**Request for Applications # 20-10014**

**Adolescent Family Life Program**

**November 18, 2019**

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**California Department of Public Health**

**Center for Family Health**

**Maternal, Child and Adolescent Health Division**

**CFDA#: 93.994**

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# Part I. Funding Opportunity Description

## Funding Purpose

The purpose of this Request for Applications (RFA) is to solicit competitive applications from eligible organizations for funding from the California Department of Public Health, Maternal, Child and Adolescent Health Division (CDPH/MCAH), through CFDA # 93.994, to administer the Adolescent Family Life Program (AFLP) and implement the evidence-informed Positive Youth Development (PYD) Model to support expectant and parenting youth in California (CA).

Interested organizations, including those with or without experience with the PYD Model, that meet the eligibility criteria in [Part I. H, Eligibility Criteria](#_Eligibility_Criteria) may apply. Additional information about the PYD Model is available in [Part II. Program Model Overview](#_Toc463265451).

A responding organization is expected to submit an application that describes the following:

1. Need in proposed service area
2. Agency experience and organizational capacity
3. Agency implementation plan
4. Experience and plans for community engagement and establishing a referral network
5. Proposed budget

CDPH/MCAH expects to award Cooperative Agreements under the Health and Safety Code (HSC) 38070 to eligible and qualified Applicants that demonstrate the greatest need and capacity to achieve the program requirements and goals as outlined in this RFA and Scope of Work (SOW) ([Exhibit A](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitA.pdf)). Funding ranges, based on proposed program size, are described in [Part I. F, Funding Availability.](#_Funding_Availability)

Applications are due to CDPH/MCAH on **Friday, January 10, 2020 by 4:00 pm Pacific Time (PT).** Applicants must adhere to the due dates in [Part I. J, RFA Key Action Dates](#_RFA_Key_Action).

## Public Health Significance

Despite declining adolescent birth rates (ABR) in CA, disparities persist, particularly by race and Hispanic ethnicity as well as geography. In 2016, the ABR was 2.8 times higher among Black than non-Hispanic White youth and 3.8 times higher among Hispanic than non-Hispanic White youth. The county with the highest 3-year aggregated birth rate had a rate 5.2 times greater than the county with the lowest 3-year aggregated birth rate.1 In communities where ABRs are high, there are also often high levels of poverty and limited employment and educational opportunities for youth.

Data reveals that repeat births (defined as having two or more pregnancies resulting in a live birth before age 20 years) are not declining as fast as ABRs. Closely spaced births also occurred among adolescents with repeat births. Generally, a higher proportion of adolescents aged 19 and below experienced suboptimal interpregnancy interval (less than 18 months between a live birth and the conception of the next live birth) and preterm birth (births at less than 37 weeks of gestation) than adults aged 20-44. The need for services to support opportunities for expectant and parenting youth—who may face additional challenges reaching their potential and whose positive development has implications for both their success and the success of their children—is especially high.

With the increased likelihood for hardship and stress, young parents and families benefit from programming that is based on positive youth development and promotes resilience. Research supports the effectiveness of positive youth development strategies in improving academic engagement and achievement,2, 3 preventing adolescent pregnancies4-6, and improving health and wellbeing.2 Strength-based approaches, tailored to adolescent parents’ unique needs, support them in pursuing healthy and successful futures for themselves, their families and future generations.

## Program Goals

AFLP is a case management program for expectant and parenting youth[[1]](#footnote-2) age 21 and younger to:

1. Increase social and emotional support and build resiliency.
2. Improve pregnancy planning and spacing.
3. Increase education attainment and employability.
4. Increase access to needed services.

## Authorizing Legislation, Program History, and Future Directions

AFLP was established in 1985 and authorized by legislation in 1988 (CA Adolescent Family Life Act of 1988, Health and Safety Code Division 106 [124175-124200]).

For over thirty-four (34) years, local AFLP providers have provided case management services that promote the health and well-being of expectant and parenting youth in diverse settings throughout CA. Over the last nine years, local AFLP providers have contributed to the development, implementation, and evaluation of a strength-based, evidence-informed model for AFLP, known as the PYD Model. This model, including the theory, guiding principles, and approach to implementation, is described in Part II, Program Model Overview, and Appendices 1a – 1d.

Organizations awarded funding through this RFA will implement the PYD Model following a period of capacity-building, planning, and training outlined in the SOW ([Exhibit A](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitA.pdf)).

## Program Model Purpose and Overview

The purpose of the PYD Model is to improve the life course trajectory of expectant and parenting youth through a resiliency-based, youth-led program that integrates assessment of needs and interests and linkage to care and support services with skills building and life planning.

The PYD Model encompasses a positive youth development approach and is founded on a resiliency framework, *Resiliency in Action7* ([Appendix 1a](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix1a.pdf), Theoretical Foundation of the PYD Model), through which caring, supportive case managers help youth meet their basic needs, develop their strengths, foster hope for the future, identify opportunities and social support networks, and learn about caring for themselves and their families. The positive youth development approach “emphasizes the many positive attributes of young people and focuses on working to develop inherent strengths and assets in youth to promote healthy behavioral development.”8 Implicit in this approach and the resilience framework is the recognition that all youth have potential to thrive, benefit from high expectations and supportive relationships, and are capable of making meaningful contributions to their lives, families and communities. The PYD Model provides an individualized approach to enhance expectant and parenting youths’ strengths, skills, and motivation to reach their goals. Throughout implementation, case managers assist youth in accessing information, resources, and referrals to improve health outcomes for the youth and their child/children.

For the purposes of this RFA, Applicants are strongly encouraged to review the program model information available in [Part II. Program Model Overview](#_Part_II._Program) and in Appendices 1a-1d. The PYD Model in its entirety will be made available to final Awardees prior to program implementation.

## Funding Availability

1. **Funding Amount**

The total amount to be distributed among Awardees is anticipated to be $5.6 million per State Fiscal Year (FY) for each of the three (3) years within the contract period, 07/01/2020 through 06/30/2023.

Anticipated funding per Awardee, per FY[[2]](#footnote-3) of the contract period, based on the caseload and FTE of case management staff implementing program services[[3]](#footnote-4) is described in [Table 1](#Table_1). Additional information about staffing requirements is described in [Table 4](#Table_4).

Table 1. Anticipated Awardee Funding Levels Based on Caseload and Corresponding Case Manager Full Time Equivalency[[4]](#footnote-5)

| **Caseload** | **Fulltime Equivalent (FTE) Case Management Staff** | **Estimated Minimum Award** | **Estimated Maximum Award** |
| --- | --- | --- | --- |
| 20 | 1 | $170,000 | $180,000 |
| 30 | 1.5 | $210,000 | $240,000 |
| 40 | 2 | $280,000 | $320,000 |
| 50 | 2.5 | $350,000 | $400,000 |
| 60 | 3 | $420,000 | $480,000 |
| 70 | 3.5 | $490,000 | $560,000 |
| 80 | 4 | $560,000 | $640,000 |
| 90 | 4.5 | $630,000 | $720,000 |
| 100 | 5 | $700,000 | $800,000 |

Once agencies have been selected through RFA scoring process, CDPH/MCAH will award funds, based on need and total funding availability, for one to five case managers in accordance with the staffing and caseload criteria outlined above. CDPH/MCAH will not fund any agency for more than 5.0 FTE case managers. Any additional case managers and associated staff and expenses would be in-kind. Additional information about staffing requirements is described in [Table 4](#Table_4).

Applications will be scored following the criteria in [Part VI. Evaluation and Selection](#_Part_VI._Evaluation). CDPH/MCAH reserves the right to make awards at alternate funding levels from the proposals, based on an assessment of need in the target area, reach estimates, quality of the application, and other considerations related to the total program resources available. Subject to applicable approvals, CDPH/MCAH reserves the right to initiate amendments as necessary to meet the needs of CDPH/MCAH.

1. **Funding Source(s)**

The funds administered by CDPH/MCAH to implement AFLP come from CA’s Title V (TV) Maternal and Child Health Block Grant. Applicants for this RFA may be considered for future funding from other sources, should additional funding sources become available.

In addition to Title V funding, agencies may elect to contribute local funds for expanding AFLP services. These local funds may be unmatched or may be utilized (if non-federal funds) as a match to draw down Title XIX Federal Financial Participation (FFP) funding. Title XIX FFP allows eligible entities to draw down federal reimbursement for activities related to assisting Medi-Cal eligible individuals with enrolling in Medi-Cal and assisting individuals on Medi-Cal with accessing services.

Identifying local funds (unmatched or matched) does not influence selection of agencies for AFLP Title V funding*.* To facilitate state budgeting for Medi-Cal, agencies that intend to utilize Title XIX funds should identify their local contribution and their total Title XIX request in their proposed budget. For additional information, see [Attachment 8](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment8.xlsx), Budget Template. In the case where an agency is approved for Title XIX matching, the agency’s Title XIX invoices would be submitted to MCAH for payment; however, the agency would be responsible for the appropriate use of funds in compliance with Title XIX requirements.

1. **Limitations of State Liability**

Payment for performance under the resulting Agreement may be dependent upon availability of future appropriations by the State Legislature, Congress, or federal funding for the purposes of the resulting Agreement. No legal liability on the part of the State for any payment may arise under the resulting Agreement until funds are made available through an annual appropriation. If an Agreement is executed before ascertaining available funding and funding does not become available, CDPH/MCAH will cancel the Agreement.

1. **Funding Reductions in Subsequent Budget Years**

If an Agreement is executed and full funding does not become available for subsequent FYs, CDPH/MCAH will either cancel the Agreement or amend it to reflect reduced funding and reduced activities. Continuation of services beyond the first FY is also subject to successful performance of agreed upon activities as outlined in the program policies and procedures.

## Agreement Term

The term of the Agreement is expected to be a three (3) year term and is anticipated to be effective from July 1, 2020 through June 30, 2023. The Agreement term may change if CDPH/MCAH makes the awards earlier or later than expected due to unforeseen delays.

The resulting Agreement will be of no force or effect until it is signed by both parties and approved by the Department of General Services (DGS), if such approval is required. The Awardee is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without State reimbursement.

CDPH/MCAH reserves the right to modify the term of the resulting Agreement via a formal amendment process. CDPH/MCAH offers no assurance that an extension will occur or that funding will be continued at the same level in future years.

## Eligibility Criteria

1. **Organizational Type and Required Experience**
   1. The following entities and organizations in counties of priority need (see [Part I. H, 2](#eligiblecounties) below for eligible counties) are invited to apply for this RFA:

* Units of local government including, but not limited to, cities, counties, and other government bodies or special districts
* State and/or public colleges or universities, also referred to as institutions of higher education
* Public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code
  1. Applicants that are school districts, nonprofit organizations, or corporations will be required to submit additional documentation as described in [Part IV. E, Application Submission Process.](#_Application_Submission_Process)
  2. Applicants must have, at a minimum:
* Three (3) years of experience in providing case management or other social support services to expectant and parenting youth;
* Three (3) years of experience in program monitoring, including data collection and reporting of performance measures; and
* Three (3) years of experience developing community linkages and/or participating in and maintaining stakeholder groups.

