



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

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



GAVIN NEWSOM
Governor

August 16, 2023

Brittany Lobo
MCAH Director
County of Sonoma
1450 Neotomas Avenue, Suite 200
Santa Rosa, CA 95405

Dear Brittany:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT
CHVP 23-49 – FISCAL YEAR (FY) 2023-28

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

To carry out the program(s) outlined in your approved SOW(s) and Budget(s), during the period of July 1, 2023 through June 30, 2024, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

California Home Visiting Program FY23-24

MIECHV.....	\$440,920
SGF EBHV.....	\$627,178

The availability of SGF funds are based upon funds appropriated in each respective FY (2023-24) Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.



Caseload Requirements: Your LHJ is expected to reach and maintain the following caseload capacities (indicated below by model and funding source). If you are starting up or expanding a program or model, you have 18 months from the date of this AFA Approval notification to reach your contracted caseload capacity.

Funding Source	Model Type	Contracted Caseload Capacity
MIECHV	NFP	40
SGF EBHV	NFP	60

MIECHV Maximum Service (MSC) Capacity: The MSC is the number of participants that CHVP reports to HRSA. This number is based on the total FTE for all home visitors that are funded at .25 FTE or greater on the MIECHV budget.

Funding Source	Model Type	MIECHV Maximum Service Capacity
MIECHV	NFP	50

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

Sincerely,

Angelica Jimenez-Bean

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

cc: Kelley Ritter
 County Public Health

Eric Ritz
 County Public Health

Susan Yang
 Contract Manager

Erica Rodriguez
 CHVP Program Consultant