting member of the Board and Executive Committee,
Oversight of public contracts, grants, fundraising and planning.
Develop positive relations with all stakeholders:
 Nevada County Superior Court, National CASA, Cal CASA, Social Services, Public Health, State
 Department of Health, Behavioral Health, schools, Board members, volunteers, donors, vendors, partners, ,
 staff and community.
Provides oversight of accounting, bookkeeping and payroll administration.
Develop and implement comprehensive fundraising and marketing plan.

EDUCATION, EXPERIENCE AND CERTIFICATIONS

Required Skills & Qualifications: Demonstrated professional, leadership and administrative skills. Nonprofit management experience. Demonstrated ability in fund raising. .

Highly desirable for ED : Familiarity with the mission and work of Court Appointed Special Advocates and child abuse prevention programs and the child welfare system. Successful experience building a network of supporters. Successful experience collaborating with community leaders, businesses, board members-and governmental agencies. Undergraduate degree and 3-5 years senior level experience.

Required: Criminal justice fingerprint clearance required prior to commencing employment. Valid driver's license and auto insurance coverage.

**Child Advocates of Nevada County
Position Description**

Job Title: Full Charge Bookkeeper and Human Resource Administrator
Reports to: Executive Director
Hours: 25-30 hours/week – duties to be performed in the office
Salary: \$30 per hour non-exempt

Position summary: The Bookkeeper and Human Resource Manager is responsible for accurately maintaining on a timely basis all accounting procedures and record keeping including payroll and payroll taxes, invoicing, payables, and budgeting reports for Child Advocates. The Bookkeeper also maintains and updates the cash flow statement, personnel records including background checks, insurance, and DMV records.

The Bookkeeper supports the Executive Director's and Treasurer's oversight of the financial operations of the agency. The Bookkeeper is responsible for the smooth coordination of fiscal reporting, invoicing, and coding of purchases and maintains record keeping for contracts.

The Bookkeeper will fully understand the goals of funders, including CHVP, and ensure that the program meets expectations and requirements. This position requires the ability to deliver complex reports and invoicing in a timely manner, communicate effectively, and be highly organized. Coordination with program managers and the treasurer is required. Computer literacy in Word, Excel, Outlook, and Quick Books and maintaining confidentiality regarding financial and personnel issues is required. Some of the duties are described below:

Fiscal Operations

- Understands and uses the MCAH and CHVP fiscal and administrative manual and suggests recommended revisions as appropriate.
- Analyzes financial reports including cash flow forecasts and budget-to-actual reports for use by the executive director and treasurer. Advises Executive Director immediately of any projected variances that cannot be resolved with program managers or funders.
- Provides timely and accurate Quick Books and other reports on a monthly basis and as requested.
- Researches and provides information for the annual budget to the Executive Director.
- Assists Executive Director with annual agency financial audit; or programmatic audits if requested by Program Manager and Executive Director.

Audit Preparation and Record Keeping

- Work closely with Executive Director and Treasurer in preparation for the audit, submit all necessary information
- Meet with auditor and Executive Director, Finance Committee and Treasurer as needed.
- Coordinate and receive satisfactory audits from funding sources.

Invoicing and Grants Administration

- Determine contracted billing terms, including deliverables and coordinate with program managers to accurately report on schedule.
- Create and maintain contract abstract and calendar so invoicing and deliverables meet all contracted reporting requirements and deadlines.
- Ensures that invoicing is timely and formatted in accordance with contract terms and agency policy.
- Attend monthly program manager meetings and remind program managers of their reporting obligations.
- Maintain and match credit card receipts to monthly invoicing.
- Oversees proper coding of expenditures.
- Understand and use contracted terms for agency's budgeted allocations, grant billing.
- Maintain folders containing invoice filing, backup, and copies of checks received. Create digital filing as needed.

Bookkeeping – Accounts Receivable and Accounts Payable

- Using Quick Books software, perform all accounts payable and receivable in a timely manner.
- Using agency budget, properly code all expenses and income and send to executive director or designee for approval.
- Track, pay, and file all bills and print checks for all accounts payable in a timely manner.
- In coordination with other staff, record and process all deposits in keeping with CANC accounts receivable procedures to properly separate duties to ensure integrity of agency funds.

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- Prepare monthly Quick Books reports: such as current month profit & loss, year to date profit & loss, balance sheet, and budget-to-actual by the 10th working day of the month.
- Reconcile monthly bank statements by the 5th working day of the month. Prepare Cashflow Report and supporting documents by the 10th working day of the month.
- Reconcile credit card statements.

Budgeting

- Actively participate in Monthly Program Manager meetings to discuss the status of budget, grants management, and invoicing. Utilize agency and program budgets for coding of expenses and deposits and creating cashflow projections. Actively seek clarification from appropriate source of ambiguous, unresolved, or conflicting budget and financial information.

Payroll

- Assure time sheets are ready for signature by Executive Director and processing by payroll deadline. Scan and digitally file timesheets and maintain permanent paper file record.
- Enter payroll into QuickBooks by deadline.
- Maintain payroll information to insure correctness, update Quick Books as needed.
- Maintain records of anniversary date, vacation, sick-leave and personal days taken/accrued by each employee. Distribute to employees on monthly basis.
- Properly process payroll taxes and Worker's Comp insurance.
- Properly maintain records of employee deferrals and forward to administrative agency in time limit described by law
- Prepare and file quarterly and annual tax returns in a timely manner
- Prepare and file annual W-2s

Administrative Duties:

- Participate in agency office meetings as requested.

Minimum Employment Qualifications:

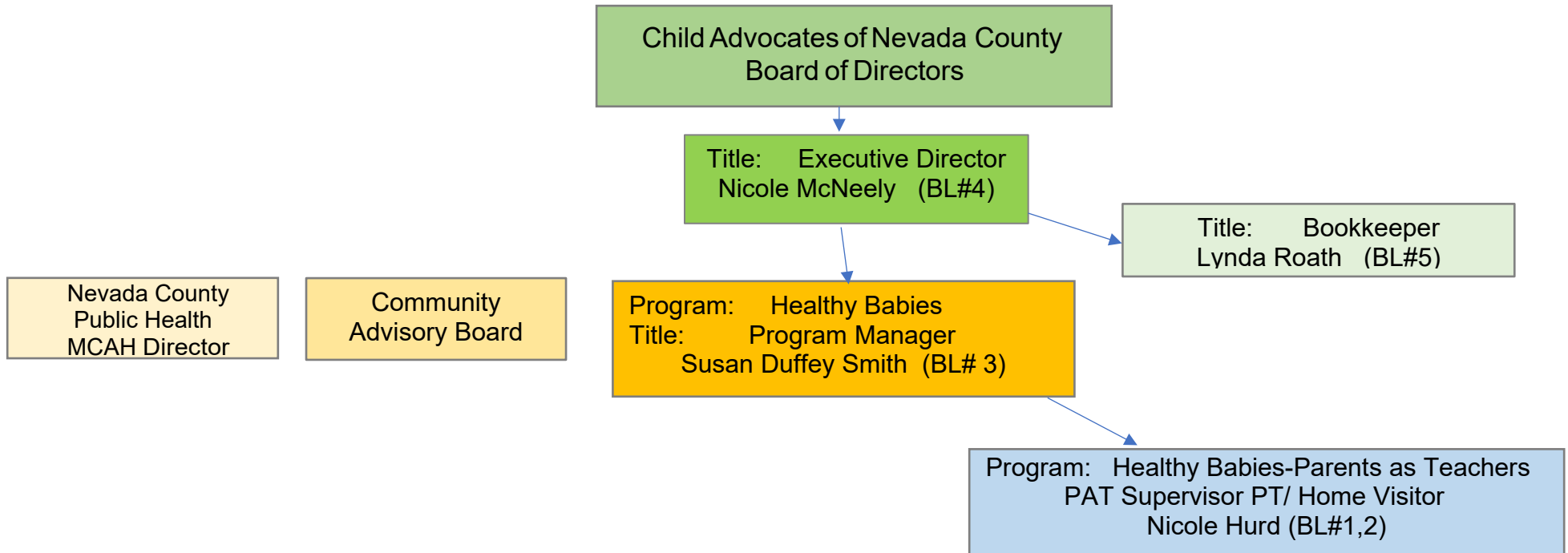
Must be a high school graduate, BA in business is preferred, and have at least 7 years of bookkeeping experience, and at least 5 years of experience with payroll, and have the ability to communicate effectively. Must have at least 2 years of experience invoicing governmental grants or other invoicing experience.

Ability to create and maintain an organized system of backup for all transactions, including but not limited to a traditional filing system, and a computerized filing system consisting of scanned documents and coordination of the two systems, use basic mathematics, create spreadsheets in Excel, analyze budget performance, and reconcile accounts. Expert use of Quick Books and Excel is required as well as expertise in grant billing, payroll, and accrual accounting necessary. Must have the ability to work in a fast-paced environment and maintain accuracy. Experience and familiarity with Microsoft Office (Word and Outlook) required. Ability to seek clarification and actively question conflicting or ambiguous information from appropriate source. Ability to operate standard office equipment; ability to lift 25 pounds; ability to legally drive a motor vehicle.

Conditions of Employment:

Employee must submit and pass a DOJ and FBI fingerprint clearance. Employee must allow access to DMV record through the Pull Notice Program. Employee must have a car, a valid driver license and proof of valid automobile insurance. Position is dependent on continued funding.

CHILD ADVOCATES OF NEVADA COUNTY
Healthy Babies
Organizational Chart
SGF Grant 2024-2025



California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

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 and/or expand Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects, and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) home visiting programs in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement the California Home Visiting Program (CHVP) in 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 relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, additional staff costs, and family support materials (Special Support Activities).