1. **Entities in Eligible Counties**

Disparities facing expectant and parenting youth, as described in [Part I. B, Public Health Significance,](#_Public_Health_Significance) can have profound impacts on an adolescent’s health throughout life. In recognition of geographic variation in disparities affecting youth in CA, CDPH/MCAH developed the CA Adolescent Sexual Health Needs Index (CASHNI) to target available resources for primary and secondary adolescent pregnancy prevention programs to areas of the state with the greatest need. CASHNI countywide scores range across CA from 0 to 18605 with higher numbers representing greater need. To target limited resources, counties with a CASHNI score above 400 are eligible to apply. For CASHNI methodology and CA county scores, refer to [Appendix 2](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix2.pdf), Population and Community Need Data.

CDPH/MCAH also developed projected numbers of expectant and parenting females (EPF) in the year 2020 for each county. These data are used to prioritize program services in areas of the state where young parents (21 years and younger) reside who would be available for case management and to align staffing of local programs with the number of youth available within their communities. Counties must have a projected eligible population of at least 200 to ensure that they are able to recruit and maintain the required caseload for the three-year grant period. This number accounts for continued declines in the population over time, cross-eligibility with other services (e.g., Cal-Learn, Department of Social Services Home Visiting Initiative, California Home Visiting Program), and unexplained variance in population projections. For EPF methodology and data, refer to [Appendix 2](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix2.pdf), Population and Community Need Data.

Entities may apply for this RFA if they meet the organizational type and required experience and propose to serve in the following 25 counties that have a total 2014-2016 CASHNI score of 400 or above and 200 or more projected EPFin year 2020.

1. Alameda
2. Butte
3. Contra Costa
4. Fresno
5. Imperial
6. Kern
7. Kings
8. Los Angeles
9. Madera
10. Merced
11. Monterey
12. Orange
13. Riverside
14. Sacramento
15. San Bernardino
16. San Diego
17. San Joaquin
18. Santa Barbara
19. Santa Clara
20. Santa Cruz
21. Shasta
22. Solano
23. Stanislaus
24. Tulare
25. Ventura

Applications where a single or lead entity proposes to serve two or more counties will be considered if at least one of the county CASHNI scores is 400 or above and the combined EPF is 200 or greater. The counties proposed must be proximal to each other geographically and the Applicant must demonstrate the ability to adequately provide services across county lines.

1. **Program Reach**

For the purposes of this RFA, *program reach* is defined as the number of youth that receive any AFLP services during a given fiscal year.[[5]](#footnote-6) Although implementation will vary by agency, CDPH/MCAH has estimated that a minimum program reach of 40 youth per 100% Full-Time Equivalent (FTE) case manager is needed to maintain the required caseload of approximately 20 active AFLP youth. Caseload is not to drop below 15 nor exceed 25 per FTE case manager at any given time during the fiscal year. Program reach takes into account the voluntary nature of the program, where youth may start and stop after any length of time in the program, as well as the natural flow of youth in and out of the program across fiscal years (i.e., youth may be active / eligible for only a short period of time during any given fiscal year).[[6]](#footnote-7)

**Each Applicant must demonstrate that they have a program reach of at least 40 youth each fiscal year to be able to maintain the minimum required caseload for at least 1.0 FTE case manager each year.** The proposed program reach should justify the funding level proposed. This requirement is in place to ensure that awarded agencies have enough need for services to support the required caseload for FTE case manager. If an Applicant is unable to demonstrate a sustained reach of at least 40 youth per year, the application will be excluded from consideration. Each AFLP FTE case manager added to the staffing pattern must also correspond with additional reach (e.g. 40 youth for 1 FTE, 20 youth for .5 FTE) and additional staffing requirements as described in [Table 4](#Table_4).

Applicants proposing to serve two (2) or more counties may apply to meet the program reach requirement by combining reach in all counties. CDPH/MCAH will make final decisions based on the feasibility of the proposed implementation, justification, and available data.

## Proposed Award Distribution

CDPH/MCAH anticipates awarding at least one (1) agency per region (see [Table 2](#Table_2)) and approximately fifteen (15) AFLP agencies through this RFA. This is dependent on quality of the proposals, available resources and approved funding levels.

CDPH/MCAH anticipates a maximum of one (1) award in any county, with the exception of Los Angeles County where CDPH/MCAH anticipates a minimum of one (1) to a maximum of four (4) awards. In some instances, there may be exceptions based on the need of the county and capacity of the Awardees.

CDPH/MCAH anticipates funding Applicants in regions throughout CA as follows ([Table 2](#Table_2)):

Table 2. Regional Distribution of Funding Awards

| **Region** | **Counties with a CASHNI score of 400 or above and 200 or more projected EPF** |
| --- | --- |
| **Northern CA** | Alameda, Butte, Contra Costa, Sacramento, Santa Clara, Shasta, Solano |
| **Central CA** | Fresno, Kern, Kings, Madera, Merced, Monterey, San Joaquin, Santa Cruz, Stanislaus, Tulare |
| **Southern CA, excluding Los Angeles County** | Imperial, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Ventura |
| **Los Angeles County** | Los Angeles |

## RFA Key Action Dates

All Applicants are advised of the following schedule ([Table 3](#Table_3)) and must adhere to the required dates and times.

Table 3. RFA Timeline and Award Schedule

| **Event** | **Date and applicable times** |
| --- | --- |
| RFA Release | November 18, 2019 |
| [Voluntary RFA and PYD Model Webinar](#_Voluntary_Bidder’s_Conference) | December 4, 2019, 11:00 am |
| [Deadline to Submit RFA Questions](#_Applicant_Questions_and)  Note: Verbal questions will not be accepted. All questions must be transmitted in written form according to instructions in [Part IV. B.](#_Applicant_Questions_and) | December 6, 2019, 4:00 pm |
| Q&A Responses Published | December 16, 2019 |
| Voluntary Non-Binding Letter of Intent | December 17, 2019 |
| Applications Due | January 10, 2020, 4:00 pm |
| [Public Notice of Intent to Award](#_Notice_of_Awards) | March 2, 2020 |
| [Dispute Filing](#_Dispute_Process) | March 6, 2020, 4:00 pm |
| Final Announcement of Awards | March 13, 2020 |
| Proposed Cooperative Agreement Start Date | July 1, 2020 |

CDPH/MCAH reserves the right to adjust any date and/or time as necessary. Date and time adjustments will be posted as an addendum on the [AFLP RFA website](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx). It is the Applicant’s responsibility to check the website frequently for any adjustments made to the timeline.

# Part II. Program Model Overview

## Delivery of Case Management

The PYD Model is delivered through face-to-face visits between the expectant and parenting youth and their case manager that occur approximately twice per month for one hour each visit. Visits occur in a supportive, confidential, and safe environment, mutually agreed upon by case manager and participant, such as the youth’s home, school, a community center, an agency office, or other location. With consent and direction from the youth, case managers are able to involve the youth’s family and other key supports in the process. It is recommended that case managers conduct quarterly home visits[[7]](#footnote-8) with each participant to provide an opportunity for them to assess the home environment and if needed, support youth with establishing a safe and healthy living space for the youth and their child/children by linking them to available resources in their community.

## Application of a Resilience Framework and Positive Youth Development

Positive youth development and resiliency research, described further in [Appendix 1a](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix1a.pdf), Theoretical Foundation of the PYD Model, provide the foundation for the PYD Model.

Through the PYD Model, expectant and parenting youth, with the support of their case managers, take steps towards identifying and pursuing goals for their lives through life planning and goal setting processes. Adolescent parenting may bring a greater sense of purpose to a youth’s life and become a catalyst for working towards personal goals (e.g., improved health, positive parenting, education and career planning); therefore, the PYD Model connects expectant and parenting youth with supportive adults at a unique and opportune time in their lives for positive changes, growth, and empowerment. Case managers help expectant and parenting youth explore information and resources and help them envision how they wish their futures to look and how to get there through goal-setting and life planning. Case managers use motivational interviewing to help young people to set goals, reflect, explore, and resolve feelings of ambivalence; identify and work towards personal goals; problem-solve; and build an increased sense of self-efficacy. Youth are empowered with a voice and choice on their perspectives and priorities that is heard and respected—their goals reflect their strengths, values, needs, and priorities.9

The PYD Model is supported by standardized, evidence-informed, case management tools (available in English and Spanish)[[8]](#footnote-9) and processes designed to intentionally support and build resilience strengths, promote life planning, and support program priorities of education and work, healthy relationships, health and health care, family planning, and safer sex.

The information above is built into the PYD Model ([Appendix 1c](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix1c.pdf)).

## Key Program Activities

There are key activities in the PYD model that occur throughout all phases of working with youth:

1. Case managers provide youth-friendly, medically-accurate information and referrals to needed services, which might include: sexual and reproductive health, prenatal, postnatal and primary care, services for children with special health care needs, legal services, food/nutrition, housing/shelter, academic and vocational programs, adoption counseling, parenting classes, day care, and mental health services.
2. Case managers learn about and respond to youth’s interests, needs, and resources.
3. Case managers strategize with youth on how to prevent and manage difficult situations and overwhelming emotions.
4. Case managers assist youth with identifying and building strengths, strategize with the youth on how to prevent and manage difficult situations and overwhelming emotions, and help the youth identify plans and dreams for the future as well as support networks and values by completing the standardized program tool, *My Life and Me Activities.*
5. Case managers engage youth in targeted life planning discussions around program priorities and other topics based on youths’ interests and needs, using the standardized program tools, *My Goal Sheet* and *My Life Plan.*
6. Case managers use motivational interviewing strategies with youth to develop individualized goals, build motivation for positive change, and monitor and celebrate progress toward meeting goals and program priorities.
7. Case managers work with youth to develop the skills to identify and develop supportive, healthy relationships with their child/children, peers, partners, families, and supportive adults outside of AFLP.

## Program Phases

The PYD Model is organized into four program phases[[9]](#footnote-10) that cover at minimum a 12-month period. Individual phases may take longer depending on the needs of the particular youth. The PYD Model is designed to be completed in 12 months but builds in flexibility for youth to remain in the program for up to 24 months based on, at specified program intervals, the case manager and youth’s assessment(s) of need, engagement and the youth’s ability to benefit from continued services.

Many of the activities in later phases build on content covered in earlier phases (i.e., youth strengths are identified early on in the program phases, as well as support networks, goals and dreams, values, which assists with targeted life planning discussions through the phases). The life planning and goal setting process becomes progressively more advanced from Phase 1 to Phase 4, transitioning to independent life planning with self-directed goal setting. Throughout all phases, key activities occur, such as providing resources and referrals to meet youths’ needs, and youth are provided with ongoing support and opportunities to develop resilience strengths and skills that will help them thrive during and after they exit the program.

