

File No. 231194

Committee Item No. 11

Board Item No. \_\_\_\_\_

# COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget and Finance Committee Date December 6, 2023

Board of Supervisors Meeting Date \_\_\_\_\_

### Cmte Board

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### OTHER (Use back side if additional space is needed)

- DPH Presentation 12/6/2023
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Completed by: Brent Jalipa Date December 1, 2023

Completed by: Brent Jalipa Date \_\_\_\_\_

1 [Accept and Expend Grant - Retroactive - California Department of Public Health - California  
2 Home Visiting Program - \$272,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$272,000 from the California Department of Public**  
5 **Health for participation in a program, entitled “California Home Visiting Program,” for**  
6 **the period of July 1, 2022, through September 30, 2024.**

7  
8 WHEREAS, The California Department of Public Health (CDPH) has agreed to fund  
9 the Department of Public Health (DPH) in the amount of \$272,000 for participation in a  
10 program, entitled “California Home Visiting Program (CHVP),” for the period of July 1, 2022,  
11 through September 30, 2024; and

12 WHEREAS, The grant will be used to fund other additional staff costs associated with  
13 providing home visits or administration for programs, including the following staff: Maternal,  
14 Infant, and Early Childhood Home Visiting (MIECHV) MIECHV-funded staff conducting home  
15 visiting (e.g., MIECHV home visitors, MIECHV home visiting supervisors who carry home  
16 visiting caseloads) and other MIECHV-funded staff (staff not directly responsible for service  
17 delivery); and

18 WHEREAS, DPH staff will develop a process for identifying and prioritizing target  
19 audiences, training needs, relevant topics for training of home visiting staff and/or CHVP  
20 MIECHV funded/enrolled families; and

21 WHEREAS, DPH staff will develop, conduct, and assess training of home visitors that  
22 are employed by the recipient in, conducting a virtual home visit; emergency preparedness  
23 and response planning for families and safely conducting intimate partner violence  
24 screenings; and

25

1           WHEREAS, Provide emergency supplies (such as diapers and diapering supplies) to  
2 CHVP MIECHV-funded/enrolled families; and

3           WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

4           WHEREAS, A request for retroactive approval is being sought because DPH received  
5 the award letter on April 4, 2023, for a project start date of July 1, 2022; and

6           WHEREAS, The Department proposes to maximize use of available grant funds on  
7 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

8           RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
9 in the amount of \$272,000 from the CDPH; and, be it

10          FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
11 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

12          FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
13 Agreement on behalf of the City.

1 Recommended:

Approved: /s/\_\_\_\_\_

2

Mayor

3 /s/\_\_\_\_\_

4 Dr. Grant Colfax

Approved: /s/\_\_\_\_\_

5 Director of Health

Controller

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San Francisco  
Department of Public Health

# Nurse-Family Partnership (NFP) Maternal Child & Adolescent Health Section

Maya Vasquez, Nurse Manager  
Aline Armstrong, MCAH Director  
J.J. Burch, Budget Manager

SFBOS Budget and Finance Committee  
December 6, 2023



# What is NFP?

↓ **48%** LESS LIKELY TO SUFFER CHILD ABUSE AND NEGLECT<sup>1</sup>

↓ **56%** REDUCTION IN ER VISITS FOR ACCIDENTS AND POISONINGS<sup>6</sup>

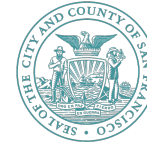
↓ **67%** LESS LIKELY TO EXPERIENCE BEHAVIORAL AND INTELLECTUAL PROBLEMS AT AGE 6<sup>2</sup>

↓ **72%** FEWER CONVICTIONS OF MOTHERS (MEASURED WHEN CHILD IS 15)<sup>1</sup>

↓ **35%** FEWER HYPERTENSIVE DISORDERS OF PREGNANCY<sup>4</sup>

↑ **82%** INCREASE IN MONTHS EMPLOYED<sup>3</sup>

- An evidence-based, nurse run, community health program
- 45 years of research show significant improvements in the health and lives of first-time parents and their children affected by social and economic inequalities
- Public Health Nurses partner with client during pregnancy to provide support, linkages (medical and community) and education through the child's second birthday



