

TEHAMA COUNTY AUDITOR'S OFFICE

GRANT FUNDING INFORMATION

(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY

Rec'd By: _____

DEPARTMENT TCHSA	NAME OF CONTACT Laura Burlison	PHONE NUMBER 5305278491	BUDGET UNIT 40121
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TITLE OF GRANT _____ CHVP 25-52/CHVP SGF EBHV 25-52

GRANTOR AGENCY _____ California Home Visiting Program (CHVP)

GRANT OBJECTIVES _____ Providing home visiting supportive services to Medi-Cal and non-Medi-Cal families residing in Tehama County pre- and post-natally to support child development and parent-child interaction.

GRANT I.D. NO. _____ Federal Catalog # (if applicable): _____

GRANT PERIOD From: 07/01/25 To: 06/30/26 Applicable Code and/or

Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X		X		1

GRANT FUNDING	Fiscal Year: 25/26	Fiscal Year:
FEDERAL		
STATE	\$1,211,377.11	
OTHER		
1. TOTAL GRANT FUNDS	\$1,211,377.11	

COUNTY FUNDING		
HARD MATCH (dollars)		
SOFT MATCH (In-kind)		
2. TOTAL COUNTY MATCH		

USE OF FUNDS		
PERSONNEL (attach detail)	\$691,200.63	
SERVICES/SUPPLIES	\$90,403.59	
EQUIPMENT		
OTHER CHARGES	\$429,772.89	
TOTAL FUNDS (must also = 1+2 above)	\$1,211,377.11	

IF HARD MATCH REQUIRED,

IDENTIFY FUNDING SOURCE:

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes: N/A No: METHOD OF PAYMENT OF GRANT FUNDS: Reimburse: Advance:

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Quarterly in arrears

EXPENDITURE DEADLINE: 6/30/2026

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes: No: WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER Yes: No:

COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Will use existing staff and resources.

Jayme Bottke, Executive Director

DATE

Form A-135 (Rev 8-21-07)

8-4-25

California Home Visiting Program

FY 2025 – 2026

Agreement Funding Application (AFA) Checklist

Agency Name: Tehama County Health Services Agency (TCHSA) - Public Health

Agreement Number(s): CHVP 25-52 CHVP SGF EBHV 25-52 Select: SGF INNV 1.0 Select: SGF INNV 2.0

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

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

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

All documents must be submitted:

- In PDF Format (excluding the excel budget template)
- Via email (MCAHFinAct@cdph.ca.gov for initial submission)
- Using the required naming convention shown on Page 4
- Using the correct agreement number(s):

MIECHV = CHVP 25-XX

EBHV = CHVP SGF EBHV 25-XX

INNV 1.0 = CHVP SGF INNV 25-XX

INNV 2.0 = CHVP SGF INNV 25b-XX

Check the boxes below pertaining to each submitted document:

1. **AFA Checklist – Required**

All required documents submitted

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

AFA Policy Compliance and Certification section:

Obtained signature for “Official authorized to commit the Agency to a CHVP Agreement”

Obtained signature for “Original signature of MCAH Director”

Contact Lists:

Obtained signatures for all individuals authorized to sign budgets/invoices

3. **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 – Required**

Correct agreement number(s) used – see page 1 of this checklist for agreement number format

4. **TXIX MCP Justification Letter –** Only required when not using base MCP rate

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

5. **Budget Template - Required**

Submitted budget for each funding stream you will be participating in for FY25-26

List all staff by position without any title abbreviations

Personnel titles and line items align with Duty Statements and Org Chart (must match verbatim)

List all costs (including projected salaries and benefits, operating, other costs, and ICR)

Include detailed justifications, including cost breakdowns that align with budgeted amounts

Subk budgeted totals match the Subk budget (if applicable)

Signed budget to be submitted after budget has been completed and approved by PC and CL

6. **Indirect Cost Certification –** Only required if budgeted ICR differs from CDPH approved ICR

Correct agreement number(s) used – see page 1 of this checklist for agreement number format

Budgeted ICR must match the ICR listed on the certification

7. **Duty Statements - Required**

Include applicable line-item reference(s) in the file naming convention of the document

Position titles and line items align with Budget and Org Chart (must match verbatim)

Includes a reference to CHVP in the duties

All positions drawing down TXIX (Non-Enhanced and Enhanced) list one or both FFP objectives

Any positions drawing down TXIX **Enhanced** must include “This position meets the criteria for SPMP”

No Personnel names are listed

Includes a statement describing the position’s supervisory relationship (I.E. Reports directly to....)

Supervisor duty statements must include a duty describing providing reflective supervision to home visitors and state how often.

Submit all Duty Statements in one large PDF file for review

8. **Organizational Chart - Required**

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

If multiple funding streams are reflected on one org chart:

- Clearly label which funding stream the position applies to

Suggestion: color code the funding streams to easily differentiate

9. **Scope of Work (SOW) – Required**

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

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

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

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

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

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

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

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

The following documents are required for submission and review:

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

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

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

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

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

File Naming Convention

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

Program (space) FY (space) County/City (space) Document # (from checklist above) (space)
Document name (space) MM.DD.YY (date document submitted via email)

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

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

CHVP FY25-26 XXX County/City 02 AIF 5.15.25

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

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

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

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

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

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

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

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

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

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

CHVP FY25-26 XXX County/City 10 CDPH1203 5.15.25

CHVP FY25-26 XXX County/City 10 CDPH1204 5.15.25

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

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

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

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

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

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

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

CHVP FY25-26 XXX County/City 12 CPE 5.15.25

CHVP FY25-26 XXX County/City 13 CDPH9083 5.15.25

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

TEHAMA COUNTY HEALTH SERVICES AGENCY

JAYME BOTTKE, MS
EXECUTIVE DIRECTOR

DEANNA GEE
ASSISTANT EXECUTIVE
DIRECTOR, ADMINISTRATION

MICHELLE SCHMIDT, PHN
ASSISTANT EXECUTIVE
DIRECTOR, PROGRAM

TIMOTHY D. PETERS, MD
HEALTH OFFICER



MINNIE SAGAR, MPH, MPA
PUBLIC HEALTH DIRECTOR
1860 WALNUT STREET, BUILDING D
MAILING ADDRESS: PO BOX 400, RED BLUFF, CA 96080

(530) 527-6824
FAX (530) 527-0362

June 20, 2025

Kelly Burton, SPHN
PO Box 400
Red Bluff, CA 96080

To CDPH/MCAH

Tehama County is using the following Medi-Cal Factors (MCF) for 2025-2026 Fiscal Year, which includes the justifications:

MCF Type	MCF % Justification
Base	N/A

Sincerely,

A handwritten signature in blue ink that reads "Kelly Burton SPHN".

Kelly Burton, SPHN
Supervising Public Health Nurse/MCAH Director
Tehama County Health Services Agency - Public Health
(530) 527-6824
Kelly.Burton@tchsa.net



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

Gavin Newsom
Governor

April 18, 2025

TO: The 21 Local Health Jurisdictions funded by the California Home Visiting Program, Maternal, Infant, and Early Childhood Home Visiting grant, including the Local Health Officers; Deputy Health Officers; Health Executives; and Maternal, Child and Adolescent Health and CHVP Directors

CC: California Department of Public Health and state MCAH leadership, and representatives from the County Health Executives Association of California and the California Conference of Local Health Officers

FROM: California Department of Public Health, Maternal Child and Adolescent Health Division, California Home Visiting Program

SUBJECT: CDPH/CHVP MEMO #25-02: NOTICE OF INTENT TO AWARD FOR CHVP MIECHV FUNDING FOR STATE FISCAL YEAR (SFY) 2025-26

Please ensure that all necessary individuals within your agency are notified of this Notice of Intent to Award. If you have any questions, please email your assigned [CHVP program consultant \(PC\)](#) or the CHVP mailbox at ca-mcah-homevisiting@cdph.ca.gov.

For State Fiscal Year (SFY) 2025-26, the California Department of Public Health (CDPH)/California Home Visiting Program (CHVP) is awarding the 21 current Maternal, Infant and Early Childhood Home Visiting (MIECHV)-funded LHJs a level funding amount equal to the allocation amount the LHJs received for FY 2024-25 combined with the additional amounts from the MIECHV Matching Grant funds for LHJs who accepted those funds via the MIECHV Matching Grant Funding Interest survey. The matching grant funds were distributed through a proportional allocation. One LHJ did not accept the matching grant funds so their additional allocation amount was redistributed equally among the 19 LHJs who indicated they would accept additional funds that became



available. The funding allocation dollar amounts for SFY 2025-26 are presented below in Table 1.

Following issuance of this Notice of Award, CDPH/CHVP will release a CHVP Agreement Funding Application (AFA) package for SFY 2025-26 to each LHJ. The AFA package will include the scopes of work and budgets for CHVP MIECHV, CHVP State General Fund (SGF) Evidence-Based Home Visiting (EBHV), and CHVP SGF Innovation (INNV). LHJs will complete the applicable components based on their CHVP allocation(s) across each of these funding sources and projects. SGF EBHV and SGF INNV allocations are released in a separate notice of award.

Reimbursement of invoices is subject to compliance with all state and federal requirements pertaining to CDPH/CHVP and adherence to all applicable regulations, policies, and procedures, and the [CDPH/ MCAH Fiscal Administration Policy and Procedure manual](#). All awards are contingent upon approval and appropriation of federal funding and state spending authority.

Table 1. CHVP MIECHV Allocations for SFY 2025-26

The table below indicates CHVP MIECHV funding allocations by LHJ for SFY 2025-26.

Local Health Jurisdiction	CHVP MIECHV SFY 2025-26 Allocation
Alameda	\$1,208,762
Butte	\$788,696
Contra Costa	\$1,300,750
Fresno	\$895,429
Humboldt	\$1,147,688
Kern	\$999,711
Los Angeles	\$2,121,381
Madera	\$798,975
Merced	\$592,821

Notice of Award

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Local Health Jurisdiction	CHVP MIECHV SFY 2025-26 Allocation
Nevada	\$980,737
Riverside	\$1,173,689
Sacramento	\$1,250,160
San Diego	\$1,055,171
San Francisco	\$1,566,606
San Mateo	\$1,387,117
Shasta	\$935,724
Solano	\$1,149,875
Sonoma	\$491,536
Stanislaus	\$871,338
Tehama	\$559,102
Yolo	\$465,195
TOTAL FUNDS ALLOCATED	\$ 21,740,463



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

Gavin Newsom
Governor

April 24, 2025

TO: The 59 local health jurisdictions funded by the California Home Visiting Program State General Funds, including the Local Health Officers; Deputy Health Officers; Health Executives; and Maternal, Child and Adolescent Health Directors.

CC: California Department of Public Health and state MCAH leadership, and representatives from the County Health Executives Association of California and the California Conference of Local Health Officers

FROM: California Department of Public Health, Maternal Child and Adolescent Health Division, California Home Visiting Program

SUBJECT: CDPH/CHVP MEMO #25-03: REVISED NOTICE OF INTENT TO AWARD FOR CHVP SGF EVIDENCE-BASED HOME VISITING AND INNOVATION FUNDING FOR STATE FISCAL YEAR (SFY) 2025-2026

Please ensure that all necessary individuals within your agency are notified of this Notice of Intent to Award. If you have any questions, please email your assigned [CHVP program consultant \(PC\)](#) or the CHVP mailbox at ca-mcah-homevisiting@cdph.ca.gov.

For State Fiscal Year (SFY) 2025-26, the California Department of Public Health (CDPH)/California Home Visiting Program (CHVP) is awarding the 57 local health jurisdictions (LHJs) currently receiving State General Fund (SGF) for evidence-based home visiting (EBHV) level funding amounts equal to the allocations received in SFY 2024-25. Beginning July 1, 2025, Alpine County has declined further SGF Innovation 2.0 funding. CDPH/CHVP will award the Santa Cruz and San Luis Obispo Innovation 2.0 Consortium an additional \$378,812 annually to align with the funding amount the consortium requested in the SGF Innovation 2.0 Request for Supplemental Information (RSI). The funding allocation dollar amounts for SFY 2025-26 are presented in Table 1 below.

Revised Notice of Award

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April 24, 2025

Following issuance of this Notice of Award, CDPH/CHVP will release a single Agreement Funding Application (AFA) package for SFY 2025-26 to each LHJ. The AFA package will include separate scopes of work and budgets for MIECHV, SGF EBHV, and SGF INNV 1.0 and 2.0, and LHJs will complete the applicable components based on their CHVP allocation(s) across each of these funding sources and projects. The MIECHV allocations are released in a separate notice of award.

Reimbursement of invoices is subject to compliance with all state requirements pertaining to CDPH/CHVP and adherence to all applicable regulations, policies, procedures, and the [CDPH/MCAH Fiscal Administration Policy and Procedure manual](#). All awards are contingent upon approval and appropriation of State General Funds for CHVP in the Budget Act and state spending authority.

Table 1: CHVP SGF Evidence-Based Home Visiting and Innovation Project Annual Allocations for SFY 2025-26

The table below indicates CHVP SGF EBHV and Innovation 1.0 and 2.0 Project funding allocations by LHJ for the period of July 1, 2025 - June 30, 2026.

Column 1	Column 2	Column 3	Column 4
Local Health Jurisdiction	SFY 2024-25 SGF EBHV Allocation	SFY 2024-25 SGF INNV 1.0 Award	SFY 2024-25 SGF INNV 2.0 Award
Alameda (excludes Berkeley)	\$918,434		
Amador	\$418,206		
Butte	\$562,486		
Calaveras	\$426,765		
City of Berkeley	\$413,713		
City of Long Beach	\$749,658		\$757,563
City of Pasadena	\$457,362	\$565,328	
Colusa	\$423,455		
Contra Costa	\$708,043		
Del Norte	\$421,043		
El Dorado	\$469,799		
Fresno	\$1,726,516		

Revised Notice of Award

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April 24, 2025

Column 1	Column 2	Column 3	Column 4
Local Health Jurisdiction	SFY 2024-25 SGF EBHV Allocation	SFY 2024-25 SGF INNV 1.0 Award	SFY 2024-25 SGF INNV 2.0 Award
Glenn	\$430,738		
Humboldt	\$474,717		
Inyo	\$412,058		
Kern	\$1,492,197		
Kings	\$573,694		
Lake	\$470,413		
Lassen	\$418,395		
Los Angeles (excludes Long Beach and Pasadena)	\$6,388,878	\$1,000,000	
Madera	\$605,047		
Marin	\$483,986		
Mariposa	\$410,356		
Mendocino	\$474,575	\$135,000	
Merced	\$761,669	\$486,893	\$400,000
Modoc	\$402,175		
Mono	\$408,086		
Monterey	\$806,310	\$50,286	\$319,145
Napa	\$464,124	See San Francisco	
Nevada	\$441,094		
Orange	\$1,712,424		
Placer			\$600,563
Plumas	\$410,687		
Riverside	\$2,263,062		
Sacramento	\$1,601,530		
San Benito	\$442,702		
San Bernardino	\$2,279,944		
San Diego	\$2,185,366		
San Francisco	\$654,275	\$1,000,000	

Revised Notice of Award

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April 24, 2025

Column 1	Column 2	Column 3	Column 4
Local Health Jurisdiction	SFY 2024-25 SGF EBHV Allocation	SFY 2024-25 SGF INNV 1.0 Award	SFY 2024-25 SGF INNV 2.0 Award
San Joaquin	\$1,113,030		
San Luis Obispo	\$528,107		See Santa Cruz
San Mateo	\$647,418		
Santa Barbara	\$837,191		
Santa Clara	\$1,022,802		
Santa Cruz	\$549,718		\$800,000
Shasta	\$545,320		
Sierra	\$401,229		
Siskiyou	\$429,697		
Solano	\$653,471	\$498,560	
Sonoma	\$627,178	See San Francisco	
Stanislaus	\$932,762		
Sutter	\$500,490		
Tehama	\$461,429		
Tulare	\$1,015,235		
Tuolumne	\$426,954		
Ventura	\$909,874		
Yolo	\$513,163		
Yuba	\$481,574		
TOTAL FUNDS ALLOCATED	\$47,760,624	\$3,736,067	\$2,877,271



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

Gavin Newsom
Governor

April 25, 2025

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

RE: CHVP AGREEMENT FUNDING APPLICATION (AFA) ANNOUNCEMENT FOR
STATE FISCAL YEAR (SFY) 2025-2026

This letter announces the SFY 2025-2026 AFA process that provides allocation and contract funding updates for the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division's California Home Visiting Programs.

SFY 2025-2026 funding for CHVP programs are as follows:

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

- Agreement number: CHVP 25-XX

State General Fund Evidence Based Home Visiting (SGF EBHV)

- Agreement number: CHVP SGF EBHV 25-XX

State General Fund Innovation Project (SGF INNV 1.0)

- Agreement number: CHVP SGF INNV 25-XX

State General Fund Innovation Project (SGF INNV 2.0)

- Agreement number: CHVP SGF INNV 25b-XX

Title XIX (TXIX) Funding (if applicable) – There is no cap on the amount you may request, so long as the agency has the State General Funds and/or available agency funds to match TXIX. Additionally, the agency's spending plan shall reflect the agency's ability to spend all of the TXIX amount requested. Fi\$Cal requirements impose a March 31st deadline for all budget revisions (BR) containing a change (either an increase or decrease) in TXIX funding. This aligns with the Division's requirement to submit all BRs by March 31st of the Fiscal Year. Note: BR requests will not be accepted until after a Q2 invoice has been submitted.

Please note:

CHVP funding allocations cannot be combined but may be braided. Please reach out to your [Program Consultant \(PC\)](#) for more information.

A new Scope of Work (SOW) and budget template will be provided for each initiative (i.e., MIECHV, SGF EBHV, INNV 1.0, and INNV 2.0) on an annual basis. Please reach out to your PC and [Contract Liaison \(CL\)](#) if you have questions.

AFA Timeline/Important Dates:

Friday, April 25, 2025	<p>Release of CHVP SFY 25-26 AFA Notification</p> <p>The AFA package is included in this email.</p> <p>Follow the guidelines set forth on the AFA Checklist regarding what is or is not <i>required</i> for submission.</p> <p>Please only complete the budget template and SOW applicable to your County's funding streams (i.e. counties with MIECHV and INNV 1.0 funding will only complete the MIECHV and INNV budget template and the MIECHV and INNV 1.0 SOW).</p>
Friday, May 2, 2025	<p>Last Day to Register for your AFA Development Support and Budget Training Meeting – Optional meetings can be scheduled for technical assistance necessary to complete local agency budgets. Please reach out to your CL and PC via email to request a meeting.</p> <p><i>**If a meeting is requested, Local CHVP Program and Fiscal representatives with decision making authority are required to attend.**</i></p> <p>CHVP AFA budget meetings will be offered via TEAMS.</p>

	Meetings will be scheduled on a first-come, first-served basis between: May 5, 2025 and May 16, 2025
Monday, May 5, 2025 - Friday, May 16, 2025	CHVP Development Support and Budget Training Meetings (Optional)
Friday, May 23, 2025	AFA Packages Due back to CDPH/CHVP
Monday, May 26, 2025	CHVP CL/PC AFA Package Review and Approval process begins

AFA Submission:

Packages are due via email to MCAHFINACT@cdph.ca.gov by Friday, May 23, 2025. Please refer to the AFA Checklist instructions for guidance on how to submit your AFA package. If you have any questions about the AFA process please contact your [CL](#) and [PC](#) as soon as possible.