Note: ***LHJs may continue to spend up to 25% of the SFY 2024-25 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, 2024- June 30, 2025

Goals, Objectives, Activities, and Deliverables for July 1, 2024 – June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.1	<p>MCAH Director or designee will provide effective leadership and oversight of CHVP.</p> <p>NOTE: The MCAH Director is required to devote a minimum of 0.05 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 Program P&P Manual. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the Local MCAH Program P&P. In this</p>	<p>(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of home visiting programs following CDPH/CHVP Policies and Procedures (P&P).</p> <p>(b) Attend quarterly CHVP Director calls.</p> <p>(c) Participate in ongoing community advisory board (CAB) Meetings, other local community groups, site visits meetings and conferences as directed.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • CAB meeting materials • Staffing Reports <p>Participation in:</p> <ul style="list-style-type: none"> • Virtual and/or in-person site visits <p>NOTE: If an LHJ establishes a subcontractor (subK) to deliver home visiting services, an LHJ representative (the CHVP Director when possible and appropriate) must be present during all technical assistance (TA) calls, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement</p>

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
	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 on the CHVP budget justification.		ensures that the LHJ maintains oversight and 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 can be spent on administrative oversight of a subK.
1.2	LHJ leadership and home visitors will implement home visiting services utilizing culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served, employing a cultural humility approach.	<p>(a) Review LHJs MCAH Title V Needs Assessment to determine the community's equity needs.</p> <p>(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.</p> <p>(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.).</p> <p>(d) Provide documents in the family's preferred language, when feasible. Documents should be</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Staffing Reports • Staff Training Logs

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
		<p>written in no more than an eighth-grade reading level and use plain language.</p> <p>(e) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible.</p> <p>(f) As needed, develop and document adaptations that are developmentally, culturally, and linguistically responsive to families, upon approval from model developer and CDPH/CHVP.</p>	
1.3	LHJ leadership will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP Policies and Procedures.	<p>(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software.</p> <p>(b) Participate in CHVP site visits as directed by CDPH/CHVP.</p> <p>(c) Maintain full staffing capacity to serve families and adhere to specific model requirements.</p> <p>(d) All staff will sign a confidentiality agreement at the time of hire and annually thereafter.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Report • Staff training logs and plans • Staffing Reports • Confirmation of signed confidentiality agreement for each staff member

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
1.4	LHJ Leadership will ensure the program reaches and maintains contracted Caseload Capacity (CC).	<p>(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.</p> <p>(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected with the program that best meets their needs.</p> <p>(c) Ensure each newly enrolled participant receives informed consent and signs a CHVP Participant Consent Form.</p> <p>NOTE: Any LHJ that falls below 85% of the CC for three (3) consecutive months may be required to participate in an Extra Support Plan.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Outreach activity Log • Referral triage process outlining referral process (flow chart, logic model, narrative, etc.). • Confirmation of signed CHVP Participant Consent Form for each enrolled participant • Submission of complete and timely participant enrollment data.
1.5	MCAH Director or designee will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance.	<p>(a) Implement model requirements in accordance with the selected model(s) fidelity standards.</p> <p>(b) LHJs interested in implementing a model-approved adaptation must obtain written</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Selected model Certificate of Fidelity, Fidelity or Accreditation Report, or similar document demonstrating good standing and model fidelity.

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
 July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
		approval from CDPH/CHVP prior to implementation.	
1.6	LHJ leadership will develop and implement home visiting policies and procedures (P&P) and follow all applicable MCAH and CHVP P&Ps.	(a) Develop and conduct an annual review of local P&Ps related to home visiting. (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 MCAH Fiscal Administration P&P Manual. (d) Conduct an annual review of, and ensure compliance with, the Local MCAH Programs P&Ps.	Submission of: <ul style="list-style-type: none"> • Status Reports • Annual confirmation of review of local and CDPH/CHVP P&Ps

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.7	LHJ leadership will participate in technical assistance (TA) and Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals.	(a) Participate in TA meetings and quality improvement activities as directed by CDPH/CHVP. (b) Utilize the CAB to inform and address quality improvement projects and decisions. (c) Utilize data to inform and improve program activities.	Submission of: <ul style="list-style-type: none">• Status Reports• CAB meeting materials• CQI Plans, data, and information Participation in: <ul style="list-style-type: none">• Quarterly TA meetings

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 2: Integrate the home visiting program into the local early childhood system.			
#	Objective	Activities	Deliverables
2.1	MCAH Director or designee 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. (b) Meet and work with other local early childhood system and community partners to coordinate services to families.	Submission of: <ul style="list-style-type: none">• Status Reports• CAB meeting materials• MOUs and/or information written agreements
2.2	MCAH Director or designee will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment.	(a) Develop Memoranda of Understanding (MOU) and/or informal written agreements (e.g., letters of support) with community agencies and service providers.	Submission of: <ul style="list-style-type: none">• Status Reports• MOUs and/or informal written agreements• Outreach logs

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
 July 1, 2024- June 30, 2025

Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
3.1	LHJ leadership, home visitors, and data support staff will maintain clean and compliant data.	(a) Accurately collect and submit participant data using selected home visiting model and CHVP-required documents. (b) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring. (c) NFP LHJs will coordinate data system requirements with the NFP National Service Office. (d) HFA LHJs will coordinate with the 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. (e) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Penelope or Visit Tracker Web data system(s)	<ul style="list-style-type: none"> • 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 CHVP requirements. • Participate in regular technical assistance calls and site visits with CDPH/CHVP staff.

Contract #/LHJ Name:
California Home Visiting Program – SGF EBHV



California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
		(f) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model. (g) 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, 2024- June 30, 2025

Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.

#	Objective	Activity	Deliverable
4.1	<p>LHJ leadership will monitor the use of funds for Special Support Activities.</p> <p>NOTE: LHJs can spend up to 25% of the FY 2024-25 SGF EBHV allocation on Special Support Activities.</p>	<p>(a) Additional Staff Costs: Fund staff costs associated with providing home visits or administration for programs, including incentive bonuses or overtime pay that supports individual employees.</p> <p>(b) Training: Fund additional training opportunities that address the needs of families, including but not limited to health equity, reproductive justice, social determinants of health, etc.</p> <p>(c) Technology: Fund and distribute the necessary technological means for participant families and staff.</p> <p>(d) Family Support Materials: Fund the purchase of necessary support materials, including diapers, diapering supplies, gift cards, and prepaid grocery cards to participating families for the purpose of providing extra support.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Special Support Activity Report <p>Additional Staff Costs:</p> <ul style="list-style-type: none"> ○ Number of staff (not FTE) receiving incentive or other pay ○ Total amount spent on Additional Staff Costs ○ Explanation of fund use <p>Training:</p> <ul style="list-style-type: none"> ○ Name and date of training. ○ Purpose and description of training ○ Name and number of staff participating in training ○ Costs associated with training, including travel <p>Technology:</p> <ul style="list-style-type: none"> ○ Hardware or software purchased ○ Number of families receiving technology

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
 July 1, 2024- June 30, 2025

Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.

			<ul style="list-style-type: none"> ○ Number of staff receiving technology Family Support Materials: <ul style="list-style-type: none"> ○ Type and number of gift cards purchased and distributed ○ Type and number of prepaid grocery cards purchased and distributed. ○ Number of families receiving diapers and diapering supplies ○ Information about “other” Family Support Materials purchased
4.2	LHJ leadership will maintain clean and compliant special support activity data, per CHVP guidelines.	(a) Collect, maintain, and report use of Special Support funds as outlined in CHVP Special Support Activity guidance.	Submission of: <ul style="list-style-type: none"> ● 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, 2024- June 30, 2025

Home Visiting Model	Monitoring Channel	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP.		
All	Staffing Report	January 15, April 15, July 15, October 15
All	Status Report <ul style="list-style-type: none"> • CAB Roster, Minutes, and Agendas • MOUs or informal agreements with community agencies and service providers • Outreach logs • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer Agreement, Accreditation, and/or Affiliation documentation. • Special Support Activity Report 	April 15 and/or October 15 as determined by CDPH/CHVP
Nurse-Family Partnership	Priority Population Survey	April 15 and October 15
All	CQI plans, data, and information	Upon Request

Contract #/LHJ Name:
California Home Visiting Program – SGF EBHV



California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Home Visiting Model	Monitoring Channel	Due Date
All	Technical assistance calls/meetings	Quarterly (TBD)
All	Site Visit	TBD
All (if applicable)	Special Support Activity Report	April 15 and October 15

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP 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 at 8:07 am, Jun 25, 2024

MCAH Director Name

MCAH Director Signature

Date

Sole Source Award (Toni McCormick and Beatriz Schaffert):

MH Consultant: Toni McCormick is the only trained Moving Beyond Depression provider in the area. She has a decade of experience specializing in Perinatal Mood and Anxiety Disorders. We have worked with Toni McCormick previously, for many years, and she brings to this program a broad array of knowledge and experience that this program needs.

Beatriz Schaffert: Ms. Schaffert has long been a respected and established home visitor in the Truckee area, having started her work under the Futures for Public Health Grant. Over the years, she has built a strong reputation for her dedication to the community, successfully managing an established caseload and demonstrating exceptional skill in her work. Her established position under the Maternal, Child, and Adolescent Health (MCAH) direction further showcases her expertise in the field. Additionally, Ms. Schaffert's deep connections within the local community have allowed her to build trust and rapport with families, making her the most qualified and ideal candidate for this position. Her background and local knowledge position her to make a significant impact in this role.

PHNI/II / Parent Educator:

The award process this SubKs follows the same recruitment channels as those used for regular staff. This ensures consistency, transparency, and alignment with established organizational practices. Candidates are identified, vetted, and selected based on their qualifications and ability to meet the needs of the program or project. Once selected, the PHN is formally awarded through a standard contracting process, ensuring compliance with all organizational and regulatory requirements.

BUDGET SUMMARY

SUBCONTRACT

Version 7.0 - 150 Quarterly 4.20.20

Program: California Home Visiting Program (SGF)
Agency: CHVP 24-29 NEVADA
SubK: Mental Health Consultant

FISCAL YEAR

2024-25

BUDGET

ORIGINAL

BUDGET STATUS

ACTIVE

BUDGET BALANCE

0.00

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		CHVP - SGF		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 - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →				22,000.00	#VALUE!									

EXPENSE CATEGORY													
(I) PERSONNEL	18,000.00		18,000.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	4,000.00		4,000.00		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*	22,000.00	100.00%	22,000.00	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 - SGF
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

22,000.00
0.00
0.00

→

22,000.00

→

0.00

[50%]

0.00

[50%]

0.00

[50%]

0.00

[25%]

0.00

[75%]

0.00

[25%]

0.00

\$

22,000.00

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.