Phases include:

1. Phase 1: Engagement, Initial Assessment & Plan Development (at least 2 months; 4 visits).
2. Phase 2: Fostering Strengths and Sense of Purpose (at least 4 months; 8 visits).
3. Phase 3: Empowerment and Implementation of Life Planning and Goal Pursuit (at least 3 months; 6 visits). At the end of this phase, youth and case manager jointly determine if the youth is ready for transition out of the program. If so, they move to Phase 4, if not, they may continue in Phase 3.
4. Phase 4: Transition and Program Exit (at least 3 months; 3-6 visits).

## Additional Resources

The logic model in [Appendix 1d](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix1d.pdf) reflects the inputs, activities, and intended outcomes for expectant and parenting youth served by the PYD Model.

Applicants are strongly advised to review all the PYD Model resources available in [Appendices 1a-1d](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx) prior to submitting a response to this RFA. The material provided may be updated prior to Awardee training and implementation.

# Part III. Program Requirements

## Provide Services to Expectant and Parenting Young People Age 21 and Under

AFLP Awardees will use their community knowledge, networks, and available data to identify expectant and parenting youth in greatest need who are likely to be eligible and benefit from program services. Youth are eligible for enrollment into AFLP if they are 21 years of age and younger and expecting and/or parenting with custody of a minor child. Partners in pregnancy and/or parenting are also eligible if they are 21 years of age and younger.[[10]](#footnote-11),[[11]](#footnote-12) While Awardees have the flexibility to serve youth who are 21 years of age and younger, they should prioritize outreach and enrollment to youth with the greatest need, taking into consideration the high needs of younger youth, such as those 19 years of age and younger.

As part of this RFA, Applicants are required to propose a program *service area* (defined geographical area for program recruitment and service provision)and associated program reach numbers for each fiscal year. Service areas proposed may be: a single county, multiple counties, or a sub-county region (one or more Medical Service Study Areas [MSSAs]). Awardees are encouraged to serve at least one rural MSSA[[12]](#footnote-13) within their county, if one exists within the county of service provision. Proposed service areas must meet eligibility requirements as set forth in [Part I, H, Eligibility Criteria](#_Eligibility_Criteria) to be considered. The approved service area and program reach will be determined in consultation with CDPH/MCAH after award.

Applicants are required to develop a plan for outreach and recruitment, which includes establishing and maintaining relationships with referral networks to ensure that youth who may benefit from AFLP services are presented with the opportunity to enroll in the program. Upon award, AFLP Awardees will conduct outreach activities within their communities to identify and recruit eligible youth into the program to meet and maintain required caseloads of 20 active AFLP youth per 100% FTE case manager (not to exceed 25 nor drop below 15).

AFLP Awardees will maintain a structured, interactive process to enroll eligible youth into the program. Prior to implementation, CDPH/MCAH will provide guidance and supporting tools, as described in [Exhibit A](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitA.pdf), including, but not limited to, outreach materials, tools for prioritizing enrollment, and a standardized consent form. As a voluntary program and due to laws that protect the confidentiality of minors with regard to services related to the prevention or treatment of pregnancy (CA Family Code § 6925), youth must consent to AFLP services for themselves and may withdraw their consent or exit the program at any time. No youth shall be required to obtain parental consent to receive AFLP services, regardless of age.[[13]](#footnote-14)

Awardees will agree to provide services in a manner that respects the beliefs, privacy, and dignity of the individual.

## Implement the Evidence-informed Positive Youth Development Model with Fidelity

Awardees will be required to maintain fidelity to the PYD Model ([Appendix 1c](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix1c.pdf)). Core components are the characteristics that must be kept intact in order for the program to produce its intended outcomes. They are categorized as follows:

1. **Content** refers to what is being delivered in the program. This includes the information, skills and messages that are provided. For example, AFLP case managers check in with youth on program priorities at each visit and engage in standardized activities. Detailed PYD guides, materials, and training will be provided by CDPH/MCAH as described in [Exhibit A](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitA.pdf).
2. **Pedagogy** refers to how the model is being delivered. It involves the case manager using motivational interviewing techniques to engage youth in face-to-face conversations. CDPH/MCAH will provide PYD and motivational interviewing training as described in [Exhibit A](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitA.pdf).
3. **Implementation/Logistics** refers to the conditions necessary for carrying out the model as intended. They include: model dosage/exposure (such as number of visits, the length of each visit, and frequency of visits), youth engagement in the program, and ensuring a safe, supportive, and confidential environment for visits.

Adaptations to a program are often needed and supported by CDPH/MCAH to better meet the needs of the target population, setting or local community. CDPH/MCAH anticipates that local agencies/case managers will adapt their programs to best meet the needs of the youth they serve while maintaining fidelity to the core components and program requirements and expects that adaptations of two (2) types will occur during implementation:

* **Planned adaptations** are *deliberate adaptations* made to the model for all participants before implementation in order to best meet the needs of the youth or local community being served. Examples include activities that are not included in the model, but align with the program goals and core components, such as adding a visit for every youth to complete a developmental screening for their child. Planned adaptations that do not alter the internal logic or change core components of the model will be considered and must be approved by CDPH/MCAH prior to implementation.
* **Unplanned adaptations** occur *unintentionally* (i.e., naturally occur during the course of implementation, usually in response to situational characteristics). These adaptations are typically at the participant level, such as adding additional visits to a phase to complete all required activities. Awardees will be required to document and report to CDPH/MCAH unplanned adaptations throughout implementation in the PYD Model fidelity documentation.

Awardees will be provided with tools and processes to monitor fidelity, including training on how to implement with fidelity and how to document successes, challenges, and adaptations.

## Complete Required Training and Professional Development

1. **CDPH/MCAH-Sponsored Training**

Awardees will be required to attend conferences and training provided by CDPH/MCAH on the PYD Model, motivational interviewing techniques, data collection, and data entry prior to implementation. For a detailed list of planned trainings that must be included in the proposed budget, refer to [Part IX. Contract Budget](#_Part_IX._Contract_1).

Throughout implementation, CDPH/MCAH will provide technical assistance to Awardees to address ongoing needs and understand best practice strategies. Opportunities for additional training, peer support, and sharing of best practices and/or areas for program improvement will be provided when necessary and available.

1. **Local Training and Professional Development**

Awardees will develop, implement, and maintain an AFLP-related training and professional development plan for staff to ensure that all staff have the capacity to implement the program. This will include, at a minimum, the following trainings:

1. Mandated reporting requirements and procedures
2. Reflective supervision (for supervisors)
3. Trauma informed approaches
4. Adverse childhood experiences
5. Case management fundamentals
6. Confidentiality of participant information
7. Developmental screening
8. Food and Drug Administration-approved medicines and devices for contraception
9. Strategies for discussing sensitive topics with youth, including: sexual health, adverse childhood experiences, healthy relationships, and intimate partner violence
10. Common legal needs and issues faced by the target population and processes to support youth in these areas, such as: confidentiality rights regarding medical services; rights to consent to the prevention or treatment of pregnancy and STIs; rights related to accessing financial support, services, resources or legal assistance (topics might include: emancipation, parental/custodial rights, educational rights, family violence, immigration, human trafficking, victim of crime services, protection orders, working with Child Protective Services, or others based on the needs)

Awardees are also required to periodically assess need for staff training and skill development and provide ongoing in-service education/training based on identified needs.

## Ensure Programming is Culturally and Linguistically Affirming

All AFLP staff must recognize, demonstrate respect for and respond proactively to diversity in backgrounds such as culture, ethnicity, race, gender, sexual orientation, linguistic abilities, values, preferences, beliefs, socioeconomic status, geographic location and identity of the young person and their family and community.9

Case managers must possess cultural humility and the linguistic skills to effectively work with youth in need of program services. Agencies providing AFLP in areas where a large volume of non-English speaking youth reside – who could benefit from programming – must ensure case managers speak the language required to provide linguistically appropriate services. Information and activities must be provided in a culturally and linguistically congruent and responsive manner for program participants.

Planned adaptations to address culture, language, and diversity will be submitted for CDPH/MCAH approval. Unplanned adaptations related to these factors will be recorded in the PYD fidelity documentation.

## Ensure Programming is Youth Centered

Youth availability for case management will vary based on their personal and educational journeys. Agencies must assess and accommodate the need and availability of the youth in their service area. Accommodations will include flexible hours of operation, including some evenings.

## Ensure Programming is Developmentally Appropriate

Youth vary in developmental abilities. Case managers must assess and respond appropriately to the developmental level of each youth, recognizing that physical, cognitive, social and emotional development vary greatly among adolescents and can be influenced not only by age, but also by a young person’s health history, environment and experiences.9 Information and activities must be provided in a developmentally-appropriate way for the target population(s).

Planned adaptations to address developmental factors will be submitted for CDPH/MCAH approval. Unplanned adaptations related to these factors will be recorded in the PYD fidelity documentation.

## Ensure Programming Complies with the CA Sexual Health Education Accountability Act

CDPH/MCAH will require Awardees to comply with the mandate of the CA Sexual Health Education Accountability Act (SHEAA), Health and Safety Code Section 151002(d) and submit a signed Agreement to attest program compliance as a condition of funding. By signing the Agreement, Awardees are acknowledging that CDPH/MCAH may monitor for compliance with the provisions of Health and Safety Code Sections 151000–151003 and may be subject to Contract termination or other appropriate action if it violates any condition of funding.

SHEAA requires that information provided to youth be medically accurate, current, objective, age-appropriate, culturally and linguistically appropriate, and 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. For additional details and definitions, refer to [Attachment 10](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment10.pdf). Awardees are required to acknowledge that program services, including information and materials shared with AFLP participants, comply with these criteria to the best of the Awardee’s knowledge. Awardees must share materials with CDPH/MCAH as requested.

## Ensure Adequate Staffing to Meet Program Requirements

1. **Required Staffing Pattern**

Awardees shall ensure a sufficient number of staff are available who have the knowledge, skills, and backgrounds necessary to complete all AFLP Cooperative Agreement requirements.

While staffing structures vary by agency size and the number of youth to be served, the AFLP staffing pattern must include, at a minimum, the staff and FTEs listed in [Table 4](#Table_4). This staffing pattern is designed to maximize program staff’s ability to implement the program effectively. Note that one individual may carry multiple roles, provided that minimum FTEs are followed for each role and all education and experience requirements are met. Additional FTE may be proposed per Awardee based on needs.

Only authorized positions, as listed in [Table 4](#Table_4) Minimum Staffing Pattern will be allowed on the AFLP budget. Administrative positions must be charged to indirect costs. General administration and general expenses, such as the salaries and expenses of executive officers, personnel administration, and accounting are considered indirect costs and will not be allowed on the AFLP budget.