Agencies that opt-in to claiming TXIX ***and are utilizing a Medi-Cal Percentage (MCP) other than base*** must submit a signed justification letter, which provides the rationale for the intended MCP. This letter must be on county letterhead and include your justification in claiming each of the various MCPs that are being requested on your budget. Please note, the letter will not replace the MCP justification area for personnel on the budget template. We have provided an example letter for your reference titled “Bean County” letter. Agencies will be authorized via email to invoice for services after their AFA packages are approved and an approval letter is in place.

We recommend that all LHJs review the [Fiscal Administration Policy and Procedure Manual](#) prior to building and submitting their SFY 25-26 AFAs, as it contains the current fiscal policies. Older versions should not be referenced.

LHJs will be notified via email when their AFA package is approved. At that time, they will be permitted to invoice for services retroactively to July 1, 2025, if applicable.

Invoice Submission:

All invoices and supporting documentation must be submitted via email to the MCAH invoice box: 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 EBHV 25-01 Alameda SFY25-26 Q1

Invoice submission must include:

- Signed cover letter noting invoice amount, invoice period, remit to address, and any personnel changes
- Signed invoice
- Excel version of the invoice
- Signed and completed TXIX Cover Sheet (if applicable)
- Signed and completed TXIX Attestation form (if applicable)
- TXIX time studies (if applicable)

Invoice Submission Timeline:

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

MCAH Partners

April 25, 2025

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Thank you for your assistance and timely submission of your AFA package. If you have any questions or concerns, please contact your [Contract Liaison and Program Consultant](#).

Sincerely,



Sydney Armendariz, Director
Maternal Child and Adolescent Health Division
Center for Family Health
California Department of Public Health

ORIGINAL

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

Version 7.0 - 150 Quarterly 4.1.25

Program: Agency: SubK:	California Home Visiting Program (MIECHV) CHVP 25-52 TEHAMA		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)					
			CHVP - MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E					
	(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)					
			TOTAL FUNDING	%	CHVP - MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%				
			ALLOCATION(S) →		559,102.00	#VALUE!								

EXPENSE CATEGORY	CHVP - MIECHV	AGENCY FUNDS	CHVP-Cnty NE	CHVP-Cnty E
(I) PERSONNEL	398,861.40	0.00	0.00	0.00
(II) OPERATING EXPENSES	49,976.49		0.00	0.00
(III) CAPITAL EXPENDITURES	0.00		0.00	0.00
(IV) OTHER COSTS	10,548.76		0.00	0.00
(V) INDIRECT COSTS	99,715.35		0.00	0.00
BUDGET TOTALS*	559,102.00	100.00%	0.00%	0.00%
		→	0.00	

TOTAL CHVP - MIECHV

559,102.00

TOTAL TITLE XIX

0.00

TOTAL AGENCY FUNDS

0.00

0.00

0.00

0.00

0.00

0.00

0.00

\$

559,102.00

Maximum Amount Payable from State and Federal resources

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


MCAH/PROJECT DIRECTOR'S SIGNATURE

7/25/25

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	PCA Codes	CHVP - MIECHV	AGENCY FUNDS	CHVP-Cnty NE	CHVP-Cnty E
(I) PERSONNEL	53128	398,861.40		0.00	0.00
(II) OPERATING EXPENSES		49,976.49		0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00
(IV) OTHER COSTS		10,548.76		0.00	0.00
(V) INDIRECT COSTS		99,715.35		0.00	0.00
Totals for PCA Codes		559,102.00	559,102.00	0.00	0.00

Program: Agency: SubK:	California Home Visiting Program (MIECHV) CHVP 25-52 TEHAMA	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
		CHVP - MIECHV		AGENCY FUNDS			CHVP-Cnty NE		CHVP-Cnty E	
		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
		TOTAL FUNDING	%	CHVP - MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
(II) OPERATING EXPENSES DETAIL										
	TOTAL OPERATING EXPENSES	49,976.49		49,976.49		0.00		0.00		0.00
1	TRAVEL	12,760.00	100.00%	12,760.00		0.00	0.00%	0.00		0.00
2	TRAINING	10,000.00	100.00%	10,000.00		0.00	0.00%	0.00		0.00
3	Communication	3,192.04	100.00%	3,192.04		0.00	0.00%	0.00		0.00%
4	General Office Supplies	6,192.69	100.00%	6,192.69		0.00	0.00%	0.00		0.00%
5	General Expenses	2,067.83	100.00%	2,067.83		0.00	0.00%	0.00		0.00%
6	Professional & Insurance Costs	4,950.35	100.00%	4,950.35		0.00	0.00%	0.00		0.00%
7	Facilities/Household	7,188.58	100.00%	7,188.58		0.00	0.00%	0.00		0.00%
8	Healthy Families America Fee	1,500.00	100.00%	1,500.00		0.00	0.00%	0.00		0.00%
9	Healthy Families America Reaccreditation Fee	2,125.00	100.00%	2,125.00		0.00	0.00%	0.00		0.00%
10				0.00		0.00		0.00		
11				0.00		0.00		0.00		
12				0.00		0.00		0.00		
13				0.00		0.00		0.00		
14				0.00		0.00		0.00		
15				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										
(IV) OTHER COSTS DETAIL										
TOTAL OTHER COSTS										
SUBCONTRACTS										
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
7				0.00		0.00		0.00		0
8				0.00		0.00		0.00		0
OTHER CHARGES										
1	Client Outreach Materials	1,500.00	100.00%	1,500.00		0.00	0.00%	0.00		0.00%
2	UTI - 4Ps Plus	250.00	100.00%	250.00		0.00	0.00%	0.00		0.00%
3	Curriculum	1,878.18	100.00%	1,878.18		0.00	0.00%	0.00		0.00%
4	Imagination Library	1,500.00	100.00%	1,500.00		0.00	0.00%	0.00		0.00%
5	Family Support Materials	5,420.58	100.00%	5,420.58		0.00	0.00%	0.00		0.00%
6				0.00		0.00		0.00		
7				0.00		0.00		0.00		
8				0.00		0.00		0.00		
(V) INDIRECT COSTS DETAIL										
TOTAL INDIRECT COSTS										
25.00%	of Total Wages + Fringe Benefits	99,715.35	100.00%	99,715.35		0.00	0.00%	0.00		

Program: Agency: SubK:	California Home Visiting Program (MIECHV) CHVP 25-52 TEHAMA	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
		CHVP - MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
		TOTAL FUNDING	%	CHVP - MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

				TOTAL PERSONNEL COSTS		398,861.40		398,861.40		0.00		0.00		0.00	
				FRINGE BENEFIT RATE		65.41%		157,726.40		0.00		0.00		0.00	
				TOTAL WAGES		241,135.00		241,135.00		0.00		0.00		0.00	
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES										
1	Laura Burlison	Family Support Worker Supervisor	50.00%	75,768.27	37,884.00	100.00%	37,884.00		0.00		0.00		0.00		94.10%
2	Vacant	Public Health Program Manager	15.00%	92,393.30	13,859.00	100.00%	13,859.00		0.00		0.00		0.00		94.10%
3	Afton Williams-Crane	Family Support Worker II	25.00%	62,314.00	15,579.00	100.00%	15,579.00		0.00		0.00		0.00		94.10%
4	Kandace Pendergraft	Family Support Worker II	50.00%	62,314.00	31,157.00	100.00%	31,157.00		0.00		0.00		0.00		94.10%
5	Brenda Delgado	Family Support Worker II - Bilingual	50.00%	66,933.55	33,467.00	100.00%	33,467.00		0.00		0.00		0.00		94.10%
6	Belen Rubio	Family Support Worker II - Bilingual	50.00%	59,356.42	29,678.00	100.00%	29,678.00		0.00		0.00		0.00		94.10%
7	Maria Elena Villalba Castrejon	Family Support Worker II - Bilingual	40.00%	56,796.16	22,718.00	100.00%	22,718.00		0.00		0.00		0.00		94.10%
8	Vacant	Family Support Worker III - Direct Service	15.00%	60,853.42	9,128.00	100.00%	9,128.00		0.00		0.00		0.00		94.10%
9	Vacant	Family Support Worker III - Lead Worker/Assessme	35.00%	60,853.42	21,299.00	100.00%	21,299.00		0.00		0.00		0.00		94.10%
10	Kelly Burton	Supervising Public Health Nurse/MCAH Director	15.00%	112,403.32	16,860.00	100.00%	16,860.00		0.00		0.00		0.00		94.10%
11	Vacant	Office Assistant III	20.00%	47,529.68	9,506.00	100.00%	9,506.00		0.00		0.00		0.00		94.10%
12					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%
14					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%
16					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%
18					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%
20					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%
22					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%
24					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%
26					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%
28					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%
30					0.00		0.00		0.00		0.00		0.00		0.00%
31					0.00		0.00		0.00		0.00		0.00		0.00%
32					0.00		0.00		0.00		0.00		0.00		0.00%
33					0.00		0.00		0.00		0.00		0.00		0.00%
34					0.00		0.00		0.00		0.00		0.00		0.00%
35					0.00		0.00		0.00		0.00		0.00		0.00%
36					0.00		0.00		0.00		0.00		0.00		0.00%
37					0.00		0.00		0.00		0.00		0.00		0.00%
38					0.00		0.00		0.00		0.00		0.00		0.00%
39					0.00		0.00		0.00		0.00		0.00		0.00%
40					0.00		0.00		0.00		0.00		0.00		0.00%
41					0.00		0.00		0.00		0.00		0.00		0.00%
42					0.00		0.00		0.00		0.00		0.00		0.00%
43					0.00		0.00		0.00		0.00		0.00		0.00%
44					0.00		0.00		0.00		0.00		0.00		0.00%

Program: Agency: SubK:	California Home Visiting Program (MIECHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	CHVP 25-52 TEHAMA				CHVP - MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E	
	(1)		(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)		
	TOTAL FUNDING		%	CHVP - MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
45				0.00				0.00		0.00	0.00	0.00%
46				0.00				0.00		0.00	0.00	0.00%
47				0.00				0.00		0.00	0.00	0.00%
48				0.00				0.00		0.00	0.00	0.00%
49				0.00				0.00		0.00	0.00	0.00%
50				0.00				0.00		0.00	0.00	0.00%
51				0.00				0.00		0.00	0.00	0.00%
52				0.00				0.00		0.00	0.00	0.00%
53				0.00				0.00		0.00	0.00	0.00%
54				0.00				0.00		0.00	0.00	0.00%
55				0.00				0.00		0.00	0.00	0.00%
56				0.00				0.00		0.00	0.00	0.00%
57				0.00				0.00		0.00	0.00	0.00%
58				0.00				0.00		0.00	0.00	0.00%
59				0.00				0.00		0.00	0.00	0.00%
60				0.00				0.00		0.00	0.00	0.00%
61				0.00				0.00		0.00	0.00	0.00%
62				0.00				0.00		0.00	0.00	0.00%
63				0.00				0.00		0.00	0.00	0.00%
64				0.00				0.00		0.00	0.00	0.00%
65				0.00				0.00		0.00	0.00	0.00%
66				0.00				0.00		0.00	0.00	0.00%
67				0.00				0.00		0.00	0.00	0.00%
68				0.00				0.00		0.00	0.00	0.00%
69				0.00				0.00		0.00	0.00	0.00%
70				0.00				0.00		0.00	0.00	0.00%
71				0.00				0.00		0.00	0.00	0.00%
72				0.00				0.00		0.00	0.00	0.00%
73				0.00				0.00		0.00	0.00	0.00%
74				0.00				0.00		0.00	0.00	0.00%
75				0.00				0.00		0.00	0.00	0.00%
76				0.00				0.00		0.00	0.00	0.00%
77				0.00				0.00		0.00	0.00	0.00%
78				0.00				0.00		0.00	0.00	0.00%
79				0.00				0.00		0.00	0.00	0.00%
80				0.00				0.00		0.00	0.00	0.00%
81				0.00				0.00		0.00	0.00	0.00%
82				0.00				0.00		0.00	0.00	0.00%
83				0.00				0.00		0.00	0.00	0.00%
84				0.00				0.00		0.00	0.00	0.00%
85				0.00				0.00		0.00	0.00	0.00%
86				0.00				0.00		0.00	0.00	0.00%
87				0.00				0.00		0.00	0.00	0.00%
88				0.00				0.00		0.00	0.00	0.00%
89				0.00				0.00		0.00	0.00	0.00%
90				0.00				0.00		0.00	0.00	0.00%
91				0.00				0.00		0.00	0.00	0.00%
92				0.00				0.00		0.00	0.00	0.00%
93				0.00				0.00		0.00	0.00	0.00%
94				0.00				0.00		0.00	0.00	0.00%
95				0.00				0.00		0.00	0.00	0.00%
96				0.00				0.00		0.00	0.00	0.00%
97				0.00				0.00		0.00	0.00	0.00%

Program: Agency: SubK:	California Home Visiting Program (MIECHV) CHVP 25-52 TEHAMA				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
					CHVP - MIECHV		AGENCY FUNDS		CHVP-Cnty NE		CHVP-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)			
	TOTAL FUNDING	%	CHVP - MIECHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*			
98			0.00		0.00		0.00		0.00		0.00	0.00%
99			0.00		0.00		0.00		0.00		0.00	0.00%
100			0.00		0.00		0.00		0.00		0.00	0.00%
101			0.00		0.00		0.00		0.00		0.00	0.00%
102			0.00		0.00		0.00		0.00		0.00	0.00%
103			0.00		0.00		0.00		0.00		0.00	0.00%
104			0.00		0.00		0.00		0.00		0.00	0.00%
105			0.00		0.00		0.00		0.00		0.00	0.00%
106			0.00		0.00		0.00		0.00		0.00	0.00%
107			0.00		0.00		0.00		0.00		0.00	0.00%
108			0.00		0.00		0.00		0.00		0.00	0.00%
109			0.00		0.00		0.00		0.00		0.00	0.00%
110			0.00		0.00		0.00		0.00		0.00	0.00%
111			0.00		0.00		0.00		0.00		0.00	0.00%
112			0.00		0.00		0.00		0.00		0.00	0.00%
113			0.00		0.00		0.00		0.00		0.00	0.00%
114			0.00		0.00		0.00		0.00		0.00	0.00%
115			0.00		0.00		0.00		0.00		0.00	0.00%
116			0.00		0.00		0.00		0.00		0.00	0.00%
117			0.00		0.00		0.00		0.00		0.00	0.00%
118			0.00		0.00		0.00		0.00		0.00	0.00%
119			0.00		0.00		0.00		0.00		0.00	0.00%
120			0.00		0.00		0.00		0.00		0.00	0.00%
121			0.00		0.00		0.00		0.00		0.00	0.00%
122			0.00		0.00		0.00		0.00		0.00	0.00%
123			0.00		0.00		0.00		0.00		0.00	0.00%
124			0.00		0.00		0.00		0.00		0.00	0.00%
125			0.00		0.00		0.00		0.00		0.00	0.00%
126			0.00		0.00		0.00		0.00		0.00	0.00%
127			0.00		0.00		0.00		0.00		0.00	0.00%
128			0.00		0.00		0.00		0.00		0.00	0.00%
129			0.00		0.00		0.00		0.00		0.00	0.00%
130			0.00		0.00		0.00		0.00		0.00	0.00%
131			0.00		0.00		0.00		0.00		0.00	0.00%
132			0.00		0.00		0.00		0.00		0.00	0.00%
133			0.00		0.00		0.00		0.00		0.00	0.00%
134			0.00		0.00		0.00		0.00		0.00	0.00%
135			0.00		0.00		0.00		0.00		0.00	0.00%
136			0.00		0.00		0.00		0.00		0.00	0.00%
137			0.00		0.00		0.00		0.00		0.00	0.00%
138			0.00		0.00		0.00		0.00		0.00	0.00%
139			0.00		0.00		0.00		0.00		0.00	0.00%
140			0.00		0.00		0.00		0.00		0.00	0.00%
141			0.00		0.00		0.00		0.00		0.00	0.00%
142			0.00		0.00		0.00		0.00		0.00	0.00%
143			0.00		0.00		0.00		0.00		0.00	0.00%
144			0.00		0.00		0.00		0.00		0.00	0.00%
145			0.00		0.00		0.00		0.00		0.00	0.00%
146			0.00		0.00		0.00		0.00		0.00	0.00%
147			0.00		0.00		0.00		0.00		0.00	0.00%
148			0.00		0.00		0.00		0.00		0.00	0.00%
149			0.00		0.00		0.00		0.00		0.00	0.00%
150			0.00		0.00		0.00		0.00		0.00	0.00%

Budget:	ORIGINAL
Program:	California Home Visiting Program (MIECHV)
Agency:	CHVP 25-52 TEHAMA
SubK:	0

Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
1	TRAVEL	12,760.00	Travel costs for Home Visiting \$11,760 (approximately \$980/month with mileage reimbursement rate of 65.5 cents/mile), and \$1000 Travel expenses for HFA trainings which includes lodging, per diems, and tolls. TBD based by the state or county rate, whichever is lower
	TRAINING	10,000.00	Registration costs for Home Visiting trainings including Cultural Training (cost/trainor TBD) and HFA Trainings (approx. \$700 each and includes: Foundations for Family Support, Family Resilience and Opportunities for Growth Scale, Great Beginnings Start Before Birth, Facilitating Change, etc), Maternal Mental Health Substance Use trainings (cost/trainor TBD, estimating \$400-900 per person, 11 staff members) and CECU's as needed
	Communication	3,192.04	Includes the cost of internet (\$1,200) landline phone services (\$1,767.04), including long distance calls, the program portion of the base rate and cellular charges for 9 HFA cell phones (\$225) for the 6 home visitors, supervisor, program manager and SPHN/MCAH Director. These costs are not included in the <u>Indirect Cost Rate</u> .
	General Office Supplies	6,192.69	These expenses include the HFA share of costs (based on FTE and direct cost) associated with stamps, stationary, paper, and other general office supplies (\$6192.69). All Family Support Workers, the Family Assessment Worker, Supervisor, Program Manager, OA III Bilingual and SPHN/MCAH Director will benefit from general office supplies. These costs are not included in the Indirect Cost Rate.
	General Expenses	2,067.83	Duplication, copy machine and fax leases, printing (\$1293.69) and infrastructure cost such as IT maintenance costs and upgrades (\$774.14). These costs are not included in the <u>Indirect Cost Rate</u> .
	Professional & Insurance Costs	4,950.35	Professional fees, as well as malpractice, general liability and property insurance costs (\$4950.35). These costs are not included in the <u>Indirect Cost Rate</u> .
	Facilities/Household	7,188.58	Facilities is the HFA FTE share of Agency's total Rent (\$450), Maintenance (\$1194.18), Utilities Costs (\$3442.24), and Janitorial costs (\$2102.16). Facilities/Household amount is based on program FTE. These costs are not included in the <u>Indirect Cost Rate</u> .
	Healthy Families America Fee	1,500.00	Estimated cost of HFA affiliate fee per total FTE in MIECHV. This fee is an annual fee and is not part of the Reaccreditation Fee. Curriculum is required but is not included in the HFA <u>Affiliation Fee</u> .
	Healthy Families America Reaccreditation Fee	2,125.00	Estimated cost of HFA Reaccreditation Fee for MIECHV. This fee is for Healthy Families Tehama's reaccreditation fees due June 2026.
	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	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	10,548.76	
SUBCONTRACTS		
1	0	0.00
2	0	0.00
3	0	0.00

Budget:	ORIGINAL
Program:	California Home Visiting Program (MIECHV)
Agency:	CHVP 25-52 TEHAMA
SubK:	0

4	0	0.00	
5	0	0.00	

OTHER CHARGES

1	Client Outreach Materials	1,500.00	Costs budgeted for brochures, client educational materials (such as books or models) for the program.
2	UTI - 4Ps Plus	250.00	Annual fee for 4 P's plus substance abuse screenings. HFT is contracted with the developer of the form to access, distribute and utilize the form. Annual cost is \$250 regardless of the number of families screened.
3	Curriculum	1,878.18	HFA Required curriculum. Using Partners for a Healthy Baby Curriculum (\$350 each) to be used with participants, plus Spanish add-on (\$100 each), and Finding the Gold Within (\$129 each). Calculation is as follows: \$350 x 6 FTE + \$100 x 4 FTE = \$2500/ 6FTE = \$416.67 x 2.65 FTE in MIECHV = \$1104.18. And add-on (one for each direct service staff) \$129 x 6 = \$774. \$1104.18+\$774=\$1878.18. Curriculum fees are separate and not included in the HFA fees; curriculum is a required element of providing the HFA model, but costs are
4	Imagination Library	1,500.00	Families enrolled to be signed up for Imagination Library and will receive 12 books annually. Supports HRSA CQI literacy.
5	Family Support Materials	5,420.58	Tools for clients to use when working with their children such as tummy time mirrors and floor mats (15-25 families), safe sleep pack and plays (10+ families), educational toys for fine motor skills, and sensory items (45+ families). Some of these are used by families one week at a time to help encourage them in their working with their children on their developmental milestones. Items to create outreach bags/kits to designed to support parents and parent child interaction, to support safe sleep, breastfeeding, bonding, hygiene, etc., and items to be used for creative activities during home visits (45+ families). Food items for graduation celebration. Items will be used and/or given to all HFA families (estimating 45+ families annually) on an as needed basis. No "swag" will be
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	99,715.35	Per CDPH approved ICR
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BUDGET SUMMARY		FISCAL YEAR	BUDGET	BUDGET STATUS		BUDGET BALANCE	
		2025-26	ORIGINAL	ACTIVE		0.00	

Version 7.0 - 150 Quarterly 4.1.25

Program: Agency: SubK:	California Home Visiting Program (EBHV) CHVP 25-52 TEHAMA	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agencv*	%	Combined Fed/State	%	Combined Fed/Agencv*
		ALLOCATION(S) → 461,429.00												#VALUE!