# How does the American Rescue Plan (ARP) support NFP clients?

- Funds designated to support Maternal Infant and Early Childhood Home Visiting program recipients in response to the COVID-19 public health emergency
- HRSA intends for funds to support activities related to the immediate and ongoing needs of families
- **Specific categories:**
  - Emergency supplies (i.e., gas cards, taxi vouchers)
  - Prepaid grocery cards
  - Staff training
- **Retroactivity:**
  - This item is retroactive due to delays in finalizing the budget. We received notice of award from CDPH on April 4, 2023. There were delays in receiving budget template from CDPH.
  - Once DPH received budget template, staff finalized budget in July 2023. DPH then went through the city process for this accept and expend grant.



**DPH requests approval of  
the proposed resolution.**

**Any questions?**

**Thank you!**



**File Number:** 231194  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **California Home Visiting Program (CHVP)**
2. Department: **Department of Public Health  
Maternal Child and Adolescent Health**
3. Contact Person: **Maya Vasquez** Telephone: **(415) 218-5210**
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$272,000**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **California Department of Public Health**  
b. Grant Pass-Through Agency (if applicable): **N.A.**
8. Proposed Grant Project Summary: **Fund other additional staff costs associated with providing home visits or administration for programs, including the following staff: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) MIECHV-funded staff conducting home visiting (e.g., MIECHV home visitors, MIECHV home visiting supervisors who carry home visiting caseloads) and other MIECHV-funded staff (staff not directly responsible for service delivery). Develop a process for identifying and prioritizing target audiences, training needs, relevant topics for training of home visiting staff and/or California Home Visiting Program (CHVP) MIECHV funded/enrolled families. Develop, conduct, and assess training of home visitors that are employed by the recipient in: conducting a virtual home visit; emergency preparedness and response planning for families; safely conducting intimate partner violence screenings; or safety and planning for families served to improve family outcomes in the MIECHV benchmark areas. Develop and implement a process to assess how technology needs are identified, prioritized, and addressed for CHVP MIECHV-funded/enrolled families. Acquire the necessary technological means, for CHVP MIECHV-funded home visiting enrolled families, to support virtual home visiting. Develop and implement a process for identifying need for supplies and distributing emergency supplies to CHVP MIECHV-funded/enrolled families. Provide emergency supplies (such as diapers and diapering supplies including diaper wipes and diaper cream, necessary to ensure that a child using a diaper is properly cleaned and protected from diaper rash, formula, food, water, hand soap and hand sanitizer) to CHVP MIECHV-funded/enrolled families. If you choose to budget funds for emergency supplies, you are required to coordinate with local diaper banks to the extent practicable. Identify diaper bank partners. Develop/identify a process for supply referrals and distribution to CHVP MIECHV-funded/enrolled families. Provide CHVP MIECHV-funded/enrolled families with emergency supplies from diaper banks, through reimbursement to, or purchase from, diaper banks. Develop and implement a process to assess how grocery card needs are identified, prioritized, and addressed for CHVP MIECHV-funded/enrolled families. Provide prepaid grocery cards to an eligible family participating in the MIECHV program for the purpose of meeting the emergency needs of the family.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **July 1, 2022**

End-Date: **September 30, 2024**

10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **N.A.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N.A.**

d. Is this likely to be a one-time or ongoing request for contracting out? **N.A.**

11a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much? **\$0**

b2. How was the amount calculated? **N.A.**

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **5% of Direct Costs**

12. Any other significant grant requirements or comments:

**The grant does not require an ASO amendment.**

**We respectfully request for approval to accept and expend these funds retroactive to July 1, 2022. The Department received the award on April 4, 2023.**