APPROVED

By Jessica Ferrer, RN, Sr. PHN, CLC at 9:31 am, Feb 24, 2025

APPROVED

By Brie Mendoza at 6:34 am, Feb 24, 2025

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 - SGF		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
PCA Codes		51023				51021		TBD		51022		TBD
(I) PERSONNEL		18,000.00				0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES		4,000.00				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	22,000.00	22,000.00				0.00		0.00		0.00		0.00

Program:		California Home Visiting Program (SGF)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		CHVP 24-29 NEVADA															
SubK:		Mental Health Consultant			CHVP - SGF		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 - SGF	%	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			4,000.00		4,000.00		0.00		0.00		0.00		0.00		0.00	Match Available	
	TRAVEL		3,000.00	100.00%	3,000.00		0.00	0.00%	0.00		0.00		0.00		0.00	0.00%	
	TRAINING		1,000.00	100.00%	1,000.00		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														
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														
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				

(I) PERSONNEL DETAIL														
TOTAL PERSONNEL COSTS		18,000.00		18,000.00		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	0.00	0.00	0.00	0.00	0.00
	TOTAL WAGES	18,000.00	18,000.00	0.00	0.00	0.00	0.00	0.00	0.00	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									
1	Toni McCormick	Mental Health Consultant	15.00%	120,000.00	18,000.00	100.00%	18,000.00	0.00	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	0.00

Program: Agency: SubK:		California Home Visiting Program (SGF)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		CHVP 24-29 NEVADA																	
		Mental Health Consultant				CHVP - SGF		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 - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
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%	

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Mental Health Consultant

Version 7.0 - 150 Quarterly 4.20.20

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %			75.50%	Use the following link to access the current AFA webpage and the current base MCF% for your agency:		
TOTALS			0.15	\$ 120,000.00	\$ 18,000.00		0.00					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Toni McCormick	Mental Health Consultant	15.00%	\$ 120,000	\$ 18,000	0.00%	0.00	CHVP	0.00%	0		
2			0.00%	\$ -	\$ -				0.00%	0		
3			0.00%	\$ -	\$ -				0.00%	0		
4			0.00%	\$ -	\$ -				0.00%	0		
5			0.00%	\$ -	\$ -				0.00%	0		
6			0.00%	\$ -	\$ -				0.00%	0		
7			0.00%	\$ -	\$ -				0.00%	0		
8			0.00%	\$ -	\$ -				0.00%	0		
9			0.00%	\$ -	\$ -				0.00%	0		
10			0.00%	\$ -	\$ -				0.00%	0		
11			0.00%	\$ -	\$ -				0.00%	0		
12			0.00%	\$ -	\$ -				0.00%	0		
13			0.00%	\$ -	\$ -				0.00%	0		
14			0.00%	\$ -	\$ -				0.00%	0		
15			0.00%	\$ -	\$ -				0.00%	0		
16			0.00%	\$ -	\$ -				0.00%	0		
17			0.00%	\$ -	\$ -				0.00%	0		
18			0.00%	\$ -	\$ -				0.00%	0		
19			0.00%	\$ -	\$ -				0.00%	0		
20			0.00%	\$ -	\$ -				0.00%	0		
21			0.00%	\$ -	\$ -				0.00%	0		
22			0.00%	\$ -	\$ -				0.00%	0		
23			0.00%	\$ -	\$ -				0.00%	0		
24			0.00%	\$ -	\$ -				0.00%	0		
25			0.00%	\$ -	\$ -				0.00%	0		
26			0.00%	\$ -	\$ -				0.00%	0		
27			0.00%	\$ -	\$ -				0.00%	0		
28			0.00%	\$ -	\$ -				0.00%	0		
29			0.00%	\$ -	\$ -				0.00%	0		
30			0.00%	\$ -	\$ -				0.00%	0		
31			0.00%	\$ -	\$ -				0.00%	0		
32			0.00%	\$ -	\$ -				0.00%	0		
33			0.00%	\$ -	\$ -				0.00%	0		
34			0.00%	\$ -	\$ -				0.00%	0		
35			0.00%	\$ -	\$ -				0.00%	0		
36			0.00%	\$ -	\$ -				0.00%	0		
37			0.00%	\$ -	\$ -				0.00%	0		
38			0.00%	\$ -	\$ -				0.00%	0		
39			0.00%	\$ -	\$ -				0.00%	0		
40			0.00%	\$ -	\$ -				0.00%	0		
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43			0.00%	\$ -	\$ -				0.00%	0		
44			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Mental Health Consultant

Version 7.0 - 150 Quarterly 4.20.20

45			0.00%	\$ -	\$ -				0.00%	0		
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Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Mental Health Consultant

Version 7.0 - 150 Quarterly 4.20.20

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144			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Mental Health Consultant

Version 7.0 - 150 Quarterly 4.20.20

145			0.00%	\$	-	\$	-				0.00%	0		
146			0.00%	\$	-	\$	-				0.00%	0		
147			0.00%	\$	-	\$	-				0.00%	0		
148			0.00%	\$	-	\$	-				0.00%	0		
149			0.00%	\$	-	\$	-				0.00%	0		
150			0.00%	\$	-	\$	-				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Mental Health Consultant

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	3,000.00	Consultant will attend annual Post Partum Support International (PSI) conference, may be out of state, to plan Maternal Mental Health program initiatives and further develop CHVP MH Consultant program. Travel costs will cover airfare, hotel, parking, incidentals (\$2500).Travel will also cover mileage to events and meetings supporting consultation (\$500).
	TRAINING	1,000.00	Consultant will attend annual Post Partum Support International (PSI) conference, with MCAH director to plan Maternal Mental Health program initiatives and further develop CHVP MH Consultant program. Trainnig will cover registration fee for conference. Consultant may attend one other training (virtual without travel) that alligns with goals of supporting MCAH Director in developing Maternal Mental Health Program.
1	0	0.00	
2	0	0.00	
3	0	0.00	
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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	
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	
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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	
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Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Mental Health Consultant

2	0	0.00	
3	0	0.00	
4	0	0.00	
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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 (Budget Line 1)

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.

To provide support to local California Home Visiting Programs to build capacity and enhance mental health supports. MH Consultant will not provide direct care to patients.

Approval for this position was completed 1/23/24

Individual and group level reflective consultation with home visiting staff including in conjunction and with the support of the program manager/ supervisor. The mental health consultant will work with staff to develop group education topics and material for parenting groups.

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. Consultant will provide innovative approaches 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. The Mental Health Consultant will not provide direct care to patients. The consultant can, however, consult on the patient's care.

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.

Consultant will provide an ongoing and regular opportunity for home visitors to reflect on, sort out, and cope with the strong feelings brought on by their complex work with families. The mental health consultant will meet individually or with groups of home visitors to provide reflective and supportive debriefings and processing of difficult cases.

Identifying and embedding other evidence-based approaches (i.e., supplemental activities or curricula) in home visiting to support mental health and wellbeing of families, with approval from CDPH and model developers as needed.

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

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 and/or expand Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects, and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) home visiting programs in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement the California Home Visiting Program (CHVP) in 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 relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, additional staff costs, and family support materials (Special Support Activities).

Note: ***LHJs may continue to spend up to 25% of the SFY 2024-25 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, 2024- June 30, 2025

Goals, Objectives, Activities, and Deliverables for July 1, 2024 – June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.1	<p>MCAH Director or designee will provide effective leadership and oversight of CHVP.</p> <p>NOTE: The MCAH Director is required to devote a minimum of 0.05 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 Program P&P Manual. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the Local MCAH Program P&P. In this</p>	<p>(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of home visiting programs following CDPH/CHVP Policies and Procedures (P&P).</p> <p>(b) Attend quarterly CHVP Director calls.</p> <p>(c) Participate in ongoing community advisory board (CAB) Meetings, other local community groups, site visits meetings and conferences as directed.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • CAB meeting materials • Staffing Reports <p>Participation in:</p> <ul style="list-style-type: none"> • Virtual and/or in-person site visits <p>NOTE: If an LHJ establishes a subcontractor (subK) to deliver home visiting services, an LHJ representative (the CHVP Director when possible and appropriate) must be present during all technical assistance (TA) calls, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement</p>

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
	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 on the CHVP budget justification.		ensures that the LHJ maintains oversight and 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 can be spent on administrative oversight of a subK.
1.2	LHJ leadership and home visitors will implement home visiting services utilizing culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served, employing a cultural humility approach.	<p>(a) Review LHJs MCAH Title V Needs Assessment to determine the community's equity needs.</p> <p>(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.</p> <p>(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.).</p> <p>(d) Provide documents in the family's preferred language, when feasible. Documents should be</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Staffing Reports • Staff Training Logs

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
		<p>written in no more than an eighth-grade reading level and use plain language.</p> <p>(e) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible.</p> <p>(f) As needed, develop and document adaptations that are developmentally, culturally, and linguistically responsive to families, upon approval from model developer and CDPH/CHVP.</p>	
1.3	LHJ leadership will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP Policies and Procedures.	<p>(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software.</p> <p>(b) Participate in CHVP site visits as directed by CDPH/CHVP.</p> <p>(c) Maintain full staffing capacity to serve families and adhere to specific model requirements.</p> <p>(d) All staff will sign a confidentiality agreement at the time of hire and annually thereafter.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Report • Staff training logs and plans • Staffing Reports • Confirmation of signed confidentiality agreement for each staff member

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
1.4	LHJ Leadership will ensure the program reaches and maintains contracted Caseload Capacity (CC).	<p>(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.</p> <p>(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected with the program that best meets their needs.</p> <p>(c) Ensure each newly enrolled participant receives informed consent and signs a CHVP Participant Consent Form.</p> <p>NOTE: Any LHJ that falls below 85% of the CC for three (3) consecutive months may be required to participate in an Extra Support Plan.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Outreach activity Log • Referral triage process outlining referral process (flow chart, logic model, narrative, etc.). • Confirmation of signed CHVP Participant Consent Form for each enrolled participant • Submission of complete and timely participant enrollment data.
1.5	MCAH Director or designee will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance.	<p>(a) Implement model requirements in accordance with the selected model(s) fidelity standards.</p> <p>(b) LHJs interested in implementing a model-approved adaptation must obtain written</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Selected model Certificate of Fidelity, Fidelity or Accreditation Report, or similar document demonstrating good standing and model fidelity.

