



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



GAVIN NEWSOM  
Governor

October 9, 2020

Rose Mary Rahn  
MCAH Director  
County of Fresno  
1221 Fulton St  
Fresno, CA 93721

Dear Rose Mary:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT  
CHVP 20-10, CHVP 21-10, CHVP 22-10 – FISCAL YEARS (FY) 2020-23

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency’s AFA for administration of MCAH related programs.

To carry out the program(s) outlined in your approved SOW(s) and Budget(s), during the period of October 1, 2020 through September 30, 2023, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

California Home Visiting Program FY20-21.....	\$644,156
California Home Visiting Program FY21-22.....	\$644,156
California Home Visiting Program FY22-23.....	\$644,156

The availability of MIECHV funds are based upon funds appropriated in the FY 2019-23 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.

**Caseload Requirements: Your Maximum Caseload Capacity (MCC) is 75. All sites must maintain at least 85% of their caseload capacity (CC).**



Please ensure that all necessary individuals within your Agency are notified of this approval and that the approved AFA documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in your approved Budget is incorrect or different from that negotiated, please contact your contract manager, Michael Neff by e-mail at Michael.Neff@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of your approved AFA documents.

Sincerely,

*Angelica Jimenez-Bean*

Angelica Jimenez-Bean  
Section Chief - Contract Management and Allocations Process  
Maternal, Child and Adolescent Health Division

cc: Jennifer Day  
County of Fresno, Department of Public Health

Bruna Chavez  
County of Fresno, Department of Public Health

Michael Neff  
Contract Manager

Susan Zimny  
CHVP Program Consultant

ORIGINAL BUDGET

**BUDGET SUMMARY**

FISCAL YEAR	BUDGET	INVOICE TYPE	BUDGET STATUS	BALANCE
2020-2021	ORIGINAL	QUARTERLY	ACTIVE	

Rev. 09/08/20

PURPOSE:	California Home Visiting Program (MIECHV)			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno			CHVP, 53128							
AGREEMENT #:	CHVP 20-10	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	
<b>FUNDING TOTALS</b>		644,156		644,156							

EXPENSE CATEGORY										
PERSONNEL		\$356,566	100.00%	\$356,566						
FRINGE BENEFITS		\$283,613	100.00%	\$283,613						
OPERATING		\$900	100.00%	\$900						
EQUIPMENT										
TRAVEL										
SUBCONTRACTS										
OTHER COSTS		\$3,077	100.00%	\$3,077						
INDIRECT COST										
<b>BUDGET TOTALS</b>		\$644,156	100.00%	\$644,156						
		BALANCES =====>								

<b>Maximum Amount Payable:</b>	<b>\$644,156</b>
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I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over Rose Mary Rahn DATE 10/8/2020  
 Printed Name Rose Mary Rahn Project Director

State Use Only	FUNDING SOURCE	CHVP				
	PCA CODE	53128				
PERSONNEL		356,566				
FRINGE BENEFITS		283,613				
OPERATING		900				
EQUIPMENT						
TRAVEL						
SUBCONTRACTS						
OTHER COSTS		3,077				
INDIRECT COST						
Totals for PCA Codes		644,156		644,156		

ORIGINAL BUDGET

PURPOSE:	California Home Visiting Program (MIECHV)			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno			CHVP, 53128							
AGREEMENT #:	CHVP 20-10			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
SUBK:				TOTAL FUNDING	%	\$	%	\$	%	\$	%
<b>FUNDING TOTALS</b>				644,156		644,156					

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)						
<b>PERSONNEL</b>												
TOTAL PERSONNEL COSTS						356,566	356,566					
TOTAL WAGES						356,566	356,566					
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES							
1	RR	MCAH Director/Division Manager (In-kind)	15.00%									
2	JD	Supervising Public Health Nurse	75.00%	107,667	80,750	100.00%	80,750					
3	SH	Public Health Nurse I	100.00%	88,830	88,830	100.00%	88,830					
4	CD	Public Health Nurse I	100.00%	86,672	86,672	100.00%	86,672					
5	ST	Public Health Nurse II	100.00%	100,314	100,314	100.00%	100,314					
6	GT	Office Assistant III (In-kind)	100.00%									
7												
8												
9												
10												