Table 4. Minimum Staffing Pattern

| **Position** | **Minimum AFLP FTE Required** | **Maximum AFLP FTE Allowed** | **General Description of Role** |
| --- | --- | --- | --- |
| **AFLP Director** | 5% FTE | 5% FTE per FTE case manager | Responsible for overall implementation of AFLP and oversight of activities, budget, and staff, including but not limited to: monitoring the SOW, ensuring that staff are hired, deliverables are met, and reports are complete and submitted on time. |
| **AFLP Coordinator** | 0% (Optional) | 10% FTE per FTE case manager, not to exceed 50% | Coordinates outreach efforts, manages wait lists, and maintains collaborations and referral networks, among other duties. This individual assists with quality assurance, problem-solving, and tracking of site goals and progress. Additionally, the individual serves as a liaison between agency staff and CDPH/MCAH. |
| **AFLP Supervisor** | 20% FTE  For each 100% FTE AFLP case manager added, 20% additional FTE supervisor is required (corresponds to a supervisor to case manager ratio of 1:5). | 25% FTE per FTE case manager | Provides ongoing supervision and guidance to case manager(s), develops and implements the training and capacity building plan for staff, manages staff assignments, ensures that staff’s activities are completed and documented appropriately.[[14]](#footnote-15) |
| **AFLP Case Manager** | 100% FTE  The minimum AFLP case manager FTE per individual is 50% FTE (i.e., no more than two individuals can split 100% FTE). | 100% FTE | Provides case management, using the PYD Model, to 20 active AFLP youth per 100% FTE case manager and ensures that program activities are documented, and that required data is collected.  For continuity of care, agencies administering Cal-Learn are encouraged to split the case manager position 50/50. |
| **AFLP Data Entry** | 0% (Optional) | 15% per FTE case manager | Responsible for ensuring that program documentation and data is entered accurately and submitted through the management information system (MIS) per the AFLP Penelope User Manual. |
| **Youth Advisor** | 0% (Optional) | 25% FTE | Responsible for ensuring that expectant and parenting youth’s voice and need is incorporated across various agency activities. The youth advisor will support Quality Improvement (QI) efforts, assist the agency with addressing challenges, and inform decision to best meet the needs of youth in the program. The youth advisor will be responsible for participating in stakeholder forums and steering committees. The youth advisor will also participate in regularly scheduled webinars and meeting with CDPH/MCAH to provide input on model development and program requirements when needed. The youth advisor may assist with outreach activities that target AFLP youth. This paid position is optional, but highly encouraged. |

1. **Staff Qualities and Minimum Requirements**

Program staff’s attitudes, competencies, and skills in working with young people are critical to effectively serving expectant and parenting youth in this program. Staff qualities should include, but are not limited to: ability and willingness to respond to emerging information and training; ability and willingness to engage youth in the program; comfort and accuracy with discussing sexual health information; ability to work with populations affected by trauma; and ability to demonstrate a caring, respectful, and non-judgmental attitude in working with youth from diverse backgrounds, including, but not limited to, race/ethnicity, developmental ability, and sexual orientation.

Case managers must be able to develop supportive, positive, caring relationships that help youth recognize and build their strengths. Such relationships are characterized by: “simple, sustained kindness; compassion; trust; respect; being non-judgmental; showing interest; active listening; and getting to know the gifts of the young person.”7 Applicants are encouraged to refer to the Adolescent Sexual Health Workgroup (ASHWG) Core Competencies for Adolescent Sexual and Reproductive Health Programs/Services manual (available at [ASHWG.org](http://ashwg.org/)), including the human resources toolkit, to guide their recruitment, hiring, training, and evaluation of program staff.

AFLP sites must conduct appropriate, legally permissible, and mandated inquiries (as allowed within the state or province) of state or provincial criminal history records on all employees, subcontractors and volunteers who will have direct contact with AFLP participants or access to data involving AFLP participants. Local policies and procedures should include re-screening employees at various intervals during employment. State child abuse and neglect registries may be checked, and the information obtained from checking registries addressed in a manner that is legally permissible. Sites must be informed on all the latest requirements regarding background checks for employees. Legal counsel should be consulted with regard to appropriate use of background checks. Additional background check policies can be found within AFLP Policies and Procedures and in contract [Exhibit H](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitH.pdf), Contractor Data Security Standards.

Staff hired must meet the minimum education and experience requirements for their role as outlined in [Table 5](#Table_5). Note that experience obtained during the course of an educational program may contribute toward the experience requirements. In the event that Applicants have demonstrated exhaustive efforts to hire according to minimum requirements without success, CDPH/MCAH will work individually with sites to address hiring of qualified staff.

Table 5. Staff Education and Experience

| **Position** | **Minimum Education and Experience Requirements** |
| --- | --- |
| **Director** | * Possess a Master’s degree from an accredited college or university program in social work, public health, nursing, education, health education, or other health related or social science field; and * Two (2) years managerial and/or supervisory experience in a health or social services setting*.*   *Note: An automatic exemption to the education requirements will be granted for those individuals who hold the Maternal, Child and Adolescent Health Director position at a local health agency.* |
| **Coordinator (optional)** | **Option A:**   * Possess a Master’s degree from an accredited college or university program in social work, public health, nursing, education, health education, or other health related or social science field.   **Option B:**   * Possess a Bachelor’s degree from an accredited college or university program in social work, public health, nursing, education, health education, or other health related or social science field; and * Three (3) years of experience coordinating and implementing health or social programs in communities, schools, etc.   **Option C (for combined Coordinator/Supervisor role only):**   * Five (5) years of case management experience; and * Three (3) years of experience working with youth in a professional or academic capacity. |
| **Supervisor** | **Option A:**   * Possess a Master’s degree from an accredited college or university program in social work, public health, nursing, education, health education, or other health related or social science field; and * One (1) year of case management experience.   **Option B:**   * Possess a Bachelor’s degree from an accredited college or university program in social work, public health, nursing, education, health education, or other health related or social science field; and * Three (3) years of case management experience and/or and implementing health or social programs in communities, schools, etc.   **Option C:**   * Five (5) years of case management experience; and * Three (3) years of experience working with youth in a professional or academic capacity. |
| **Case Manager** | **Option A:**   * Possess a Bachelor’s degree from an accredited college or university program in social work, health services administration, nursing, education, health education, or other related health or social science field; * One (1) year of experience with case management; and * One (1) years of experience working with youth in a professional or academic capacity.   **Option B:**   * Three (3) years of case management experience; and * Two (2) years of experience working with youth in a professional or academic capacity. |
| **Data Entry (optional)** | * Possess a high school diploma or completion of General Education Development (GED). |
| **Youth Advisor (optional)** | **Option A:**   * 22 years and younger * Expectant or parenting youth * AFLP participant or graduate   **Option B:**   * 22 years and younger * Expectant or parenting youth * Cal Learn participant or graduate   **Option C:**   * 22 years and younger * Expectant or parenting youth * Graduated from a program in the service agency |

1. **Timeline for Staffing**

To ensure that AFLP Awardees are able to attend and participate in required conferences, trainings and planning activities, the following timelines are in place for hiring of key staff to implement AFLP:[[15]](#footnote-16)

1. AFLP Director, Coordinator, and Supervisor(s): September 1, 2020
2. Case managers, data entry staff: October 1, 2020

If and when there is staff turnover, CDPH/MCAH must be notified within five (5) business days of vacancy and five (5) days before hire of supervisor or administrative staff (director/coordinator). Details related to hiring and transition planning will be provided in the AFLP Policies and Procedures.

## Establish and Maintain Collaborative Efforts and Provider Networks

1. **Local Stakeholder Coalition or Collaborative (LSC)**
2. AFLP Awardees will be required to coordinate and/or participate in regular, no less than quarterly meetings with at least one (1) LSC. The purpose of the LSC is described below.
   * Develop relationships with community partners that contribute to the success of youth in the program and sustainability of AFLP services.
   * Identify strategies to seek and maintain community support for expectant and parenting youth and the services provided through AFLP.
   * Raise awareness among members of the community on the challenges associated with adolescent childbearing and identify strategies to support expectant and parenting youth and their families.
   * Identify opportunities for youth input and community involvement.
   * Increase awareness of the importance of providing expectant and parenting youth with access to needed services (when possible, that are youth-friendly in nature), including medical care, nutrition and reproductive health services; academic and vocational support; child care and other child development resources.
3. The LSC may include representatives from the following backgrounds:
   * Previous/current AFLP providers and/or Cal-Learn/CalWorks providers
   * Local adolescent sexual health and pregnancy prevention programs, including, but not limited to, CA Personal Responsibility Program (CA PREP) and Information and Education Program (I&E)
   * Schools and educators (e.g., alternative schooling options, institutes of higher learning, vocational programs)
   * Local Maternal, Child and Adolescent Health Director or public health designee
   * Women, Infants and Children (WIC) Program and other nutrition/food services
   * Behavioral and mental health providers
   * Family PACT (Family Planning, Access, Care and Treatment) and Medi-Cal providers (preventive, obstetrics/Comprehensive Perinatal Services Program [CPSP])
   * Behavioral and mental health providers
   * Well-child care, child care programs, and child development services (e.g., Head Start and Early Start)
   * Social service providers (e.g., those who provide adolescents with services related to affordable housing, homelessness, substance use/abuse, intimate partner violence)
   * Foster care, such as county/state agencies and/or private organizations/providers
   * Former AFLP participants
   * AFLP Youth Advisor
   * Youth from the target population and/or their parents/guardians (e.g., youth who have graduated from AFLP)
4. Other service providers for expectant and parenting youth or CDPH/MCAH populations (e.g. youth-service and/or youth development organizations), local government representative(s) or designee(s), local business community (e.g., businesses that serve and/or employ youth, Chamber of Commerce), law enforcement, parks and recreation, faith-based community and/or service organizations (e.g., Rotary, Lions, Soroptomists, and Shriners).

Engaging local stakeholders can result in sustainable efforts to improve the community environment and outcomes for expectant and parenting youth and their families. Applicants are strongly encouraged to work directly with local stakeholders in developing their RFA application and collaborate with them to identify the highest-need population(s) within the county, the location(s) of target population(s) within the county, and the proposed service location(s).

1. **Referral Networks**

Awardees will develop and maintain formal and informal partnerships with youth-friendly health, social and academic/vocational service providers to do the following:

1. Recruit and enroll eligible youth to maintain a required caseload of 20 youth per 100% FTE case manager (not to drop below 15 nor exceed 25). Developing relationships with community providers is an important strategy to assist Awardees with referrals and enrollment into AFLP.
2. Establish linkages and create networks for expectant and parenting youth and their families so that referrals and access to such services may be provided based on the needs of AFLP participants.