EXPENSE CATEGORY													
(I) PERSONNEL	292,339.23		117,575.18		0.00		174,764.05		0.00		0.00		0.00
(II) OPERATING EXPENSES	38,427.10		27,022.80		0.00		11,404.30		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	248,423.97		96,590.20		0.00		151,833.77		0.00		0.00		0.00
(V) INDIRECT COSTS	73,084.81		29,394.71		0.00		43,690.10		0.00		0.00		0.00
BUDGET TOTALS*	652,275.11	41.48%	270,582.89	0.00%	0.00	58.52%	381,692.22	0.00%	0.00	0.00%	0.00	0.00%	0.00
		BALANCE(S) → 0.00											

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

461,429.00	→	270,582.89		[50%]	190,846.11		[25%]	0.00		[75%]	0.00		[25%]	0.00
190,846.11			→	[50%]	190,846.11		[50%]	0.00		[75%]	0.00		[25%]	0.00
0.00			→		0.00		[50%]	0.00						

\$ **652,275.11** 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.

 SPHN

7/25/25

DATE

AGENCY FISCAL AGENT'S SIGNATURE

7/31/25

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	PCA Codes	CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
(I) PERSONNEL	51023	117,575.18		174,764.05	0.00	0.00	0.00
(II) OPERATING EXPENSES		27,022.80		11,404.30	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		96,590.20		151,833.77	0.00	0.00	0.00
(V) INDIRECT COSTS		29,394.71		43,690.10	0.00	0.00	0.00
Totals for PCA Codes	652,275.11	270,582.89		381,692.22	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		248,423.97	96,590.20	0.00	151,833.77	0.00	0.00	0.00	0.00	0.00	
SUBCONTRACTS											
1	Tehama County Department of Education - Help Me Grow	239,846.09	36.70%	88,012.32	0.00	63.30%	151,833.77	0.00	0.00	0.00	0.00
2				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6				0.00	0.00	0.00	0.00	0.00	0.00	0	0
7				0.00	0.00	0.00	0.00	0.00	0	0	0
8				0.00	0.00	0.00	0.00	0.00	0	0	0
OTHER CHARGES											
1	Curriculum	1,586.51	100.00%	1,586.51	0.00	0.00	0.00	0.00			60.21%
2	Parent Groups	1,291.37	100.00%	1,291.37	0.00	0.00	0.00	0.00			60.21%
3	Client Outreach Materials	1,500.00	100.00%	1,500.00	0.00	0.00	0.00	0.00			60.21%
4	Family Support Materials	4,200.00	100.00%	4,200.00	0.00	0.00	0.00	0.00			60.21%
5				0.00	0.00	0.00	0.00	0.00			
6				0.00	0.00	0.00	0.00	0.00			
7				0.00	0.00	0.00	0.00	0.00			
8				0.00	0.00	0.00	0.00	0.00			

(V) INDIRECT COSTS DETAIL									
	TOTAL INDIRECT COSTS	73,084.81		29,394.71		0.00	43,690.10		0.00
25.00%	of Total Wages + Fringe Benefits	73,084.81	40.22%	29,394.71		0.00	59.78%	43,690.10	0.00

Program: Agency: SubK:	California Home Visiting Program (EBHV) CHVP 25-52 TEHAMA	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

1	Laura Burlison	TOTAL PERSONNEL COSTS		292,339.23	117,575.18	0.00	174,764.05	0.00	0.00	0.00	0.00	0.00	0.00	94.10%	J-Pers. MCF Per Staff	Staff Traveling (X)													
		FRINGE BENEFIT RATE																											
		TOTAL WAGES																											
1	Laura Burlison	Family Support Worker Supervisor	35.00%	75,768.27	26,519.00	100.00%	26,519.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	94.10%													
2	Afton Williams-Crane	Family Support Worker II	25.00%	62,314.00	15,579.00	22.00%	3,427.38	0.00	78.00%	12,151.62	0.00	0.00	0.00	0.00	0.00	94.10%													
3	Kandace Pendergraft	Family Support Worker II	25.00%	62,314.00	15,579.00	22.00%	3,427.38	0.00	78.00%	12,151.62	0.00	0.00	0.00	0.00	0.00	94.10% X													
4	Brenda Delgado	Family Support Worker II Bilingual	30.00%	66,933.55	20,080.00	22.00%	4,417.60	0.00	78.00%	15,662.40	0.00	0.00	0.00	0.00	0.00	94.10% X													
5	Belen Rubio	Family Support Worker II Bilingual	40.00%	59,356.42	23,743.00	22.00%	5,223.46	0.00	78.00%	18,519.54	0.00	0.00	0.00	0.00	0.00	94.10% X													
6	Maria Elena Villalba Castrejon	Family Support Worker II Bilingual	50.00%	56,796.16	28,398.00	22.00%	6,247.56	0.00	78.00%	22,150.44	0.00	0.00	0.00	0.00	0.00	94.10% X													
7	Vacant	Family Support Worker III - Direct Service	10.00%	60,853.42	6,085.00	22.00%	1,338.70	0.00	78.00%	4,746.30	0.00	0.00	0.00	0.00	0.00	94.10% X													
8	Vacant	Family Support Worker III - Lead Worker/Assessme	40.00%	60,853.42	24,341.00	22.00%	5,355.02	0.00	78.00%	18,985.98	0.00	0.00	0.00	0.00	0.00	94.10% X													
9	Vacant	Office Assistant III Bilingual	30.00%	47,529.68	14,259.00	100.00%	14,259.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	94.10%													
10					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
11					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
12					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
13					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
14					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
15					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
16					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
17					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
18					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
19					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
20					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
21					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
22					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
23					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
24					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
25					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
26					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
27					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
28					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
29					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
30					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
31					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
32					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
33					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
34					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
35					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
36					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
37					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
38					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
39					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
40					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
41					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
42					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
43					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
44					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
45					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
46					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
47					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
48					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
49					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
50					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
51					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
52					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
53					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
54					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
55					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													
56					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00% X													

Program: Agency: SubK:	California Home Visiting Program (EBHV) CHVP 25-52 TEHAMA				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
					CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
	(1)	(2)	(3)	(5)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
57		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
58		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
59		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
60		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
61		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
62		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
63		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
64		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
120		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
121		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 (EBHV) CHVP 25-52 TEHAMA	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
122		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
123		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
133		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
135		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
136		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
137		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
138		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
139		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
140		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
141		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
142		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
143		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
144		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
145		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
146		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
147		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
148		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
149		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%
150		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00% 0.00%

Budget:	ORIGINAL
Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-52 TEHAMA
SubK:	0

Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
1	TRAVEL	9,460.00	Travel costs for Home Visiting \$9,460 (approximately \$705/month with mileage reimbursement rate of 65.5 cents/mile), and \$1000 Travel expenses for HFA trainings which includes lodging, per diems, and tolls. TBD based by the state or county rate, whichever is lower.
	TRAINING	7,000.00	Registration costs (for all home visitors in HFA and PAT model) for Home Visiting trainings including Cultural Trainings, HFA Trainings, curriculum and CEU's as needed for all staff with FTEs in all Healthy Families Tehama Budgets and Subk PAT home visitors (SOW Special Support). Potential trainings for these home visitors may include, but is not limited to, Perinatal Mental Health Training and Infant Massage Training and Perinatal Substance Abuse Training for up to 16 staff, cost TBD. (HFA Trainings \$750 each, Curriculum/Other onboarding trainings required \$725 each,
	Communication	2,314.38	Includes the cost of internet (\$664.38), landline phone services (\$1,475) including long distance calls, the program portion of the base rate and cellular charges for 7 HFA cell phones (\$175) for the home visitor, supervisor and SPHN/MCAH Director. These costs are not included in the <u>Indirect Cost Rate</u> .
	General Office Supplies	3,534.45	These expenses include the HFA share of costs (based on FTE and direct cost) associated with stamps, stationary, paper and other general office supplies (\$3534.45). These costs are not included in the <u>Indirect Cost Rate</u> .
	General Office Expenses	3,800.52	Duplication, copy machine and fax leases, printing (\$604.46) and infrastructure cost such as IT maintenance costs and upgrades (\$3196.06). These costs are not included in the <u>Indirect Cost Rate</u> .
	Professional & Insurance Costs	3,901.67	Professional fees, as well as malpractice, general liability and property insurance costs (\$3901.67). These costs are not included in the <u>Indirect Cost Rate</u> .
	Facilities/Household	4,791.08	Facilities is the HFA FTE share of Agency's total Rent (\$475.66), Maintenance (\$), Utilities Costs (\$2678.25), and Janitorial costs (\$1637.17). Facilities/Household amount is based on program FTE. These costs are not included in the <u>Indirect Cost Rate</u> .
	Healthy Families America Fee	1,500.00	Estimated cost of HFA Annual Affiliation Fee for SGF EBHV. This fee is an annual fee and is not part of the Reaccreditation Fee. Curriculum is required but is not included in the HFA <u>Affiliation Fee</u> .
	Healthy Families America Reaccreditation Fee	2,125.00	Estimated cost of HFA Reaccreditation Fee for SGF EBHV. This fee is for Healthy Families Tehama's reaccreditation fees due June 2026.
	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

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	248,423.97

SUBCONTRACTS

1 Tehama County Department of Education - Help Me Grow	239,846.09	Subcontract with the Tehama County Department of Education's Help Me Grow home visiting program, which will add two FTEs for PAT home visiting. See CHVP SGF EBHV 25-52 FY25-26 EBHV 11 subk Budget 6.19.2025 for additional details.
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Budget:	ORIGINAL
Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-52 TEHAMA
SubK:	0

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

OTHER CHARGES

1	Curriculum	1,586.51	HFA Required curriculum. Using Partners for a Healthy Baby Curriculum (\$350 each) to be used with participants, plus Spanish add-on (\$100 each), and "Let's Explore" Developmental Activities (\$129 each). Calculation is as follows: \$350 x 6 FTE + \$100 x 4 FTE = \$2500/6FTE = \$416.67 x 1.95 FTE in SGF EBHV = \$812.51. And add-on (one for each direct service staff) \$129 x 6 = \$774. \$812.51+\$774=\$1586.51. Curriculum fees are separate and not included in the HFA fees; curriculum is a required element of providing the HFA model, but costs are separate.
2	Parent Groups	1,291.37	Special Support Activities. Costs budgeted for specialized parent groups, food and Family Support Materials for the group. Estimating four groups annually with topics and items for families varying based on discussion. Potential topics (and items) may include breastfeeding support (nursing pads, nipple cream, etc.), safe sleep (cribs/pack-and-plays), Infant/Toddler CPR/First Aid, literacy focus (books) etc. Estimating approximately \$322.84 per parent group, which will serve 20-40 families each time offered. Healthy foods to be
3	Client Outreach Materials	1,500.00	Costs budgeted for brochures, client educational materials (such as books or models) for the program
4	Family Support Materials	4,200.00	Tools for clients to use when working with their children such as tummy time mirrors and floor mats (10-20 families), safe sleep pack and plays (5-15 families), educational toys for fine motor skills, and sensory items (# of families to be determined based on Slot Count Method). Some of these are used by families one week at a time to help encourage them in their working with their children on their developmental milestones. Items to create outreach bags/kits to be designed to support parents and parent child interaction, to support safe sleep, breastfeeding, bonding, hygiene, etc., and items to be used for creative activities during home visits (45+ families). Items will be used and/or given to all HFA families (estimating 45+ families annually) on an as needed basis. No "swag" will be provided. Supplies to work, use with clients on family building and bonding projects (\$1,000). Additionally, items purchased for parent groups, such as pack-n-plays, playmats, etc., estimating \$40-90 each item to provide additional family support materials needed to ensure increase in safety and/or child development for the families served.
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	73,084.81	Per CDPH approved ICR
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**California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026**

The purpose of this Scope of Work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. CHVP MIECHV-funded local health jurisdictions (LHJs) may implement Healthy Families America (HFA) and/or Nurse-Family Partnership (NFP) evidence-based home visiting (EBHV) programs with fidelity to the model and in accordance with federal MIECHV and State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement CHVP in funded LHJs
2. Integrate the home visiting program into the local early childhood system
3. Monitor federal benchmark measures to demonstrate improvement in maternal and early childhood health

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

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

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP ¹	<p>(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements</p> <p>(b) Attend quarterly CHVP Director calls</p> <p>(c) Participate in ongoing CAB meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP</p>	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• CAB meeting materials• Staffing Reports <p>Participation in:</p> <ul style="list-style-type: none">• Quarterly CHVP Director calls• Virtual and/or in-person site visits every two years²
1.2	The LHJ will implement home visiting services, and conduct at least 75% of all home visits in person, using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	<p>(a) Review the 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>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• Staffing Reports• Staff training logs• Collect and submit Priority Population Data (NFP only)

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<ul style="list-style-type: none">(c) Provide culturally responsive services that address the identified cultural needs of families (e.g. literacy levels, disabilities, military families, grandparents, tradition, etc.)(d) Provide documents in the family's preferred language, when feasible(e) Provide translation services when needed(f) Documents should be written in no more than an eighth grade reading level and use plain language(g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible(h) Prioritize populations identified by the Health Resources and Services Administration (HRSA) MIECHV program as high-risk populations³(i) Conduct at least 75% of all home visits in person	<ul style="list-style-type: none">• Data showing that at least 75% of home visits were conducted in-person

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	<ul style="list-style-type: none">(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software(b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements(c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter(d) All staff directly serving families will complete mandated reporter training and comply with all mandated reporter requirements	Submission of: <ul style="list-style-type: none">• Progress Reports• Staffing Reports• Training plans• Training logs• Confirmation of a signed county confidentiality agreement for each applicable staff member
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	<ul style="list-style-type: none">(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected to the program that best meets their needs	Submission of <ul style="list-style-type: none">• Progress Reports• Outreach activity logs or plan• Referral triage plans outlining referral process (flow chart, narrative, etc.)

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<p>(c) Ensure newly enrolled participants provide informed consent and sign a <i>CHVP Participant Consent Form</i> at enrollment</p> <p>(d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50</p>	<ul style="list-style-type: none"> Confirmation of signed <i>CHVP Participant Consent Form</i> for each enrolled participant Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	<p>(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards</p> <p>(b) Monitor subcontracted agencies to ensure model fidelity standards are met (if applicable)</p> <p>(c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation</p>	<p>Submission of:</p> <ul style="list-style-type: none"> Model developer agreement, accreditation, and/or affiliation documentation
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	(a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed	<p>Submission of:</p> <ul style="list-style-type: none"> Progress Reports

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<ul style="list-style-type: none">(a) Conduct an annual review of, and ensure compliance with, the CDPH/CHVP P&Ps(b) Conduct an annual review of, and ensure compliance with, the <i>Local MCAH Programs Policies and Procedures</i>(c) Conduct an annual review of, and ensure compliance with, the <i>MCAH Fiscal Administration P&P Manual</i>	<ul style="list-style-type: none">• Updated LHJ P&Ps related to home visiting• Annual confirmation of review of CDPH/CHVP P&Ps, <i>Local MCAH Program Policies and Procedures</i>, and the <i>MCAH Fiscal Administration Policy & Procedure Manual</i>
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	<ul style="list-style-type: none">(a) Participate in quality improvement activities as directed by CDPH/CHVP(b) Attend all meetings and site visits, including but not limited to:<ul style="list-style-type: none">• Individual TA meetings• Model TA meeting• All LHJ TA meeting• Ad hoc TA meetings	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• CQI monitoring reports, data, and other requested information <p>Participation in:</p> <ul style="list-style-type: none">• Individual and group TA meetings• CQI meetings and Learning Collaborative presentations

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<ul style="list-style-type: none">• In-person or virtual site visit as scheduled by CDPH/CHVP <p>(c) Use data to inform and improve program activities</p>	

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

²If a LHJ establishes a subcontractor to deliver home visiting services, a LHJ representative (ideally the MCAH Director) must be present during all scheduled group and individual technical assistance (TA) meetings, virtual or in-person visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures that the LHJ maintains oversight and direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation should be spent on administrative oversight of a subcontractor.

