



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

December 16, 2022

**TO:** MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH)  
DIRECTORS/ CALIFORNIA HOME VISITING PROGRAM (CHVP)  
DIRECTORS, COORDINATORS, OR DESIGNEE

**SUBJECT:** FISCAL YEAR (FY) 2022-2023: Year 1 CHVP STATE GENERAL FUND  
(SGF) AGREEMENT FUNDING APPLICATION (AFA) ANNOUNCEMENT

This letter announces the FY 2022-2023 AFA Process that provides allocation and contract funding updates for Year 1 of the of California Home Visiting Program State General Fund Expansion (CHVP SGF EXP).

**FY 2022-23 State General Funding is as Follows:**

CHVP SGF EXP funding allocations are for State General Funds only and cannot be combined with other funding including Maternal, Infant, and Early Childhood Home Visiting (MIECHV) dollars but may be braided. Please reach out to your Contract Manager (CM) if you have questions. Please note that CHVP Allocations funded with MIECHV, are implemented through a separate allocation agreement.

**AFA Timeline/ Important Dates:**

Friday, December 16 <sup>th</sup>	<p><b>Release of FY 22-23 AFA Notification for Year 1 CHVP SGF EXP.</b> AFA forms will be sent via email attachment.</p> <p><b>NOTE:</b> New LHJs must complete all AFA forms. LHJs that participated in the previous CHVP 2019 SGF EXP AFA cycle will not need to complete all AFA forms, and their assigned CM will provide a checklist of AFA forms that may need to be updated.</p>
Friday, December 30 <sup>th</sup>	<p><b>AFA Packages and Updated Forms Due back to MCAH.</b> If needed, please contact your CM for any extensions.</p>
Monday, January 30 <sup>th</sup>	<p><b>MCAH CM/ PC AFA Package Review and Approval.</b> <u>Your CM and Program Consultant (PC)</u> will review your AFA package. LHJs will be notified if revisions are needed before approval.</p>



### **AFA Submission:**

**Packages are due via email to [MCAHFINACT@cdph.ca.gov](mailto:MCAHFINACT@cdph.ca.gov) by Friday, December 30<sup>th</sup>.** If you have any questions about the AFA process or require an extension due to the extenuating circumstances of COVID-19, please contact your CM as soon as possible.

There may have been changes since the last AFA submission. We recommend that all LHJs review the [Fiscal Administration Policy and Procedure Manual](#) prior to building and submitting their FY 22-23 AFAs. Please note that CHVP SGF EXP Year 1 has a unique naming convention (Reference the example under the Invoice Submission section of this letter, or on the AFA checklist).

LHJs will be notified via email when their AFA package is approved and they and they are permitted to invoice for services retroactively to **July 1, 2022**.

### **Invoice Submission:**

As communicated in CDPH/ MCAH alert letter 20160710 on October 7, 2016, all invoices and supporting documentation must be submitted via email to: the MCAH invoice box: [MCAHInvoices@cdph.ca.gov](mailto:MCAHInvoices@cdph.ca.gov). To ensure appropriate processing, please use the following invoice naming convention for the signed invoice PDF and Excel files as well as the subject line of the email:

Agreement Number (space) LHJ Name (space) Fiscal Year (space) Invoice Quarter Number

Example: CHVP SGF EXP 22b-01 Alameda FY22-23 Q1

Invoice submission must include:

- Signed cover letter on LHJ letterhead
- Signed invoice (Please note: electronic signatures are accepted)
- Updated invoice information in the approved Excel Budget-Invoice Template

MCAH Directors, CHVP Project Coordinators, or Designee  
December 16, 2022

**Invoice Submission Timeline:**

<b>Pay Period</b>	<b>Duration</b>	<b>Due Date</b>
Quarter 1	July – September	November 15 <sup>th</sup>
Quarter 2	October – December	February 15 <sup>th</sup>
Quarter 3	January – March	May 15 <sup>th</sup>
Quarter 4	April – June	August 15 <sup>th</sup>

Thank you for your assistance and timely submission of your AFA package. If you have any questions or concerns, please contact your CM.