Providers include, but are not limited to, Family PACT, WIC, child care, schools, housing assistance programs, child development services (including Head Start), Medi-Cal, CPSP, primary preventive care and well-child care. Refer to the list above [(Part III. I, 1)](#_Establish_and_maintain) for additional examples of providers.

## Participate in Required Monitoring, Evaluation and Continuous Quality Improvement Activities

Awardees (staff outlined in the minimum staffing pattern in [Part III. H, 1](#_Ensure_adequate_staffing)) will participate in the AFLP monitoring and evaluation activities described below; Awardees do not need to have an outside evaluator to perform or meet evaluation requirements outlined in this RFA.

1. **Implementation and fidelity monitoring:** Awardees are required to monitor implementation of the SOW, collect and submit program data, and monitor fidelity to the PYD Model. Methods of tracking fidelity may include chart reviews, observations, tracking of fidelity measures--among others to be determined by CDPH/MCAH. Awardees will participate in any state CDPH/MCAH requested site visits, interviews and observations of program delivery.
2. **Case manager competencies:** AFLP case managers shall possess knowledge and skills as described in [Part III. H, 2](#staffminreqts). CDPH/MCAH may assess key competencies through surveys of case managers and supervisors.
3. **Youth experiences and outcomes:** AFLP services shall be interactive, engaging, respectful, and culturally congruent and sensitive so participants can become invested in the program, feel safe in their environment, and benefit from services provided. Awardees will be required to administer surveys or questionnaires to participants. Surveys or other forms of required data collection will be provided to Awardees by CDPH/MCAH.
4. **QI efforts:** Awardees are required to engage in regular quality improvement activities to ensure all implementation activities (including data collection) meets minimum standards as defined by CDPH/MCAH. This includes, but is not limited to, development of an internal QI team, compiling and review of programmatic data, identification of quality improvement goals, implementation of needed steps to achieve those goals, and participation on QI calls with CDPH/MCAH staff that are held monthly, quarterly, or as requested by CDPH/ MCAH.
5. **Other evaluation activities:** Awardees are required to participate in any evaluation activities that improve the quality or demonstrate the effectiveness of AFLP programming as directed by CDPH/MCAH. These activities may include participation in interviews, focus groups, surveys, and/or site visits.

## Comply with Administrative, Program Management, Reporting and Other Requirements

The AFLP Awardee fulfills administrative and management functions necessary to achieve the goals of AFLP and to meet the contractual requirements of CDPH/MCAH.

1. **Scope of Work:** The AFLP SOW ([Exhibit A](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitA.pdf)) outlines the requirements of AFLP. It describes the expectations of AFLP providers, including: the goals and objectives for program management, infrastructure, implementation, and oversight, and deliverables/performance measures for the project period. Awardees will be required to comply with the requirements stated in the AFLP Policies and Procedures, PYD Model Implementation Manual, AFLP Data Collection Manual, Penelope User Manual and the CDPH/MCAH Fiscal Policies and Procedures Manual. These documents are provided to Awardees and/or updated as necessary for each SFY[[16]](#footnote-17) of the Cooperative Agreements.
2. **Meetings, Trainings, and Site Visits**
3. Awardees shall attend all trainings, workshops and conferences as directed by CDPH/MCAH.
4. Awardees shall participate in regular program discussions and meetings as determined by CDPH/MCAH.
5. CDPH/MCAH will perform, at its discretion and in coordination with the agency, formal and/or informal site visits. The site visits will be conducted to monitor implementation activities and fidelity to the PYD Model, provide technical assistance, and ensure compliance with the Contract.
6. **Material Development, Use, and Approval Process**
7. All documents (e.g., print, video, audio, radio or television public service announcements) produced, reproduced or purchased under the Contract shall be approved by CDPH/MCAH before duplication, production, distribution, or use. Further guidance will be provided by CDPH/MCAH in the AFLP Policies and Procedures.
8. The Awardee shall acknowledge CDPH/MCAH on all materials produced under this Cooperative Agreement.
9. CDPH/MCAH will retain copyright ownership for any and all original materials produced with CDPH/MCAH Contract funding; refer to [Exhibit D](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitD.pdf), 6 for details.
10. **Implementation Plan, Reports, and Audit Requirements**
11. **Implementation Plan:** The AFLP Implementation Plan will be developed by Awardees in the first year of the Contract. The Implementation Plan includes, but is not limited to, staff development plans, supervision plans, and recruitment and retention plans. More details are outlined in the SOW, in [Exhibit A](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitA.pdf), and Implementation Plan. Instructions will be provided upon award. The Implementation Plan is due on October 15, 2020. Sites will work with CDPH/MCAH to review the plan and obtain approval by January 1, 2021. Updates will be submitted annually with the annual report, described below.
12. **Annual Report:** The Annual Report collects information and data for evaluation, analysis, and monitoring of program performance and program objectives. Components include, but are not limited to, reports and updates related to service area and reach, training logs, staffing information, and fidelity and outcome data. All Awardees are required to complete the AFLP Annual Report using the CDPH/MCAH Annual Report Template and submit them on or before their due date, determined by CDPH/MCAH. This report is due on September 15 for each year of the Contract, except for the final Contract year.
13. **Closeout Report:** The Closeout Report collects information and data for evaluation, analysis, and monitoring of program performance and program objectives. Components include, but are not limited to, reports and updates related to service area and reach, training logs, staffing information, and fidelity and outcome data. All Awardees are required to complete the AFLP Closeout Report using the CDPH/MCAH Closeout Report Template and submit them on or before their due date, determined by CDPH/MCAH. This report is due on June 30, 2023.
14. **Single Organization-wide Financial and Compliance Audit:** Awardees must, if applicable, comply with the Single Audit Act and the audit reporting requirements set forth in 2 CFR (Code of Federal Regulations) Part 200 Subpart F – Audit Requirements.
15. **Other Reports:** Awardees shall participate in the collection, monitoring and reporting of program implementation and outcomes as determined by CDPH/MCAH. Awardees may be required to complete and submit other CDPH/MCAH performance and/or financial reports.
16. **Data Privacy, Security and Ownership Requirements**

Awardees have the following responsibilities concerning the collection, maintenance and use of AFLP program data.

1. **Data ownership:** CDPH owns all AFLP data collected by Awardees under established agreements.
2. **Ensure informed consent for program participants and notify participants of their rights and responsibilities of program participation:** Awardeesmust ensure that potential AFLP participants engage in an informed consent process prior to agreeing to participate in the program. As each Awardee may be bound by separate laws related to treatment and privacy (including the Health Insurance Portability and Accountability Act [HIPAA]), consents for program participation should be specific to each Awardee’s requirements. Additionally, Awardees must provide and review with each participant the CDPH/MCAH Rights and Responsibilities of Program Participation form which outlines how their data will be used and how their privacy will be protected.
3. **Protect the privacy and confidentiality of participants:** All Awardees must protect the privacy and confidentiality of AFLP participants, including when entering and managing data. Awardees must retain a signed confidentiality agreement for each staff member that must be renewed annually. These agreements must be retained for a CDPH audit for a period of three years following the end of the funding agreement between CDPH/MCAH and the Awardee. Specific responsibilities related to the privacy and confidentially are outlined in [Exhibit G](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitG.pdf), CDPH Information Privacy and Security Requirements (For Non-HIPAA/Health Information Technology for

Economic and Clinical Health Act Contracts), included in contracts between CDPH and Awardees.

1. **Maintain integrity of CDPH services, data and databases:** There are important limitations on Awardee’s use of AFLP program data. Participants provide consent for their data to be used by program providers to provide AFLP services and for the monitoring and evaluation of those services. As such, Awardees may not link individual records from program data with information from any other data source or support or conduct research on AFLP program participants beyond the contracted AFLP Scope of Work without written review and approval from CDPH/MCAH.

# Part IV. Application Submission Process

## Internet Access for RFA Documents

All documents related to this RFA can be downloaded from the [AFLP RFA website](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx). It is the Applicant’s responsibility to visit the website on a regular basis for current postings and any addenda that may occur. This includes:

1. RFA document, attachments, appendices and exhibits
2. Important notifications concerning the RFA and process, such as addenda
3. Award announcements

## Applicant Questions and Reporting of Errors in the RFA

CDPH/MCAH will accept questions and reporting of errors related to the RFA. Questions may include, but are not limited to, the services to be provided for the RFA and/or its accompanying materials, instructions, or requirements. **All Applicants, including current AFLP Awardees, must adhere to the following process to submit a question.**

1. **How to Submit Questions or Report an Error in the RFA**
2. Submit questions or errors by email to [AFLP\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) with the subject line: AFLP RFA Question(s) or AFLP RFA Error(s). Verbal questions will not be accepted.
3. CDPH/MCAH will send an email to confirm receipt of written questions. If confirmation is not received, Applicants may resubmit or call (916) 650-0376 prior to the stated deadline to confirm receipt by CDPH/MCAH.
4. Questions shall be submitted to CDPH/MCAH by the deadline listed in [Part I. J, RFA Key Action Dates](#_Proposed_RFA_Timeline).
5. Errors in the RFA or its instructions may be reported up to the application submission due date.
6. **What to Include in an Inquiry**
7. Name of inquirer, name of organization being represented, mailing address, area code and telephone number, and email address;
8. A description of the subject, concern, or issue in question or RFA discrepancy found;
9. RFA section, page number and other information useful in identifying the specific problem, concern, or issue in question; and
10. Proposed remedy sought or suggested, if any.
11. **Response by CDPH/MCAH**
12. CDPH/MCAH reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/MCAH may consolidate and/or paraphrase similar or related inquiries.
13. Questions and answers received through the process outlined will be published on the [AFLP RFA website](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx) on the date listed in [Part I. J, RFA Key Action Dates](#_Proposed_RFA_Timeline). Verbal questions will not be accepted. All questions must be transmitted in written form according to instructions in [Part IV, B. 1 and 2](#_Applicant_Questions_and).
14. CDPH/MCAH may issue addenda to address errors in the RFA until the application submission deadline. These will be posted on the [AFLP RFA website](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx).

Applicants that fail to report a known or suspected problem with the RFA and/or its accompanying materials or fail to seek clarification and/or correction of the RFA and/or its accompanying materials shall submit an application at their own risk. In addition, if an award is made, the successful Applicant shall not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, misinterpretation or error.

## Voluntary RFA and PYD Model Webinar

CDPH/MCAH will hold a voluntary RFA and PYD Model Webinar. On the call, CDPH/MCAH staff will review the RFA process, eligibility, and funding and provide a program overview.

**Attending the Webinar**

1. Prospective Applicants should thoroughly review and be familiar with this RFA prior to the webinar.
2. Prospective Applicants are invited to join the Voluntary RFA and PYD Model Webinar on the date listed on the [Part I. J, RFA Key Action Dates](#_Proposed_RFA_Timeline).
3. The log-in/call-in information will be available, no later than one week before the webinar date, on the [AFLP RFA website](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx).