FRINGE BENEFITS						RECONCILIATION SECTION (Remaining Funds)					
TOTAL FRINGE BENEFITS						283,613	283,613				

OPERATING						RECONCILIATION SECTION (Remaining Funds)					
TOTAL OPERATING EXPENSES						900	900				
1		General Expense			900	100.00%	900				
2											
3											
4											
5											

EQUIPMENT						RECONCILIATION SECTION (Remaining Funds)					
TOTAL EQUIPMENT EXPENSES											
1											
2											
3											
4											
5											

TRAVEL						RECONCILIATION SECTION (Remaining Funds)					
TOTAL TRAVEL EXPENSES											
1											
2											
3											
4											
5											

ORIGINAL BUDGET

PURPOSE:	California Home Visiting Program (MIECHV)		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno		CHVP, 53128							
AGREEMENT #:	CHVP 20-10	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
<b>FUNDING TOTALS</b>		644,156		644,156						

EXPENSE CATEGORY										
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SUBCONTRACTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL SUBCONTRACT EXPENSES										
1										
2										
3										
4										
5										

OTHER COSTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL OTHER COSTS		3,077	100.00%	3,077						
1	Books & Publications	1,200	100.00%	1,200						
2	Client Support Materials	1,877	100.00%	1,877						
3										
4										
5										

INDIRECT COST		RECONCILIATION SECTION (Remaining Funds)								
TOTAL INDIRECT COSTS										
of Total Personnel and Benefits										

**Original Budget Justification Section**

CHVP 20-10 Fresno

ACTIVE

**PERSONNEL**

		TOTALS	490.00%	383,483	356,566		283,613	
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT	Justification
1	RR	MCAH Director/Division Manager (In-kind)	15.00%					
2	JD	Supervising Public Health Nurse	75.00%	107,667	80,750	79.54%	64,229	Under the direction of the MCAH Director/Public Health Nursing Division Manager, provides direction for all aspects of the Nurse-Family Partnership (NFP) program in accordance with regulations, standards, and guidelines established by the NFP National Service Office, Denver, Colorado.  Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants.  Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants.  Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants.
3	SH	Public Health Nurse I	100.00%	88,830	88,830	79.54%	70,655	
4	CD	Public Health Nurse I	100.00%	86,672	86,672	79.54%	68,939	
5	ST	Public Health Nurse II	100.00%	100,314	100,314	79.54%	79,790	
6	GT	Office Assistant III (In-kind)	100.00%					
7								
8								
9								
10								

**FRINGE BENEFITS**

		TOTAL FRINGE BENEFITS	283,613	Justification

**OPERATING**

		TOTAL OPERATING	900	Justification
1	General Expense		900	General office expenses for staff to carry out day to day activities. Client chart binders, shredders, paper, pens, ink, staplers, calendars, thermometers, batteries, sanitizing wipes, disposable measuring tape, exam gloves, etc.
2				
3				
4				
5				

**EQUIPMENT**

		TOTAL EQUIPMENT EXPENSES		Justification
1				
2				
3				
4				
5				

**TRAVEL**

		TOTAL TRAVEL EXPENSES		Justification
1				
2				
3				
4				
5				

**SUBCONTRACTS**

		TOTAL SUBCONTRACT EXPENSES		Justification
1				
2				
3				
4				
5				

**Original Budget Justification Section**

CHVP 20-10 Fresno

ACTIVE

OTHER COSTS		Justification	
TOTAL OTHER COSTS		3,077	
1	Books & Publications	1,200	Books in English and Spanish that support CHVP SOW, provided to clients to increase knowledge and skills for parenting and safety, provide cognitive stimulation and support early literacy. Books include: Good Night Moon; Let's Learn series; Who's That? It's Me, Mama; The Very Hungry Caterpillar; Brainy Baby Book set. Some educational materials incorporate extensive graphics to engage target population and have corresponding web apps: Understanding Pregnancy, Birth, Your Newborn; Mother & New Baby Care; What To Do When My Child Is Sick.
2	Client Support Materials	1,877	Items to assist with achieving program goals during the course of the program. Supplemental materials include toys, breastfeeding pumps, infant rattles, infant mirrors, toothbrushes, sorting rings and blocks. The items comply with CHVP Policy 400-30.
3			
4			
5			

INDIRECT COST		Justification	
TOTAL INDIRECT COSTS			
	of Total Personnel and Benefits		Per CDPH approved ICR.