Sincerely,



Angelica Jimenez-Bean  
Section Chief, Contract Management and Allocations Process  
Maternal, Child and Adolescent Health Division  
Center for Family Health  
California Department of Public Health

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

**FUNDING AGREEMENT PERIOD  
FY 2022-2023**

**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 SGF EXP 22b-10

Update Effective Date: \_\_\_\_\_ (only required when submitting updates)

Federal Employer ID#:

FI\$CAL ID#:

Complete Official Agency Name: County of Fresno

Business Address: 1221 Fulton Street, Fresno, CA 93721

Agency Phone: (559) 600-3330

Agency Fax: (559) 455-4705

Agency Website: [www.co.fresno.ca.us](http://www.co.fresno.ca.us)



AGREEMENT FUNDING APPLICATION  
POLICY COMPLIANCE AND CERTIFICATION

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

CHVP SGF EXP 22b-10

Update Effective Date: \_\_\_\_\_ (only required when submitting updates)

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

I certify that 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.

**Original signature of official authorized to commit the Agency to a CHVP Agreement**

Signature line: 

Name (Print)\_Sal Quintero\_\_\_\_\_

ATTEST:

BERNICE E. SEIDEL

Clerk of the Board of Supervisors

County of Fresno, State of California

By  Deputy

Title\_Chairman of the Board of Supervisors of the County of Fresno\_ Date April 25, 2023

**Original Signature of MCAH Director**

Signature line: 

Name (Print)\_Ge Vue\_\_\_\_\_

Title\_MCAH Director\_\_\_\_\_ Date 3/3/23

AUTHORIZED TO SIGN

CONTACT	FIRST NAME	LAST NAME	TITLE	BUDGETS	INVOICES	IF YES SELECTED, SIGN	PHONE	EMAIL ADDRESS	PROGRAM
AGENCY EXECUTIVE DIRECTOR	David	Luchini	Public Health Director	Yes	Yes		(559) 600-3200	dluchini@fresnocountyca.gov	CHVP
MCAH DIRECTOR	Ge	Vue	MCAH Director	Yes	Yes		(559) 600-3330	Revue@fresnocountyca.gov	CHVP
PROJECT COORDINATOR	Jennifer	Day	Supervising Public Health Nurse	No	No		(559) 600-3330	lday@fresnocountyca.gov	CHVP
FISCAL OFFICER	Irene	Parada	Supervising Accountant	No	No		(559) 600-6418	iparada@fresnocountyca.gov	CHVP
FISCAL CONTACT	Chashua	Lor	Staff Analyst	No	No		(559) 600-3330	clor@fresnocountyca.gov	CHVP
CLERK OF THE BOARD or	Bernice	Seidel	Clerk, Board of Supervisors	No	No		(559) 600-1601	bseidel@fresnocountyca.gov	CHVP
CHAIR BOARD OF SUPERVISORS	Sai	Quintero	Chairman, Board of Supervisors	No	No		(559) 600-3000	Distric3@fresnocountyca.gov	CHVP
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Sai	Quintero	Chairman, Board of Supervisors	No	No		(559) 600-3000	Distric3@fresnocountyca.gov	CHVP

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

IDENTITY ADDRESS	
Federal ID #:	
FISCAL ID #:	
Contractor: County of Fresno	
Attention: MCAH Director	
Address: PO BOX 11800	
Contract Number: CHVP SGF EXP 22b-10	
Email: dphboag@fresnocountyca.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.

## Exhibit K

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

**Agency Name:** County of Fresno

**Agreement/Grant Number:** CHVP SGF EXP 22b-10

**Compliance Attestation for Fiscal Year:** 2022-23

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

County of Fresno

Agency Name



Signature of MCAH Director

Signature of AFLP Director (CBOs only)

CHVP SGF EXP 22b-10

Agreement/Grant Number

3/3/23

Date

Ge Vue

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.