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
		approval from CDPH/CHVP prior to implementation.	
1.6	LHJ leadership will develop and implement home visiting policies and procedures (P&P) and follow all applicable MCAH and CHVP P&Ps.	(a) Develop and conduct an annual review of local P&Ps related to home visiting. (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 MCAH Fiscal Administration P&P Manual. (d) Conduct an annual review of, and ensure compliance with, the Local MCAH Programs P&Ps.	Submission of: <ul style="list-style-type: none"> • Status Reports • Annual confirmation of review of local and CDPH/CHVP P&Ps

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.7	LHJ leadership will participate in technical assistance (TA) and Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals.	(a) Participate in TA meetings and quality improvement activities as directed by CDPH/CHVP. (b) Utilize the CAB to inform and address quality improvement projects and decisions. (c) Utilize data to inform and improve program activities.	Submission of: <ul style="list-style-type: none">• Status Reports• CAB meeting materials• CQI Plans, data, and information Participation in: <ul style="list-style-type: none">• Quarterly TA meetings

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 2: Integrate the home visiting program into the local early childhood system.			
#	Objective	Activities	Deliverables
2.1	MCAH Director or designee will collaborate with local early childhood system partners to ensure a continuum of services for families.	<p>(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.</p> <p>(b) Meet and work with other local early childhood system and community partners to coordinate services to families.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • CAB meeting materials • MOUs and/or information written agreements
2.2	MCAH Director or designee will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment.	<p>(a) Develop Memoranda of Understanding (MOU) and/or informal written agreements (e.g., letters of support) with community agencies and service providers.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • MOUs and/or informal written agreements • Outreach logs

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
3.1	LHJ leadership, home visitors, and data support staff will maintain clean and compliant data.	<ul style="list-style-type: none"> (a) Accurately collect and submit participant data using selected home visiting model and CHVP-required documents. (b) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring. (c) NFP LHJs will coordinate data system requirements with the NFP National Service Office. (d) HFA LHJs will coordinate with the 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. (e) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Penelope or Visit Tracker Web data system(s) 	<ul style="list-style-type: none"> • 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 CHVP requirements. • Participate in regular technical assistance calls 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, 2024- June 30, 2025

Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
		(f) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model. (g) Provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed.	

Contract #/LHJ Name: CHVP 24-29 SubK Mental Health Consultant Toni McCormick
California Home Visiting Program – SGF EBHV

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.			
#	Objective	Activity	Deliverable
4.1	<p>LHJ leadership will monitor the use of funds for Special Support Activities.</p> <p>NOTE: LHJs can spend up to 25% of the FY 2024-25 SGF EBHV allocation on Special Support Activities.</p>	<p>(a) Additional Staff Costs: Fund staff costs associated with providing home visits or administration for programs, including incentive bonuses or overtime pay that supports individual employees.</p> <p>(b) Training: Fund additional training opportunities that address the needs of families, including but not limited to health equity, reproductive justice, social determinants of health, etc.</p> <p>(c) Technology: Fund and distribute the necessary technological means for participant families and staff.</p> <p>(d) Family Support Materials: Fund the purchase of necessary support materials, including diapers, diapering supplies, gift cards, and prepaid grocery cards to participating families for the purpose of providing extra support.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Special Support Activity Report <p>Additional Staff Costs:</p> <ul style="list-style-type: none"> ○ Number of staff (not FTE) receiving incentive or other pay ○ Total amount spent on Additional Staff Costs ○ Explanation of fund use <p>Training:</p> <ul style="list-style-type: none"> ○ Name and date of training. ○ Purpose and description of training ○ Name and number of staff participating in training ○ Costs associated with training, including travel <p>Technology:</p> <ul style="list-style-type: none"> ○ Hardware or software purchased ○ Number of families receiving technology

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.			
			<ul style="list-style-type: none"> ○ Number of staff receiving technology Family Support Materials: <ul style="list-style-type: none"> ○ Type and number of gift cards purchased and distributed ○ Type and number of prepaid grocery cards purchased and distributed. ○ Number of families receiving diapers and diapering supplies ○ Information about “other” Family Support Materials purchased
4.2	LHJ leadership will maintain clean and compliant special support activity data, per CHVP guidelines.	(a) Collect, maintain, and report use of Special Support funds as outlined in CHVP Special Support Activity guidance.	<p>Submission of:</p> <ul style="list-style-type: none"> ● 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, 2024- June 30, 2025

Home Visiting Model	Monitoring Channel	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP.		
All	Staffing Report	January 15, April 15, July 15, October 15
All	Status Report <ul style="list-style-type: none"> • CAB Roster, Minutes, and Agendas • MOUs or informal agreements with community agencies and service providers • Outreach logs • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer Agreement, Accreditation, and/or Affiliation documentation. • Special Support Activity Report 	April 15 and/or October 15 as determined by CDPH/CHVP
Nurse-Family Partnership	Priority Population Survey	April 15 and October 15
All	CQI plans, data, and information	Upon Request

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Home Visiting Model	Monitoring Channel	Due Date
All	Technical assistance calls/meetings	Quarterly (TBD)
All	Site Visit	TBD
All (if applicable)	Special Support Activity Report	April 15 and October 15

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP 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.

Jessica Ferrer

MCAH Director Name

APPROVED

By Jessica Ferrer, RN, Sr. PHN, CLC at 4:30 pm, Jan 17, 2025

MCAH Director Signature

Date

Sole Source Award (Toni McCormick and Beatriz Schaffert):

MH Consultant: Toni McCormick is the only trained Moving Beyond Depression provider in the area. She has a decade of experience specializing in Perinatal Mood and Anxiety Disorders. We have worked with Toni McCormick previously, for many years, and she brings to this program a broad array of knowledge and experience that this program needs.

Beatriz Schaffert: Ms. Schaffert has long been a respected and established home visitor in the Truckee area, having started her work under the Futures for Public Health Grant. Over the years, she has built a strong reputation for her dedication to the community, successfully managing an established caseload and demonstrating exceptional skill in her work. Her established position under the Maternal, Child, and Adolescent Health (MCAH) direction further showcases her expertise in the field. Additionally, Ms. Schaffert's deep connections within the local community have allowed her to build trust and rapport with families, making her the most qualified and ideal candidate for this position. Her background and local knowledge position her to make a significant impact in this role.

PHNI/II / Parent Educator:

The award process this SubKs follows the same recruitment channels as those used for regular staff. This ensures consistency, transparency, and alignment with established organizational practices. Candidates are identified, vetted, and selected based on their qualifications and ability to meet the needs of the program or project. Once selected, the PHN is formally awarded through a standard contracting process, ensuring compliance with all organizational and regulatory requirements.

BUDGET SUMMARY

SUBCONTRACT

Version 7.0 - 150 Quarterly 4.20.20

Program: California Home Visiting Program (SGF)
Agency: CHVP 24-29 NEVADA
SubK: Parent Educator/Public Health Nurse I/II

FISCAL YEAR

2024-25

BUDGET

ORIGINAL

BUDGET STATUS

ACTIVE

BUDGET BALANCE

0.00

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		CHVP - SGF		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 - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →		70,592.34			#VALUE!								

EXPENSE CATEGORY													
(I) PERSONNEL	109,200.00		31,984.68		0.00		77,215.32		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*	109,200.00	29.29%	31,984.68	0.00%	0.00	70.71%	77,215.32	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →		0.00											

TOTAL CHVP - SGF	70,592.34	→	31,984.68	[50%]	38,607.66	[25%]	0.00
TOTAL TITLE XIX	38,607.66	→		[50%]	38,607.66	[50%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00			[50%]	0.00
						[75%]	0.00
						[25%]	0.00

\$	109,200.00	Maximum Amount Payable from State and Federal resources
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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 9:34 am, Dec 20, 2024

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 - SGF		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
	PCA Codes	51023				51021		53165		51022		53164
(I) PERSONNEL		31,984.68				77,215.32		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	109,200.00	31,984.68				77,215.32		0.00		0.00		0.00

Program:		California Home Visiting Program (SGF)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:		CHVP 24-29 NEVADA																		
Subk:		Parent Educator/Public Health Nurse I/II				CHVP - SGF		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 - SGF	%	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		
										70.71%				0.00%				70.71%		
TOTAL OPERATING EXPENSES						0.00		0.00		0.00		0.00		0.00		0.00		0.00	Match Available	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	TRAVEL			0.00		0.00		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		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
(III) CAPITAL EXPENDITURE DETAIL																				
TOTAL CAPITAL EXPENDITURES							0.00		0.00		0.00		0.00							
(IV) OTHER COSTS DETAIL																			% PERSONNEL MATCH	
																			70.71%	
TOTAL OTHER COSTS						0.00		0.00		0.00		0.00		0.00		0.00		0.00		
SUBCONTRACTS																				
1 2 3 4 5 6 7 8				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0		0		
				0.00		0.00		0.00		0.00		0.00		0.00		0		0		
				0.00		0.00		0.00		0.00		0.00		0.00		0		0		
OTHER CHARGES																			Match Available	
1 2 3 4 5 6 7 8				0.00		0.00		0.00		0.00		0.00								
				0.00		0.00		0.00		0.00		0.00								
				0.00		0.00		0.00		0.00		0.00								
				0.00		0.00		0.00		0.00		0.00								
				0.00		0.00		0.00		0.00		0.00								
				0.00		0.00		0.00		0.00		0.00								
				0.00		0.00		0.00		0.00		0.00								
				0.00		0.00		0.00		0.00		0.00								
(V) INDIRECT COSTS DETAIL																				
TOTAL INDIRECT COSTS						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						
(I) PERSONNEL DETAIL																				
TOTAL PERSONNEL COSTS						109,200.00		31,984.68		0.00		77,215.32		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			109,200.00		31,984.68		0.00		77,215.32		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	Vacant - To be determined	Parent Educator/Public Health Nurse I/II	100.00%	109,200.00	109,200.00	29.29%	31,984.68		0.00	70.71%	77,215.32		0.00		0.00		0.00	75.50%	x	
2					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		

Program: Agency: SubK:		California Home Visiting Program (SGF)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		CHVP 24-29 NEVADA																	
		Parent Educator/Public Health Nurse I/II				CHVP - SGF		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 - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
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%	

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Parent Educator/Public Health Nurse I/II