## Voluntary Non-Binding Letter of Intent

Prospective Applicants are highly encouraged to voluntarily indicate either their intention to submit an application or to indicate the reason(s) for not submitting an application. Failure to submit the Letter of Intent will not affect the acceptance of any application. The Letter of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent is submitted. For the due date, refer to [Part I. J, RFA Key Action Dates](#_Proposed_RFA_Timeline).

**Submitting a Letter of Intent**

1. Use [Attachment A](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-AttachmentA.docx) for this purpose.
2. The Letter of Intent must be emailed to [AFLP\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov?subject=Voluntary%20Non-Binding%20Letter%20of%20Intent) with the subject line: Voluntary Non-Binding Letter of Intent.
3. The Letter of Intent must be received by the date and time listed on the [Part I. J, RFA Key Action Dates](#_Proposed_RFA_Timeline).
4. Applicants submitting a Letter of Intent are responsible for confirming the receipt of all materials transmitted to CDPH/MCAH by the stated deadline. CDPH/MCAH will send an email to confirm receipt of the Letter of Intent. If confirmation is not received, Applicants may resubmit or call (916) 650-0376 prior to the stated deadline to confirm receipt by CDPH/MCAH.

## Application Submission Process

1. **General Instructions**
2. Develop applications by following all RFA instructions and/or clarifications issued by CDPH/MCAH, including in the form of question and answer notices, clarification notices, Administrative Bulletins, or RFA addenda.
3. Before submitting an application, seek timely written clarification of any requirements or instructions that seem vague, unclear or that are not fully understood.
4. In preparing an application, all narrative portions should fall within specified page limits, be straightforward, detailed and precise. CDPH/MCAH will determine the responsiveness of an application by its quality, not its volume, packaging or colored displays.
5. Use forms and templates (attachments) provided and follow any instructions provided within the attachments.
6. Arrange for the timely delivery of the application package(s) to the address specified in this RFA, no later than the date listed in [Part I. J, RFA Key Action Dates](#_Proposed_RFA_Timeline).
7. **Format Requirements**

Format the application as follows:

1. Print single-sided on 8.5 X 11-inch white paper.
2. Use one-inch (1”) margins at the top, bottom and both sides.
3. Use Calibri or Times New Roman 12 point font and 1.15 line spacing.
4. **Application Submission Content**

Note: All Attachments that Applicants must reference and complete are posted on the [AFLP RFA website](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx) and must be downloaded; they are not included within this document.

**Each application must include the following:**

1. Application Cover Page ([Attachment 1](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment1.docx))

* A person authorized to bind the Applicant must sign the Application Cover Page. If the Applicant is a corporation, a person authorized by the Board of Directors must sign the Application Cover Page. If the Applicant is a local government agency, a person authorized by the Board of Supervisors must sign the Application Cover Page.

1. Application Checklist ([Attachment 2](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment2.docx))
2. Organization Chart ([Attachment 3](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment3.pdf))
3. Program Reach Worksheet ([Attachment 4](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment4.xlsx))
4. Staffing Pattern Worksheet ([Attachment 5](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment5.docx))
5. AFLP Local Stakeholder Coalition Roster ([Attachment 6](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment6.docx))
6. Letters of Support ([Attachment 7](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment7.pdf))
7. Budget Template ([Attachment 8](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment8.xlsx))
8. Agency Information Form ([Attachment 9](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment9.xlsx))
9. Attestation of Compliance Sexual Health Accountability ([Attachment 10](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment10.pdf))
10. If applicable: Certification to Select Title XIX ([Attachment 11](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment11.pdf))
11. Audited financial statements for the past two (2) years

* Only audited financial statements that have been reviewed by a professional certified accounting firm are acceptable. All noted audit exceptions must be fully explained.

1. Proof of Insurance (Certificate of Insurance or Letter of Self-Insurance)

* Commercial General Liability: Awardee shall maintain general liability with limits not less than $1,000,000 per occurrence for bodily injury and property damage combined with a $2,000,000 annual policy aggregate. Upon award, proof of automobile, worker’s compensation, and employer’s liability insurance will be required.
* Additional insured endorsement language must accompany the certificate of insurance. The additional insured language is as follows: “The State of California, its officers, agents, and employees are included as additional insured, but only with respect to work performed for the State of California under the Contract.” This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.

1. If applicable: Proof of Nonprofit Status

* Nonprofit organizations must prove they are legally eligible to claim “nonprofit” and/or tax-exempt status by submitting a copy of an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status.

1. If applicable: Proof of Corporate Status

* If the Applicant is a Corporation, a copy of the organization’s current and active Certificate of Status issued by State of CA, Office of the Secretary of State. Do not submit copies of the organization’s Bylaws or Articles of Incorporation.

1. If applicable: Applicants who represent a school district must submit proof of tax-free transactions by the Internal Revenue Service.
2. **Application Assembly, Signatures, and Original and Duplicate Sets**

Applicants must:

1. Assemble their applications in the order shown in the Application Checklist. Applications with missing documents or partially completed documents may be deemed non-responsive. **Non-responsive applications will be considered incomplete and will be rejected from consideration.**
2. Sequentially paginate the pages in each section of the application.
3. Bind the application in the upper left-hand corner in a way that enables easy copying.
4. Submit one (1) original application and three (3) copies or sets, and (1) one accompanying electronic version submitted on a compact disc (CD) containing all application documents or as a .zip file sent to [AFLP\_RFA@cdph.ca.gov](file:///C:/Users/skabadi/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/0E22A6TE/AFLP_RFA@cdph.ca.gov). All applications must ensure that all copies (hard and soft) match.

* The original application set must be marked “**Original**.”
* All duplicate copies must be marked “**Duplicate**.”
* Application materials that are submitted, will not be returned to the Applicant.

1. The person authorized to bind the Applicant must sign each RFA attachment that requires a signature.

* RFA attachments that require a signature must be signed in blue ink. Signature stamps are not acceptable.
* Duplicate copies may reflect photocopied signatures.
* Signatures may be omitted from the accompanying electronic version.

1. **Application Delivery**
2. Applications must be postmarked or hand-delivered by **4:00 pm on January 10, 2020. Late applications will not be reviewed or scored.**
3. Applications must be labeled and submitted by U.S. Mail, Express Mail, or may be hand-delivered to CDPH/MCAH staff (methods and addresses are listed below). Applications that are emailed or faxed will not be accepted.

RFA Delivery Methods

|  |  |  |
| --- | --- | --- |
| **U.S. Mail** | **Express Mail** | **Hand Delivery** |
| **ATTN: AFLP RFA #20-10014**  CA Department of Public Health  Maternal, Child and Adolescent Health Division  P.O. Box 997420, MS 8305  Sacramento, CA 95899-7420 | **ATTN: AFLP RFA #20-10014**  CA Department of Public Health  Maternal, Child and Adolescent Health Division  1615 Capitol Avenue  Suite 73.560, MS 8305  Sacramento, CA 95814 | **ATTN: AFLP RFA #20-10014**  CA Department of Public Health  Maternal, Child and Adolescent Health Division  1615 Capitol Avenue  Suite 73.560, MS 8305  Sacramento, CA 95814  Telephone: (916) 650-0300 |

1. If choosing hand delivery, allow sufficient time to locate on street metered parking and sign-in at the security desk. Have the building lobby security officer call

(916) 650-0300 between 9:00 AM and 4:00 PM (Monday through Friday) and ask to have a CDPH/MCAH representative receive the document.

1. Applicant Warning:
   * + - CDPH/MCAH’s internal processing of U.S. mail may add 72-96 hours or more to the delivery time. If mailing an application, consider using certified or registered mail and requesting a receipt upon delivery.
       - CDPH/MCAH is not responsible for lost mail or failure to submit a timely application.
2. **Applicant Costs**

Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be charged to CDPH/MCAH or included in any cost element of an Applicant’s proposed budget.

# Part V. Program Narrative and Corresponding Attachments

**General Instructions**

* Follow all requirements below carefully, including designated page limits. Attachments are not included in the page limits for the sections.
* Begin each capital lettered section (e.g., *A. Need in Proposed Service Area*) on a new page so reviewers can assess if page limit requirements for the section were met. Identify each section in your response with corresponding letters and numbers.
* All Applicants selected for award will work collaboratively with their CDPH/MCAH Program Consultant prior to launch of program activities to ensure the feasibility and success of their AFLP activities, including revising proposed activities, if needed.
* MCAH reserves the right to dismiss an application if submission and formatting requirements are not met.

## **Need in Proposed Service Area** **(18 points)**

Page limit: 1

Required Attachments: None

1. Define the specific geographic area that this project will serve, including the population of expectant and parenting youth in this area. [[17]](#footnote-18),[[18]](#footnote-19)
2. Describe how your intended target population will benefit from AFLP.
3. Describe any existing case management, home visitation, or similar programs, excluding Cal-Learn, in your community. In your description include, at a minimum: the eligibility criteria, geographic service area, and estimated number of expectant and parenting youth age 21 and younger served by the program(s). Identify gaps in services that the proposed AFLP will fill.

## **Agency Experience and Organizational Capacity** **(33 points)**

Page limit: 4

Required Attachments: [Attachment 3](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment3.pdf), Organization Chart

1. Describe the applying organization and how the organizational structure will support AFLP. Provide a copy of the organization chart of the proposed AFLP program within the agency structure, including Subcontracts or multiple sites, if applicable.
2. Describe how the organization’s mission and goals align with the goals of AFLP and how the organization has demonstrated a commitment to the PYD Model Guiding Principles (located in [Appendix 1b](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix1b.pdf)).
3. Describe the Applicant’s strengths, experience (include number of years), and capacity related to the following:
4. Providing case management or other social support services for expectant and parenting youth.
5. Using motivational interviewing strategies, strength-based approaches, and trauma-informed approaches.
6. Implementing evidence-informed or evidence-based interventions with fidelity.
7. Recruiting, building capacity, and retaining direct service staff that effectively support youth.
8. Collecting data, conducting data-informed quality improvement, and engaging in program evaluation.
9. Applicant Resources and Challenges
10. Share any unique resources, services, service setting, or leadership offered by the Applicant that could benefit expectant and parenting youth. Describe how these resources will benefit AFLP participants.
11. Describe the relationship between the Applicant and the county Cal-Learn provider, including how the implementation of Cal-Learn has historically intersected with the implementation of AFLP. Include in the description the plan to ensure youth are enrolled in the appropriate program and support continuity of care if youth transitions between programs.
12. For state or federally-funded case management, home visiting or other adolescent-serving programs implemented by the Applicant, provide a list of the programs and the corresponding awarding agency. Applicants may include this information in the narrative or as a clearly labeled supplemental attachment at the end of the application. If included as a supplemental attachment, it will not count towards the page limit for this section but will be considered in the reviewer scoring.