BUDGET SUMMARY				
FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET STATUS	BALANCE
2022-2023	QUARTERLY	ORIGINAL	ACTIVE	138,778
Rev. 7/22/20				
PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 22b-10	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
FUNDING TOTALS		887,613		887,613
EXPENSE CATEGORY				
PERSONNEL		\$165,656	100.00%	\$165,656
FRINGE BENEFITS		\$123,719	100.00%	\$123,719
OPERATING		\$41,000	100.00%	\$41,000
EQUIPMENT		\$141,000	100.00%	\$141,000
TRAVEL		\$13,500	100.00%	\$13,500
SUBCONTRACTS		\$100,000	100.00%	\$100,000
OTHER COSTS		\$109,500	100.00%	\$109,500
INDIRECT COST		\$54,460	100.00%	\$54,460
BUDGET TOTALS		\$748,835	100.00%	\$748,835
BALANCES		=====		\$138,778

Maximum Amount Payable:	\$748,835
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I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over \_\_\_\_\_  
Printed Name \_\_\_\_\_

Ge Vue  
Project Director

3/3/23  
DATE

State Use Only		FUNDING SOURCE	CHVP - SGF
PCA CODE			51023
PERSONNEL			165,656
FRINGE BENEFITS			123,719
OPERATING			41,000
EQUIPMENT			141,000
TRAVEL			13,500
SUBCONTRACTS			100,000
OTHER COSTS			109,500
INDIRECT COST			54,460
Totals for PCA Codes		748,835	748,835

PERSONNEL						Remaining Funds	
TOTAL PERSONNEL COSTS						100.00%	165,656
TOTAL WAGES							165,656
INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES			
1	VA Senior Staff Analyst	100%	74,861	74,861	100.00%	74,861	
2	VA Health Education Specialist	100%	50,738	50,738	100.00%	50,738	
3	VA Program Tech I	100%	40,037	40,037	100.00%	40,037	
4							
5							
6							
7							
8							
9							
10							

FRINGE BENEFITS		Remaining Funds	
TOTAL FRINGE BENEFITS		100.00%	123,719
			123,719



ORIGINAL BUDGET

PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	Fresno		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 22b-10	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
FUNDING TOTALS		887,613		887,613

EXPENSE CATEGORY		Remaining Funds	
OPERATING		100.00%	41,000
TOTAL OPERATING EXPENSES			41,000
1	Communications	21,000	100.00%
2	Training	6,500	100.00%
3	Office Supplies	10,500	100.00%
4	Postage	1,000	100.00%
5	Printing	2,000	100.00%

EQUIPMENT		Remaining Funds	
TOTAL EQUIPMENT EXPENSES		141,000	100.00%
1	Small Tools & Instruments	100,000	100.00%
2	Technology	41,000	100.00%
3			
4			
5			

TRAVEL		Remaining Funds	
TOTAL TRAVEL EXPENSES		13,500	100.00%
1	Training & Travel	13,500	100.00%
2			
3			
4			
5			

SUBCONTRACTS		Remaining Funds	
TOTAL SUBCONTRACT EXPENSES		100,000	100.00%
1	Media & Advertisement	100,000	100.00%
2			
3			
4			
5			

OTHER COSTS		Remaining Funds	
TOTAL OTHER COSTS		109,500	100.00%
1	Emergency Supplies	100,000	100.00%
2	Network/Server	4,500	100.00%
3	Medical Supplies	5,000	100.00%
4			
5			

INDIRECT COST		Remaining Funds	
TOTAL INDIRECT COSTS		54,460	100.00%
18.82% of Total Personnel and Benefits		54,460	100.00%



## 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: 3/3/2023

Agency Name: County of Fresno

Contract/Agreement Number: 22b-10

Contract Term/Allocation Fiscal Year: 2022-23

### **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.

18.81 % 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 you agency's detailed methodology that includes all indirect costs, fees and percentages in the box below.

## CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

County of Fresno, Department of Public Health's Indirect Cost Rate (ICR) of 18.816% was calculated by dividing the Total Allowable Indirect Costs by the Total Allowable Direct Costs for Salaries. The ICR was prepared and calculated using the 2019-20 actual costs and budget information for the Department of Public Health. The allocation of allowable indirect costs were accomplished by classifying the total cost, based on actual costs incurred, as direct or indirect cost, which included salaries, benefits, computer services, audit services, janitorial services, rental expenses, mileage/travel, office supplies, telephone, liability insurance, etc. The ICR is based on the most recent audited financial for the County which received an unqualified clean opinion from the County's independent external auditors.


This rate was reviewed and approved by the County of Fresno, Auditor-Controller/  
Treasurer-Tax Collector.

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

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.

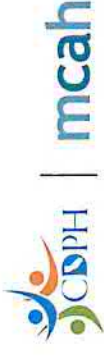
Printed First & Last Name: Ge Vue

Title/Position: MCAH Director, Division Manager

Signature: 

Date: 3/3/23

Agreement #/LHJ Name:



## California Home Visiting Program (CHVP) State General Fund (SGF) Evidence-Based Home Visiting Expansion Scope of Work (SOW)

This Scope of Work (SOW) identifies the goals, objectives and deliverables pertaining to Year 1 (July 1, 2022- June 30, 2023) of the 2022 State General Fund (SGF) expansion. The 2022 SGF expansion provides additional funding to the California Home Visiting Program (CHVP) with the long-term goal of increasing the number of families participating in the three evidenced-based home visiting (EBHV) models supported by CHVP: Healthy Families America (HFA), Nurse Family Partnership (NFP), and Parents as Teachers (PAT). Local Health Jurisdictions (LHJs) may use Year 1 funding for expansion, planning, and/or special support activities related to pandemic recovery. LHJs must select one or more of the following Year 1 activity(ies). Only the goals, objectives and deliverables pertaining to the selected Year 1 activity(ies) apply to this agreement.

<input checked="" type="checkbox"/>	Planning Activities
<input type="checkbox"/>	Expansion Activities
<input checked="" type="checkbox"/>	Special Support Activities

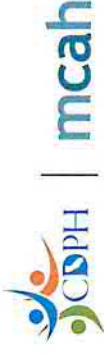
Please check one or more of the following boxes to indicate planned use of funding:

Planning Activities – Goal: Plan for implementation or expansion of HFA, NFP or PAT.

Objective	Activities	Deliverables
1. Plan for HFA/NFP/PAT home visiting model implementation and/or expansion.	1.1 Develop a CHVP Implementation Plan using the CHVP template, which may include and is not limited to the following:	<ul style="list-style-type: none"><li>Submission of CHVP Implementation Plan within 60 days of agreement execution.</li></ul>



Agreement #/LHJ Name:

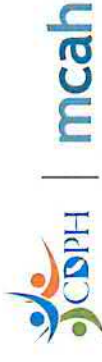


Objective	Activities	Deliverables
	<ul style="list-style-type: none"> <li>Conduct a Community Needs Assessment to assess gaps in services and local needs and priorities for home visiting.</li> <li>Select the evidence-based home visiting model(s) that will best meet the needs of the service population and be sustainable for the LHJs.</li> <li>Apply for model affiliation as applicable.</li> <li>Plan the infrastructure needed to perform all activities according to, and in fidelity of, the specific model guidelines and CHVP requirements.</li> <li>Adhere to all CHVP Policies and Procedures relating to implementation of HFA/NFP/PAT at the LHJ.</li> <li>Establish a plan and timeline for the recruitment, hiring, and training of staff to support implementation of HFA/NFP/PAT.</li> <li>Develop a plan to regularly collaborate with local family and early childhood system partners to provide a continuum of services and build a strong referral network into the program.</li> <li>Develop a plan to recruit and enroll participants.</li> <li>Establish a plan for the purchase of needed equipment, and other programmatic supplies for successful implementation of selected home visiting model.</li> </ul>	<ul style="list-style-type: none"> <li>Submission of semi-annual status reports.</li> <li>Submission of quarterly staffing reports.</li> <li>Participate in regular technical assistance calls with CHVP staff.</li> </ul>