Version 7.0 - 150 Quarterly 4.20.20

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		75.50%	Use the following link to access the current AFA webpage and the current base MCF% for your agency:			
TOTALS			1.00	\$ 109,200.00	\$ 109,200.00		0.00					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Vacant - To be determined	Parent Educator/Public Health Nurs	100.00%	\$ 109,200	\$ 109,200	0.00%	0.00	CHVP	75.50%	Variable		
2			0.00%	\$ -	\$ -				0.00%	0		
3			0.00%	\$ -	\$ -				0.00%	0		
4			0.00%	\$ -	\$ -				0.00%	0		
5			0.00%	\$ -	\$ -				0.00%	0		
6			0.00%	\$ -	\$ -				0.00%	0		
7			0.00%	\$ -	\$ -				0.00%	0		
8			0.00%	\$ -	\$ -				0.00%	0		
9			0.00%	\$ -	\$ -				0.00%	0		
10			0.00%	\$ -	\$ -				0.00%	0		
11			0.00%	\$ -	\$ -				0.00%	0		
12			0.00%	\$ -	\$ -				0.00%	0		
13			0.00%	\$ -	\$ -				0.00%	0		
14			0.00%	\$ -	\$ -				0.00%	0		
15			0.00%	\$ -	\$ -				0.00%	0		
16			0.00%	\$ -	\$ -				0.00%	0		
17			0.00%	\$ -	\$ -				0.00%	0		
18			0.00%	\$ -	\$ -				0.00%	0		
19			0.00%	\$ -	\$ -				0.00%	0		
20			0.00%	\$ -	\$ -				0.00%	0		
21			0.00%	\$ -	\$ -				0.00%	0		
22			0.00%	\$ -	\$ -				0.00%	0		
23			0.00%	\$ -	\$ -				0.00%	0		
24			0.00%	\$ -	\$ -				0.00%	0		
25			0.00%	\$ -	\$ -				0.00%	0		
26			0.00%	\$ -	\$ -				0.00%	0		
27			0.00%	\$ -	\$ -				0.00%	0		
28			0.00%	\$ -	\$ -				0.00%	0		
29			0.00%	\$ -	\$ -				0.00%	0		
30			0.00%	\$ -	\$ -				0.00%	0		
31			0.00%	\$ -	\$ -				0.00%	0		
32			0.00%	\$ -	\$ -				0.00%	0		
33			0.00%	\$ -	\$ -				0.00%	0		
34			0.00%	\$ -	\$ -				0.00%	0		
35			0.00%	\$ -	\$ -				0.00%	0		
36			0.00%	\$ -	\$ -				0.00%	0		
37			0.00%	\$ -	\$ -				0.00%	0		
38			0.00%	\$ -	\$ -				0.00%	0		
39			0.00%	\$ -	\$ -				0.00%	0		
40			0.00%	\$ -	\$ -				0.00%	0		
41			0.00%	\$ -	\$ -				0.00%	0		
42			0.00%	\$ -	\$ -				0.00%	0		
43			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Parent Educator/Public Health Nurse I/II

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44			0.00%	\$ -	\$ -				0.00%	0		
45			0.00%	\$ -	\$ -				0.00%	0		
46			0.00%	\$ -	\$ -				0.00%	0		
47			0.00%	\$ -	\$ -				0.00%	0		
48			0.00%	\$ -	\$ -				0.00%	0		
49			0.00%	\$ -	\$ -				0.00%	0		
50			0.00%	\$ -	\$ -				0.00%	0		
51			0.00%	\$ -	\$ -				0.00%	0		
52			0.00%	\$ -	\$ -				0.00%	0		
53			0.00%	\$ -	\$ -				0.00%	0		
54			0.00%	\$ -	\$ -				0.00%	0		
55			0.00%	\$ -	\$ -				0.00%	0		
56			0.00%	\$ -	\$ -				0.00%	0		
57			0.00%	\$ -	\$ -				0.00%	0		
58			0.00%	\$ -	\$ -				0.00%	0		
59			0.00%	\$ -	\$ -				0.00%	0		
60			0.00%	\$ -	\$ -				0.00%	0		
61			0.00%	\$ -	\$ -				0.00%	0		
62			0.00%	\$ -	\$ -				0.00%	0		
63			0.00%	\$ -	\$ -				0.00%	0		
64			0.00%	\$ -	\$ -				0.00%	0		
65			0.00%	\$ -	\$ -				0.00%	0		
66			0.00%	\$ -	\$ -				0.00%	0		
67			0.00%	\$ -	\$ -				0.00%	0		
68			0.00%	\$ -	\$ -				0.00%	0		
69			0.00%	\$ -	\$ -				0.00%	0		
70			0.00%	\$ -	\$ -				0.00%	0		
71			0.00%	\$ -	\$ -				0.00%	0		
72			0.00%	\$ -	\$ -				0.00%	0		
73			0.00%	\$ -	\$ -				0.00%	0		
74			0.00%	\$ -	\$ -				0.00%	0		
75			0.00%	\$ -	\$ -				0.00%	0		
76			0.00%	\$ -	\$ -				0.00%	0		
77			0.00%	\$ -	\$ -				0.00%	0		
78			0.00%	\$ -	\$ -				0.00%	0		
79			0.00%	\$ -	\$ -				0.00%	0		
80			0.00%	\$ -	\$ -				0.00%	0		
81			0.00%	\$ -	\$ -				0.00%	0		
82			0.00%	\$ -	\$ -				0.00%	0		
83			0.00%	\$ -	\$ -				0.00%	0		
84			0.00%	\$ -	\$ -				0.00%	0		
85			0.00%	\$ -	\$ -				0.00%	0		
86			0.00%	\$ -	\$ -				0.00%	0		
87			0.00%	\$ -	\$ -				0.00%	0		
88			0.00%	\$ -	\$ -				0.00%	0		
89			0.00%	\$ -	\$ -				0.00%	0		
90			0.00%	\$ -	\$ -				0.00%	0		
91			0.00%	\$ -	\$ -				0.00%	0		
92			0.00%	\$ -	\$ -				0.00%	0		
93			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Parent Educator/Public Health Nurse I/II

Version 7.0 - 150 Quarterly 4.20.20

94			0.00%	\$ -	\$ -				0.00%	0		
95			0.00%	\$ -	\$ -				0.00%	0		
96			0.00%	\$ -	\$ -				0.00%	0		
97			0.00%	\$ -	\$ -				0.00%	0		
98			0.00%	\$ -	\$ -				0.00%	0		
99			0.00%	\$ -	\$ -				0.00%	0		
100			0.00%	\$ -	\$ -				0.00%	0		
101			0.00%	\$ -	\$ -				0.00%	0		
102			0.00%	\$ -	\$ -				0.00%	0		
103			0.00%	\$ -	\$ -				0.00%	0		
104			0.00%	\$ -	\$ -				0.00%	0		
105			0.00%	\$ -	\$ -				0.00%	0		
106			0.00%	\$ -	\$ -				0.00%	0		
107			0.00%	\$ -	\$ -				0.00%	0		
108			0.00%	\$ -	\$ -				0.00%	0		
109			0.00%	\$ -	\$ -				0.00%	0		
110			0.00%	\$ -	\$ -				0.00%	0		
111			0.00%	\$ -	\$ -				0.00%	0		
112			0.00%	\$ -	\$ -				0.00%	0		
113			0.00%	\$ -	\$ -				0.00%	0		
114			0.00%	\$ -	\$ -				0.00%	0		
115			0.00%	\$ -	\$ -				0.00%	0		
116			0.00%	\$ -	\$ -				0.00%	0		
117			0.00%	\$ -	\$ -				0.00%	0		
118			0.00%	\$ -	\$ -				0.00%	0		
119			0.00%	\$ -	\$ -				0.00%	0		
120			0.00%	\$ -	\$ -				0.00%	0		
121			0.00%	\$ -	\$ -				0.00%	0		
122			0.00%	\$ -	\$ -				0.00%	0		
123			0.00%	\$ -	\$ -				0.00%	0		
124			0.00%	\$ -	\$ -				0.00%	0		
125			0.00%	\$ -	\$ -				0.00%	0		
126			0.00%	\$ -	\$ -				0.00%	0		
127			0.00%	\$ -	\$ -				0.00%	0		
128			0.00%	\$ -	\$ -				0.00%	0		
129			0.00%	\$ -	\$ -				0.00%	0		
130			0.00%	\$ -	\$ -				0.00%	0		
131			0.00%	\$ -	\$ -				0.00%	0		
132			0.00%	\$ -	\$ -				0.00%	0		
133			0.00%	\$ -	\$ -				0.00%	0		
134			0.00%	\$ -	\$ -				0.00%	0		
135			0.00%	\$ -	\$ -				0.00%	0		
136			0.00%	\$ -	\$ -				0.00%	0		
137			0.00%	\$ -	\$ -				0.00%	0		
138			0.00%	\$ -	\$ -				0.00%	0		
139			0.00%	\$ -	\$ -				0.00%	0		
140			0.00%	\$ -	\$ -				0.00%	0		
141			0.00%	\$ -	\$ -				0.00%	0		
142			0.00%	\$ -	\$ -				0.00%	0		
143			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Parent Educator/Public Health Nurse I/II

Version 7.0 - 150 Quarterly 4.20.20

144			0.00%	\$	-	\$	-			0.00%	0		
145			0.00%	\$	-	\$	-			0.00%	0		
146			0.00%	\$	-	\$	-			0.00%	0		
147			0.00%	\$	-	\$	-			0.00%	0		
148			0.00%	\$	-	\$	-			0.00%	0		
149			0.00%	\$	-	\$	-			0.00%	0		
150			0.00%	\$	-	\$	-			0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Parent Educator/Public Health Nurse I/II

(II) OPERATING EXPENSES JUSTIFICATION

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

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	
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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

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Parent Educator/Public Health Nurse I/II

TOTAL INDIRECT COSTS	0.00	Per CDPH approved ICR
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MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement - Parent Educator / Public Health Nurse I/II (Budget line #1)

Under the program direction of the MCAH Director, and following all CHVP Policies and Procedures, the Parent Educator Public Health Nurse shall conduct outreach and home visits with assigned families. 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 and understand CHVP guidelines.

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, including CHVP confidentiality agreements and consents.

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.

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

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 and/or expand Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects, and/or Home Instruction for Parents of Preschool Youngsters (HIPPPY) home visiting programs in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement the California Home Visiting Program (CHVP) in 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 relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, additional staff costs, and family support materials (Special Support Activities).