**The grantor is a State entity.**

**Project Description: HN MCH PM106 FY 2224 CHVP ARP**

**Project ID: 10040055**

**Dept ID: 251988**

**Proposal ID: CTR00003541**

**Fund ID: 11580**

**Version ID: V101**

**Authority ID: 10001**

**Activity ID: 0001**

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor’s Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor’s Office on Disability have reviewed the proposal and concluded that the project as proposed will be in comp nce with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor’s Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor’s Office of Disability Reviewer:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 11/15/2023 | 1:44 PM PST

DocuSigned by:  
Tracy Burris  
AD9133BE343A40E...  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 11/15/2023 | 2:21 PM PST

DocuSigned by:  
Greg Wagner  
28527524753949E...  
(Signature Required)  
Greg Wagner, COO for



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

April 4, 2023

Aline Armstrong  
MCAH Director  
City and County of San Francisco Department of Public Health  
101 Grove Street  
San Francisco, CA 94102

Dear Aline:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT CHVP  
ARP 22- 38 – FISCAL YEARS (FY) 2022-24

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), during the period of July 1, 2022 through September 30, 2024, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

California Home Visiting Program FY22-24..... \$422,309.00

The availability of ARP funds are based upon funds appropriated in each respective FY (2022-24) 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.



## Invoice Submission:

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

Agreement Number (space) Agency Name (space) Fiscal Year (space) Invoice One Time Payment

- Example: CHVP ARP 22- 38 City and County of San Francisco FY22-23 One Time Payment

Invoice submission must include:

- Signed cover letter/ invoice instructions on agency letterhead

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 within the provided AFA documents is incorrect or different from that negotiated, please contact your contract manager, Susan Yang by e-mail at [Susan.Yang@cdph.ca.gov](mailto: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  
Section Chief, Contract Management and Allocations Process  
Maternal, Child and Adolescent Health Division  
Center for Family Health  
California Department of Public Health

cc: Joshua Nossiter  
City and County of San Francisco Department of Public Health

Maya Vasquez  
City and County of San Francisco Department of Public Health

Susan Yang  
Contract Manager

Erica Rodriguez  
CHVP Program Consultant

## California Home Visiting Program (CHVP) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) American Recovery Plan (ARP) Act Funding for Home Visiting (Round 2) Scope of Work (SOW)

This one-time funding is being made available under section 9101 of the American Rescue Plan (ARP) Act, P.L. 117-2, to entities that currently receive Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funding to address the needs of expectant parents and families with young children during the COVID-19 public health emergency, through September 30, 2024.

**Under Goal 1, please select the categories your Local Implementing Agency will be implementing. You must select at least one category. If a category is selected, LIA must perform all activities and submit all deliverables to CHVP.\***

| Goal 1: Under ARP section 9101, LIAs may use the funding for any of the following purposes: |                                 |  |   |
|---|---------------------------------|--|---|
| 1.  | Hazard pay or other staff costs | For hazard pay or other additional MIECHV staff costs associated with providing home visits or administration for programs   |   |
| 2.  | Home visitor training           | To develop, conduct, and assess training of MIECHV home visitors who are employed by the recipient or subrecipient   | ✓ |
| 3.  | Technology                      | To acquire the necessary technological means, for MIECHV enrolled families, to support virtual home visiting address digital access and equity concerns  | ✓ |
| 4.  | Emergency supplies              | To provide emergency supplies to MIECHV enrolled families. If you choose to budget funds for family emergency supplies, you are required to coordinate with local diaper banks to the extent possible. | ✓ |
| 5.  | Diaper bank coordination        | To provide MIECHV enrolled families with emergency supplies from diaper banks, through reimbursement to, or purchase from, diaper banks when feasible  |   |
| 6.  | Prepaid grocery cards           | To provide prepaid grocery cards to a MIECHV enrolled family for the purpose of meeting the emergency needs of the family  | ✓ |