Expansion Activities - Goal: Expand participation, beyond current caseload capacity, in an existing HFA, NFP or PAT program.

Objective	Activities	Deliverables
1. Provide leadership, guidance, and oversight for CHVP HFA/NFP/PAT model implementation.	<p>1.1 Develop CHVP Implementation Plan, using the CHVP provided template, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>Recruitment, hiring, and training of staff to support implementation of HFA/NFP/PAT. Staff should reflect the families being served.</li> <li>Collaboration with local family and early childhood systems partners to provide a continuum of services for CHVP participants and maintain a strong referral system into the program.</li> <li>Purchase of needed equipment and other programmatic supplies for successful implementation of selected home visiting model.</li> </ul> <p>1.2 Execute all implementation and service delivery activities according to model guidelines and CHVP requirements.</p> <p>1.3 Adhere to all CHVP Policies and Procedures relating to implementation and expansion of HFA/NFP/PAT.</p>	<ul style="list-style-type: none"> <li>Submission of CHVP Implementation Plan within 60 days of contract execution.</li> <li>Submission of semi-annual status report.</li> <li>Submission of quarterly staffing reports.</li> <li>Participate in regular technical assistance calls with CHVP staff.</li> </ul>
2. Enroll participants to increase caseload.	<p>2.1 Increase caseload capacity by a negotiated number decided between CHVP and the LHJ.</p> <p>2.2 Adhere to all CHVP Policies and Procedures and model guidance relating to caseload capacity.</p>	<ul style="list-style-type: none"> <li>Submission of CHVP Implementation Plan within 60 days of contract execution.</li> </ul>

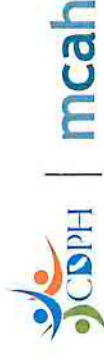
Agreement #/LHJ Name:



Objective	Activities	Deliverables
3. Maintain clean and compliant data for all home visiting activities and participants per model and CHVP guidance.	3.1 All CHVP State General Fund (SGF) funded home visiting participants are required to sign the CHVP consent form.	<ul style="list-style-type: none"> <li>• Evidence of signed participant consent forms.</li> <li>• 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.</li> </ul>
	3.2.a. NFP LHJs will coordinate data system requirements with the NFP National Service Office and the CHVP Data Team.	
	3.2.b. HFA LHJs will coordinate with the CHVP Data Team to establish buildout/modification in Efforts to Outcomes (ETO) data system.	<ul style="list-style-type: none"> <li>• Evidence of data submission within seven working days of data collection.</li> </ul>
	3.2.c. PAT LHJs will coordinate data system requirements with the PAT National Office and the CHVP Data Team for use of the Penelope data system.	<ul style="list-style-type: none"> <li>• Monthly enrollment and other reports as needed.</li> </ul>
	3.3 LHJ will enter the participant data into a secure and designated data system within seven working days of data collection.	<ul style="list-style-type: none"> <li>• Participate in regular technical assistance calls and site visits with CHVP staff.</li> </ul>
	3.4 LHJ will adhere to all CHVP Policies and Procedures relating to compliant data.	<ul style="list-style-type: none"> <li>• LHJ authorization for transmission of participant-level data from model specific data collection systems to CHVP.</li> </ul>
	3.5 LHJ will coordinate with data collection system owners (see 3.2 above) to provide CHVP with participant-level data and other data as needed.	