Note: ***LHJs may continue to spend up to 25% of the SFY 2024-25 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, 2024- June 30, 2025

Goals, Objectives, Activities, and Deliverables for July 1, 2024 – June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.1	<p>MCAH Director or designee will provide effective leadership and oversight of CHVP.</p> <p>NOTE: The MCAH Director is required to devote a minimum of 0.05 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 Program P&P Manual. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the Local MCAH Program P&P. In this</p>	<p>(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of home visiting programs following CDPH/CHVP Policies and Procedures (P&P).</p> <p>(b) Attend quarterly CHVP Director calls.</p> <p>(c) Participate in ongoing community advisory board (CAB) Meetings, other local community groups, site visits meetings and conferences as directed.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • CAB meeting materials • Staffing Reports <p>Participation in:</p> <ul style="list-style-type: none"> • Virtual and/or in-person site visits <p>NOTE: If an LHJ establishes a subcontractor (subK) to deliver home visiting services, an LHJ representative (the CHVP Director when possible and appropriate) must be present during all technical assistance (TA) calls, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement</p>

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
	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 on the CHVP budget justification.		ensures that the LHJ maintains oversight and 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 can be spent on administrative oversight of a subK.
1.2	LHJ leadership and home visitors will implement home visiting services utilizing culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served, employing a cultural humility approach.	<p>(a) Review LHJs MCAH Title V Needs Assessment to determine the community's equity needs.</p> <p>(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.</p> <p>(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.).</p> <p>(d) Provide documents in the family's preferred language, when feasible. Documents should be</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Staffing Reports • Staff Training Logs

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
		<p>written in no more than an eighth-grade reading level and use plain language.</p> <p>(e) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible.</p> <p>(f) As needed, develop and document adaptations that are developmentally, culturally, and linguistically responsive to families, upon approval from model developer and CDPH/CHVP.</p>	
1.3	LHJ leadership will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP Policies and Procedures.	<p>(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software.</p> <p>(b) Participate in CHVP site visits as directed by CDPH/CHVP.</p> <p>(c) Maintain full staffing capacity to serve families and adhere to specific model requirements.</p> <p>(d) All staff will sign a confidentiality agreement at the time of hire and annually thereafter.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Report • Staff training logs and plans • Staffing Reports • Confirmation of signed confidentiality agreement for each staff member

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
1.4	LHJ Leadership will ensure the program reaches and maintains contracted Caseload Capacity (CC).	<p>(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.</p> <p>(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected with the program that best meets their needs.</p> <p>(c) Ensure each newly enrolled participant receives informed consent and signs a CHVP Participant Consent Form.</p> <p>NOTE: Any LHJ that falls below 85% of the CC for three (3) consecutive months may be required to participate in an Extra Support Plan.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Outreach activity Log • Referral triage process outlining referral process (flow chart, logic model, narrative, etc.). • Confirmation of signed CHVP Participant Consent Form for each enrolled participant • Submission of complete and timely participant enrollment data.
1.5	MCAH Director or designee will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance.	<p>(a) Implement model requirements in accordance with the selected model(s) fidelity standards.</p> <p>(b) LHJs interested in implementing a model-approved adaptation must obtain written</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Selected model Certificate of Fidelity, Fidelity or Accreditation Report, or similar document demonstrating good standing and model fidelity.

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
		approval from CDPH/CHVP prior to implementation.	
1.6	LHJ leadership will develop and implement home visiting policies and procedures (P&P) and follow all applicable MCAH and CHVP P&Ps.	<p>(a) Develop and conduct an annual review of local P&Ps related to home visiting.</p> <p>(b) Conduct an annual review of, and ensure compliance with, CDPH/CHVP P&Ps.</p> <p>(c) Conduct an annual review of, and ensure compliance with, the MCAH Fiscal Administration P&P Manual.</p> <p>(d) Conduct an annual review of, and ensure compliance with, the Local MCAH Programs P&Ps.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Annual confirmation of review of local and CDPH/CHVP P&Ps

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.7	LHJ leadership will participate in technical assistance (TA) and Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals.	(a) Participate in TA meetings and quality improvement activities as directed by CDPH/CHVP. (b) Utilize the CAB to inform and address quality improvement projects and decisions. (c) Utilize data to inform and improve program activities.	Submission of: <ul style="list-style-type: none">• Status Reports• CAB meeting materials• CQI Plans, data, and information Participation in: <ul style="list-style-type: none">• Quarterly TA meetings

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 2: Integrate the home visiting program into the local early childhood system.			
#	Objective	Activities	Deliverables
2.1	MCAH Director or designee 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. (b) Meet and work with other local early childhood system and community partners to coordinate services to families.	Submission of: <ul style="list-style-type: none">• Status Reports• CAB meeting materials• MOUs and/or information written agreements
2.2	MCAH Director or designee will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment.	(a) Develop Memoranda of Understanding (MOU) and/or informal written agreements (e.g., letters of support) with community agencies and service providers.	Submission of: <ul style="list-style-type: none">• Status Reports• MOUs and/or informal written agreements• Outreach logs

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

Scope of Work

July 1, 2024- June 30, 2025

Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
3.1	LHJ leadership, home visitors, and data support staff will maintain clean and compliant data.	<ul style="list-style-type: none"> (a) Accurately collect and submit participant data using selected home visiting model and CHVP-required documents. (b) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring. (c) NFP LHJs will coordinate data system requirements with the NFP National Service Office. (d) HFA LHJs will coordinate with the 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. (e) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Penelope or Visit Tracker Web data system(s) 	<ul style="list-style-type: none"> • 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 CHVP requirements. • Participate in regular technical assistance calls 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, 2024- June 30, 2025

Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
		(f) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model. (g) 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, 2024- June 30, 2025

Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.

#	Objective	Activity	Deliverable
4.1	<p>LHJ leadership will monitor the use of funds for Special Support Activities.</p> <p>NOTE: LHJs can spend up to 25% of the FY 2024-25 SGF EBHV allocation on Special Support Activities.</p>	<p>(a) Additional Staff Costs: Fund staff costs associated with providing home visits or administration for programs, including incentive bonuses or overtime pay that supports individual employees.</p> <p>(b) Training: Fund additional training opportunities that address the needs of families, including but not limited to health equity, reproductive justice, social determinants of health, etc.</p> <p>(c) Technology: Fund and distribute the necessary technological means for participant families and staff.</p> <p>(d) Family Support Materials: Fund the purchase of necessary support materials, including diapers, diapering supplies, gift cards, and prepaid grocery cards to participating families for the purpose of providing extra support.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Special Support Activity Report <p>Additional Staff Costs:</p> <ul style="list-style-type: none"> ○ Number of staff (not FTE) receiving incentive or other pay ○ Total amount spent on Additional Staff Costs ○ Explanation of fund use <p>Training:</p> <ul style="list-style-type: none"> ○ Name and date of training. ○ Purpose and description of training ○ Name and number of staff participating in training ○ Costs associated with training, including travel <p>Technology:</p> <ul style="list-style-type: none"> ○ Hardware or software purchased ○ Number of families receiving technology

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.			
			<ul style="list-style-type: none"> ○ Number of staff receiving technology Family Support Materials: <ul style="list-style-type: none"> ○ Type and number of gift cards purchased and distributed ○ Type and number of prepaid grocery cards purchased and distributed. ○ Number of families receiving diapers and diapering supplies ○ Information about “other” Family Support Materials purchased
4.2	LHJ leadership will maintain clean and compliant special support activity data, per CHVP guidelines.	(a) Collect, maintain, and report use of Special Support funds as outlined in CHVP Special Support Activity guidance.	<p>Submission of:</p> <ul style="list-style-type: none"> ● 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, 2024- June 30, 2025

Home Visiting Model	Monitoring Channel	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP.		
All	Staffing Report	January 15, April 15, July 15, October 15
All	Status Report <ul style="list-style-type: none"> • CAB Roster, Minutes, and Agendas • MOUs or informal agreements with community agencies and service providers • Outreach logs • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer Agreement, Accreditation, and/or Affiliation documentation. • Special Support Activity Report 	April 15 and/or October 15 as determined by CDPH/CHVP
Nurse-Family Partnership	Priority Population Survey	April 15 and October 15
All	CQI plans, data, and information	Upon Request

California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2024- June 30, 2025

Home Visiting Model	Monitoring Channel	Due Date
All	Technical assistance calls/meetings	Quarterly (TBD)
All	Site Visit	TBD
All (if applicable)	Special Support Activity Report	April 15 and October 15

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP 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.

Jessica Ferrer

MCAH Director Name

APPROVED

By Jessica Ferrer, RN, Sr. PHN, CLC at 4:33 pm, Jan 17, 2025

MCAH Director Signature

Date

December 19, 2024

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 SubK Parent Educator/Public Health Nurse I/II is using the following Medi-Cal Factors (MCF) for this Fiscal Year (FY) 24/25, which includes the justifications:

MCF Type	MCF % Justification
	Maximum characters = 1024
Variable	Nevada County SubK Parent Educator/Public Health Nurse I/II 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 9:35 am, Dec 20, 2024

Jessica Ferrer, MSN, RN, SR. PHN
Maternal Child & Adolescent Health Director

Sole Source Award (Toni McCormick and Beatriz Schaffert):

MH Consultant: Toni McCormick is the only trained Moving Beyond Depression provider in the area. She has a decade of experience specializing in Perinatal Mood and Anxiety Disorders. We have worked with Toni McCormick previously, for many years, and she brings to this program a broad array of knowledge and experience that this program needs.

Beatriz Schaffert: Ms. Schaffert has long been a respected and established home visitor in the Truckee area, having started her work under the Futures for Public Health Grant. Over the years, she has built a strong reputation for her dedication to the community, successfully managing an established caseload and demonstrating exceptional skill in her work. Her established position under the Maternal, Child, and Adolescent Health (MCAH) direction further showcases her expertise in the field. Additionally, Ms. Schaffert's deep connections within the local community have allowed her to build trust and rapport with families, making her the most qualified and ideal candidate for this position. Her background and local knowledge position her to make a significant impact in this role.

PHNI/II / Parent Educator:

The award process this SubKs follows the same recruitment channels as those used for regular staff. This ensures consistency, transparency, and alignment with established organizational practices. Candidates are identified, vetted, and selected based on their qualifications and ability to meet the needs of the program or project. Once selected, the PHN is formally awarded through a standard contracting process, ensuring compliance with all organizational and regulatory requirements.

BUDGET SUMMARY

SUBCONTRACT

Version 7.0 - 150 Quarterly 4.20.20

Program:

Agency:

SubK:

California Home Visiting Program (SGF)

CHVP 24-29 NEVADA

Health Education Specialist-Truckee

FISCAL YEAR

2024-25

BUDGET

ORIGINAL

BUDGET STATUS

ACTIVE

BUDGET BALANCE

0.00

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		CHVP - SGF		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 - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →				40,000.00	#VALUE!									

EXPENSE CATEGORY														
(I) PERSONNEL	40,000.00		40,000.00		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*	40,000.00	100.00%	40,000.00	0.00%	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 - SGF	40,000.00	→	40,000.00	[50%]	0.00	[25%]	0.00				
TOTAL TITLE XIX	0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00		
TOTAL AGENCY FUNDS	0.00	→	0.00			[50%]	0.00			[25%]	0.00

\$	40,000.00	Maximum Amount Payable from State and Federal resources
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WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

APPROVED

By Jessica Ferrer, RM, Sr. PHN, CLC at 9:32 am, Feb 24, 2025

MCAH/PROJECT DIRECTOR'S SIGNATURE

DATE

AGENCY FISCAL AGENT'S SIGNATURE

DATE

APPROVED

By Brie Mendoza at 6:34 am, Feb 24, 2025

* 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 - SGF		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E
PCA Codes		51023				51021		TBD		51022		TBD
(I) PERSONNEL		40,000.00				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	40,000.00	40,000.00				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.