**California Home Visiting Program (CHVP)  
 Maternal, Infant, and Early Childhood Home Visiting (MIECHV)  
 American Recovery Plan (ARP) Act Funding for Home Visiting (Round 2)  
 Scope of Work (SOW)**

|           | Activities   | Responsible Parties                 | Deliverables*   |
|-----------|--|-------------------------------------|---|
| <b>1.</b> | <p><b>Hazard pay or other staff costs.</b></p> <p>a. Fund hazard pay or other additional staff costs associated with providing home visits or administration for programs, including the following staff:</p> <ul style="list-style-type: none"> <li>• MIECHV-funded LIA staff conducting home visiting (e.g., MIECHV home visitors, MIECHV home visiting supervisors who carry home visiting caseloads)</li> <li>• Other MIECHV-funded LIA staff (staff not directly responsible for service delivery)</li> </ul> <p>*Includes, but is not limited to, costs such as hazard pay, incentive bonuses, overtime pay, and technology for MIECHV staff performing grant duties in support of service delivery while teleworking.</p> | LIA MCAH/ CHVP Director or designee | Using CHVP-provided template, report quarterly on: <ul style="list-style-type: none"> <li>- Number of people receiving hazard pay/other staff costs</li> <li>- Description of activities being performed for hazard pay/other staff costs</li> <li>- All other activities related to hazard or other staff costs</li> <li>- Number of home visitors receiving technology</li> </ul> |
| <b>2.</b> | <p><b>Home visitor training.</b></p> <p>a. Develop a process for identifying and prioritizing target audiences, training needs, relevant topics for training of home visiting staff and/or CHVP MIECHV-funded/enrolled families.</p> <p>b. Develop, conduct, and assess training of home visitors that are employed by the recipient in: conducting a virtual home visit; emergency preparedness and response planning for families; safely conducting intimate partner violence screenings; or safety and planning for families served to improve family outcomes in the MIECHV benchmark areas.</p>  | LIA MCAH/ CHVP Director or designee | Using CHVP-provided template, report quarterly on: <ul style="list-style-type: none"> <li>- Name of training</li> <li>- Purpose/description of training</li> <li>- Date of training</li> <li>- Number of home visitors participating in training</li> <li>- All other activities related to home visitor training</li> </ul>  |

**California Home Visiting Program (CHVP)  
 Maternal, Infant, and Early Childhood Home Visiting (MIECHV)  
 American Recovery Plan (ARP) Act Funding for Home Visiting (Round 2)  
 Scope of Work (SOW)**

|           |  |                                     |   |
|-----------|--|-------------------------------------|---|
| <b>3.</b> | <p><b>Technology.</b></p> <ul style="list-style-type: none"> <li>a. Develop and implement a process to assess how technology needs are identified, prioritized, and addressed for CHVP MIECHV-funded/enrolled families.</li> <li>b. Acquire the necessary technological means, for CHVP MIECHV-funded home visiting enrolled families, to support virtual home visiting.</li> </ul>  | LIA MCAH/ CHVP Director or designee | Using CHVP-provided template, report quarterly on: <ul style="list-style-type: none"> <li>- Hardware or software acquired</li> <li>- Process utilized to identify and prioritize families</li> <li>- Number of families receiving technology</li> </ul>   |
| <b>4.</b> | <p><b>Emergency supplies.</b></p> <ul style="list-style-type: none"> <li>a. Develop and implement a process for identifying need for supplies and distributing emergency supplies to CHVP MIECHV-funded/enrolled families.</li> <li>b. Provide emergency supplies (such as diapers and diapering supplies including diaper wipes and diaper cream, necessary to ensure that a child using a diaper is properly cleaned and protected from diaper rash, formula, food, water, hand soap and hand sanitizer) to CHVP MIECHV-funded/enrolled families. If you choose to budget funds for emergency supplies, you are required to coordinate with local diaper banks to the extent practicable.</li> </ul> | LIA MCAH/ CHVP Director or designee | Using CHVP-provided template, report quarterly on: <ul style="list-style-type: none"> <li>- Total number of emergency supply items purchased</li> <li>- Type and number of emergency supply items purchased and distributed</li> <li>- Number of families receiving emergency supplies</li> </ul> |
| <b>5.</b> | <p><b>Diaper bank coordination.</b></p> <ul style="list-style-type: none"> <li>a. Identify diaper bank partners.</li> <li>b. Develop/identify a process for supply referrals and distribution to CHVP MIECHV-funded/enrolled families.</li> <li>c. Provide CHVP MIECHV-funded/enrolled families with emergency supplies from diaper banks, through reimbursement to, or purchase from, diaper banks.</li> </ul>  | LIA MCAH/ CHVP Director or designee | Using CHVP-provided template, report quarterly on: <ul style="list-style-type: none"> <li>- Diaper Bank Agreements</li> <li>- Number of families served through agreement</li> </ul>  |