In the narrative, report any instances where the Applicant has been out of program or fiscal compliance for state or federal case management, home visiting or other adolescent-serving programs in the past three years. If this has not occurred, please state this has not occurred.

If this has occurred, provide a description of the context (by whom, when, and why) and explain any corrective action and/or changes that the organization made as a result. This information can be included in the narrative or as a supplemental attachment clearly labeled at the end of the application. If included as a supplemental attachment, it will not count towards the page limit for this section but will be considered in the reviewer scoring.

CDPH reserves the right to verify and any contradictory information obtained by CDPH, which may result in the elimination of points for this question and or disqualification from the application process.

## **Implementation Plan** **(36 points)**

Page limit: 3

Required Attachments: [Attachment 4](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment4.xlsx), Program Reach Worksheet and [Attachment 5](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment5.docx), Staffing Pattern Worksheet

1. Program Reach[[19]](#footnote-20): Complete the *State Method* column in [Attachment 4](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment4.xlsx), Program Reach Worksheet to determine the Applicant’s maximum program reach for each fiscal year using the CDPH/MCAH’s pre-determined formulas and factors. If after determining the *State Method* the Applicant wishes to propose a higher program reach than what auto-populates under *State Method,* complete the *Local Method* column or use another method of determining a program reach for each fiscal year. Applicants doing this must (1) indicate their estimated program reach for each fiscal year and (2) provide a clear justification of how their proposed program reach was determined that addresses the following factors (using data from [Appendix 2](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix2.pdf), Population and Community Need Data, and local data or experiences):
2. The estimated number of expectant and parenting female youth in the proposed service area, by MSSA (see [Appendix 2](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix2.pdf) for the projected population in 2020 by county and MSSA).
3. The inclusion of male youth in their program.
4. The quality and effectiveness of recruitment and retention efforts.
5. The impact of the declining ABR on future eligible populations ([see Appendix 2](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix2.pdf)).
6. The scope of any case management, home visitation, or similar program serving expectant and parenting youth 21 years of age and under in your proposed service area (information to help agencies estimate the impact of the Cal-Learn program on their eligible population is provided in [Appendix 2](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix2.pdf)).
7. Recruitment
8. Describe the outreach and recruitment strategies that will be used to reach the proposed number of youth; strategies to reach male youth, if applicable; which partners the Applicant will work with and anticipated number of referrals from each; and how you will coordinate with existing programs and resources within the community.
9. If the area is a county or multi-county geography, Applicants must describe their plans to provide outreach throughout the county/counties, ensuring that all eligible youth have an equal opportunity to receive AFLP services. If the area is a sub-county geography, Applicants must describe how they will effectively enroll and serve youth from the proposed service area.
10. If other services, such as home visiting or case management programs (excluding Cal-Learn) are available within the proposed service area, per response in A2, describe how the Applicant will minimize duplication of services and ensure that youth are served by the program that best meets their needs.
11. Implementation of Program Services: Describe how the Applicant will structure the program to ensure youth will consistently receive twice per month visits in locations that are safe, supportive and confidential.

In the response, the Applicant should address:

1. The size of the proposed service area, other geographic factors that make it conducive or challenging to providing services, and strategies to maximize effectiveness.
2. How the proposed program will be structured to ensure that meeting places and visit schedules are youth-friendly.
3. Any strategies for establishing high and realistic expectations around program participation and encouraging consistent youth engagement, including, but not limited to processes for scheduling, tracking, and reminding youth of visits.
4. Staffing and Management Plan
5. Demonstrate that the director, coordinator, supervisor, case managers and overall staffing pattern meet or exceed the minimum requirements specified in [Part III. H](#_Ensure_adequate_staffing) by including each staff person proposed in [Attachment 5](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment5.docx), Staffing Pattern Worksheet. If staff are not currently in place, describe the plan and requirements for staff hired. Ensure total case management FTE corresponds to

proposed program reach as outlined in the [Attachment 4](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment4.xlsx), Program Reach Worksheet.

1. Describe the plan for maintaining and increasing staff competency in working effectively with expectant and parenting youth. In the description, include training, supervision and quality improvement processes designed to ensure optimal delivery of AFLP services.

## **Community Engagement, Referral Network and Letters of Support (15 points)**

Page limit: 1

Required Attachments: [Attachment 6](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment6.docx), AFLP Local Stakeholder Coalition or Collaborative Roster and [Attachment 7](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment7.pdf), Letters of Support (3 letters required)

1. Community Engagement: Describe experience and plans to address the requirement to coordinate and/or participate on the LSC. Include a roster of current and/or potential members for the LSC ([Attachment 6](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment6.docx)).
2. Referral Network: Describe the current and anticipated partnerships that will support the agency in connecting expectant and parenting youth with needed services, such as Family PACT, WIC, child care, schools, legal services, housing assistance programs, child development services (including Head Start), Medi-Cal / CPSP, pre/postnatal care, primary preventive care and well-child care, and mental health services.
3. Letters of Support: Three (3) letters of support are required. Applicants may provide no more than five (5) letters of support. The Applicant must include in the narrative a list of the organizations that are providing letters of support. Each letter of support should indicate not only unconditional support of the applying organization and the application itself, but also describe how the signee intends to support the effort of the applying organization should they be selected. Refer to [Attachment 7](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment7.pdf), Letters of Support, for details and instructions on required letters of support.

## **Proposed Budget (9 points)**

Page limit: 1

Required Attachments: [Attachment 8](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment8.xlsx), Budget Template (Three tabs: FY 20-21, FY 21-22 and FY 22-23)

1. Budget: Complete a budget template for each fiscal year, and if applicable, complete a Subcontract budget for each fiscal year.
2. Budget Description:
3. Describe the fiscal management, accounting processes and budgetary controls that will ensure funds are managed responsibly. If applicable, include a description of the proposed matching funds and/or in-kind contributions and the extent these funds are appropriate and acceptable.
4. Indicate if a Subcontract is being proposed. If yes, provide a justification of why a Subcontract is necessary to support implementation of AFLP.

# Part VI. Evaluation and Selection

## First Stage

1. The application checklist and application package will be reviewed to ensure that Applicants (a) meet the RFA eligibility criteria described in [Part I. H, Eligibility Criteria](#_Eligibility_Criteria), and (b) submitted all requirements as described in [Part IV. E, Application Submission Process](#_Application_Submission_Process).
2. In addition to any condition previously indicated in this RFA, the following occurrences may cause CDPH/MCAH to deem an application non-responsive or to withdraw points:
3. Failure of the Applicants to meet application format/content or submission requirements including, but not limited to the labeling, packaging and/or timely and proper delivery of applications.
4. If an Applicant submits an application that is materially incomplete or contains material defects, alterations or irregularities of any kind.
5. If an Applicant supplies false, inaccurate or misleading information or falsely certifies program or fiscal compliance on any RFA response. CDPH reserves the right to verify information supplied by the Applicant.
6. If CDPH/MCAH determines, at any stage of the selection process or upon Agreement award, that the Applicant is unwilling or unable to comply with the Contractual terms, conditions and exhibits cited in this RFA or the resulting Agreement.
7. If other irregularities occur in an application response that is not specifically addressed herein.

## Second Stage

1. **Scoring System**

Evaluation of the application will be based on the quality and appropriateness of the responses and elements in the [Part V, Program Narrative and Corresponding Attachments](#_Part_V._Program). Scores will be based on the application’s adequacy, thoroughness, and the degree to which it complies with the RFA requirements, meets CDPH/MCAH’s program needs, and demonstrates capacity to implement the PYD Model and effectively serve expectant and parenting youth in CA. Points for each question will be based on the following point scoring system as described in Tables 6 – 12.

Table 6. Point Scoring System for Responses Worth 3 Points

|  |  |  |
| --- | --- | --- |
| **Points** | **Interpretation** | **General basis for point assignment** |
| 0 | Inadequate | Application response (i.e., content and/or explanation offered) is inadequate or does not meet CDPH/MCAH’s needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable. |
| 1 | Barely Adequate | Application response (i.e., content and/or explanation offered) is barely adequate or barely meets CDPH/MCAH’s needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are inconsequential and acceptable. |
| 2 | Fully Adequate | Application response (i.e., content and/or explanation offered) is fully adequate or fully meets CDPH/MCAH’s needs/requirements or expectations. The flaw(s), or defect(s), if any, are inconsequential and acceptable. |
| 3 | Excellent or Outstanding | Application response (i.e., content and/or explanation offered) is above average or exceeds CDPH/MCAH’s needs/requirements or expectations. Minimal weaknesses are acceptable. Applicant offers one or more enhancing feature, method or approach that will enable performance to exceed CDPH/MCAH’s basic expectations. |

Table 7. Point Scoring System for Responses Worth 6 Points

| **Points** | **Interpretation** | **General basis for point assignment** |
| --- | --- | --- |
| 0 | Inadequate | Application response (i.e., content and/or explanation offered) is inadequate or does not meet CDPH/MCAH’s needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable. |
| 1 - 2 | Barely Adequate | Application response (i.e., content and/or explanation offered) is barely adequate or barely meets CDPH/MCAH’s needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are inconsequential and acceptable. |
| 3 - 4 | Fully Adequate | Application response (i.e., content and/or explanation offered) is fully adequate or fully meets CDPH/MCAH’s needs/requirements or expectations. The flaw(s), or defect(s), if any, are inconsequential and acceptable. |
| 5 - 6 | Excellent or Outstanding | Application response (i.e., content and/or explanation offered) is above average or exceeds CDPH/MCAH’s needs/requirements or expectations. Minimal weaknesses are acceptable. Applicant offers one or more enhancing feature, method or approach that will enable performance to exceed CDPH/MCAH’s basic expectations. |

1. **Score Sheet**

The below section describes the value of each question and rating factors to be used in the review. The total possible score is **111 points.**

Table 8. Need in Proposed Service Area (18 points)

| **Question Number** | **Rating Factors** | **Points Possible** | **Points**  **Earned** |
| --- | --- | --- | --- |
| A1 | The extent to which the Applicant demonstrates a proposed program service area with sufficient need and demonstrates the level of need in the population of expectant and parenting youth to be served. | 6 |  |
| A2 | The extent to which the Applicant demonstrates how the youth in the proposed service area will benefit from AFLP. | 6 |  |
| A3 | The extent to which the Applicant describes any case management, home visitation, or similar programs, excluding Cal-Learn, in the community and includes, at a minimum: the eligibility criteria, geographic service area, and estimated number of expectant and parenting youth age 21 and younger served by the program(s). Also included is the extent to which the Applicant demonstrates that the proposed program will fill gaps in services. | 6 |  |
| **Total score for section** | | **18** |  |

