



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 14, 2023

Megan Blanchard  
MCAH Director  
County of Humboldt  
908 7<sup>th</sup> Street  
Eureka, CA 95501

Dear Megan

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT  
CHVP 23-12 – FISCAL YEAR (FY) 2023-24**

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.....	\$ 1,032,710.00
SGF EBHV.....	\$ 474,717.00
SGF INV .....	\$ 0.00

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: All sites must maintain at least 85% of their negotiated caseload capacity (CC).

**Caseload Requirements:** Your LHJ is expected to reach and maintain the following caseload capacities (indicated below by model and funding source) by 18 months from the date of this AFA Approval notification.

Funding Source	Model Type	Contracted Caseload Capacity
MIECHV	NFP	119
SGF EBHV	NFP	45

**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	225

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 liaison, Tom Harvey by e-mail at [Thomas.Harvey@cdph.ca.gov](mailto:Thomas.Harvey@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: Kathryn O'Malley  
Humboldt County Public Health

Tammy Wandel  
Humboldt County Public Health

Tom Harvey  
CHVP Contract Liaison

Melissa McMurrey  
CHVP Program Consultant