**BUDGET SUMMARY**

FISCAL YEAR	BUDGET	INVOICE TYPE	BUDGET STATUS	BALANCE
2021-2022	ORIGINAL	QUARTERLY	ACTIVE	

Rev. 09/08/20

PURPOSE:	California Home Visiting Program (MIECHV)	FUNDING SOURCE, PCA			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno	CHVP, 53128								
AGREEMENT #:	CHVP 21-10	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
<b>FUNDING TOTALS</b>		644,156		644,156						

EXPENSE CATEGORY										
PERSONNEL	\$358,781	100.00%	\$358,781							
FRINGE BENEFITS	\$285,375	100.00%	\$285,375							
OPERATING										
EQUIPMENT										
TRAVEL										
SUBCONTRACTS										
OTHER COSTS										
INDIRECT COST										
<b>BUDGET TOTALS</b>	\$644,156	100.00%	\$644,156							
<b>BALANCES</b>		=====>								

<b>Maximum Amount Payable:</b>	<b>\$644,156</b>
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I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over *Rose Mary Rahn*      10/8/2020  
 Printed Name Rose Mary Rahn      DATE  
 Project Director

State Use Only	FUNDING SOURCE	CHVP					
	PCA CODE	53128					
PERSONNEL		358,781					
FRINGE BENEFITS		285,375					
OPERATING							
EQUIPMENT							
TRAVEL							
SUBCONTRACTS							
OTHER COSTS							
INDIRECT COST							
Totals for PCA Codes	644,156	644,156					



PURPOSE:	California Home Visiting Program (MIECHV)		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno		CHVP, 53128							
AGREEMENT #:	CHVP 21-10	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
<b>FUNDING TOTALS</b>		644,156		644,156						

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)					
<b>PERSONNEL</b>						100.00%	358,781				
TOTAL PERSONNEL COSTS						358,781	358,781				
TOTAL WAGES						358,781	358,781				
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES						
1	RR	MCAH Director/Division Manager (In-kind)	15.00%								
2	JD	Supervising Public Health Nurse	69.78%	111,032	77,480	100.00%	77,480				
3	SH	Public Health Nurse I	100.00%	91,606	91,606	100.00%	91,606				
4	CD	Public Health Nurse I	100.00%	89,381	89,381	100.00%	89,381				
5	ST	Public Health Nurse II	100.00%	100,314	100,314	100.00%	100,314				
6	GT	Office Assistant I (In-kind)	100.00%								
7											
8											
9											
10											

FRINGE BENEFITS						RECONCILIATION SECTION (Remaining Funds)					
						100.00%	285,375				
TOTAL FRINGE BENEFITS						285,375	285,375				

OPERATING						RECONCILIATION SECTION (Remaining Funds)					
TOTAL OPERATING EXPENSES											
1											
2											
3											
4											
5											

EQUIPMENT						RECONCILIATION SECTION (Remaining Funds)					
TOTAL EQUIPMENT EXPENSES											
1											
2											
3											
4											
5											

TRAVEL						RECONCILIATION SECTION (Remaining Funds)					
TOTAL TRAVEL EXPENSES											
1											
2											
3											
4											
5											

ORIGINAL BUDGET

PURPOSE:	California Home Visiting Program (MIECHV)		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno		CHVP, 53128							
AGREEMENT #:	CHVP 21-10	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
<b>FUNDING TOTALS</b>		644,156		644,156						

EXPENSE CATEGORY										
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SUBCONTRACTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL SUBCONTRACT EXPENSES										
1										
2										
3										
4										
5										