**California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work**
July 1, 2025- June 30, 2026

³As required by the MIECHV Statute, the following populations must be prioritized for services under the MIECHV program:

- Low-income eligible families
- Eligible families with pregnant women who have not attained age 21
- Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services
- Eligible families that have a history of substance use disorders or are in need of substance use disorder treatment
- Eligible families that have users of tobacco products in the home
- Eligible families that have or have children with low student achievement
- Eligible families with children with developmental delays or disabilities
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 2: Integrate CHVP into the local early childhood system			
#	Objective	Activities	Deliverables
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	<ul style="list-style-type: none">(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families(b) Meet and work with other local early childhood system and community partners to coordinate services to participating families(c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	Submission of: <ul style="list-style-type: none">• Progress Report including CAB meeting materials and Memoranda of Understanding (MOUs) and/or other written agreements
2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	<ul style="list-style-type: none">(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	Submission of: <ul style="list-style-type: none">• Progress Report including CAB meeting materials, MOUs, and/or other written agreements• Outreach materials• Outreach activity logs or plan

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Monitor federal benchmark measures to show improvement in maternal and childhood health			
#	Objective	Activities	Deliverables
3.1	The LHJ will collect and submit all information required for HRSA/MIECHV reporting	<ul style="list-style-type: none">(a) Complete all model-issued forms and assessment tools as defined by CDPH/CHVP and model-issued data collection manual(s)(b) Collect and enter federally required priority population data for all participants into the designated data system(c) Submit a complete and accurate quarterly staffing report on time	<p>Submission of data to meet MIECHV quarterly (Form 4) and annual (Form 1 and Form 2) performance reporting:</p> <ul style="list-style-type: none">• 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• Model required Participant enrollment and funding information• Staffing Reports via SharePoint• Priority Population data via SharePoint (NFP only)
3.2	The LHJ 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	<ul style="list-style-type: none">• Demonstrated compliance with data related policies and program quality measures

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Goal 3: Monitor federal benchmark measures to show improvement in maternal and childhood health			
#	Objective	Activities	Deliverables
		<p>(b) Ensure all data handling complies with CDPH/CHVP's security policies, including necessary encryption, access controls, and regular data system user account audits</p> <p>(c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring</p> <p>(d) NFP LHJs will coordinate data system requirements with the NFP National Service Office</p> <p>(e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all <i>CHVP HFA Data Collection Manual</i> requirements</p> <p>(f) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model</p>	<ul style="list-style-type: none">• Evidence of data cleaning on a monthly or quarterly basis using the CDPH/CHVP data cleaning schedule• Participate in regular TA meetings and site visits with CDPH/CHVP staff

**California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026**

Goal 3: Monitor federal benchmark measures to show improvement in maternal and childhood health			
#	Objective	Activities	Deliverables
		<p>(g) Provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed</p> <p>(h) Correct data entry errors and strive to reduce missing data as directed by the CDPH/CHVP data team as needed</p>	

California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Staffing Report	<ul style="list-style-type: none">• July 15, 2025 (for SFY 2024-2025)• October 15, 2025• January 15, 2026• April 15, 2026
Progress Report deliverables and updates: <ul style="list-style-type: none">• CAB roster, minutes, and agendas• MOUs or other written agreements with community agencies and service providers• Outreach materials• Outreach activity logs or plan• Training plans and logs• Policies and Procedures• Referral triage plan• Confirmation of signed CDPH/CHVP Participant Consent Forms• Confirmation of signed confidentiality agreements for all direct staff• Confirmation of completed mandated reporter training• Model Developer agreement, accreditation, and/or affiliation documentation	<ul style="list-style-type: none">• July 15, 2025• January 15, 2026
Priority Population data via SharePoint <ul style="list-style-type: none">• NFP only• Participant data collection is continuous	<ul style="list-style-type: none">• July 15, 2025 (FFY 2024-2025 to date)• October 15, 2025 (Final FFY 2024-2025)• January 15, 2026 (FFY 2025-26 to date)

**California Home Visiting Program
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
Scope of Work
July 1, 2025- June 30, 2026**

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
• Update data on SharePoint quarterly	• April 15, 2026 (FFY 2025-26 to date)
CQI Learning Collaboratives, monitoring reports, data, and information	Upon request
Individual TA meetings	Semi-annually (TBD)
Model TA meetings	Annually (TBD)
All LHJ meeting	Annually (TBD)
Site visits	Biennially (TBD)

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

Kelly Burton, SPHN
MCAH Director Name

Kelly Burton SPHN
MCAH Director Signature

7/25/25
Date

TEHAMA COUNTY HEALTH SERVICES AGENCY

JAYME BOTTKE, MS
EXECUTIVE DIRECTOR

DEANNA GEE
ASSISTANT EXECUTIVE
DIRECTOR, ADMINISTRATION

MICHELLE SCHMIDT, PHN
ASSISTANT EXECUTIVE
DIRECTOR, PROGRAM

TIMOTHY D. PETERS, MD
HEALTH OFFICER



MINNIE SAGAR, MPH, MPA
PUBLIC HEALTH DIRECTOR
1860 WALNUT STREET, BUILDING D
MAILING ADDRESS: PO BOX 400, RED BLUFF, CA 96080

(530) 527-6824
FAX (530) 527-0362

June 19, 2025

To Whom it May Concern:

Tehama County Health services Agency (TCHSA) Public Health – Healthy Families Tehama (HFT) entered into a contract agreement with Tehama County Department of Education (TCDE) – Help Me Grow (HMG) program to provide *Parents as Teachers* (PAT) evidence -based home visiting services to families who reside in Tehama County. HMG was already an affiliate of PAT and an accredited site. Funding provided by California Home Visiting Program (CHVP) State Grant Funds (SGF) Evidence Based Home Visiting (EBHV) is being subcontracted from TCHSA to TCDE. This funding allows for two fulltime home visitors to provide services to approximately 40 families in Tehama County. Funds used by the subcontractor, TCDE, are to cover the cost of two home visitors, a portion of a supervisor and other costs associated with providing home visiting services, including but not limited to office expenses, materials, training and travel.

If needed, a copy of the signed contract between TCHSA and TCDE can be provided upon request.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Burlison'.

Laura Burlison
Family Support Worker Supervisor
Healthy Families Tehama
Tehama County Health Services Agency - Public Health
(530) 528-3254
Laura.Burlison@tchsa.net

Program: Agency: SubK:	California Home Visiting Program (EBHV)				UNMATCHED FUNDING			NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
	CHVP 25-52 TEHAMA				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
	Tehama County Department of Education - Help Me Grow				(1)	(2)	(3)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(II) OPERATING EXPENSES DETAIL																
	TOTAL OPERATING EXPENSES	31,259.24			18,272.25		0.00		12,986.99		0.00		0.00		0.00	
1	TRAVEL	12,537.00	23.00%	2,883.51		0.00		77.00%	9,653.49		0.00		0.00		0.00	
2	TRAINING	5,000.00	33.33%	1,666.50		0.00		66.67%	3,333.50		0.00		0.00		0.00	
3	Communications	1,350.00	100.00%	1,350.00		0.00			0.00		0.00					69.33%
4	General Office Supplies	2,100.00	100.00%	2,100.00		0.00			0.00		0.00					1.00%
5	General Expenses	1,300.00	100.00%	1,300.00		0.00			0.00		0.00					2.66%
6	Facilities	6,772.24	100.00%	6,772.24		0.00			0.00		0.00					69.33%
7	PAT Affiliation Fees	2,200.00	100.00%	2,200.00		0.00			0.00		0.00					69.33%
8						0.00			0.00		0.00					
9						0.00			0.00		0.00					
10						0.00			0.00		0.00					
11						0.00			0.00		0.00					
12						0.00			0.00		0.00					
13						0.00			0.00		0.00					
14						0.00			0.00		0.00					
15						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															
	TOTAL OTHER COSTS	3,225.00		3,225.00		0.00		0.00	0.00		0.00		0.00		
1	SUBCONTRACTS				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		
9	OTHER CHARGES														
10	Parent Groups	1,500.00	100.00%	1,500.00		0.00		0.00	0.00		0.00				69.33%
11	PAT Curriculum Fees	1,725.00	100.00%	1,725.00		0.00		0.00	0.00		0.00				69.33%
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				
16					0.00		0.00		0.00		0.00				
17					0.00		0.00		0.00		0.00				
18					0.00		0.00		0.00		0.00				
19					0.00		0.00		0.00		0.00				
20					0.00		0.00		0.00		0.00				
21					0.00		0.00		0.00		0.00				
22					0.00		0.00		0.00		0.00				
23					0.00		0.00		0.00		0.00				
24					0.00		0.00		0.00		0.00				
25					0.00		0.00		0.00		0.00				
26					0.00		0.00		0.00		0.00				
27					0.00		0.00		0.00		0.00				
28					0.00		0.00		0.00		0.00				
29					0.00		0.00		0.00		0.00				
30					0.00		0.00		0.00		0.00				
31					0.00		0.00		0.00		0.00				
32					0.00		0.00		0.00		0.00				
33					0.00		0.00		0.00		0.00				
34					0.00		0.00		0.00		0.00				
35					0.00		0.00		0.00		0.00				
36					0.00		0.00		0.00		0.00				
37					0.00		0.00		0.00		0.00				
38					0.00		0.00		0.00		0.00				
39					0.00		0.00		0.00		0.00				
40					0.00		0.00		0.00		0.00				
41					0.00		0.00		0.00		0.00				
42					0.00		0.00		0.00		0.00				
43					0.00		0.00		0.00		0.00				
44					0.00		0.00		0.00		0.00				
45					0.00		0.00		0.00		0.00				
46					0.00		0.00		0.00		0.00				
47					0.00		0.00		0.00		0.00				
48					0.00		0.00		0.00		0.00				
49					0.00		0.00		0.00		0.00				
50					0.00		0.00		0.00		0.00				
51					0.00		0.00		0.00		0.00				
52					0.00		0.00		0.00		0.00				
53					0.00		0.00		0.00		0.00				
54					0.00		0.00		0.00		0.00				
55					0.00		0.00		0.00		0.00				
56					0.00		0.00		0.00		0.00				
57					0.00		0.00		0.00		0.00				
58					0.00		0.00		0.00		0.00				
59					0.00		0.00		0.00		0.00				
60					0.00		0.00		0.00		0.00				
61					0.00		0.00		0.00		0.00				
62					0.00		0.00		0.00		0.00				
63					0.00		0.00		0.00		0.00				
64					0.00		0.00		0.00		0.00				
65					0.00		0.00		0.00		0.00				
66					0.00		0.00		0.00		0.00				
67					0.00		0.00		0.00		0.00				
68					0.00		0.00		0.00		0.00				
69					0.00		0.00		0.00		0.00				
70					0.00		0.00		0.00		0.00				
71					0.00		0.00		0.00		0.00				
72					0.00		0.00		0.00		0.00				
73					0.00		0.00		0.00		0.00				
74					0.00		0.00		0.00		0.00				
75					0.00		0.00		0.00		0.00				
76					0.00		0.00		0.00		0.00				
77					0.00		0.00		0.00		0.00				
78					0.00		0.00		0.00		0.00				
79					0.00		0.00		0.00		0.00				
80					0.00		0.00		0.00		0.00				

Program: Agency: SubK:	California Home Visiting Program (EBHV) CHVP 25-52 TEHAMA Tehama County Department of Education - Help Me Grow	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-NE		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

		TOTAL PERSONNEL COSTS		194,158.88	63,781.17		0.00		0.00		130,377.71		0.00		0.00	
		FRINGE BENEFIT RATE		62.21%	74,462.88		24,461.05		0.00		50,001.83		0.00		0.00	
		TOTAL WAGES		119,696.00	39,320.12		0.00		0.00		80,375.88		0.00		0.00	
FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES												
1 Norma Chavez	Family Resource Liason	50.00%	52,600.00	26,300.00	22.00%	5,786.00		0.00	78.00%	20,514.00		0.00		0.00	94.10%	X
2 Graciella Ramirez	Family Resource Liason	50.00%	49,543.00	24,772.00	22.00%	5,449.84		0.00	78.00%	19,322.16		0.00		0.00	94.10%	X
3 Rocio Rico	Family Resource Liason	50.00%	49,843.00	24,922.00	22.00%	5,482.84		0.00	78.00%	19,439.16		0.00		0.00	94.10%	X
4 Antonia Yasmin Solorio	Family Resource Liason	50.00%	54,103.00	27,052.00	22.00%	5,951.44		0.00	78.00%	21,100.56		0.00		0.00	94.10%	X
5 Jackeline Espinoza	Early Childhood Education Specialist	25.00%	66,598.00	16,650.00	100.00%	16,650.00		0.00	0.00	0.00		0.00		0.00	94.10%	X
6				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
7				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
8				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
9				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
10				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
11				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
12				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
13				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
14				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
15				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
16				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
17				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
18				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
19				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
20				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
21				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
22				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
23				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
24				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
25				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
26				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
27				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
28				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
29				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
30				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
31				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
32				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
33				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
34				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
35				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
36				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
37				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
38				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
39				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
40				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
41				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
42				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
43				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
44				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
45				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
46				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
47				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
48				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
49				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
50				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
51				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
52				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
53				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
54				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
55				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%
56				0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%

Program: Agency: SubK:	California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
	CHVP 25-52 TEHAMA				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
	Tehama County Department of Education - Help Me Grow				(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
57					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
58					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
59					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
60					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
61					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
62					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
63					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
64					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
65					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
66					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
67					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
68					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
69					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
70					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
71					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
72					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
73					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
74					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
75					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
76					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
77					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
78					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
79					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
80					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
81					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
82					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
83					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
84					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
85					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
86					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
87					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
88					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
89					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
90					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
91					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
92					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
93					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
94					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
95					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
96					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
97					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
98					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
99					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
100					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
101					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
102					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
103					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
104					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
105					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
106					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
107					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
108					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
109					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
110					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
111					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
112					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
113					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
114					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
115					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
116					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
117					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
118					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
119					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
120					0.00	0.00		0.00		0.00	0.00		0.00		0.00	0.00	0.00%
121					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 (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
	CHVP 25-52 TEHAMA				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
	Tehama County Department of Education - Help Me Grow				(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
122					0.00		0.00		0.00		0.00		0.00		0.00		0.00
123					0.00		0.00		0.00		0.00		0.00		0.00		0.00
124					0.00		0.00		0.00		0.00		0.00		0.00		0.00
125					0.00		0.00		0.00		0.00		0.00		0.00		0.00
126					0.00		0.00		0.00		0.00		0.00		0.00		0.00
127					0.00		0.00		0.00		0.00		0.00		0.00		0.00
128					0.00		0.00		0.00		0.00		0.00		0.00		0.00
129					0.00		0.00		0.00		0.00		0.00		0.00		0.00
130					0.00		0.00		0.00		0.00		0.00		0.00		0.00
131					0.00		0.00		0.00		0.00		0.00		0.00		0.00
132					0.00		0.00		0.00		0.00		0.00		0.00		0.00
133					0.00		0.00		0.00		0.00		0.00		0.00		0.00
134					0.00		0.00		0.00		0.00		0.00		0.00		0.00
135					0.00		0.00		0.00		0.00		0.00		0.00		0.00
136					0.00		0.00		0.00		0.00		0.00		0.00		0.00
137					0.00		0.00		0.00		0.00		0.00		0.00		0.00
138					0.00		0.00		0.00		0.00		0.00		0.00		0.00
139					0.00		0.00		0.00		0.00		0.00		0.00		0.00
140					0.00		0.00		0.00		0.00		0.00		0.00		0.00
141					0.00		0.00		0.00		0.00		0.00		0.00		0.00
142					0.00		0.00		0.00		0.00		0.00		0.00		0.00
143					0.00		0.00		0.00		0.00		0.00		0.00		0.00
144					0.00		0.00		0.00		0.00		0.00		0.00		0.00
145					0.00		0.00		0.00		0.00		0.00		0.00		0.00
146					0.00		0.00		0.00		0.00		0.00		0.00		0.00
147					0.00		0.00		0.00		0.00		0.00		0.00		0.00
148					0.00		0.00		0.00		0.00		0.00		0.00		0.00
149					0.00		0.00		0.00		0.00		0.00		0.00		0.00
150					0.00		0.00		0.00		0.00		0.00		0.00		0.00%

Budget:	ORIGINAL
Program:	California Home Visiting Program (EBHV)
Agency:	CHVP 25-52 TEHAMA
SubK:	Tehama County Department of Education - Help Me Grow

Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
1	TRAVEL	12,537.00	Cost for Tehama County Department of Education's vehicles to be used for travel to homes and other locations to provide home visits as well as travel for other work-related purposes and to transport families for additional home visiting supportive services, appointments, along with vehicle maint., insurance, fuel, and other mileage reimbursement for home visitor travel to home visits. Vehicles available to PAT Staff are owned and maintained by the Tehama County Department of Education which is not a Tehama County Goverment Agency, but a separate entity. Annual mileage is estimated based on the prior fiscal year 2024-2026 and
	TRAINING	5,000.00	Training of PAT Autism within Families with a cost estimate of \$70.00 per staff member x 5 staff members = \$350.00. Training in Humanity First Summer Institute: Fueling Ourselves with a cost estimate of \$300.00 for 5 staff = \$1,500.00. Additional training to be identified as they come available. Topics include but are not limited to PAT trainings, trauma informed practices, parent-child interactions, or inclusive practices. 2 additional trainings x 5 staff members x
	1 Communications	1,350.00	Cell phones to communicate with families \$56.25 per line x 2 lines x 12 months. These costs are not included in the Indirect Cost Rate.
	2 General Office Supplies	2,100.00	These expenses include costs for paper, printer ink (\$200.00 per site for 2 sites= \$400.00), and other general office supplies including but not limited to computer screen protectors (\$50 for 4 staff members= \$200.00) and new printers for site locations (\$250.00 for 2 sites=\$500.00). These costs are not included in the Indirect Cost Rate.
	3 General Expenses	1,300.00	Duplication, copy machine and fax leases, printing of PAT required documents (estimated cost \$1000) and infrastructure costs such as IT maintenance costs and upgrades. These costs are not included in the Indirect Cost Rate.
	4 Facilities	6,772.24	These expenses include facilities costs for tech support \$3100 and custodial cost for remainder of fiscal year \$3672.74 (approximately \$306.06/month). These costs are not included in the Indirect Cost Rate.
	5 PAT Affiliation Fees	2,200.00	Registration of annual PAT Affiliation Fee of \$2200.00. Curriculum is required but is not included in the PAT Affiliation Fee.
	6 0	0.00	
	7 0	0.00	
	8 0	0.00	
	9 0	0.00	
	10 0	0.00	
	11 0	0.00	
	12 0	0.00	
	13 0	0.00	
	14 0	0.00	
	15 0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	3,225.00
SUBCONTRACTS	
1 0	0.00
2 0	0.00
3 0	0.00
4 0	0.00

Budget:	ORIGINAL		
Program:	California Home Visiting Program (EBHV)		
Agency:	CHVP 25-52 TEHAMA		
SubK:	Tehama County Department of Education - Help Me Grow		

5	0	0.00	
OTHER CHARGES			
1	Parent Groups	1,500.00	40 families will be invited to PAT required parent groups 10 times per year with a cost estimate of \$150.00 per group for a total of \$1,500.00 per year. Items needed include but are not limited to family building and bonding projects, parent-child interaction projects, and family well being projects.
2	PAT Curriculum Fees	1,725.00	Registration cost for PAT Model Certified Subscription (\$345) for 5 CDPH/CHVP SGF EBHV staff totaling \$1,725.00. Curriculum fees are separate and not included in the PAT fees; curriculum is a required element of providing the PAT model but costs are separate.
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	11,202.97	Per CDPH approved ICR
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TEHAMA COUNTY DEPARTMENT OF EDUCATION

DUTY STATEMENT

FAMILY RESOURCE LIAISON

Position 01- CHVP SGF EBHV

25-52 sub k

Department: Early Learning Programs and Services

Employee: (TCDE Position #472)

Current Task List

Frequency	Tasks Performed
Weekly	Conduct home visits for families to facilitate positive parent-child relationships and promote positive Child Growth and Development. Ensure all parenting education and home visiting services provided are documented regularly using the applicable data system.
Ongoing	Carry a caseload of 10-20 families receiving Home Visiting Services, depending on the level of visits needed per family, as identified by the assigned Parenting Curriculum guidelines.
Ongoing	Develop and maintain positive and collaborative working relationships with families, community partners, and Tehama County District staff to support positive child outcomes.
Ongoing	Establish trusting relationships, and conduct family needs assessments with children and their families, working with them to navigate community systems, and developing case management plans as appropriate.
Ongoing	Maintain consistent communication with families through a variety of modalities, including in-person meetings, to support case management, child and family goal setting, and ensuring access to comprehensive and coordinated support.
Ongoing	Assist families in gaining access to or enrolling in the services that they are eligible for, including but not limited to Medi-Cal, CalFresh, County Medical Services Program, and 211 Tehama.
Ongoing	Connect children to programs and services for developmental/mental health needs based on screening outcomes, providing education and information on early childhood development, and activities to support the building of age-appropriate skills.
Ongoing	Enter child and family information into applicable data systems to support linkages to services requested, following up no more than one week after the initial connection to confirm needs have been met.
Ongoing	Reports directly to TCDE Early Learning Programs and Services department leadership on a frequent and regular basis to ensure administrative details related to assigned work are correct and completed promptly.