(IV) OTHER COSTS DETAIL		% PERSONNEL MATCH
		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		

11 CHVP 24-29 11 Subk Schaffert Health Ed Specialist Trke SGF EBHV Budget FY 24-25 01.06.25

Program: Agency: SubK:		California Home Visiting Program (SGF)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		CHVP 24-29 NEVADA																	
		Health Education Specialist-Truckee				CHVP - SGF		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 - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
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%	

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Health Education Specialist-Truckee

Version 7.0 - 150 Quarterly 4.20.20

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		75.50%	Use the following link to access the current AFA webpage and the current base MCF% for your agency:			
TOTALS			0.50	\$ 80,000.00	\$ 40,000.00		0.00					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Beatriz Schaffert	Health Education Specialist-Truckee	50.00%	\$ 80,000	\$ 40,000	0.00%	0.00	CHVP	0.00%	0		
2			0.00%	\$ -	\$ -				0.00%	0		
3			0.00%	\$ -	\$ -				0.00%	0		
4			0.00%	\$ -	\$ -				0.00%	0		
5			0.00%	\$ -	\$ -				0.00%	0		
6			0.00%	\$ -	\$ -				0.00%	0		
7			0.00%	\$ -	\$ -				0.00%	0		
8			0.00%	\$ -	\$ -				0.00%	0		
9			0.00%	\$ -	\$ -				0.00%	0		
10			0.00%	\$ -	\$ -				0.00%	0		
11			0.00%	\$ -	\$ -				0.00%	0		
12			0.00%	\$ -	\$ -				0.00%	0		
13			0.00%	\$ -	\$ -				0.00%	0		
14			0.00%	\$ -	\$ -				0.00%	0		
15			0.00%	\$ -	\$ -				0.00%	0		
16			0.00%	\$ -	\$ -				0.00%	0		
17			0.00%	\$ -	\$ -				0.00%	0		
18			0.00%	\$ -	\$ -				0.00%	0		
19			0.00%	\$ -	\$ -				0.00%	0		
20			0.00%	\$ -	\$ -				0.00%	0		
21			0.00%	\$ -	\$ -				0.00%	0		
22			0.00%	\$ -	\$ -				0.00%	0		
23			0.00%	\$ -	\$ -				0.00%	0		
24			0.00%	\$ -	\$ -				0.00%	0		
25			0.00%	\$ -	\$ -				0.00%	0		
26			0.00%	\$ -	\$ -				0.00%	0		
27			0.00%	\$ -	\$ -				0.00%	0		
28			0.00%	\$ -	\$ -				0.00%	0		
29			0.00%	\$ -	\$ -				0.00%	0		
30			0.00%	\$ -	\$ -				0.00%	0		
31			0.00%	\$ -	\$ -				0.00%	0		
32			0.00%	\$ -	\$ -				0.00%	0		
33			0.00%	\$ -	\$ -				0.00%	0		
34			0.00%	\$ -	\$ -				0.00%	0		
35			0.00%	\$ -	\$ -				0.00%	0		
36			0.00%	\$ -	\$ -				0.00%	0		
37			0.00%	\$ -	\$ -				0.00%	0		
38			0.00%	\$ -	\$ -				0.00%	0		
39			0.00%	\$ -	\$ -				0.00%	0		
40			0.00%	\$ -	\$ -				0.00%	0		
41			0.00%	\$ -	\$ -				0.00%	0		
42			0.00%	\$ -	\$ -				0.00%	0		
43			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Health Education Specialist-Truckee

Version 7.0 - 150 Quarterly 4.20.20

44			0.00%	\$ -	\$ -				0.00%	0		
45			0.00%	\$ -	\$ -				0.00%	0		
46			0.00%	\$ -	\$ -				0.00%	0		
47			0.00%	\$ -	\$ -				0.00%	0		
48			0.00%	\$ -	\$ -				0.00%	0		
49			0.00%	\$ -	\$ -				0.00%	0		
50			0.00%	\$ -	\$ -				0.00%	0		
51			0.00%	\$ -	\$ -				0.00%	0		
52			0.00%	\$ -	\$ -				0.00%	0		
53			0.00%	\$ -	\$ -				0.00%	0		
54			0.00%	\$ -	\$ -				0.00%	0		
55			0.00%	\$ -	\$ -				0.00%	0		
56			0.00%	\$ -	\$ -				0.00%	0		
57			0.00%	\$ -	\$ -				0.00%	0		
58			0.00%	\$ -	\$ -				0.00%	0		
59			0.00%	\$ -	\$ -				0.00%	0		
60			0.00%	\$ -	\$ -				0.00%	0		
61			0.00%	\$ -	\$ -				0.00%	0		
62			0.00%	\$ -	\$ -				0.00%	0		
63			0.00%	\$ -	\$ -				0.00%	0		
64			0.00%	\$ -	\$ -				0.00%	0		
65			0.00%	\$ -	\$ -				0.00%	0		
66			0.00%	\$ -	\$ -				0.00%	0		
67			0.00%	\$ -	\$ -				0.00%	0		
68			0.00%	\$ -	\$ -				0.00%	0		
69			0.00%	\$ -	\$ -				0.00%	0		
70			0.00%	\$ -	\$ -				0.00%	0		
71			0.00%	\$ -	\$ -				0.00%	0		
72			0.00%	\$ -	\$ -				0.00%	0		
73			0.00%	\$ -	\$ -				0.00%	0		
74			0.00%	\$ -	\$ -				0.00%	0		
75			0.00%	\$ -	\$ -				0.00%	0		
76			0.00%	\$ -	\$ -				0.00%	0		
77			0.00%	\$ -	\$ -				0.00%	0		
78			0.00%	\$ -	\$ -				0.00%	0		
79			0.00%	\$ -	\$ -				0.00%	0		
80			0.00%	\$ -	\$ -				0.00%	0		
81			0.00%	\$ -	\$ -				0.00%	0		
82			0.00%	\$ -	\$ -				0.00%	0		
83			0.00%	\$ -	\$ -				0.00%	0		
84			0.00%	\$ -	\$ -				0.00%	0		
85			0.00%	\$ -	\$ -				0.00%	0		
86			0.00%	\$ -	\$ -				0.00%	0		
87			0.00%	\$ -	\$ -				0.00%	0		
88			0.00%	\$ -	\$ -				0.00%	0		
89			0.00%	\$ -	\$ -				0.00%	0		
90			0.00%	\$ -	\$ -				0.00%	0		
91			0.00%	\$ -	\$ -				0.00%	0		
92			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Health Education Specialist-Truckee

Version 7.0 - 150 Quarterly 4.20.20

93			0.00%	\$	-	\$	-			0.00%	0		
94			0.00%	\$	-	\$	-			0.00%	0		
95			0.00%	\$	-	\$	-			0.00%	0		
96			0.00%	\$	-	\$	-			0.00%	0		
97			0.00%	\$	-	\$	-			0.00%	0		
98			0.00%	\$	-	\$	-			0.00%	0		
99			0.00%	\$	-	\$	-			0.00%	0		
100			0.00%	\$	-	\$	-			0.00%	0		
101			0.00%	\$	-	\$	-			0.00%	0		
102			0.00%	\$	-	\$	-			0.00%	0		
103			0.00%	\$	-	\$	-			0.00%	0		
104			0.00%	\$	-	\$	-			0.00%	0		
105			0.00%	\$	-	\$	-			0.00%	0		
106			0.00%	\$	-	\$	-			0.00%	0		
107			0.00%	\$	-	\$	-			0.00%	0		
108			0.00%	\$	-	\$	-			0.00%	0		
109			0.00%	\$	-	\$	-			0.00%	0		
110			0.00%	\$	-	\$	-			0.00%	0		
111			0.00%	\$	-	\$	-			0.00%	0		
112			0.00%	\$	-	\$	-			0.00%	0		
113			0.00%	\$	-	\$	-			0.00%	0		
114			0.00%	\$	-	\$	-			0.00%	0		
115			0.00%	\$	-	\$	-			0.00%	0		
116			0.00%	\$	-	\$	-			0.00%	0		
117			0.00%	\$	-	\$	-			0.00%	0		
118			0.00%	\$	-	\$	-			0.00%	0		
119			0.00%	\$	-	\$	-			0.00%	0		
120			0.00%	\$	-	\$	-			0.00%	0		
121			0.00%	\$	-	\$	-			0.00%	0		
122			0.00%	\$	-	\$	-			0.00%	0		
123			0.00%	\$	-	\$	-			0.00%	0		
124			0.00%	\$	-	\$	-			0.00%	0		
125			0.00%	\$	-	\$	-			0.00%	0		
126			0.00%	\$	-	\$	-			0.00%	0		
127			0.00%	\$	-	\$	-			0.00%	0		
128			0.00%	\$	-	\$	-			0.00%	0		
129			0.00%	\$	-	\$	-			0.00%	0		
130			0.00%	\$	-	\$	-			0.00%	0		
131			0.00%	\$	-	\$	-			0.00%	0		
132			0.00%	\$	-	\$	-			0.00%	0		
133			0.00%	\$	-	\$	-			0.00%	0		
134			0.00%	\$	-	\$	-			0.00%	0		
135			0.00%	\$	-	\$	-			0.00%	0		
136			0.00%	\$	-	\$	-			0.00%	0		
137			0.00%	\$	-	\$	-			0.00%	0		
138			0.00%	\$	-	\$	-			0.00%	0		
139			0.00%	\$	-	\$	-			0.00%	0		
140			0.00%	\$	-	\$	-			0.00%	0		
141			0.00%	\$	-	\$	-			0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Health Education Specialist-Truckee

Version 7.0 - 150 Quarterly 4.20.20

142			0.00%	\$	-	\$	-			0.00%	0		
143			0.00%	\$	-	\$	-			0.00%	0		
144			0.00%	\$	-	\$	-			0.00%	0		
145			0.00%	\$	-	\$	-			0.00%	0		
146			0.00%	\$	-	\$	-			0.00%	0		
147			0.00%	\$	-	\$	-			0.00%	0		
148			0.00%	\$	-	\$	-			0.00%	0		
149			0.00%	\$	-	\$	-			0.00%	0		
150			0.00%	\$	-	\$	-			0.00%	0		

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Health Education Specialist-Truckee

(II) OPERATING EXPENSES JUSTIFICATION

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

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	
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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

Budget:	ORIGINAL
Program:	California Home Visiting Program (SGF)
Agency:	CHVP 24-29 NEVADA
SubK:	Health Education Specialist-Truckee

TOTAL INDIRECT COSTS	0.00	Per CDPH approved ICR
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MATERNAL CHILD ADOLESCENT HEALTH PROGRAM / CHVP PROGRAM

NEVADA COUNTY

Duty Statement - Health Education Specialist Truckee (Budget Line 1)

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 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.