OTHER COSTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL OTHER COSTS										
1										
2										
3										
4										
5										

INDIRECT COST		RECONCILIATION SECTION (Remaining Funds)								
TOTAL INDIRECT COSTS										
of Total Personnel and Benefits										

**Original Budget Justification Section**

CHVP 21-10 Fresno

ACTIVE

**PERSONNEL**

		TOTALS	484.78%	392,332	358,781		285,375	Justification
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT	
1	RR	MCAH Director/Division Manager (In-kind)	15.00%					Under the direction of the MCAH Director/Public Health Nursing Division Manager, provides direction for all aspects of the Nurse-Family Partnership (NFP) program in accordance with regulations, standards, and guidelines established by the NFP National Service Office, Denver, Colorado. Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants. Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants. Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants.
2	JD	Supervising Public Health Nurse	69.78%	111,032	77,480	79.54%	61,628	
3	SH	Public Health Nurse I	100.00%	91,606	91,606	79.54%	72,863	
4	CD	Public Health Nurse I	100.00%	89,381	89,381	79.54%	71,094	
5	ST	Public Health Nurse II	100.00%	100,314	100,314	79.54%	79,790	
6	GT	Office Assistant I (In-kind)	100.00%					
7								
8								
9								
10								

**FRINGE BENEFITS**

<b>TOTAL FRINGE BENEFITS</b>							285,375	Justification
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**OPERATING**

<b>TOTAL OPERATING</b>								Justification
1								
2								
3								
4								
5								

**EQUIPMENT**

<b>TOTAL EQUIPMENT EXPENSES</b>								Justification
1								
2								
3								
4								
5								

**TRAVEL**

<b>TOTAL TRAVEL EXPENSES</b>								Justification
1								
2								
3								
4								
5								

**SUBCONTRACTS**

<b>TOTAL SUBCONTRACT EXPENSES</b>								Justification
1								
2								
3								
4								
5								

**Original Budget Justification Section**

CHVP 21-10 Fresno

ACTIVE

OTHER COSTS		Justification
TOTAL OTHER COSTS		
1		
2		
3		
4		
5		

INDIRECT COST		Justification
TOTAL INDIRECT COSTS		
	of Total Personnel and Benefits	Per CDPH approved ICR.

ORIGINAL BUDGET

**BUDGET SUMMARY**

FISCAL YEAR	BUDGET	INVOICE TYPE	BUDGET STATUS	BALANCE
2022-2023	ORIGINAL	QUARTERLY	ACTIVE	

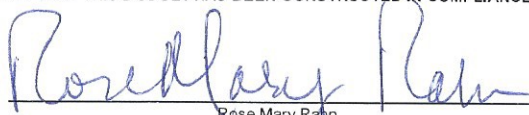
Rev. 09/08/20

PURPOSE:	California Home Visiting Program (MIECHV)		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno		CHVP, 53128							
AGREEMENT #:	CHVP 22-10	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
<b>FUNDING TOTALS</b>		644,156		644,156						

EXPENSE CATEGORY										
PERSONNEL	\$358,781	100.00%	\$358,781							
FRINGE BENEFITS	\$285,375	100.00%	\$285,375							
OPERATING										
EQUIPMENT										
TRAVEL										
SUBCONTRACTS										
OTHER COSTS										
INDIRECT COST										
<b>BUDGET TOTALS</b>		\$644,156	100.00%	\$644,156						
<b>BALANCES</b>		=====	>							

<b>Maximum Amount Payable:</b>	<b>\$644,156</b>
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I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over  DATE 10/8/2020

Printed Name Rose Mary Rahn  
Project Director

State Use Only	FUNDING SOURCE	CHVP							
	PCA CODE		53128						
PERSONNEL			358,781						
FRINGE BENEFITS			285,375						
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACTS									
OTHER COSTS									
INDIRECT COST									
Totals for PCA Codes		644,156	644,156						