Approved: _____
Effective: 01/15/2025



Tehama County Department of Education
Duty Statement
Family Resource Liaison

Ongoing	Attend collaborations, cross-training events, staff meetings, reflective supervision meetings, and other meetings as directed, presenting on topics as applicable.
Ongoing	Coordinate, plan, and/or facilitate regular group connections for assigned families and children to attend.
Ongoing	Abide by all policies and procedures.
Ongoing	Maintain and promote a sense of teamwork.



TEHAMA COUNTY DEPARTMENT OF EDUCATION

DUTY STATEMENT

FAMILY RESOURCE LIAISON

Position 02- CHVP SGF EBHV

25-52 sub k

Department: Early Learning Programs and Services

Employee: (TCDE Position #551)

Current Task List

Frequency	Tasks Performed
Weekly	Conduct home visits for families to facilitate positive parent-child relationships and promote positive Child Growth and Development. Ensure all parenting education and home visiting services provided are documented regularly using the applicable data system.
Ongoing	Carry a caseload of 10-20 families receiving Home Visiting Services, depending on the level of visits needed per family, as identified by the assigned Parenting Curriculum guidelines.
Ongoing	Develop and maintain positive and collaborative working relationships with families, community partners, and Tehama County District staff to support positive child outcomes.
Ongoing	Establish trusting relationships, and conduct family needs assessments with children and their families, working with them to navigate community systems, and developing case management plans as appropriate.
Ongoing	Maintain consistent communication with families through a variety of modalities, including in-person meetings, to support case management, child and family goal setting, and ensuring access to comprehensive and coordinated support.
Ongoing	Assist families in gaining access to, or enrolling in the services that they are eligible for, including but not limited to Medi-Cal, CalFresh, County Medical Services Program, and 211 Tehama.
Ongoing	Connect children to programs and services for developmental/mental health needs based on screening outcomes, providing education and information on early childhood development, and activities to support the building of age-appropriate skills.
Ongoing	Enter child and family information into applicable data systems to support linkages to services requested, following up no more than one week after the initial connection to confirm needs have been met.
Ongoing	Reports directly to TCDE Early Learning Programs and Services department leadership on a frequent and regular basis to ensure administrative details related to assigned work are correct and completed promptly.

Approved: _____
Effective: 01/15/2025



Tehama County Department of Education
Duty Statement
Family Resource Liaison

Ongoing	Attend collaborations, cross-training events, staff meetings, reflective supervision meetings, and other meetings as directed, presenting on topics as applicable.
Ongoing	Coordinate, plan, and/or facilitate regular group connections for assigned families and children to attend.
Ongoing	Abide by all policies and procedures.
Ongoing	Maintain and promote a sense of teamwork.



TEHAMA COUNTY DEPARTMENT OF EDUCATION

DUTY STATEMENT

FAMILY RESOURCE LIAISON

Position 03- CHVP SGF EBHV

25-52 Sub K

Department: Early Learning Programs and Services

Employee: (TCDE Position #308)

Current Task List

Frequency	Tasks Performed
Weekly	Conduct home visits for families to facilitate positive parent-child relationships and promote positive Child Growth and Development. Ensure all parenting education and home visiting services provided are documented regularly using the applicable data system.
Ongoing	Carry a caseload of 10-20 families receiving Home Visiting Services, depending on the level of visits needed per family, as identified by the assigned Parenting Curriculum guidelines.
Ongoing	Develop and maintain positive and collaborative working relationships with families, community partners, and Tehama County District staff to support positive child outcomes.
Ongoing	Establish trusting relationships, and conduct family needs assessments with children and their families, working with them to navigate community systems, and developing case management plans as appropriate.
Ongoing	Maintain consistent communication with families through a variety of modalities, including in-person meetings, to support case management, child and family goal setting, and ensuring access to comprehensive and coordinated support.
Ongoing	Assist families in gaining access to or enrolling in the services that they are eligible for, including but not limited to Medi-Cal, CalFresh, County Medical Services Program, and 211 Tehama.
Ongoing	Connect children to programs and services for developmental/mental health needs based on screening outcomes, providing education and information on early childhood development, and activities to support the building of age-appropriate skills.
Ongoing	Enter child and family information into applicable data systems to support linkages to services requested, following up no more than one week after the initial connection to confirm needs have been met.
Ongoing	Reports directly to TCDE Early Learning Programs and Services department leadership on a frequent and regular basis to ensure administrative details related to assigned work are correct and completed promptly.

Approved: _____
Effective: 01/15/2025



Tehama County Department of Education
Duty Statement
Family Resource Liaison

Ongoing	Attend collaborations, cross-training events, staff meetings, reflective supervision meetings, and other meetings as directed, presenting on topics as applicable.
Ongoing	Coordinate, plan, and/or facilitate regular group connections for assigned families and children to attend.
Ongoing	Abide by all policies and procedures.
Ongoing	Maintain and promote a sense of teamwork.



TEHAMA COUNTY DEPARTMENT OF EDUCATION

DUTY STATEMENT

FAMILY RESOURCE LIAISON

Position 04- CHVP SGF EBHV

Sub K 25-52

Department: Early Learning Programs and Services

Employee:(TCDE Position #613)

Current Task List

Frequency	Tasks Performed
Weekly	Conduct home visits for families to facilitate positive parent-child relationships and promote positive Child Growth and Development. Ensure all parenting education and home visiting services provided are documented regularly using the applicable data system.
Ongoing	Carry a caseload of 10-20 families receiving Home Visiting Services, depending on the level of visits needed per family, as identified by the assigned Parenting Curriculum guidelines.
Ongoing	Develop and maintain positive and collaborative working relationships with families, community partners, and Tehama County District staff to support positive child outcomes.
Ongoing	Establish trusting relationships, and conduct family needs assessments with children and their families, working with them to navigate community systems, and developing case management plans as appropriate.
Ongoing	Maintain consistent communication with families through a variety of modalities, including in-person meetings, to support case management, child and family goal setting, and ensuring access to comprehensive and coordinated support.
Ongoing	Assist families in gaining access to or enrolling in the services that they are eligible for, including but not limited to Medi-Cal, CalFresh, County Medical Services Program, and 211 Tehama.
Ongoing	Connect children to programs and services for developmental/mental health needs based on screening outcomes, providing education and information on early childhood development, and activities to support the building of age-appropriate skills.
Ongoing	Enter child and family information into applicable data systems to support linkages to services requested, following up no more than one week after the initial connection to confirm needs have been met.
Ongoing	Reports directly to TCDE Early Learning Programs and Services department leadership on a frequent and regular basis to ensure administrative details related to assigned work are correct and completed promptly.



Tehama County Department of Education
Duty Statement
Family Resource Liaison

Approved: _____
Effective: 01/15/2025

Ongoing	Attend collaborations, cross-training events, staff meetings, reflective supervision meetings, and other meetings as directed, presenting on topics as applicable.
Ongoing	Coordinate, plan, and/or facilitate regular group connections for assigned families and children to attend.
Ongoing	Abide by all policies and procedures.
Ongoing	Maintain and promote a sense of teamwork.



TEHAMA COUNTY DEPARTMENT OF EDUCATION

DUTY STATEMENT

EARLY CHILDHOOD EDUCATION SPECIALIST (HELP ME GROW)

Position 05- CHVP SGF EBHV *25-S2 Sub 1c*

Department: Early Learning Programs and Services

Employee: (TCDE Position #25)

Current Task List

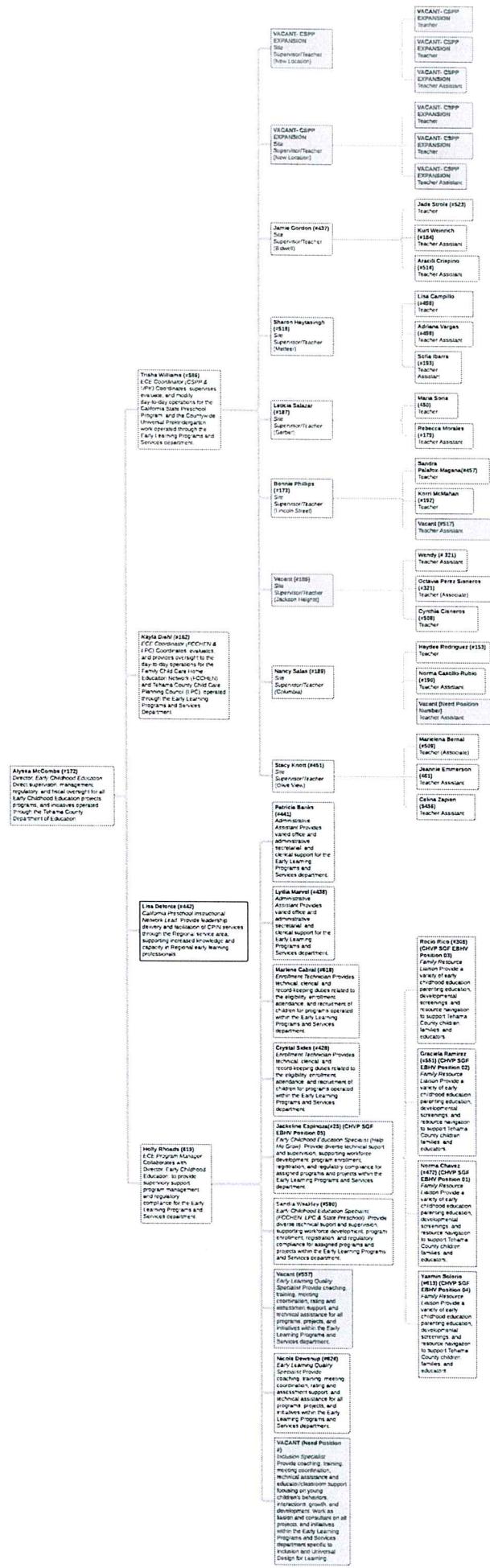
Frequency	Tasks Performed
Bi-Weekly	Provide Reflective Supervision to assigned Family Resource Liaisons following guidelines in the assigned Parenting Education curriculum.
Quarterly	Complete Home Visit shadowing for assigned Family Resource Liaisons following guidelines in the assigned Parenting Education curriculum.
Ongoing	Develop and maintain positive and collaborative working relationships with families, community partners, and Tehama County District staff, supporting positive outcomes.
Monthly	Plan and facilitate monthly Help Me Grow team meetings to support continuous improvement and professional learning for assigned Family Resource Liaisons.
Ongoing	Maintain consistent communication with Family Resource Liaisons through a variety of modalities, including in-person meetings, to support case management, child and family goal setting, and ensuring access to comprehensive and coordinated support.
Ongoing	Assist Family Resource Liaisons in supporting families in gaining access to, or enrolling in the services that they are eligible for, including but not limited to Medi-Cal, CalFresh, County Medical Services Program, and 211 Tehama.
Annually	Support assigned Family Resource Liaisons with annual performance evaluation and goal setting for continuous improvement and professional growth.
Annually	Work with the Early Learning Programs and Services department leadership to ensure the Annual Parent Satisfaction Survey is completed as applicable.
Ongoing	Reports directly to TCDE Early Learning Programs and Services leadership on a frequent and regular basis to ensure administrative details related to assigned work are correct and completed promptly.
Ongoing	Act as a resource and support for staff in problem-solving.
Ongoing	Establish and maintain program evaluation systems, including documentation and reporting, for assigned projects and programs, based on funded standards and expectations, ensuring accurate collection and evaluation of data, including enrollment and eligibility.

Approved: _____
Effective: 01/15/2025



Tehama County Department of Education
Duty Statement
Family Resource Liaison

Ongoing	Attend collaborations, cross-training events, staff meetings, reflective supervision meetings, and other meetings as directed, presenting on topics as applicable.
Ongoing	Coordinate, plan, and/or facilitate regular group connections for assigned families and children to attend.
Ongoing	Abide by all policies and procedures.
Ongoing	Maintain and promote a sense of teamwork.



Certification Statement for the Use of Certified Public Funds

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

- (a) Public Funds may be considered as the State's share in claiming FFP if they meet the conditions specified in paragraphs (b) and (c) of this section.
- (b) The public funds are appropriated directly to the State or local Medicaid agency, or are transferred from other public agencies (including Indian tribes) to the State or local agency and under its administrative control, or certified by the contributing public agency as representing expenditures eligible for FFP under this section.
- (c) The public funds are not Federal funds, or are Federal funds authorized by Federal law to be used to match other Federal funds.

Public Agency: Tehama County Health Services Agency

Address: PO Box 400

City: Red Bluff

State: CA Zip: 96080

Period Covered: 2025-2026

Fiscal Year: 2025-2026

Grant Amount: \$652,275.11

Recipient: Tehama County Department of Education

I HEREBY CERTIFY under penalty of perjury that:

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

Signature: Kelly Burton SPHN

Print name: Kelly Burton, SPHN

Title: MCAH Director/Supervising PHN

Date: 6/20/25

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

FUNDING AGREEMENT PERIOD FY 2025-2026

AGENCY INFORMATION FORM

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

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

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

AGENCY IDENTIFICATION INFORMATION

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

MIECHV CHVP 25-52

SGF EBHV CHVP SGF EBHV 25-52

SGF INNV 1.0 N/A

SGF INNV 2.0 N/A

Update Effective Date (only required when submitting updates) 07/01/2025

Federal Employer ID#: 91-60000543

FI\$CAL ID#: 107302

Complete Official Agency Name: Tehama County Health Services Agency (TCHSA) - Public Health

Business Office Address: PO Box 400, Red Bluff, CA 96080

Agency Phone: (530) 527-8491

Agency Fax: (530) 527-0240

Agency Website: <https://www.tehamacohealthservices.net>

AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

07/01/2025

Update Effective Date (only required when submitting updates) _____

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

I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health, and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial

Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations, and policies with which it has certified it will comply.

Official authorized to commit the Agency to a CHVP Agreement

Name (Print): Jayme Bottke

Title: Executive Director

Original Signature: 

Date: 8-4-25

Original Signature of MCAH Director

Name (Print): Kelly Burton

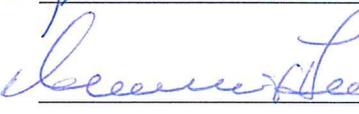
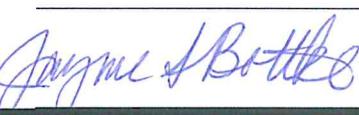
Title: Supervising PHN/MCAH Director

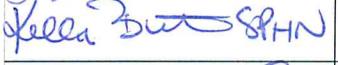
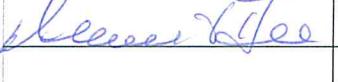
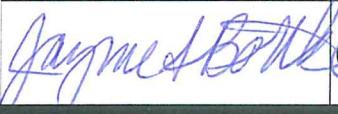
Original Signature:  SPHN Date: 7/25/25

CHECK BOX if remittance address is the same as above

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

REMITTANCE ADDRESS	
ALL PAYMENTS FROM CDPH TO THE CONTRACTOR SHALL BE SENT TO THE FOLLOWING ADDRESS	
Contractor:	Tehama County Health Services Agency - Public Health
Attention: "Cashier"	Accounting
Address:	PO Box 400, Red Bluff, CA 96080
Contact Number:	(530) 527-8491
Email:	AP@tchsa.net
<p>Either party may make changes to the information above by giving written notice to the other party.</p> <p>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.</p> <p>Always include this remittance address on your invoice.</p>	

MIECHV				AUTHORIZED TO SIGN?				
Contact	First Name	Last Name	Title	Budgets	Invoices	IF YES SELECTED, SIGN	Phone	Email Address
AGENCY EXECUTIVE DIRECTOR	Jayme	Bottke	Executive Director, TCHSA	YES	YES		(530) 527-8491	Jayme.Bottke@tchsa.net
MCAH DIRECTOR	Kelly	Burton	Supervising Public Health Nurse/MCAH Director	YES	YES		(530) 527-6824	Kelly.Burton@tchsa.net
PROJECT COORDINATOR	Laura	Burlison	Family Support Worker Supervisor	YES	YES		(530) 527-6824	Laura.Burlison@tchsa.net
FISCAL OFFICER	Deanna	Gee	Assistant Executive Director of Fiscal, TCHSA	YES	YES		(530) 527-8491	Deanna.Gee@tchsa.net
FISCAL CONTACT	Rosa	Cumpston	Fiscal Data Supervisor	NO	NO		(530) 527-8491	Rosa.Cumpston@tchsa.net
CLERK OF THE BOARD or	Sean	Houghtby	Tehama County Clerk of the Board	NO	NO		(530) 527-3287	cob@co.tehama.ca.us
CHAIR BOARD OF SUPERVISORS	Gregory	Jones	Chair for Board of Supervisors	NO	NO		(530) 527-4655	gjones@co.tehama.ca.us
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Jayme	Bottke	Executive Director, TCHSA	YES	YES		(530) 527-8491	Jayme.Bottke@tchsa.net
ADDITIONAL CONTACTS								
				Select Yes	Select Yes			
				Select Yes	Select Yes			

SGF EBHV				AUTHORIZED TO SIGN?				
Contact	First Name	Last Name	Title	Budgets	Invoices	IF YES SELECTED, SIGN	Phone	Email Address
AGENCY EXECUTIVE DIRECTOR	Jayme	Bottke		YES	YES		(530) 527-8491	Jayme.Bottke@tchsa.net
MCAH DIRECTOR	Kelly	Burton		YES	YES		(530) 527-6824	Kelly.Burton@tchsa.net
PROJECT COORDINATOR	Laura	Burlison		YES	YES		(530) 527-6824	Laura.Burlison@tchsa.net
FISCAL OFFICER	Deanna	Gee		YES	YES		(530) 527-8491	Deanna.Gee@tchsa.net
FISCAL CONTACT	Rosa	Cumpston		NO	NO		(530) 527-8491	Rosa.Cumpston@tchsa.net
CLERK OF THE BOARD or	Sean	Houghtby		NO	NO		(530) 527-3287	cob@co.tehama.ca.us
CHAIR BOARD OF SUPERVISORS	Greg	Jones		NO	NO		(530) 527-4655	gjones@co.tehama.ca.us
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Jayme	Bottke		YES	YES		(530) 527-8491	Jayme.Bottke@tchsa.net
ADDITIONAL CONTACTS								
				Select Yes	Select Yes			
				Select Yes	Select Yes			

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

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

Exhibit K

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

Agency Name: Tehama County Health Services Agency (TCHSA) - Public Health

Agreement/Grant Number: CHVP 25-52 and CHVP SGF EBHV 25-52

Compliance Attestation for Fiscal Year: 2025-2026

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

TCHSA - Public Health

Agency Name

Kelly Burton SPHN

Signature of MCAH Director

Signature of AFLP Director (CBOs only)

Kelly Burton, SPHN

Printed Name of MCAH Director

Printed Name of AFLP Director (CBOs
only)

CHVP 25-52 and CHVP SGF EBHV 25-52

Agreement/Grant Number

7/25/25

Date

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.