**California Home Visiting Program (CHVP)  
 Maternal, Infant, and Early Childhood Home Visiting (MIECHV)  
 American Recovery Plan (ARP) Act Funding for Home Visiting (Round 2)  
 Scope of Work (SOW)**

|           |   |                                     |  |
|-----------|---|-------------------------------------|--|
| <b>8.</b> | <p><b>Prepaid grocery cards.</b></p> <ul style="list-style-type: none"> <li>a. Develop and implement a process to assess how grocery card needs are identified, prioritized, and addressed for CHVP MIECHV-funded/enrolled families.</li> <li>b. Provide prepaid grocery cards to an eligible family participating in the MIECHV program for the purpose of meeting the emergency needs of the family.</li> </ul> | LIA MCAH/ CHVP Director or designee | Using CHVP-provided template, report quarterly on: <ul style="list-style-type: none"> <li>- Number of prepaid grocery cards purchased</li> <li>- Frequency of distribution of grocery cards to families</li> <li>- Process utilized to identify and prioritize families</li> <li>- Number of families receiving prepaid grocery cards</li> </ul> |
|-----------|---|-------------------------------------|--|

**California Home Visiting Program (CHVP)  
 Maternal, Infant, and Early Childhood Home Visiting (MIECHV)  
 American Recovery Plan (ARP) Act Funding for Home Visiting (Round 2)  
 Scope of Work (SOW)**

| Goal 2: LIAs must ensure appropriate, allowable, and allocable use of ARP funds: |  |                                     |  |
|--|--|-------------------------------------|--|
|  | Activities   | Responsible Parties                 | Deliverables*  |
| 1.   | LIAs must complete the attached CHVP ARP Category Budget Breakdown Template and submit it, via e-mail, to <a href="mailto:CA-MCAH-HomeVisiting@cdph.ca.gov">CA-MCAH-HomeVisiting@cdph.ca.gov</a> within 10 days of agreement execution | LIA MCAH/ CHVP Director or designee | Submission of CHVP ARP Category Budget Breakdown within 10 days of agreement execution.  |
| 2.   | Ensure that ARP funds are only used to support CHVP MIECHV-funded staff and CHVP MIECHV-funded/enrolled families/participants.   | LIA MCAH/ CHVP Director or designee | Quarterly submission of process used to ensure funds are used only on CHVP MIECHV-funded staff and home visiting participants using CHVP-provide templates and guidance. |
| 3.   | Collect pertinent data and information regarding use of ARP funds using CHVP-approved forms, guidance and mechanisms and report to CHVP regularly and upon request.  | LIA MCAH/ CHVP Director or designee | Quarterly submission of data in SharePoint and upon request using CHVP-provided templates and guidance.  |
| 4.   | Maintain appropriate records and documentation to support the charges against the Federal awards.  | LIA MCAH/ CHVP Director or designee | Quarterly submission of records and documentation to support the charges upon request using CHVP-provided templates and guidance.  |

Contract/LIA Name Scope of Work  
California Home Visiting Program – MIECHV ARP  
Award #