PURPOSE:	California Home Visiting Program (MIECHV)			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	Fresno			CHVP, 53128								
AGREEMENT #:	CHVP 22-10			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:				TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
<b>FUNDING TOTALS</b>				644,156		644,156						

EXPENSE CATEGORY												
<b>PERSONNEL</b>						<b>RECONCILIATION SECTION (Remaining Funds)</b>						
TOTAL PERSONNEL COSTS						358,781	100.00%	358,781				
TOTAL WAGES						358,781		358,781				
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES							
1	RR	MCAH Director/Division Manager (In-kind)	15.00%									
2	JD	Supervising Public Health Nurse	62.73%	114,501	71,825	100.00%	71,825					
3	SH	Public Health Nurse I	100.00%	94,469	94,469	100.00%	94,469					
4	CD	Public Health Nurse I	100.00%	92,173	92,173	100.00%	92,173					
5	ST	Public Health Nurse II	100.00%	100,314	100,314	100.00%	100,314					
6	GT	Office Assistant I (In-kind)	100.00%									
7												
8												
9												
10												

<b>FRINGE BENEFITS</b>						<b>RECONCILIATION SECTION (Remaining Funds)</b>						
TOTAL FRINGE BENEFITS						285,375	100.00%	285,375				

<b>OPERATING</b>						<b>RECONCILIATION SECTION (Remaining Funds)</b>						
TOTAL OPERATING EXPENSES												
1												
2												
3												
4												
5												

<b>EQUIPMENT</b>						<b>RECONCILIATION SECTION (Remaining Funds)</b>						
TOTAL EQUIPMENT EXPENSES												
1												
2												
3												
4												
5												

<b>TRAVEL</b>						<b>RECONCILIATION SECTION (Remaining Funds)</b>						
TOTAL TRAVEL EXPENSES												
1												
2												
3												
4												
5												

ORIGINAL BUDGET

PURPOSE:	California Home Visiting Program (MIECHV)		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno		CHVP, 53128							
AGREEMENT #:	CHVP 22-10	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
<b>FUNDING TOTALS</b>		644,156		644,156						

EXPENSE CATEGORY										
------------------	--	--	--	--	--	--	--	--	--	--

SUBCONTRACTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL SUBCONTRACT EXPENSES										
1										
2										
3										
4										
5										

OTHER COSTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL OTHER COSTS										
1										
2										
3										
4										
5										

INDIRECT COST		RECONCILIATION SECTION (Remaining Funds)								
TOTAL INDIRECT COSTS										
of Total Personnel and Benefits										

**Original Budget Justification Section**

CHVP 22-10 Fresno

ACTIVE

**PERSONNEL**

		TOTALS	477.73%	401,457	358,781		285,375	
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT	Justification
1	RR	MCAH Director/Division Manager (In-kind)	15.00%					
2	JD	Supervising Public Health Nurse	62.73%	114,501	71,825	79.54%	57,130	Under the direction of the MCAH Director/Public Health Nursing Division Manager, provides direction for all aspects of the Nurse-Family Partnership (NFP) program in accordance with regulations, standards, and guidelines established by the NFP National Service Office, Denver, Colorado. Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants. Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants. Provide comprehensive case management nurse home visiting with fidelity to the NFP model through skilled assessment and instruction to pregnant and parenting women and their infants.
3	SH	Public Health Nurse I	100.00%	94,469	94,469	79.54%	75,141	
4	CD	Public Health Nurse I	100.00%	92,173	92,173	79.54%	73,314	
5	ST	Public Health Nurse II	100.00%	100,314	100,314	79.54%	79,790	
6	GT	Office Assistant I (In-kind)	100.00%					
7								
8								
9								
10								

**FRINGE BENEFITS**

<b>TOTAL FRINGE BENEFITS</b>							285,375	Justification
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**OPERATING**

<b>TOTAL OPERATING</b>								Justification
1								
2								
3								
4								
5								

**EQUIPMENT**

<b>TOTAL EQUIPMENT EXPENSES</b>								Justification
1								
2								
3								
4								
5								

**TRAVEL**

<b>TOTAL TRAVEL EXPENSES</b>								Justification
1								
2								
3								
4								
5								