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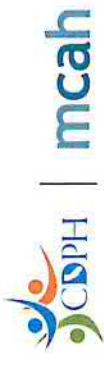


**Special Support – Goal:** Provide relief and support with rebuilding and stabilizing the staff and families served by Local MCAH home visiting programs including CHVP Innovation Projects through enhanced training, technology, hazard pay and other staff costs, and emergency supplies.

Categories	Activities	Deliverables
1. Hazard pay or other staff costs	1.1 Fund staff costs associated with providing home visits or administration for programs, including incentive bonuses, overtime pay, and technology that supports individual employees.	Using CHVP-provided template, report semi-annually on: <ul style="list-style-type: none"> <li>• Number of staff (Not FTE) receiving hazard pay/other staff costs.</li> <li>• Description of activities being performed for hazard pay/other staff costs.</li> <li>• Number of staff receiving technology.</li> </ul>
2. Training	2.1 Develop a process for identifying and prioritizing target audiences, training needs, and relevant topics for training of home visiting staff.  2.2 Develop, conduct, and assess training of staff.  2.3 Provide training opportunities that address the needs of families, including but not limited to health equity, reproductive justice, social determinants of health, etc.	Using CHVP-provided template, report semi-annually on: <ul style="list-style-type: none"> <li>• Name of training.</li> <li>• Purpose/description of training.</li> <li>• Date of training</li> <li>• Number of staff participating in training.</li> <li>• All other activities related to staff training.</li> </ul>
3. Technology	3.1 Develop and implement a process to assess how technology needs are identified, prioritized, and addressed for participant families.	Using CHVP-provided template, report semi-annually on:



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Categories	Activities	Deliverables
	3.2 Acquire and provide the necessary technological means for participant families to conduct and support virtual home visiting.	<ul style="list-style-type: none"> <li>Hardware or software acquired.</li> <li>Process used to identify and prioritize families.</li> <li>Number of families receiving technology.</li> </ul>
4. Emergency supplies	<p>4.1 Develop and implement a process for identifying need for supplies and distributing emergency supplies, including gift cards and prepaid grocery cards to participant families.</p> <p>4.2 Provide emergency supplies, including diapers, diapering supplies, gift cards, and prepaid grocery cards to participant families for the purpose of meeting the emergency needs of the family.</p>	<p>Using CHVP-provided template, report semi-annually on:</p> <ul style="list-style-type: none"> <li>Process used to identify and prioritize families.</li> <li>Type and number of emergency supply items, including gift cards and prepaid grocery cards purchased and distributed,</li> <li>Number of families receiving emergency supplies.</li> </ul>

#### Data Collection (For Special Support)

Objectives	Activities	Deliverables
1. Maintain clean and compliant data for special support activities per CHVP guidance.	1.1 Collect pertinent data and information regarding use of funds using CHVP-approved forms, guidance and mechanisms and report to CHVP regularly and upon request.	<ul style="list-style-type: none"> <li>Submission of data using CHVP templates and guidance.</li> <li>Submission of records and documentation to support the</li> </ul>

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Objectives	Activities	Deliverables
	1.2 Maintain appropriate records and documentation to support expenditures.	charges using CHVP templates and guidance.

**NOTE:** If compliance standards are not met in a timely manner, 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.

Ge Vue

MCAH Director Signature (or designee):

Digitally signed by Ge Vue  
DN: cn=Ge Vue, c=US, o=Fresno County DPH,  
ou=Public Health Nursing,  
email=gevue@fresnocountyca.gov  
Date: 2023.03.08 17:18:28 -0800

Date: 03/08/2023

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

**Agreement Name:** CDPH CHVP State General Fund (SGF) - California Home Visiting  
Program State General Fund Expansion Agreement/Grant No. CHVP SGF EXP 22b-10,  
FY 2022-23

Fund/Subclass: 0001/10000  
Organization #: 56201750  
Revenue Account #: 3530