**California Home Visiting Program (CHVP)  
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)  
American Recovery Plan (ARP) Act Funding for Home Visiting (Round 2)  
Scope of Work (SOW)**

|    |   |                                     |  |
|----|---|-------------------------------------|--|
| 5. | Continue to give priority in providing services to Priority Populations impacted by COVID-19. | LIA MCAH/ CHVP Director or designee | Quarterly submission of process developed to ensure funds are used on priority populations impacted by COVID-19 using CHVP-provided templates and guidance |
|----|---|-------------------------------------|--|

**NOTE:** If compliance standards are not met in a timely manner, CHVP may place an LIA on an Extra Support Plan (ESP). In addition, CHVP may temporarily withhold cash payment pending correction of the deficiency; disallow all or part of the cost of the activity or action out of compliance; wholly or partly suspend or terminate the award; or withhold further awards.

Contract/LIA Name Scope of Work  
 California Home Visiting Program – MIECHV ARP  
 Award #

**California Home Visiting Program (CHVP)  
 Maternal, Infant, and Early Childhood Home Visiting (MIECHV)  
 American Recovery Plan (ARP) Act Funding for Home Visiting (Round 2)  
 Scope of Work (SOW)**

\*All MIECHV ARP data must be reported in SharePoint as required using CHVP templates and guidance. LIAs must submit based on the reporting timeline below.

| <b>Fiscal Year</b> | <b>Reporting Quarter</b> | <b>Data Collection Period</b> | <b>Report Submission Period</b> |
|--------------------|--------------------------|-------------------------------|---------------------------------|
| 2023               | Q2                       | January 1-March 31, 2023      | April 10, 2023                  |
| 2023               | Q3                       | April 1-June 30, 2023         | July 10, 2023                   |
| 2023               | Q4                       | July 1–September 30, 2023     | October 10, 2023                |
| 2023               | Q1                       | October 1-December 31, 2023   | January 10, 2024                |
| 2024               | Q2                       | January 1-March 31, 2024      | April 10, 2024                  |
| 2024               | Q3                       | April 1-June 30, 2024         | July 10, 2024                   |
| 2024               | Q4                       | July 1-September 30, 2024     | October 10, 2024                |

*Joshua Nossiter*  
 MCAH Finance & Operations Director

**San Francisco Nurse-Family Partnership  
American Rescue Plan Budget, funding through CHVP  
FY 23-24**

|  | <b>Year One</b>  | <b>Year Two</b>  | <b>Totals</b>    |
|--|------------------|------------------|------------------|
| <b><i>Training:</i></b>  | 7/1/22 – 6/30/23 | 7/1/23 – 9/30/24 |                  |
| Reflective Practice training with Kadija Johston or equivalent   | \$15,000         |                  | \$15,000         |
| Race Equity training with Robin DiAngelo or equivalent   | \$25,000         |                  | \$25,000         |
| Motivational Interviewing training + book x 15 staff members   |                  | \$10,000         | \$20,000         |
| Newborn Observation training – in person 2-day training from Boston Children’s Hospital  |                  | \$20,000         | \$20,000         |
| 15% to Fiscal Intermediary Felton  | \$6,000          | \$4,500          | \$10,500         |
| <b><i>Training costs subtotal</i></b>  | <b>\$46,000</b>  | <b>\$34,500</b>  | <b>\$80,500</b>  |
|  |                  |                  |                  |
| <b><i>Grocery Cards:</i></b>   |                  |                  |                  |
| \$55.00 each (\$50.00 grocery card + \$5.00 card fee) to be provided to 300 clients monthly + 2x monthly for the first 2 months postpartum | <b>\$95,750</b>  | <b>\$95,750</b>  | <b>\$191,500</b> |
|  |                  |                  |                  |
|  |                  |                  |                  |
| <b>TOTAL</b>   | <b>\$141,750</b> | <b>\$130,250</b> | <b>\$272,000</b> |

## RE: ARP Round 2 Category Budget Breakdown

Rodriguez, Erica@CDPH <Erica.Rodriguez@cdph.ca.gov>

Wed 6/14/2023 7:21 AM

To: Vasquez, Maya (DPH) <Maya.Vasquez@sfdph.org>

Thank you so much for confirming!