**SUBCONTRACTS**

<b>TOTAL SUBCONTRACT EXPENSES</b>								Justification
1								
2								
3								
4								
5								



**Original Budget Justification Section**

CHVP 22-10 Fresno

ACTIVE

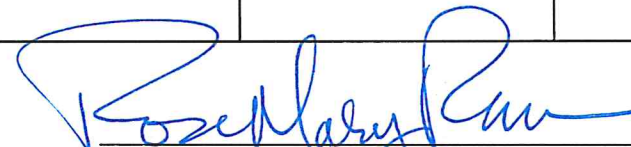
OTHER COSTS		Justification
	TOTAL OTHER COSTS	
1		
2		
3		
4		
5		

INDIRECT COST		Justification
	TOTAL INDIRECT COSTS	
	of Total Personnel and Benefits	Per CDPH approved ICR.

## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

### Goals, Objectives, and Measures for July 1, 2021 – June 30, 2022

Goal 1: Provide leadership and structure for implementation of the California Home Visiting Program (CHVP) at the Local Implementing Agency (LIA)					
#	Objective	Activities	Responsible Party	Start and End Dates	Deliverables
<b>Staffing Requirements</b>					
1.1	LIA will ensure Maternal, Child, and Adolescent Health (MCAH) Director and/or designee dedicate no less than 5% Full-Time Equivalent (FTE) and no more than 15% FTE on the CHVP budget and staffing reports.	(A.) Provide oversight to LIA site managers, supervisors, staff, and various entities on all matters related to the development, implementation, operation, administration, evaluation, and reporting for local implementation of CHVP.  (B.) Attend monthly MCAH and quarterly CHVP Directors calls.  (C.) Participate in ongoing local community stakeholder groups, site visits, meetings, and/or conferences as directed.	<ul style="list-style-type: none"> <li>MCAH Program Director/Equivalent Designee</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>Submission of status reports</li> <li>Submission of staffing reports</li> <li>Submission of Community Advisory Board (CAB) meeting materials, roster, agendas, and minutes</li> <li>Participation in site visits</li> </ul> <p>Note: If the LIA has a subcontractor, a Department of Public Health representative must be present during entire site visit.</p>

  
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 Rose Mary Rahn, MCAH Director

## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

<b>1.2</b>	LIA will implement home visiting programs using culturally proficient practices.	(A.) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences.	<ul style="list-style-type: none"> <li>• Supervising Public Health Nurse (SPHN) or Program Manager</li> <li>• Home Visitors</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of status report</li> <li>• Submission of Training Log</li> </ul>
		(B.) Recruit and hire staff that reflect the community served and/or speak the language of participants when possible.	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> <li>• Home Visitors</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of staffing report</li> <li>• Submission of status report</li> </ul>
<b>1.3</b>	LIA will hire, train, and retain staff to comply with selected home visiting model requirements and CHVP policies and procedures.	(A.) Participate in required trainings as related to screening tools, health assessments, reflective supervision, data collection tools and software.	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> <li>• Home Visitors</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of Training Log</li> <li>• Submission of Training Plan</li> </ul>
		(B.) Maintain full staffing capacity to serve home visiting program participants and adhere to the specific model-based guidelines.	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of staffing report</li> </ul>

## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

Program Requirements					
<b>1.4</b>	LIA will reach and maintain negotiated Caseload Capacity (CC).	(A.) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals.	<ul style="list-style-type: none"> <li>• MCAH Director/ Equivalent Designee</li> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Outreach activities listed on Nurse-Family Partnership (NFP) or Healthy Families America (HFA) Outreach Log</li> </ul>
		(B.) Develop a Referral Triage Plan process for incoming home visiting participants.	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of Referral Triage Plan outlining referral process (flow chart, logic model, narrative, etc.) annually with status report.</li> </ul>
		(C.) Home visitors will maintain 100% negotiated CC	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of complete and timely data for 100% negotiated CC</li> </ul>
<b>1.5</b>	LIA will ensure selected home visiting model fidelity and quality assurance.	(A.) Implement NFP and HFA model requirements in accordance with the NFP Model Elements or the HFA Best Practice Standards.	<ul style="list-style-type: none"> <li>• MCAH Director/ Equivalent Designee</li> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of accreditation reports and/or proof of application for affiliation</li> </ul>

## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

<b>1.6</b>	LIA will develop and implement home visiting policies and procedures.	(A.) Conduct an annual review of LIA policies and procedures and update as needed.	<ul style="list-style-type: none"> <li>• MCAH Director/ Equivalent Designee</li> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of policies and procedures annually with status report.</li> </ul>
		(B.) Conduct an annual review of CHVP policies and procedures.	<ul style="list-style-type: none"> <li>• MCAH Director/ Equivalent Designee</li> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Completion of policies and procedures questions during site visit.</li> </ul>
<b>1.7</b>	LIA will accurately collect and submit participant data using selected home visiting model and CHVP-required documents.	(A.) Implement all CHVP policies and procedures relating to screening and assessment tools into home visiting practice.	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of timely and accurate data</li> </ul>
		(B.) Adhere to all CHVP policies and procedures relating to data collection and standardization.	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of timely and accurate data</li> </ul>
		(C.) Comply with NFP Data Collection Documentation or CHVP HFA Data Collection Manual.	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of timely and accurate data</li> </ul>

## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

Continuous Quality Improvement (CQI) Requirements					
<b>1.8</b>	LIA will conduct CQI projects and activities that align with CHVP program improvement goals.	(A.) Participate in quality improvement activities as directed by CHVP.	<ul style="list-style-type: none"> <li>SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>Participation in quarterly technical assistance (TA) meetings</li> <li>Participation in all CQI meetings</li> <li>Submission of CQI plans, data, and information as requested by CHVP</li> </ul>
		(B.) Utilize the CAB to inform and address quality improvement projects and decisions.	<ul style="list-style-type: none"> <li>SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>Submission of Community Advisory Board (CAB) meeting materials (CAB roster, agenda, and minutes) with status report</li> </ul>
		(C.) Utilize data to inform and improve program activities.	<ul style="list-style-type: none"> <li>SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>Submission of CQI plans, data, and information as requested by CHVP</li> </ul>

## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

<b>Goal 2: Integrate the home visiting program into the Local Early Childhood System</b>					
	<b>Objective</b>	<b>Activities</b>	<b>Responsible Party</b>	<b>Start and End Dates</b>	<b>Deliverables</b>
<b>2.1</b>	LIA will collaborate with local early childhood system partners to ensure a continuum of services for families.	(A.) Meet and work with local early childhood system partners to coordinate services to families.	<ul style="list-style-type: none"> <li>• MCAH Director/ Equivalent Designee</li> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of Community Advisory Board (CAB) meeting materials (CAB roster, agenda, and minutes) with status report</li> <li>• Submission of MOUs and/or informal agreements with status report</li> </ul>
<b>2.2</b>	LIA will pursue, develop, and maintain relationships with local service agencies, hospitals, and referral resources to facilitate the coordination of services and recruit participants.	<p>(A.) Develop Memorandum of Understanding (MOU) agreements and/or informal written agreements (e.g., letters of support) with community agencies and service providers.</p> <p>(B.) Maintain a CAB that meets at least quarterly to establish appropriate linkages to referral and service systems, including local early childhood system partners.</p>	<ul style="list-style-type: none"> <li>• MCAH Director/ Equivalent Designee</li> <li>• SPHN or Program Manager</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of MOUs and/or informal agreements with status report</li> <li>• Submission of Outreach Log annually with status report</li> <li>• Submission of CAB meeting materials (CAB roster, agenda, and minutes) with status report</li> </ul>

## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

<b>Goal 3: Monitor federal benchmark measures to show improvement in maternal and early childhood health</b>					
<b>#</b>	<b>Objective</b>	<b>Activities</b>	<b>Responsible Party</b>	<b>Start and End Dates</b>	<b>Deliverables</b>
<b>3.1</b>	LIA will collect and submit all information required for HRSA/MIECHV reporting.	(A.) On an ongoing basis, complete all model-issued forms and assessment tools entirely. Forms and assessment tools are defined by CHVP and model-issued data collection manual(s).	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> <li>• Home Visitors</li> <li>• Data Clerk</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Submission of data for the following federal reports:</li> <li>• Demographic, Service Utilization, and Select Clinical Indicators (Form 1)</li> <li>• Performance Indicators and Systems Outcomes (Form 2)</li> <li>• Quarterly Performance Report (Form 4)</li> <li>• Submission of NFP Priority Population Survey on Status Reports</li> </ul>
		(B.) Collect federally required priority population data for all participants served on an annual basis, entered directly into the data system (HFA) or via Share Point (NFP)	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> <li>• Data Clerk</li> </ul>	7/1/2021 – 6/30/2022	



## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

<b>3.2</b>	LIA will maintain clean and compliant data for all home visiting activities and participants.	<p>(A.) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring.</p> <p>Note: HFA LIAs are required to use the Partners for a Healthy Baby curriculum</p>	<ul style="list-style-type: none"> <li>• SPHN or Program Manager</li> <li>• Home Visitors</li> <li>• Data Clerk</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Demonstrated compliance with data-related policies and program quality measures</li> <li>• Evidence of data cleaning on a monthly and quarterly basis using the CHVP data cleaning schedule (HFA) or model supplied data reports (NFP)</li> </ul>
		<p>(B.) Collect and enter the participant data into secure and designated data system within seven working days of data collection and as required by NFP or HFA models.</p>	<ul style="list-style-type: none"> <li>• Home Visitors</li> <li>• Data Clerk</li> </ul>	7/1/2021 – 6/30/2022	<ul style="list-style-type: none"> <li>• Evidence of data cleaning on a monthly and quarterly basis using the CHVP data cleaning schedule</li> <li>• Evidence of data submission within seven working days of data collection</li> <li>• Evidence of signed participant consent forms</li> </ul>

Contract #/LIA Name:  
 California Home Visiting Program - MIECHV  
 Scope of Work

## California Home Visiting Program Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Scope of Work

All reports and documentation are due via SharePoint unless otherwise directed by CHVP

Frequency	Monitoring Channels
Quarterly on January 15 <sup>th</sup> , April 15 <sup>th</sup> , July 15 <sup>th</sup> , and October 15 <sup>th</sup>	<ul style="list-style-type: none"> <li>• Staffing Reports</li> </ul>
Semi-annually on April 15 <sup>th</sup> and October 15 <sup>th</sup>	<ul style="list-style-type: none"> <li>• Priority Population Survey (NFP)</li> <li>• CAB roster, minutes and agendas</li> <li>• Status Reports</li> <li>• MOUs or informal agreements with community agencies and service providers</li> </ul>
Annually on April 15 <sup>th</sup> or October 15 <sup>th</sup>	<ul style="list-style-type: none"> <li>• CQI Plan (if applicable)</li> <li>• Outreach log</li> <li>• Training Logs and Training Plans</li> <li>• Policies and Procedures</li> <li>• Chart Audit process</li> <li>• Referral Triage Plan</li> <li>• Participant Funding Source Triage Plan</li> </ul>
During Site Visit. Dates to be determined	<ul style="list-style-type: none"> <li>• Policies and Procedures</li> <li>• Participant Consent Forms</li> </ul>
Upon Request	<ul style="list-style-type: none"> <li>• Model developer agreement, accreditation, and affiliation documentation</li> </ul>

**NOTE:** If compliance standards are not met in a timely manner, CHVP may place an LIA on a Performance Improvement Plan (PIP). In addition, 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.

**Approval Letter for Agreement Funding Application Between the  
County of Fresno and the California Department of Public Health**

**Agreement Name:** CDPH California Home Visiting Program Grant Agreement No.  
CHVP 20-10, CHVP 21-10, CHVP 22-10

Fund/Subclass: 0001/10000  
Organization #: 56201718  
Revenue Account #: 4382