

**California Home Visiting Program**  
**State General Fund (SGF) Evidence-Based Home Visiting (EBHV)**  
**Scope of Work**  
**July 1, 2023- June 30, 2024**

		<b>1.1 (d)</b> LHJs in the 1 <sup>st</sup> year of implementation will develop an Implementation Plan using the CHVP provided template		person site visits and must be involved in all ad-hoc programmatic, data, contract, or fiscal communications. Additionally, no more than 10% of the allocation can be spent on administrative oversight of a subK.*
<b>1.2</b>	Implement home visiting programs using culturally responsive practices	<b>1.2. (a)</b> Participate in opportunities designed to enhance cultural sensitivity through webinars, trainings, and/or conferences	Supervising Public Health Nurse (SPHN), Program Manager, or supervisor Home Visitors	Submission of semi-annual status report Submission of training log with status report
		<b>1.2. (b)</b> Recruit and hire staff that reflect the community served and/or speak the language of participants when possible	SPHN, Program Manager, or Supervisor Home Visitors	Submission of quarterly staffing reports Submission of semi-annual status report
<b>1.3</b>	Hire, train, and retain staff to comply with selected home visiting model requirements and CHVP policies and procedures	<b>1.3. (a)</b> Participate in required trainings as related to screening tools, health assessments, reflective supervision, data collection tools and software	SPHN, Program Manager, or Supervisor Home Visitors	Submission of training log with status report Submission of training plan with status report

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		<b>1.3. (b)</b> Maintain full staffing capacity to serve home visiting program participants and adhere to the specific model-based guidelines	SPHN, Program Manager, or Supervisor	Submission of quarterly staffing reports
		<b>1.3. (c)</b> All Staff will sign a Confidentiality Agreement at the time of hire and annually thereafter	SPHN, Program Manager, or Supervisor	Confirmation of signed Confidentiality Agreement for each staff member in status report

\* The Maternal, Child, and Adolescent Health (MCAH) Director and/or designee will dedicate no less than 5% Full Time Equivalent (FTE) and no more than 15% FTE on the CHVP budget and staffing reports.

\*\*See the *CHVP Budget Tips* document and/or reach out to your program consultant for further information.

Program Requirements				
<b>1.4</b>	Reach and maintain contracted Caseload Capacity (CC)	<b>1.4. (a)</b> Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals	MCAH Director or Designee  SPHN, Program Manager, or Supervisor	Submission of outreach log annually with status report

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		<b>1.4. (b)</b> Develop a referral triage process for incoming home visiting participants	SPHN, Program Manager, or Supervisor	Submission of referral triage plan outlining referral process (flow chart, logic model, narrative, etc.) annually with status report
		<b>1.4. (c)</b> Ensure each newly enrolled participant receives informed consent and signs a CHVP Participant Consent Form	SPHN or Program Manager	Confirmation of signed Participant Consent form for each enrolled participant with status report
		<b>1.4. (d)</b> Home visitors will maintain 100% contracted CC  <b>Note:</b> Any LHJ that falls below 85% of the contracted CC for three consecutive months may be required to participate in a corrective action process	SPHN, Program Manager, or Supervisor	Submission of complete and timely data for 100% contracted CC
<b>1.5</b>	Ensure selected home visiting model fidelity and quality assurance	<b>1.5. (a)</b> Implement model requirements in accordance with the NFP Model Elements, the HFA Best Practice Standards, and PAT Essential Requirements	MCAH Director or Designee	HFA: Submission of accreditation reports and/or proof of application for affiliation as requested by CHVP