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). This form is to be completed if you are opting to budget for an ICR other than your CDPH Approved ICR.

Date: 6/19/25

Agency Name: Tehama County Health Services Agency - Public Health

Contract/Agreement Number: CHVP 25-52 & CHVP SGF EBHV 25-52

Contract Term/Allocation Fiscal Year: 2023-2028

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 LHJ's budgeted ICR rate may not exceed the approved ICR but may be less than the approved ICR. The LHJs budgeted ICR application method (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the CDPH approved application method.

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

Direct cost of program from prior year, then remove fixed assets, and remove all direct program costs. The indirect costs include administration overhead, A-87 and all Fiscal Data Operating.

Certification Of Indirect Cost Rate Methodology

Direct cost of program from prior year, then remove fixed assets, and remove all direct program costs. The indirect costs include administration overhead, A-87 and all Fiscal Data Operating.

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: Deanna Gee

Title/Position: Assistant Executive Director, Fiscal

Signature: Deanna Gee Date: 7/30/25

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 01 – CHVP MIECHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker Supervisor

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
General Supervisory:	
• Hold Unit meetings	Bi-weekly
• Identify/develop performance standards for staff and ensure implementation of those standards using evaluation as a tool towards improvement	Monthly
• Reports directly to the Public Health Director and attends weekly individual supervision meetings.	Weekly
• Attend PH Supervisor meeting	Monthly
• Attend WE Team	Bi-monthly
• Participate in Public Health Advisory Board	As Needed
• Review Monthly FTE reports with Director	As Needed
• Oversee Time IPS/Payroll for employees supervised	Ongoing
• Review Monthly FTE reports and Monsters with Director	Monthly
• Monitor Time IPS to review staff time and conduct payroll	Ongoing
• Ensure building opening and closing procedures are followed	As needed
• Process employee time sheets	Bi-monthly
• Train and monitor employee FFP to ensure proper time usage	Monthly
• Train and monitor employee eSALS	Monthly
• Orient new staff to Public Health/Health Agency and new program assignments (update orientation checklist)	Monthly
• Review and approve staff Travel Request & Expense Forms	As needed
• Hold individual staff supervision-using reflective supervision techniques	Weekly
• Conduct and document employee meetings, accomplishments and disciplinary activity in a supervisory file	As needed

• Assist in the PH Division Accreditation process	As needed
HFA/CHVP Program:	
• Hold Weekly 1.5 to 2 hour meetings with each direct reports using a reflective supervision style	Weekly
• In addition to weekly supervision set aside time to go out on home visits with the family assessment worker and each family support worker	Minimum twice annually per FSW/FAW
• Act as liaison with the CHVP HFA statewide consultant	As needed
• Attend all HFA/CHVP required meetings and trainings	As required
• Document all supervision time	Weekly
• Monitor the coordination and attendance of all necessary staff trainings	As needed
• Conduct scheduled performance evaluations for all direct reports	As specified – minimum annually
• Monitor and support the completion of all screens and assessments administered by the Family Assessment Worker	Ongoing
• Review all completed assessments and ensure that assignments are given to the appropriate family support worker	Ongoing
• Monitor and support the referral of non-enrolled families to partner agencies by the Family Assessment Worker	Ongoing
• Perform assessment and home visitor services as needed	As needed
• Promote the HFA/CHVP program throughout the community by attending networking meetings	As needed
• Work collaboratively with partner agencies and establish strong partner relationships	Ongoing
• Be immediately available to staff for crisis interventions and emergencies	Ongoing
• Review family files for quality assurance	As needed
• Ensure that data is getting entered into the CHVP ETO system as required	Ongoing
• Provide fiscal management and oversight for the HFA/CHVP program	Ongoing
• Participate in the recruitment and hiring of staff for HFA/CHVP	Ongoing
• Attend program-related committee meetings and State conference calls	Ongoing
• Work with the Director and Agency F/D staff to monitor program budgets and purchases	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

**TEHAMA COUNTY HEALTH SERVICES AGENCY
PUBLIC HEALTH DIVISION**

DUTY STATEMENT- FISCAL YEAR 2025-2026

Budget Line 2

Health Jurisdiction: Tehama County

Program: CHVP MIECHV 25-52

Program Position: Program Manager

County Job Specification: Program Manager/Perinatal County Coordinator

GENERAL RESPONSIBILITIES: Under the direct supervision of the Public Health Director the Program Manager is responsible for developing an agency plan for the MCAH program, developing funding proposals related to MCAH priority goals and managing the Agency's MCAH programs. The Program Manager plans, organizes and oversees the MCAH program and related MCAH programs including CPSP, Healthy Beginnings- a High Risk Case Management Program, SIDS Response, and Shaken Baby Syndrome Prevention. The Program Manager directs and/or supervises the professional staff in the MCAH programs.

SPECIFIC DUTIES:

PROGRAM SPECIFIC ADMINISTRATION

- Creates and reviews reports and correspondence including e-mail and legislation.
- Provides general MCAH and related program staff supervision.
- Develops budgets and reviews program expenditure documentation.
- Participates in recruitment activities including applicant interviews.
- Performs non-SPMP employee evaluations.
- Attends program specific staff meetings.
- Oversees the purchase of program office supplies and outreach materials.
- Reviews program staff time studies-Service Activity Logs (SAL).
- Reports directly to the Public Health Director

Non SPMP Training

- Develops conducts and/or attends trainings that are not specific to the duties of skilled professional personnel that have a Medi-Cal outreach component or are related to general program administration including FFP/time study trainings.
- Orients non-SPMP staff to program related duties.
- Orients all program staff to completion of the SAL time study and/or division policies and procedures.

NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION

- Reviews agency/division policies and procedures.
- Attends non-program specific staff and agency meetings.
- Provides general supervision of staff.
- Develops general budgets and reviews multiple program expenditure documentation.
- Participates in non-program specific recruitment activities including applicant interviews.
- Participates on non-program specific agency committees.
- Reviews non-program specific e-mails and mail.
- Prioritizes daily activities.
- Completes time studies/SALs documenting time in multiple programs.
- Break periods- due to time studies captured in 15-minute increments and multiple program assignments.

OTHER DUTIES

- Participates in injury prevention activities.
- Participates in breastfeeding advocacy activities.
- Participates in domestic and family violence awareness activities.
- Writes grants for funds not related to Medi-Cal Outreach.
- Performs other activities that do not have a Medi-Cal Outreach focus or are not related to medical issues.
- Oversees the purchase of client incentives and other non-health specific materials.
- Conducts staff training on developmental assessment tools or other non-health care/non-Medi-Cal related topics.
- Trains staff to Title V Time Studies
- Provides oversight to all Public Health Maternal and Child programs and facilitates linkages with the MCSH goals and objectives.
- Provides reflective supervision to direct service staff as needed.

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 03 – CHVP MIECHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

<ul style="list-style-type: none">• Reports directly to the Family Support Worker Supervisor and attends individual reflective supervision.	Weekly
<ul style="list-style-type: none">• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY

Position 04 – CHVP MIECHV 25-52



DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

<ul style="list-style-type: none">• Reports directly to the Family Support Worker Supervisor and attends individual reflective supervision.	Weekly
<ul style="list-style-type: none">• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY

Position 05 – CHVP MIECHV 25-52



DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II Bilingual

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

<ul style="list-style-type: none"> Provide Spanish translation services to families as needed – this may include verbal translation and/or written translation. 	Ongoing
<ul style="list-style-type: none"> Provide Spanish translation services to ensure families are connected to Medi-Cal services, able to enroll in Medi-Cal or need assistance for appointments 	Ongoing
<ul style="list-style-type: none"> Develop Spanish translated documents to connect families to Medi-Cal or other services as needed 	Ongoing
<ul style="list-style-type: none"> Reports directly to the Family Support Worker Supervisor and attends individual reflective supervision. 	Weekly
<ul style="list-style-type: none"> In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision. 	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 06 – CHVP MIECHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II Bilingual

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

<ul style="list-style-type: none"> Provide Spanish translation services to families as needed – this may include verbal translation and/or written translation. 	Ongoing
<ul style="list-style-type: none"> Provide Spanish translation services to ensure families are connected to Medi-Cal services, able to enroll in Medi-Cal or need assistance for appointments 	Ongoing
<ul style="list-style-type: none"> Develop Spanish translated documents to connect families to Medi-Cal or other services as needed 	Ongoing
<ul style="list-style-type: none"> Reports directly to the Family Support Worker Supervisor and attends individual reflective supervision. 	Weekly
<ul style="list-style-type: none"> In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision. 	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 07 – CHVP MIECHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II Bilingual

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

<ul style="list-style-type: none"> Provide Spanish translation services to families as needed – this may include verbal translation and/or written translation. 	Ongoing
<ul style="list-style-type: none"> Provide Spanish translation services to ensure families are connected to Medi-Cal services, able to enroll in Medi-Cal or need assistance for appointments 	Ongoing
<ul style="list-style-type: none"> Develop Spanish translated documents to connect families to Medi-Cal or other services as needed 	Ongoing
<ul style="list-style-type: none"> Reports directly to the Family Support Worker Supervisor and attends individual reflective supervision. 	Weekly
<ul style="list-style-type: none"> In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision. 	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY

Position 08 – CHVP MIECHV 25-52



DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker III – Direct Service

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a maximum caseload of 6 families depending on the home visit requirements	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with other Family Support Workers and Supervisor during family assignments	Ongoing
• Assist with training new Family Support Workers	As needed
• Provide peer-to-peer support with creative outreach strategies, service plans, family goal development, family engagement	Weekly

• Assist in attending county meetings and reporting back information	As needed
• Monitor data entry to ensure accuracy of documentation for ASQs, CCIs, immunization records, depression screens and relationship assessments	Weekly
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing
• Reports directly to the Family Support Worker Supervisor and attends individual reflective supervision.	Weekly
• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY

Position 09 – CHVP MIECHV 25-52



DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker III – Lead Worker/Assessment

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program (50%):	
• Conduct and score all screening questionnaires to ascertain which families need assessments	Ongoing
• Conduct family and child assessments and screen families for enrollment in the program. Assessments can be performed in the home, office or other environment as conducive to family. Assessments must be conducted within 7 working days of receiving a positive screening test.	Ongoing
• Conduct and enter assessment data into the CHVP ETO data system	Ongoing
• Work collaboratively with Family Support Workers and Supervisors to review assessment outcomes	Ongoing
• Abide by all program policies and procedures	Ongoing
• Write complete and thorough scoring summations and submit to Supervisor within 3 days of the visit	Ongoing
• Become familiar and current with all family resources in Tehama County	Ongoing
• Assist in the development and maintenance of program referral networks with local community providers and partners	Ongoing
• Attend all program related required trainings and meetings	As needed
• Meet with supervisor weekly	Weekly
• Help to coordinate and assist with family socialization activities and events	Ongoing
• Attend all regular staff meetings	Monthly
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing
• Reports directly to the Family Support Worker Supervisor and attends individual reflective supervision.	Weekly
• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY
PUBLIC HEALTH DIVISION

DUTY STATEMENT- FISCAL YEAR 2025-2026

Budget Line 10

Health Jurisdiction: Tehama County

Program: CHVP MIECHV 25-52

Program Position: Supervising Public Health Nurse/Maternal Child and Adolescent Health (MCAH) Director

County Job Specification: Supervising Public Health Nurse

SPMP

GENERAL RESPONSIBILITIES: Under the direct supervision of the Public Health Director the MCAH Director is responsible for developing an agency plan for the MCAH program, developing funding proposals related to MCAH priority goals and managing the Agency's MCAH programs. The MCAH Director plans, organizes and oversees the MCAH program and related MCAH programs including CPSP, Healthy Beginnings- a High Risk Case Management Program, SIDS Response, Shaken Baby Syndrome Prevention, and Healthy Families Tehama/California Home Visiting Program. The MCAH Director directs and/or supervises the professional staff in the MCAH programs. This position must meet the qualifications of a Skilled Professional Medical Personnel.

SPECIFIC DUTIES:

SPMP ADMINISTRATIVE MEDICAL CASE MANAGEMENT

- Participates in case conferences or multi-disciplinary teams to advocate for client needs and assist in the development of treatment plans.
- Provides technical assistance on health issues that affect the client and on Medi-Cal and Denti-Cal benefits that may be available to the client.
- Assesses incoming high-risk infant and pregnancy referrals to determine the appropriate MCAH response.
- Provides consultation to professional staff in other agencies and to CPSP providers regarding specific medical conditions within the population being served.
- Promote outreach activities to enroll children into public and private insurance coverage. Promote primary and preventive health care for children, including Children and Youth with Special Healthcare Needs (CYSHCN), that include violence and injury prevention and healthy lifestyle programs to reduce the incidence of personal risk and health problems.
- Promote routine screening for physical health, oral health, mental health, developmental and psychosocial needs, and culturally and linguistic needs, as part of a well-child visit or other preventive visit and in response to triggering events (trauma, new symptoms, hospitalization) in order to identify non-CCS CYSHCN or children at risk. Develop protocols to promote the yearly medical visit or all well-child visits for children in MCAH Programs.

- Provide information to parents/caregivers of young children about the signs of healthy development and the need to act early if they feel there is a problem or are concerned.
- Facilitate communication of health and developmental screening results and any identified referral needs to the child's medical home and family and, as feasible, coordinate among screening entities.
- Teach parents/caregivers how to care for and advocate for their child with special health care needs. Identify and provide training regarding special equipment available for children in need, such as automobile child restraint systems for physically impaired children.
- Provide home visiting services to support parents/caregivers as they care for CYSHCN. Facilitate referrals and linkages for parents/caregivers of infants to specialty services to address bonding or attachments issues.

SPMP INTRA-INTERAGENCY COORDINATION COLLABORATION AND ADMINISTRATION

- Provides consultation and facilitates collaboration with other agencies/programs regarding the medical needs of clients and the overall health needs of the community.
- Works with other agencies to evaluate, recommend and develop health care systems for Tehama County residents and to increase availability of Medi-Cal medical, dental, CPSP, drug/alcohol and mental health referral resources.
- Assists in provider resource development that will improve access, quality and cost-effectiveness of the health care delivery system.
- Identifies recruits and provides technical assistance and support to CPSP providers.
- Provides technical assistance on practitioner protocols including the development of uniform policy and procedures on the care and treatment of Medi-Cal/CPSP clients.
- Assesses the effectiveness of inter-agency coordination in assisting clients to access health care/CPSP services.
- Provides technical assistance to other providers that implement Medi-Cal/CPSP approved services.
- Disseminate standard messaging regarding developmental screening to increase community awareness of the need for early identification and intervention of CYSHCN. Promote health and developmental monitoring, screening, identification, and referral, including social-emotional (mental health) for infants and children using a validated screening tool.
- Promote family-centered, community-based, coordinated care, including care coordination services as defined in the legislation, for CYSHCN and facilitate the development of family-centered, community-based, coordinated systems of service for such children and their families. Develop programs using public health nurses to provide case management and/or home visiting to high risk pregnant and parenting women and their families, the uninsured, underinsured, families with complicated lives, etc. Include policies to monitor, screen and refer all children for health and developmental delays using a validated screening tool.
- Develop relationships with providers, school administrators and other organizations that work with children to facilitate understanding of school readiness, developmental milestones, mental health issues, signs of child abuse/neglect and the process to monitor, screen, refer and link a child to appropriate services. Encourage providers to providers to institute policies/protocols to perform routine screening on all children.

- Inform providers of existing services for CYSHCN. Develop mechanisms for providers to refer clients to appropriate programs, such as the California Home Visiting Program and to refer clients from home visiting and health screening programs to CCS. Promote Birth to 5: Watch Me Thrive or other materials consistent with AAP guidelines.
- Work with California Children Services (CCS) and/or collaboratives to Improve care coordination for CYSHCN, especially non-CCS eligible children or children enrolled in CCS in need of services not covered by CCS.

SPMP TRAINING

- Develops conducts and/or participates in training related to skilled professional medical personnel and their SPMP duties.
- Develops conducts and/or participates in provider trainings.
- Orients SPMP staff to program SPMP duties.
- Attends trainings that increase knowledge and skills applicable to SPMP duties such as MCAH Action Meeting education days.
- Participates in program workshops and meetings related to the scope of Perinatal Services Program benefits.

SPMP PROGRAM PLANNING AND POLICY DEVELOPMENT

- Participates in the development of the annual Application for Funding (AFA) including setting the program priorities, the scope of work and the program staffing level through the budget development process.
- Assesses the capacity of the agency and of Medi-Cal/Denti-Cal providers in the county to deliver medically appropriate health services.
- Develops and revises MCAH and related programs' policies and procedures.
- Fosters local regional and state private and public partnerships to improve MCAH services.
- Writes grants for programs that will serve the Medi-Cal population which have a Medi-Cal outreach and/or case management component.
- Develops and/or provides technical assistance for health related educational materials.
- Identifies recruits and provides technical assistance and support to new Medi-Cal/CSPSP/CHDP providers.
- Participates in the planning and implementation of CPSP at the County level.
- Develop policies and standards to implement activities designed to improve health outcomes for the MCAH population, including CYSHCN.

QUALITY MANAGEMENT BY SKILLED PROFESSIONAL MEDICAL PERSONNEL

- Assesses the progress towards reaching the goals stated in the scope of work and evaluates impact and effectiveness.
- Conducts provider and staff chart reviews.
- Develops the MCAH and related program annual reports - reviews and analyzes program data to determine program effectiveness.
- Monitor local health status indicators for pregnant women, infants, children, including CYSHCN, adolescents and their families using standardized data techniques for the purpose

of identifying at-risk populations, including monitoring incidence of SIDS. Share data annually with the Local Health Officer and/or key health department leadership. Utilize this data to develop an understanding of health needs within the community, and identify barriers to the provision of health and human services for the MCAH population.

- Identify barriers and opportunities to improve services for CYSHCN. Build systems to link CYSHCN and their families to needed services.
- Advises professional staff on appropriate program implementation activities.
- Conducts evaluations on professional SPMP staff.
- Periodically reviews and develops program policies and procedures.
- Schedules, coordinates and conducts quality assurance activities, evaluates compliance with program standards and monitors CPSP clinic effectiveness.
- Assesses and reviews the capacity of CPSP providers to deliver medically appropriate health services for perinatal women.
- Participates in the evaluation of CPSP services and their effectiveness.