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.

California Home Visiting Program
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Scope of Work
July 1, 2024- June 30, 2025

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 and/or expand Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects, and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) home visiting programs in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement the California Home Visiting Program (CHVP) in 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 relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, additional staff costs, and family support materials (Special Support Activities).

Note: ***LHJs may continue to spend up to 25% of the SFY 2024-25 SGF EBHV allocation on Special Support Activities, as outlined in Goal 4, below.***

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Goals, Objectives, Activities, and Deliverables for July 1, 2024 – June 30, 2025

Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.1	<p>MCAH Director or designee will provide effective leadership and oversight of CHVP.</p> <p>NOTE: The MCAH Director is required to devote a minimum of 0.05 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 Program P&P Manual. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the Local MCAH Program P&P. In this</p>	<p>(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of home visiting programs following CDPH/CHVP Policies and Procedures (P&P).</p> <p>(b) Attend quarterly CHVP Director calls.</p> <p>(c) Participate in ongoing community advisory board (CAB) Meetings, other local community groups, site visits meetings and conferences as directed.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • CAB meeting materials • Staffing Reports <p>Participation in:</p> <ul style="list-style-type: none"> • Virtual and/or in-person site visits <p>NOTE: If an LHJ establishes a subcontractor (subK) to deliver home visiting services, an LHJ representative (the CHVP Director when possible and appropriate) must be present during all technical assistance (TA) calls, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement</p>

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Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
	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 on the CHVP budget justification.		ensures that the LHJ maintains oversight and 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 can be spent on administrative oversight of a subK.
1.2	LHJ leadership and home visitors will implement home visiting services utilizing culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served, employing a cultural humility approach.	<p>(a) Review LHJs MCAH Title V Needs Assessment to determine the community's equity needs.</p> <p>(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.</p> <p>(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.).</p> <p>(d) Provide documents in the family's preferred language, when feasible. Documents should be</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Staffing Reports • Staff Training Logs

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Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
		<p>written in no more than an eighth-grade reading level and use plain language.</p> <p>(e) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible.</p> <p>(f) As needed, develop and document adaptations that are developmentally, culturally, and linguistically responsive to families, upon approval from model developer and CDPH/CHVP.</p>	
1.3	LHJ leadership will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP Policies and Procedures.	<p>(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software.</p> <p>(b) Participate in CHVP site visits as directed by CDPH/CHVP.</p> <p>(c) Maintain full staffing capacity to serve families and adhere to specific model requirements.</p> <p>(d) All staff will sign a confidentiality agreement at the time of hire and annually thereafter.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Report • Staff training logs and plans • Staffing Reports • Confirmation of signed confidentiality agreement for each staff member

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Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.4	LHJ Leadership will ensure the program reaches and maintains contracted Caseload Capacity (CC).	<p>(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.</p> <p>(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected with the program that best meets their needs.</p> <p>(c) Ensure each newly enrolled participant receives informed consent and signs a CHVP Participant Consent Form.</p> <p>NOTE: Any LHJ that falls below 85% of the CC for three (3) consecutive months may be required to participate in an Extra Support Plan.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • Outreach activity Log • Referral triage process outlining referral process (flow chart, logic model, narrative, etc.). • Confirmation of signed CHVP Participant Consent Form for each enrolled participant • Submission of complete and timely participant enrollment data.
1.5	MCAH Director or designee will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance.	<p>(a) Implement model requirements in accordance with the selected model(s) fidelity standards.</p> <p>(b) LHJs interested in implementing a model-approved adaptation must obtain written</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Selected model Certificate of Fidelity, Fidelity or Accreditation Report, or similar document demonstrating good standing and model fidelity.

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Goal 1: Provide leadership and structure to implement CHVP in the LHJ.

#	Objective	Activities	Deliverables
		approval from CDPH/CHVP prior to implementation.	
1.6	LHJ leadership will develop and implement home visiting policies and procedures (P&P) and follow all applicable MCAH and CHVP P&Ps.	(a) Develop and conduct an annual review of local P&Ps related to home visiting. (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 MCAH Fiscal Administration P&P Manual. (d) Conduct an annual review of, and ensure compliance with, the Local MCAH Programs P&Ps.	Submission of: <ul style="list-style-type: none">• Status Reports• Annual confirmation of review of local and CDPH/CHVP P&Ps

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Goal 1: Provide leadership and structure to implement CHVP in the LHJ.			
#	Objective	Activities	Deliverables
1.7	LHJ leadership will participate in technical assistance (TA) and Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals.	(a) Participate in TA meetings and quality improvement activities as directed by CDPH/CHVP. (b) Utilize the CAB to inform and address quality improvement projects and decisions. (c) Utilize data to inform and improve program activities.	Submission of: <ul style="list-style-type: none">• Status Reports• CAB meeting materials• CQI Plans, data, and information Participation in: <ul style="list-style-type: none">• Quarterly TA meetings

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Goal 2: Integrate the home visiting program into the local early childhood system.			
#	Objective	Activities	Deliverables
2.1	MCAH Director or designee will collaborate with local early childhood system partners to ensure a continuum of services for families.	<p>(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.</p> <p>(b) Meet and work with other local early childhood system and community partners to coordinate services to families.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • CAB meeting materials • MOUs and/or information written agreements
2.2	MCAH Director or designee will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment.	<p>(a) Develop Memoranda of Understanding (MOU) and/or informal written agreements (e.g., letters of support) with community agencies and service providers.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Status Reports • MOUs and/or informal written agreements • Outreach logs

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Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
3.1	LHJ leadership, home visitors, and data support staff will maintain clean and compliant data.	<ul style="list-style-type: none"> (a) Accurately collect and submit participant data using selected home visiting model and CHVP-required documents. (b) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring. (c) NFP LHJs will coordinate data system requirements with the NFP National Service Office. (d) HFA LHJs will coordinate with the 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. (e) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Penelope or Visit Tracker Web data system(s) 	<ul style="list-style-type: none"> • 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 CHVP requirements. • Participate in regular technical assistance calls and site visits with CDPH/CHVP staff.

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Goal 3: Collect, enter, and report on all required participant data.			
#	Objective	Activities	Deliverables
		(f) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model. (g) Provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed.	

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Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.

#	Objective	Activity	Deliverable
4.1	<p>LHJ leadership will monitor the use of funds for Special Support Activities.</p> <p>NOTE: LHJs can spend up to 25% of the FY 2024-25 SGF EBHV allocation on Special Support Activities.</p>	<p>(a) Additional Staff Costs: Fund staff costs associated with providing home visits or administration for programs, including incentive bonuses or overtime pay that supports individual employees.</p> <p>(b) Training: Fund additional training opportunities that address the needs of families, including but not limited to health equity, reproductive justice, social determinants of health, etc.</p> <p>(c) Technology: Fund and distribute the necessary technological means for participant families and staff.</p> <p>(d) Family Support Materials: Fund the purchase of necessary support materials, including diapers, diapering supplies, gift cards, and prepaid grocery cards to participating families for the purpose of providing extra support.</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Special Support Activity Report <p>Additional Staff Costs:</p> <ul style="list-style-type: none"> ○ Number of staff (not FTE) receiving incentive or other pay ○ Total amount spent on Additional Staff Costs ○ Explanation of fund use <p>Training:</p> <ul style="list-style-type: none"> ○ Name and date of training. ○ Purpose and description of training ○ Name and number of staff participating in training ○ Costs associated with training, including travel <p>Technology:</p> <ul style="list-style-type: none"> ○ Hardware or software purchased ○ Number of families receiving technology

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Goal 4 (if applicable): Provide relief and support with rebuilding and stabilizing for staff and families served by Local MCAH home visiting programs, including CHVP Innovation Projects, through enhanced training, technology, additional staff costs, and family support materials.

			<ul style="list-style-type: none"> ○ Number of staff receiving technology Family Support Materials: <ul style="list-style-type: none"> ○ Type and number of gift cards purchased and distributed ○ Type and number of prepaid grocery cards purchased and distributed. ○ Number of families receiving diapers and diapering supplies ○ Information about “other” Family Support Materials purchased
4.2	LHJ leadership will maintain clean and compliant special support activity data, per CHVP guidelines.	(a) Collect, maintain, and report use of Special Support funds as outlined in CHVP Special Support Activity guidance.	<p>Submission of:</p> <ul style="list-style-type: none"> ● Special Support Activity Report ● Additional documentation upon request

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Home Visiting Model	Monitoring Channel	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP.		
All	Staffing Report	January 15, April 15, July 15, October 15
All	Status Report <ul style="list-style-type: none"> • CAB Roster, Minutes, and Agendas • MOUs or informal agreements with community agencies and service providers • Outreach logs • Training plans and logs • Policies and Procedures • Referral Triage Plan • Confirmation of signed Participant Consent Forms • Confirmation of signed confidentiality agreements for all direct staff • Model Developer Agreement, Accreditation, and/or Affiliation documentation. • Special Support Activity Report 	April 15 and/or October 15 as determined by CDPH/CHVP
Nurse-Family Partnership	Priority Population Survey	April 15 and October 15
All	CQI plans, data, and information	Upon Request

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Home Visiting Model	Monitoring Channel	Due Date
All	Technical assistance calls/meetings	Quarterly (TBD)
All	Site Visit	TBD
All (if applicable)	Special Support Activity Report	April 15 and October 15

NOTE: If compliance standards are not met in a timely manner, CDPH/CHVP 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 4:26 pm, Jan 17, 2025

Jessica Ferrer

MCAH Director Name

MCAH Director Signature

Date



TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health Officer

State of California—Health and Human Services Agency California Department of Public Health



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,

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 _____, 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.

Agency Name/Local Health Jurisdiction

Name and Title

Signature

Date

CDPH Maternal, Child and Adolescent Health Division/Center for Family Health
MS 8300 • P.O. Box 997420 • Sacramento, CA 95899-7420
(916) 650-0300 • (916) 650-0305 FAX
[Department Website](http://www.cdph.ca.gov) (www.cdph.ca.gov)



**SPMP ATTESTATION
Exhibit A**

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1					
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
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