Thanks,  
Erica

---

**From:** Vasquez, Maya (DPH) <Maya.Vasquez@sfdph.org>

**Sent:** Tuesday, June 13, 2023 4:40 PM

**To:** Rodriguez, Erica@CDPH <Erica.Rodriguez@cdph.ca.gov>

**Subject:** Re: ARP Round 2 Category Budget Breakdown

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Hi Erica,

Thanks for checking! It looks like I made a mistake -

Our submission should be:

Home Visitor Training: \$80,500

Prepaid Grocery Cards: \$191,500

**Total Budgeted: \$272,000**

Total Allocation: \$422,309

Remaining Balance: \$150,309

We will not be budgeting the remainder of the allocation.

thank you!

Maya Vasquez, MS, RN, PHN, IBCLC

Nurse Manager, Nurse-Family Partnership, Field Public Health Nursing & Perinatal Stabilization Team

Interim Director of Public Health Nursing

San Francisco Dept. Public Health

Maternal Child and Adolescent Health Section (MCAH)

cell (415) 218-5210

Pronouns: she/her/hers

[San Francisco Department of Public Health: MCAH - Public Health Nursing - Final on Vimeo](#)



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**From:** Rodriguez, Erica@CDPH <[Erica.Rodriguez@cdph.ca.gov](mailto:Erica.Rodriguez@cdph.ca.gov)>  
**Sent:** Friday, June 9, 2023 8:16 AM  
**To:** Vasquez, Maya (DPH) <[Maya.Vasquez@sfdph.org](mailto:Maya.Vasquez@sfdph.org)>  
**Subject:** RE: ARP Round 2 Category Budget Breakdown

Hi Maya,

I just want to confirm ARP submission.

Home Visitor Training: \$80,500  
Prepaid Grocery Cards: \$80, 500  
**Total Budgeted: \$161, 000**  
Total Allocation: \$422, 309  
Remaining Balance: \$261,309

Will you be budgeting the remainder of the allocation?

Thanks,  
Erica Rodriguez

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**From:** Vasquez, Maya (DPH) <[Maya.Vasquez@sfdph.org](mailto:Maya.Vasquez@sfdph.org)>  
**Sent:** Thursday, June 8, 2023 5:09 PM  
**To:** Rodriguez, Erica@CDPH <[Erica.Rodriguez@cdph.ca.gov](mailto:Erica.Rodriguez@cdph.ca.gov)>  
**Subject:** Re: ARP Round 2 Category Budget Breakdown

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Hi Erica,

I just submitted our response. Thank you!

Maya Vasquez, MS, RN, PHN, IBCLC  
Nurse Manager, Nurse-Family Partnership, Field Public Health Nursing & Perinatal Stabilization Team  
Interim Director of Public Health Nursing

San Francisco Dept. Public Health

Maternal Child and Adolescent Health Section (MCAH)

cell (415) 218-5210

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**From:** Vasquez, Maya (DPH) <[Maya.Vasquez@sfdph.org](mailto:Maya.Vasquez@sfdph.org)>  
**Sent:** Thursday, June 1, 2023 4:23 PM  
**To:** Rodriguez, Erica@CDPH <[Erica.Rodriguez@cdph.ca.gov](mailto:Erica.Rodriguez@cdph.ca.gov)>  
**Subject:** Re: ARP Round 2 Category Budget Breakdown

Hi Erica,

I'm sorry we are late, and thank you for the reminder! I've been dealing with COVID for most of May - feels endless but I think I'm finally healthy.

Would it be OK to turn this in by June 8th?

Thanks for your consideration.