PROGRAM SPECIFIC ADMINISTRATION

- Creates and reviews reports and correspondence including e-mail and legislation.
- Provides general MCAH and related program staff supervision.
- Develops budgets and reviews program expenditure documentation.
- Participates in recruitment activities including applicant interviews.
- Performs non-SPMP employee evaluations.
- Attends program specific staff meetings.
- Oversees the purchase of program office supplies and outreach materials.
- Reviews program staff time studies-Service Activity Logs (SAL).
- Reports directly to the Public Health Director.

Non SPMP Training

- Develops conducts and/or attends trainings that are not specific to the duties of skilled professional personnel that have a Medi-Cal outreach component or are related to general program administration including FFP/time study trainings.
- Orients non-SPMP staff to program related duties.
- Orients all program staff to completion of the SAL time study and/or division policies and procedures.

NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION

- Reviews agency/division policies and procedures.
- Attends non-program specific staff and agency meetings.
- Provides general supervision of staff.
- Develops general budgets and reviews multiple program expenditure documentation.
- Participates in non-program specific recruitment activities including applicant interviews.
- Participates on non-program specific agency committees.
- Reviews non-program specific e-mails and mail.
- Prioritizes daily activities.
- Completes time studies/SALs documenting time in multiple programs.

- Break periods- due to time studies captured in 15-minute increments and multiple program assignments.

OTHER DUTIES

- Participates in injury prevention activities.
- Participates in breastfeeding advocacy activities.
- Participates in domestic and family violence awareness activities.
- Writes grants for funds not related to Medi-Cal Outreach.
- Performs other activities that do not have a Medi-Cal Outreach focus or are not related to medical issues.
- Oversees the purchase of client incentives and other non-health specific materials.
- Attends Child Abuse Prevention Council meetings, Commercial Sexual Exploitation of Children Task Force meeting, and participates on the Local Child Care Council.
- Conducts staff training on developmental assessment tools or other non-health care/non-Medi-Cal related topics.
- Trains staff to Title V Time Studies- completes reviews and approves these time studies.

TEHAMA COUNTY HEALTH SERVICES AGENCY
PUBLIC HEALTH DIVISION

DUTY STATEMENT- FISCAL YEAR 2025-2026

Budget Line 11

Health Jurisdiction: Tehama County

Program: CHVP MIECHV 25-52

Program Position: Office Assistant III

County Job Specification: Office Assistant III

Non-SPMP

GENERAL

RESPONSIBILITIES: Under the direct supervision of the Family Support Worker Supervisor, and under the indirect supervision of the MCAH Director, the Office Assistant II/III performs a variety of clerical and/or typing tasks for Healthy Families Tehama/California Home Visiting Program.

DUTIES:

PROGRAM SPECIFIC ADMINISTRATION

- Provides Healthy Families Tehama program specific clerical support.
- Attends program specific staff meetings.
- Reports directly to the Business Operations Supervisor and Program Manager.

NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION

- Types and/or implements non-program specific administrative policies and procedures.
- Provides general clerical support.
- Attends non-program related staff and agency meetings.
- Reviews non-program specific e-mails and mail.
- Provides and attends non-program specific in-service orientations and other staff development activities.
- Reviews agency/division policies and procedures.
- Participates on non-program specific agency committees.
- Prioritizes daily activities.
- Completes time studies/SALs documenting time in multiple programs.
- Break periods - due to time studies captured in 15-minute increments and multiple program assignments.

OUTREACH

- Performs activities that inform pregnant Medi-Cal eligible individuals about services available to them and the importance of obtaining early and continuous prenatal care using oral and written methods.

- Performs activities that inform eligible families about Healthy Families Tehama and how to access those services through both oral and written informing methods.
- Develops and provides program materials to individuals and their families, community agencies, and health care providers.
- Disseminate standard messaging regarding developmental screening to increase community awareness of the need for early identification and intervention of CYSHCN. Promote health and developmental monitoring, screening, identification, and referral, including social-emotional (mental health) for infants and children using a validated screening tool.

Attends community health fairs for distribution of outreach materials.

NON-SPMP TRAINING

- Attends trainings that relate to the performance of the MCAH program specific administrative activities including FFP/time study trainings.

OTHER DUTIES

- Performs a variety of clerical activities for eligible persons or non-medical issues.
- Duties under clerical support may include the following:
 - Types letters documents and reports.
 - Answers screens and routes telephone calls including calls on the Toll-free phone line.
 - Performs record keeping and statistical compilation.
 - Enters computer data including time study data.
 - Greets the public.
 - Schedules appointments.
 - Prepares outgoing mail including postage.
 - Records receipt of ordered materials.
 - Inventory of office supplies
 - Performs record keeping and statistical compilation.
 - Maintains client records including filing of notes and records and client master lists.
 - Opens and closes client charts.
 - Copies and collates program and outreach materials.

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 01 – CHVP SGF EBHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker Supervisor

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
General Supervisory:	
• Hold Unit meetings	Bi-weekly
• Identify/develop performance standards for staff and ensure implementation of those standards using evaluation as a tool towards improvement	Monthly
• Reports directly to the Public Health Director and attends individual supervision meetings.	Weekly
• Attend PH Supervisor meeting	Monthly
• Attend WE Team	Bi-monthly
• Participate in Public Health Advisory Board	As Needed
• Review Monthly FTE reports with Director	As Needed
• Oversee Time IPS/Payroll for employees supervised	Ongoing
• Review Monthly FTE reports and Monsters with Director	Monthly
• Monitor Time IPS to review staff time and conduct payroll	Ongoing
• Ensure building opening and closing procedures are followed	As needed
• Process employee time sheets	Bi-monthly
• Train and monitor employee FFP to ensure proper time usage	Monthly
• Train and monitor employee eSALs	Monthly
• Orient new staff to Public Health/Health Agency and new program assignments (update orientation checklist)	Monthly
• Review and approve staff Travel Request & Expense Forms	As needed
• Hold individual staff supervision-using reflective supervision techniques	Weekly
• Conduct and document employee meetings, accomplishments and disciplinary activity in a supervisory file	As needed

<ul style="list-style-type: none"> Assist in the PH Division Accreditation process 	As needed
HFA/CHVP Program:	
<ul style="list-style-type: none"> Hold Weekly 1.5 to 2 hour meetings with each direct reports using a reflective supervision style 	Weekly
<ul style="list-style-type: none"> In addition to weekly supervision set aside time to go out on home visits with the family assessment worker and each family support worker 	Minimum twice annually per FSW/FAW
<ul style="list-style-type: none"> Act as liaison with the CHVP HFA statewide consultant 	As needed
<ul style="list-style-type: none"> Attend all HFA/CHVP required meetings and trainings 	As required
<ul style="list-style-type: none"> Document all supervision time 	Weekly
<ul style="list-style-type: none"> Monitor the coordination and attendance of all necessary staff trainings 	As needed
<ul style="list-style-type: none"> Conduct scheduled performance evaluations for all direct reports 	As specified – minimum annually
<ul style="list-style-type: none"> Monitor and support the completion of all screens and assessments administered by the Family Assessment Worker 	Ongoing
<ul style="list-style-type: none"> Review all completed assessments and ensure that assignments are given to the appropriate family support worker 	Ongoing
<ul style="list-style-type: none"> Monitor and support the referral of non-enrolled families to partner agencies by the Family Assessment Worker 	Ongoing
<ul style="list-style-type: none"> Perform assessment and home visitor services as needed 	As needed
<ul style="list-style-type: none"> Promote the HFA/CHVP program throughout the community by attending networking meetings 	As needed
<ul style="list-style-type: none"> Work collaboratively with partner agencies and establish strong partner relationships 	Ongoing
<ul style="list-style-type: none"> Be immediately available to staff for crisis interventions and emergencies 	Ongoing
<ul style="list-style-type: none"> Review family files for quality assurance 	As needed
<ul style="list-style-type: none"> Ensure that data is getting entered into the CHVP ETO system as required 	Ongoing
<ul style="list-style-type: none"> Provide fiscal management and oversight for the HFA/CHVP program 	Ongoing
<ul style="list-style-type: none"> Participate in the recruitment and hiring of staff for HFA/CHVP 	Ongoing
<ul style="list-style-type: none"> Attend program-related committee meetings and State conference calls 	Ongoing
<ul style="list-style-type: none"> Work with the Director and Agency F/D staff to monitor program budgets and purchases 	Ongoing
<ul style="list-style-type: none"> Assist families eligible for Medi-Cal to enroll in Medi-Cal 	Ongoing
<ul style="list-style-type: none"> Assist families on Medi-Cal to access Medi-Cal services 	Ongoing

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 02 – CHVP SGF EBHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

<ul style="list-style-type: none">• Reports directly to the Family Support Worker supervisor and attends individual reflective supervision.	Weekly
<ul style="list-style-type: none">• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 03 – CHVP SGF EBHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

<ul style="list-style-type: none">• Reports directly to the Family Support Worker supervisor and attends individual reflective supervision.	Weekly
<ul style="list-style-type: none">• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 04 – CHVP SGF EBHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II Bilingual

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

• Provide Spanish translation services to families as needed – this may include verbal translation and/or written translation.	Ongoing
• Provide Spanish translation services to ensure families are connected to Medi-Cal services, able to enroll in Medi-Cal or need assistance for appointments	Ongoing
• Develop Spanish translated documents to connect families to Medi-Cal or other services as needed	Ongoing
• Reports directly to the Family Support Worker supervisor and attends individual reflective supervision.	Weekly
• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 05 – CHVP SGF EBHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II Bilingual

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

• Provide Spanish translation services to families as needed – this may include verbal translation and/or written translation.	Ongoing
• Provide Spanish translation services to ensure families are connected to Medi-Cal services, able to enroll in Medi-Cal or need assistance for appointments	Ongoing
• Develop Spanish translated documents to connect families to Medi-Cal or other services as needed	Ongoing
• Reports directly to the Family Support Worker supervisor and attends individual reflective supervision.	Weekly
• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 06 – CHVP SGF EBHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker II Bilingual

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a caseload of 12-25 families depending on the level of visits needed per family	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with the Family Assessment Worker and Supervisor during family assignments	Ongoing
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing

• Provide Spanish translation services to families as needed – this may include verbal translation and/or written translation.	Ongoing
• Provide Spanish translation services to ensure families are connected to Medi-Cal services, able to enroll in Medi-Cal or need assistance for appointments	Ongoing
• Develop Spanish translated documents to connect families to Medi-Cal or other services as needed	Ongoing
• Reports directly to the Family Support Worker supervisor and attends individual reflective supervision.	Weekly
• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 07 – CHVP SGF EBHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker III – Direct Service

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program:	
• Conduct home visits with families to facilitate positive parent child relationships, promote positive child growth and development, link and support parents in accessing appropriate community and health related services.	Weekly
• Carry a maximum caseload of 6 families depending on the home visit requirements	Ongoing
• Assist families to establish a defined medical home and keep immunization and well-baby appointments	Ongoing
• Assist families in goal setting and help them to reach their goals	Ongoing
• Provide interactive, engaging activities to promote parent child interaction	Ongoing
• Respect family values and cultures	Ongoing
• Observe and listen to parental concerns	Ongoing
• Document every home visit within 7 days of the visit	Weekly
• Submit data forms to the Family Support Worker Supervisor	As needed
• Maintain and promote a sense of teamwork	Ongoing
• Attend weekly supervision with Family Support Worker Supervisor	Weekly
• Abide by all policies and procedures	Ongoing
• Attend all mandatory HFA/CHVP meetings and trainings	As needed
• Attend unit meetings	Bi-weekly
• Complete all necessary confidentiality and family rights paperwork upon family enrollment	Ongoing
• Conduct developmental screenings for all assigned children	Ongoing
• Work collaboratively with other Family Support Workers and Supervisor during family assignments	Ongoing
• Assist with training new Family Support Workers	As needed
• Provide peer-to-peer support with creative outreach strategies, service plans, family goal development, family engagement	Weekly

• Assist in attending county meetings and reporting back information	As needed
• Monitor data entry to ensure accuracy of documentation for ASQs, CCIs, immunization records, depression screens and relationship assessments	Weekly
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing
• Reports directly to the Family Support Worker supervisor and attends individual reflective supervision.	Weekly
• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

TEHAMA COUNTY HEALTH SERVICES AGENCY



Position 08 – CHVP SGF EBHV 25-52

DIVISION: PUBLIC HEALTH

JOB CLASSIFICATION: Family Support Worker III – Lead Worker/Assessment

DATE: 06/19/2025

Tasks Performed	Frequency
Other Duties As Assigned	As Needed
HFA/CHVP Program (50%):	
• Conduct and score all screening questionnaires to ascertain which families need assessments	Ongoing
• Conduct family and child assessments and screen families for enrollment in the program. Assessments can be performed in the home, office or other environment as conducive to family. Assessments must be conducted within 7 working days of receiving a positive screening test.	Ongoing
• Conduct and enter assessment data into the CHVP ETO data system	Ongoing
• Work collaboratively with Family Support Workers and Supervisors to review assessment outcomes	Ongoing
• Abide by all program policies and procedures	Ongoing
• Write complete and thorough scoring summations and submit to Supervisor within 3 days of the visit	Ongoing
• Become familiar and current with all family resources in Tehama County	Ongoing
• Assist in the development and maintenance of program referral networks with local community providers and partners	Ongoing
• Attend all program related required trainings and meetings	As needed
• Meet with supervisor weekly	Weekly
• Help to coordinate and assist with family socialization activities and events	Ongoing
• Attend all regular staff meetings	Monthly
• Assist families eligible for Medi-Cal to enroll in Medi-Cal	Ongoing
• Assist families on Medi-Cal to access Medi-Cal services	Ongoing
• Reports directly to the Family Support Worker supervisor and attends individual reflective supervision.	Weekly
• In the absence of the Family Support Worker Supervisor, reports directly to the SPHN/MCAH Director or Program Manager, and attends individual supervision.	Weekly

**TEHAMA COUNTY HEALTH SERVICES AGENCY
PUBLIC HEALTH DIVISION**

DUTY STATEMENT- FISCAL YEAR 2025-2026

Budget Line 9

Health Jurisdiction: Tehama County

Program: CHVP SGF EBHV 25-52

Program Position: Office Assistant III

County Job Specification: Office Assistant III

Non-SPMP

GENERAL

RESPONSIBILITIES: Under the direct supervision of the Family Support Worker Supervisor, and under the indirect supervision of the MCAH Director, the Office Assistant II/III performs a variety of clerical and/or typing tasks for Healthy Families Tehama/California Home Visiting Program.

DUTIES:

PROGRAM SPECIFIC ADMINISTRATION

- Provides Healthy Families Tehama program specific clerical support.
- Attends program specific staff meetings.
- Reports directly to the Business Operations Supervisor and Program Manager.

NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION

- Types and/or implements non-program specific administrative policies and procedures.
- Provides general clerical support.
- Attends non-program related staff and agency meetings.
- Reviews non-program specific e-mails and mail.
- Provides and attends non-program specific in-service orientations and other staff development activities.
- Reviews agency/division policies and procedures.
- Participates on non-program specific agency committees.
- Prioritizes daily activities.
- Completes time studies/SALs documenting time in multiple programs.
- Break periods - due to time studies captured in 15-minute increments and multiple program assignments.

OUTREACH

- Performs activities that inform pregnant Medi-Cal eligible individuals about services available to them and the importance of obtaining early and continuous prenatal care using oral and written methods.

- Performs activities that inform eligible families about Healthy Families Tehama and how to access those services through both oral and written informing methods.
- Develops and provides program materials to individuals and their families, community agencies, and health care providers.
- Disseminate standard messaging regarding developmental screening to increase community awareness of the need for early identification and intervention of CYSHCN. Promote health and developmental monitoring, screening, identification, and referral, including social-emotional (mental health) for infants and children using a validated screening tool.

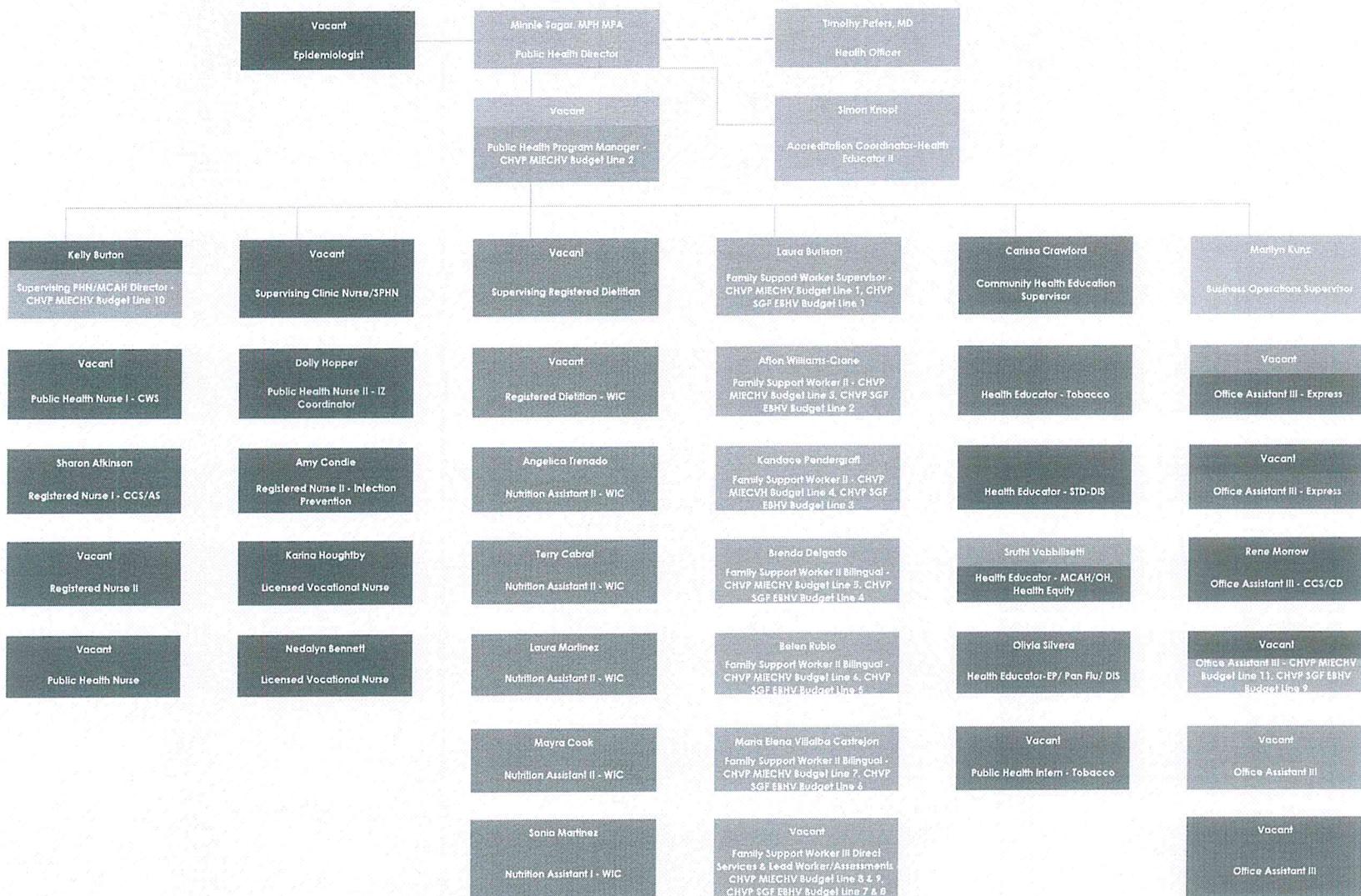
Attends community health fairs for distribution of outreach materials.

NON-SPMP TRAINING

- Attends trainings that relate to the performance of the MCAH program specific administrative activities including FFP/time study trainings.

OTHER DUTIES

- Performs a variety of clerical activities for eligible persons or non-medical issues.
- Duties under clerical support may include the following:
 - Types letters documents and reports.
 - Answers screens and routes telephone calls including calls on the Toll-free phone line.
 - Performs record keeping and statistical compilation.
 - Enters computer data including time study data.
 - Greets the public.
 - Schedules appointments.
 - Prepares outgoing mail including postage.
 - Records receipt of ordered materials.
 - Inventory of office supplies
 - Performs record keeping and statistical compilation.
 - Maintains client records including filing of notes and records and client master lists.
 - Opens and closes client charts.
 - Copies and collates program and outreach materials.



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

July 1, 2025- June 30, 2026

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

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

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

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

July 1, 2025- June 30, 2026

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

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP ¹	<ul style="list-style-type: none">(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements(b) Attend quarterly CHVP Director calls(c) Participate in ongoing CAB Meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• CAB meeting materials• Staffing Reports <p>Participation in:</p> <ul style="list-style-type: none">• Quarterly CHVP Director calls• Virtual and/or in-person site visits²
1.2	The LHJ will implement home visiting services using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	<ul style="list-style-type: none">(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• Staffing Reports• Staff training logs• Collect and submit Priority Population Data (NFP only)

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

July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<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</p> <p>(e) Provide translation services when needed</p> <p>(f) Documents should be written in no more than an eighth grade reading level and use plain language</p> <p>(g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible</p>	
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	<p>(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software</p>	Submission of: <ul style="list-style-type: none">• Progress Reports• Staffing Reports• Training plans

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

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<p>(b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements</p> <p>(c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter</p> <p>(d) All staff directly serving families will complete mandated reporter training and comply with all mandated reporter requirements</p>	<ul style="list-style-type: none"> • Training logs • Confirmation of a signed county confidentiality agreement for each applicable staff member
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	<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 to the program that best meets their needs</p>	<p>Submission of:</p> <ul style="list-style-type: none"> • Progress Reports • Outreach activity logs or plan • Referral triage plans outlining referral process (flow chart, narrative, etc.) • Confirmation of signed <i>CHVP Participant Consent Form</i> for each enrolled participant

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

July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<p>(c) Ensure newly enrolled participants provide informed consent and sign a <i>CHVP Participant Consent Form</i> at enrollment</p> <p>(d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50</p>	<ul style="list-style-type: none">• Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	<p>(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards</p> <p>(b) Monitor subcontracted agencies to ensure model fidelity standards are met (if applicable)</p> <p>(c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation</p>	<p>Submission of:</p> <ul style="list-style-type: none">• Model developer agreement, accreditation, affiliation, and/or endorsement documentation

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

July 1, 2025- June 30, 2026

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	<p>(a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed</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 <i>Local MCAH Programs Policies and Procedure</i>.</p> <p>(d) Conduct an annual review of, and ensure compliance with, the <i>MCAH Fiscal Administration P&P Manual</i></p>	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• Updated LHJ P&Ps related to home visiting• Annual confirmation of review of local and CDPH/CHVP P&Ps, <i>Local MCAH Program Policies and Procedures</i>, and the <i>MCAH Fiscal Administration Policy & Procedure Manual</i>
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	<p>(a) Participate in voluntary CQI projects and activities in collaboration with CDPH/CHVP</p> <p>(b) Attend all meetings and site visits, included but not limited to:</p> <ul style="list-style-type: none">• Individual TA meetings• Model TA meeting	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• CQI information as requested <p>Participation in:</p> <ul style="list-style-type: none">• Individual and group TA meetings• CQI meetings as applicable

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

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<ul style="list-style-type: none">• All LHJ TA meeting• Ad hoc TA meetings• In-person or virtual site visit as scheduled by CDPH/CHVP <p>(c) Use data to inform and improve program activities</p>	

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

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

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

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

Goal 2: Integrate the home visiting program into the local early childhood system			
#	Objective	Activities	Deliverables
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	<ul style="list-style-type: none">(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families(b) Meet and work with other local early childhood system and community partners to coordinate services to participating families(c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Report including CAB meeting materials and Memoranda of Understanding (MOUs) and/or other written agreements

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2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	Submission of: <ul style="list-style-type: none">• Progress Report including CAB meeting materials, MOUs, and/or other written agreements• Outreach materials• Outreach activity logs or plan
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Goal 3: Collect, enter, and report on all required participant data			
#	Objective	Activities	Deliverables
3.1	The LHJ will maintain clean and compliant data	(a) Accurately collect and submit participant data using selected home visiting model and CDPH/CHVP-required documents, as applicable (b) Ensure all data handling complies with CDPH/CHVP's security policies, including necessary encryption, access controls, and regular data system user account audits	<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 CDPH/CHVP requirements

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Goal 3: Collect, enter, and report on all required participant data			
#	Objective	Activities	Deliverables
		<p>(c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring</p> <p>(d) NFP LHJs will coordinate data system requirements with the NFP National Service Office</p> <p>(e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all <i>CHVP HFA Data Collection Manual</i> requirements</p> <p>(f) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Visit Tracker Web data system</p> <p>(g) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model</p>	<ul style="list-style-type: none">Participation in regular TA meetings 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
		<p>(h) Correct data entry errors and strive to reduce missing data as directed by the CDPH/CHVP data team as needed</p> <p>(i) HIPPY and FCI LHJs will provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested reports to CDPH/CHVP as needed</p>	

California Home Visiting Program
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Goal 4 (if applicable): Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities			
#	Objective	Activity	Deliverable
4.1	The LHJ will use Special Support funds for allowable activities as reflected in their budget	<p>LHJs can spend up to 20% of their SGF EBHV allocation on approved Special Support Activities per the <i>CHVP Special Support Activity Reference Guide</i></p> <p>Special Support Activity categories include:</p> <ul style="list-style-type: none">(a) Additional Staff Costs(b) Training(c) Technology(d) Family Support Materials	Submission of: <i>Special Support Activity Report</i> per the <i>CHVP Special Support Activity Reporting Guide</i>
4.2	LHJ leadership will maintain clean and compliant Special Support Activity data, per CDPH/CHVP guidelines	(a) Collect, maintain, and report use of SGF EBHV funds for Special Support as outlined in <i>CHVP Special Support Activity Reference Guide</i> and the <i>CHVP Special Support Activity Reporting Guide</i>	Submission of: <ul style="list-style-type: none">• <i>Special Support Activity Report</i>• Additional documentation upon request

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Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Staffing Reports	<ul style="list-style-type: none">• July 15, 2025 (for SFY 2024-2025)• October 15, 2025• January 15, 2026• April 15, 2026
Progress Report, deliverables, and updates: <ul style="list-style-type: none">• CAB Roster, Minutes, and Agendas• MOUs or other written agreements with community agencies and service providers• Outreach materials• Outreach activity logs or plan• Training plans and logs• Policies and Procedures• Referral Triage Plan• Confirmation of signed CDPH/CHVP Participant Consent Forms• Confirmation of signed confidentiality agreements for all direct staff• Model Developer agreement, accreditation, endorsement, and/or affiliation documentation	<ul style="list-style-type: none">• July 15, 2025 (for SFY 2024-25)• January 15, 2026
Special Support Activity Report (if applicable)	<ul style="list-style-type: none">• July 15, 2025 (for SFY 2024-25)

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Scope of Work**
July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Priority Population Survey (NFP only)	<ul style="list-style-type: none">July 15, 2025 (for SFY 2024-25)January 15, 2026 (SFY 2025-26 to date)
CQI monitoring reports, data, and information	Upon Request
Individual TA meetings	Semi-annually (TBD)
Model TA meetings	Annually (TBD)
All LHJ TA meeting	Annually (TBD)
Site Visit	TBD

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

Kelly Burton, SPHN

MCAH Director Name

Kelly Burton SPHN

MCAH Director Signature

7/25/25

Date

CONTRACTOR EQUIPMENT PURCHASED WITH CDPH FUNDS

Current Contract Number: CHVP 25-52 & CHVP SGF EBHV 25-

Date Current Contract Expires: 06/30/2028

Previous Contract Number (if applicable): N/A

CDPH Program Name: CHVP & CHVP SGF EBHV

Contractor's Name: N/A

CDPH Program Contract Manager: Christina Jenkins

N/A

CDPH Program Address: 1615 Capitol Avenue

Contractor's Complete Address: N/A

Sacramento, CA 95899-7420

N/A

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

Contractor's Contact Person: N/A

Date of this Report: 06/19/2025

Contact's Telephone Number: N/A

(THIS IS NOT A BUDGET FORM)

INSTRUCTIONS FOR CDPH 1203
(Please read carefully.)

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

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

1. If the item was shipped via the CDPH warehouse and was issued a state/CDPH property tag by warehouse staff, fill in the assigned property tag. If the item was shipped directly to the Contractor, leave the first column blank.
2. Provide the quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of:

A. Major Equipment:

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

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

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

3. Provide the CDPH Purchase Order (STD 65) number if the items were purchased by CDPH.
4. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services.
5. If all items being reported do not fit on one form, make copies and write the number of pages being sent in the upper right-hand corner (e.g., “Page 1 of 3.”) The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS 1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.
6. Property tags that have been lost or destroyed must be replaced. Replacement property tags can be obtained by contacting AM at (916) 341-6168.
7. Use the version on the CDPH Intranet forms site. The CDPH 1203 consists of one page for completion and one page with information and instructions.

Exhibit N/A

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Current Contract Number: N/A

Date Current Contract Expires: 06/30/2028

Previous Contract Number (if applicable): N/A

CDPH Program Name: CHVP/CHVP SGF EBHV

Contractor's Name: N/A

CDPH Program Contract Manager: Christina Jenkins

N/A

CDPH Program Address: 1615 Capitol Avenue

Contractor's Complete Address: N/A

Sacramento, CA 95899-7420

N/A

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

Contractor's Contact Person: N/A

Date of this Report: 06/19/2025

Contact's Telephone Number: N/A

(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.

Subcontract Agreement Transmittal Form

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

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

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

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

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

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

Agency Identification

Agency Name: Tehama County Health Services Agency - Public Health

Agreement Number: CHVP SGF EBHV 25-52

Agreement Term: 2025-2026

Program Name: MCAH BIH AFLP CHVP PEI

Approved Program Maximum Amount Payable: \$652,275.11

Program Director/Coordinator: Kelly Burton, SPHN

Subcontractor Identification

Subcontractor or Consultant Name: Tehama County Department of Education

Address: 1135 Lincoln St., Red Bluff, CA 96080

Subcontractor Contact: Alyssa McCombs Phone Number: (530) 527-5811

Total Subcontract Amount: \$239,846.09

Is Subcontract: Single Year Agreement Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2021-2025): 2025-2027

Current Fiscal Year (FY) Subcontract Amount: \$239,846.09

Current FY Subcontract Period: 2025-2026

Federal ID Number: 94-2152842

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

Phone Number: (530) 527-5811

Type of Subcontractor:

For-profit Organization Non-profit Organization

University Governmental Agency

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

Agency Signature:



Title:

Executive Director

Print Name:

Jayme Bottke

Date:

8-4-25

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

July 1, 2025- June 30, 2026

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

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

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

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

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

Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP ¹	<ul style="list-style-type: none">(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements(b) Attend quarterly CHVP Director calls(c) Participate in ongoing CAB Meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• CAB meeting materials• Staffing Reports <p>Participation in:</p> <ul style="list-style-type: none">• Quarterly CHVP Director calls• Virtual and/or in-person site visits²
1.2	The LHJ will implement home visiting services using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	<ul style="list-style-type: none">(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs(b) Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• Staffing Reports• Staff training logs• Collect and submit Priority Population Data (NFP only)

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Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		(c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.) (d) Provide documents in the family's preferred language, when feasible (e) Provide translation services when needed (f) Documents should be written in no more than an eighth grade reading level and use plain language (g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible	
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	(a) Participate in model required trainings related to screening tools, health assessments, reflective supervision, data collection tools, and software	Submission of: <ul style="list-style-type: none"> • Progress Reports • Staffing Reports • Training plans

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Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<p>(b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements</p> <p>(c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter</p> <p>(d) All staff directly serving families will complete mandated reporter training and comply with all mandated reporter requirements</p>	<ul style="list-style-type: none">• Training logs• Confirmation of a signed county confidentiality agreement for each applicable staff member
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	<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 to the program that best meets their needs</p>	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Reports• Outreach activity logs or plan• Referral triage plans outlining referral process (flow chart, narrative, etc.)• Confirmation of signed <i>CHVP Participant Consent Form</i> for each enrolled participant

California Home Visiting Program
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Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		(c) Ensure newly enrolled participants provide informed consent and sign a <i>CHVP Participant Consent Form</i> at enrollment (d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50	<ul style="list-style-type: none"> • Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards (b) Monitor subcontracted agencies to ensure model fidelity standards are met (if applicable) (c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation	Submission of: <ul style="list-style-type: none"> • Model developer agreement, accreditation, affiliation, and/or endorsement documentation

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Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	<ul style="list-style-type: none"> (a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed (b) Conduct an annual review of, and ensure compliance with, CDPH/CHVP P&Ps (c) Conduct an annual review of, and ensure compliance with, the <i>Local MCAH Programs Policies and Procedure</i>. (d) Conduct an annual review of, and ensure compliance with, the <i>MCAH Fiscal Administration P&P Manual</i> 	<p>Submission of:</p> <ul style="list-style-type: none"> • Progress Reports • Updated LHJ P&Ps related to home visiting • Annual confirmation of review of local and CDPH/CHVP P&Ps, <i>Local MCAH Program Policies and Procedures</i>, and the <i>MCAH Fiscal Administration Policy & Procedure Manual</i>
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	<ul style="list-style-type: none"> (a) Participate in voluntary CQI projects and activities in collaboration with CDPH/CHVP (b) Attend all meetings and site visits, included but not limited to: <ul style="list-style-type: none"> • Individual TA meetings • Model TA meeting 	<p>Submission of:</p> <ul style="list-style-type: none"> • Progress Reports • CQI information as requested <p>Participation in:</p> <ul style="list-style-type: none"> • Individual and group TA meetings • CQI meetings as applicable

**California Home Visiting Program
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Goal 1: Provide leadership and structure to implement CHVP in the LHJ			
#	Objective	Activities	Deliverables
		<ul style="list-style-type: none">• All LHJ TA meeting• Ad hoc TA meetings• In-person or virtual site visit as scheduled by CDPH/CHVP <p>(c) Use data to inform and improve program activities</p>	

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

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

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

Goal 2: Integrate the home visiting program into the local early childhood system			
#	Objective	Activities	Deliverables
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	<ul style="list-style-type: none">(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families(b) Meet and work with other local early childhood system and community partners to coordinate services to participating families(c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	<p>Submission of:</p> <ul style="list-style-type: none">• Progress Report including CAB meeting materials and Memoranda of Understanding (MOUs) and/or other written agreements

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2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	Submission of: <ul style="list-style-type: none">• Progress Report including CAB meeting materials, MOUs, and/or other written agreements• Outreach materials• Outreach activity logs or plan
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Goal 3: Collect, enter, and report on all required participant data			
#	Objective	Activities	Deliverables
3.1	The LHJ will maintain clean and compliant data	(a) Accurately collect and submit participant data using selected home visiting model and CDPH/CHVP-required documents, as applicable (b) Ensure all data handling complies with CDPH/CHVP's security policies, including necessary encryption, access controls, and regular data system user account audits	<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 CDPH/CHVP requirements

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Goal 3: Collect, enter, and report on all required participant data			
#	Objective	Activities	Deliverables
		<p>(c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring</p> <p>(d) NFP LHJs will coordinate data system requirements with the NFP National Service Office</p> <p>(e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all <i>CHVP HFA Data Collection Manual</i> requirements</p> <p>(f) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Visit Tracker Web data system</p> <p>(g) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model</p>	<ul style="list-style-type: none">Participation in regular TA meetings and site visits with CDPH/CHVP staff

Contract #/LHJ Name: LHJ: CHVP SGF EBHV 25-52 Tehama County Health Services Agency (TCHSA)
Subk: Tehama County Department of Education (TCDE)
California Home Visiting Program – SGF EBHV 25-52



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

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Goal 4 (if applicable): Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities			
#	Objective	Activity	Deliverable
4.1	The LHJ will use Special Support funds for allowable activities as reflected in their budget	<p>LHJs can spend up to 20% of their SGF EBHV allocation on approved Special Support Activities per the <i>CHVP Special Support Activity Reference Guide</i></p> <p>Special Support Activity categories include:</p> <ul style="list-style-type: none">(a) Additional Staff Costs(b) Training(c) Technology(d) Family Support Materials	<p>Submission of:</p> <p><i>Special Support Activity Report</i> per the <i>CHVP Special Support Activity Reporting Guide</i></p>
4.2	LHJ leadership will maintain clean and compliant Special Support Activity data, per CDPH/CHVP guidelines	<ul style="list-style-type: none">(a) Collect, maintain, and report use of SGF EBHV funds for Special Support as outlined in <i>CHVP Special Support Activity Reference Guide</i> and the <i>CHVP Special Support Activity Reporting Guide</i>	<p>Submission of:</p> <ul style="list-style-type: none">• <i>Special Support Activity Report</i>• Additional documentation upon request

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Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Staffing Reports	<ul style="list-style-type: none">July 15, 2025 (for SFY 2024-2025)October 15, 2025January 15, 2026April 15, 2026
Progress Report, deliverables, and updates: <ul style="list-style-type: none">CAB Roster, Minutes, and AgendasMOUs or other written agreements with community agencies and service providersOutreach materialsOutreach activity logs or planTraining plans and logsPolicies and ProceduresReferral Triage PlanConfirmation of signed CDPH/CHVP Participant Consent FormsConfirmation of signed confidentiality agreements for all direct staffModel Developer agreement, accreditation, endorsement, and/or affiliation documentation	<ul style="list-style-type: none">July 15, 2025 (for SFY 2024-25)January 15, 2026
Special Support Activity Report (if applicable)	<ul style="list-style-type: none">July 15, 2025 (for SFY 2024-25)

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July 1, 2025- June 30, 2026

Monitoring Mechanism	Due Date
All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP	
Priority Population Survey (NFP only)	<ul style="list-style-type: none">July 15, 2025 (for SFY 2024-25)January 15, 2026 (SFY 2025-26 to date)
CQI monitoring reports, data, and information	Upon Request
Individual TA meetings	Semi-annually (TBD)
Model TA meetings	Annually (TBD)
All LHJ TA meeting	Annually (TBD)
Site Visit	TBD

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

Kelly Burton, SPHN

MCAH Director Name

Kelly Burton SPHN
7/25/25

MCAH Director Signature

7/25/25

Date