Maya Vasquez, MS, RN, PHN, IBCLC  
Nurse Manager, Nurse-Family Partnership, Field Public Health Nursing & Perinatal Stabilization Team  
Interim Director of Public Health Nursing

San Francisco Dept. Public Health

Maternal Child and Adolescent Health Section (MCAH)



cell (415) 218-5210

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**From:** Rodriguez, Erica@CDPH <[Erica.Rodriguez@cdph.ca.gov](mailto:Erica.Rodriguez@cdph.ca.gov)>

**Sent:** Thursday, June 1, 2023 3:26 PM

**To:** Hernandez, Kimberly@Kern County <[hernankim@kerncounty.com](mailto:hernankim@kerncounty.com)>; Gina Valdez <[valdezg@kerncounty.com](mailto:valdezg@kerncounty.com)>; Brandner, Nicole <[brandnern@saccounty.gov](mailto:brandnern@saccounty.gov)>; Ulicni, Tosha <[UlicniTo@saccounty.gov](mailto:UlicniTo@saccounty.gov)>; Bursch, Fay <[BurschF@saccounty.gov](mailto:BurschF@saccounty.gov)>; Berg, Ocean (DPH) <[ocean.berg@sfdph.org](mailto:ocean.berg@sfdph.org)>; Vasquez, Maya (DPH) <[Maya.Vasquez@sfdph.org](mailto:Maya.Vasquez@sfdph.org)>

**Cc:** Troglia, Jane@CDPH <[Jane.Troglia@cdph.ca.gov](mailto:Jane.Troglia@cdph.ca.gov)>

**Subject:** RE: ARP Round 2 Category Budget Breakdown

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello,

CHVP has not received the Category Budget Breakdown for your LHJ. This was due COB yesterday, May 31. If you have not already communicated an extension for your submission, please contact me by COB Friday June 2.

The submission link is here: <https://forms.office.com/Pages/ResponsePage.aspx?id=URsxH9n2U0GbrFXg75ZBuL0muMUmJQBNjflHdaCDBHtUMjNSS113RjdOTTM0TldUTzFKQ0ZBNjIKUi4u>

A PDF version of the Category Budget Breakdown is attached for you to review prior to your submission. If you have any questions or concerns, please feel free to contact me.

Thank you,

**Erica Rodriguez**

Program Consultant

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California Home Visiting Program  
Maternal, Child, and Adolescent Health  
CA Department of Public Health

E. [erica.rodriguez@cdph.ca.gov](mailto:erica.rodriguez@cdph.ca.gov)

**City and County of San Francisco**

**Department of Public Health**



**London N. Breed  
Mayor**

**TO: Angela Calvillo, Clerk of the Board of Supervisors**  
**FROM: Dr. Grant Colfax  
Director of Health**  
**DATE: 8/30/2023**  
**SUBJECT: Grant Accept and Expend**  
**GRANT TITLE: California Home Visiting Program (CHVP) - \$272,000**

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Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No

**From:** [Paulino, Tom \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Wong, Greg \(DPH\)](#)  
**Subject:** Mayor -- Resolution -- California Home Visiting Program  
**Date:** Tuesday, November 14, 2023 2:14:47 PM  
**Attachments:** [02. 1248 Grant Resolution.doc](#)  
[RE Approval requested DPHAE California Home Visiting Program \(CHVP\).msg](#)  
[04. 1248 GRIF.docx](#)  
[05. 1248 ARP 23-24 budget breakdown.docx](#)  
[06. 1248 AFA Approval Letter CHVP ARP 22-38 FY22-24 3.28.23.pdf](#)  
[1248 CHVP ARP 22-38 7 SOW FY22-24 031023.pdf](#)  
[1248 email from CHVP confirming receipt of ARP request to change award amount.pdf](#)  
[DPH A&E - California Home Visiting Program \(CHVP\) - \\$272,000.pdf](#)  
[01. 1248 Board Cover Memo.docx](#)

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Hello Clerks,

Attached for introduction to the Board of Supervisors is a Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$272,000 from the California Department of Public Health for participation in a program, entitled "California Home Visiting Program," for the period of July 1, 2022, through September 30, 2024.

Cheers,

**Tom Paulino**

He/Him

Liaison to the Board of Supervisors

Office of the Mayor

City and County of San Francisco