Table 9. Agency Experience and Organizational Capacity (33 Points)

| **Question Number** | **Rating Factors** | **Points Possible** | **Points**  **Earned** |
| --- | --- | --- | --- |
| B1 | The extent to which the Applicant describes the applying organization and demonstrates that the organizational structure will support the proposed AFLP. [Attachment 3](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment3.pdf), Organization Chart, will also be rated. | 3 |  |
| B2 | The extent to which the Applicant demonstrates that the organization’s mission and goals align with the goals of AFLP and that the organization has shown a commitment to the guiding principles of the PYD Model. | 3 |  |
| B3a | The extent to which the Applicant demonstrates the organization’s strengths, experience (including years), and capacity providing case management or other social support services for expectant and parenting youth. | 3 |  |
| B3b | The extent to which the Applicant demonstrates the organization’s strengths, experience, and capacity utilizing motivational interviewing strategies, strength-based approaches, and trauma-informed care. | 3 |  |
| B3c | The extent to which the Applicant demonstrates the organization’s strengths, experience, and capacity implementing evidence-informed or evidence-based interventions with fidelity. | 3 |  |
| B3d | The extent to which the Applicant demonstrates the organization’s strengths, experience, and capacity recruiting, building capacity, and retaining direct service staff that effectively support youth. | 3 |  |
| B3e | The extent to which the Applicant demonstrates the organization’s strengths, experience, and capacity with data collection, data-informed quality improvement, and program evaluation. | 3 |  |
| B4a | The extent to which the Applicant demonstrates that they will offer unique resources, services, service setting, or leadership that could benefit expectant and parenting youth. | 3 |  |
| B4b | The extent to which the Applicant describes the relationship with the county Cal-Learn provider, including any historical intersections and plans to ensure youth are enrolled in the appropriate program and maintain continuity of care. | 3 |  |
| B4c | The extent to which the Applicant has been out of compliance from any state or federal case management, home visiting or other adolescent-serving programs in the past three (3) years.   * If this has **not** occurred, the Applicant will automatically receive 6 points. * If this **has** occurred, points will be assigned based on the Applicants’ description of the context (by whom, when and why) and demonstration of corrective action and/or changes that occurred as a result. Blank responses will be scored as zero points. | 6 |  |
| **Total score for section** | | **33** |  |

Table 10. Implementation Plan (36 Points)

| **Question Number** | **Rating Factors** | **Points Possible** | **Points**  **Earned** |
| --- | --- | --- | --- |
| C1 | The extent to which the Applicant’s proposed geographic service area matches and supports a proposed *program reach* that is less than or equal to the state estimate in [Attachment 4](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment4.xlsx), Program Reach Worksheet and at least 40 youth per State Fiscal Year. If the Applicant wishes to propose a program reach that is greater than the state estimate,the extent to which the additional estimate provided and method are adequately justified using data and experience, and address the factors described in C1. | 6 |  |
| C2a | The extent to which the Applicant describes and the quality of proposed outreach and recruitment strategies to reach the proposed number of youth; proposed strategies to reach male youth, if applicable; partners the Applicant proposes to work with (and anticipated number of referrals from each); and proposed coordination with existing programs and resources within the community. | 3 |  |
| C2b | The extent to which the Applicant demonstrates how they will ensure all eligible youth within the county/counties have equal opportunity to receive AFLP services. If the area is a sub-county geography, the extent to which the Applicant demonstrates how they will effectively enroll and serve youth from the proposed service area. | 3 |  |
| C2c | The extent to which the Applicant demonstrates how they will minimize duplication of services and ensure that youth are served by the program that best meets their needs, if other services, such as home visiting or case management programs (excluding Cal-Learn) are available within the proposed service area, per response in A2.   * If these programs **do not exist** in the community, the Applicant will automatically receive 3 points. * If these programs **do exist** in the community, points will be assigned based on the quality of the Applicant’s plan to minimize duplication of services and ensure that youth are served by the program that best meets their need. | 3 |  |
| C3a | The extent to which the Applicant describes the size of the proposed service area and other geographic factors that make it conducive or challenging to providing services and the quality of proposed strategies to maximize effectiveness. | 3 |  |
| C3b | The extent to which the Applicant demonstrates how the program will be structured to ensure that meeting places and visit schedules are youth-friendly. | 3 |  |
| C3c | The extent to which the Applicant demonstrates how they will implement strategies for establishing high and realistic expectations around program participation and encouraging consistent youth engagement. | 3 |  |
| C4a | The extent to which the Applicant meets or exceeds the minimum staffing requirements for AFLP (or the extent to which the Applicant describes the plan and requirements for staff to be hired) per Part III. G of this RFA. The extent to which the Applicant ensures case management FTE corresponds to the proposed *program reach* as described in [Attachment 4](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment4.xlsx), Program Reach Worksheet. [Attachment 5](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment5.docx), Staffing Pattern Worksheet will be rated. | 6 |  |
| C4b | The extent to which the Applicant describes the Applicant’s plan for maintaining and increasing staff competency in working effectively with expectant and parenting youth and describes training, supervision and quality improvement processes designed to ensure optimal delivery of AFLP services. | 6 |  |
| **Total score for section** | | **36** |  |

Table 11. Community Engagement (15 Points)

|  |  |  |  |
| --- | --- | --- | --- |
| **Question Number** | **Rating Factors** | **Points Possible** | **Points**  **Earned** |
| D1 | The extent to which the Applicant describes the Applicant’s experience and plans to address the requirement to coordinate and/or participate in the LSC or collaborative. [Attachment 6](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment6.docx), AFLP Local Stakeholder Coalition Roster, will also be rated. | 6 |  |
| D2 | The extent to which the Applicant describes the current and anticipated partnerships to connect youth with needed services and demonstrates an understanding of the services needed by the target population. | 6 |  |
| D3 | The extent to which the Applicant demonstrates having community support to implement and sustain AFLP as indicated through the submitted letters of support. | 3 |  |
| **Total score for section** | | **15** |  |

Table 12. Proposed Budget (9 Points)

|  |  |  |  |
| --- | --- | --- | --- |
| **Question Number** | **Rating Factors** | **Points Possible** | **Points**  **Earned** |
| E1 | The extent to which the Applicant successfully completes [Attachment 8](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment8.xlsx), Budget Template (and Subcontract budget, if applicable) for each Contract year. | 3 |  |
| E2a | The extent to which the Applicant describes and demonstrates the quality of the Applicant’s fiscal management, accounting processes and budgetary controls that will ensure funds are managed responsibly. If applicable, the extent to which the Applicant includes a description of the proposed matching funds and/or in-kind contributions. | 3 |  |
| E2b | The extent to which the Applicant describes if a Subcontract is being proposed.   * If a Subcontract is **not** being proposed, the Applicant will automatically receive 3 points. * If a Subcontract **is** being proposed, points will be assigned based on the extent to which the Applicant provides clear justification of why a Subcontract is necessary to support implementation of AFLP. | 3 |  |
| **Total score for section** | | **9** |  |

# Part VII. Award Administration Information

## Notice of Awards

Upon successful completion of the review process, CDPH/MCAH will post a notice of intent to award funds on the [AFLP RFA website](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx).

Applicants may request a copy of their review results by emailing [AFLP\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov).

## Dispute Process

1. Only those Applicants who were not selected as an Awardee may file a dispute. Disputes are limited to the grounds that CDPH/MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the content of the review committee’s evaluation are not grounds for dispute. Applicants may not dispute solely on the basis of the funding amount. Only timely and complete disputes that comply with the dispute process stated herein will be considered.
2. The written appeal shall fully identify the issue(s) in dispute, the practice that the Applicant believes CDPH/MCAH has improperly applied in making its award decision(s), the legal authority or other basis for the Applicant’s position and the remedy sought. Submit a written dispute signed by an authorized representative of the organization.
3. Disputes must be submitted no later than the date listed in [Part I. J, RFA Key Action Dates](#_Proposed_RFA_Timeline). Disputes received after this submittal deadline will not be accepted.
4. Label and submit the dispute using one of the following methods ([Table 13](#Table_13)):

Table 13. Dispute Delivery Methods

|  |  |  |
| --- | --- | --- |
| **U.S. Mail in Combination with Email** | **Express Mail in Combination with Email** | **Hand Delivery** |
| **ATTN: AFLP RFA Dispute**  CA Department of Public Health  Maternal, Child and Adolescent Health Division  P.O. Box 997420, MS 8305  Sacramento, CA 95899-7420  Also email the dispute to  [AFLP\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) | **ATTN: AFLP RFA Dispute**  CA Department of Public Health  Maternal, Child and Adolescent Health Division  1615 Capitol Avenue  Suite 73.560, MS 8305  Sacramento, CA 95814  Also email the dispute to  [AFLP\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) | **ATTN: AFLP RFA Dispute**  CA Department of Public Health  Maternal, Child and Adolescent Health Division  1615 Capitol Avenue  Suite 73.560, MS 8305  Sacramento, CA 95814  Telephone: 1-(916) 650-0300 |

1. If choosing to mail the dispute, email a copy of the dispute letter to [AFLP\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) by **March 6, 2020, 4:00 pm.** It is the Applicant’s responsibility to ensure that a confirmation email from CDPH/MCAH is received, indicating receipt by CDPH/MCAH, prior to the deadline. Disputes will only be considered if they follow the required process.
2. If choosing hand delivery, allow sufficient time to locate on street metered parking and sign-in at the security desk. Have the building lobby security officer call (916) 650-0300 between 9:00 AM and 4:00 PM (Monday through Friday) by **March 6, 2020, 4:00 pm.** Ask to have a CDPH/MCAH representative receive the document. CDPH/MCAH will provide proof of receipt at the time of delivery.
3. Applicant Warning:
4. CDPH/MCAH’s internal processing of U.S. mail may add 72-96 hours or more to the delivery time. If mailing a dispute, consider using certified or registered mail and request a receipt upon delivery to ensure submission deadline is met.
5. CDPH/MCAH is not responsible for delayed or lost mail or failure to submit a timely dispute.
6. CDPH/MCAH will review each dispute. CDPH/MCAH reserves the right to collect additional facts or information to aid in the resolution of any dispute. The decision of the CDPH/MCAH Division Chief or their designee shall be final and there will be no further administrative appeal. Applicant will be notified of the decisions regarding their dispute in writing within 15 business days of the receipt of the written dispute letter.

## Disposition of Applications

1. All materials submitted in response to this RFA will become the property of CDPH/MCAH and, as such, are subject to the Public Records Act (PRA) (Government Code, Section 6250 et seq.). CDPH/MCAH will disregard any language purporting to render all or portions of any application confidential.
2. Upon release of Award Notices, all documents submitted in response to this RFA and all documents used in the selection process (e.g., review checklists, scoring sheets, letters of intent, etc.) will be regarded as public records under the CA PRA (Government code Section 6250 et seq.) and subject to review by the public. However, application contents, Applicant correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Award Notices are released.

## Inspecting or Obtaining Copies of Application Materials

Persons wishing to view or inspect any application or award related materials must follow the [Department of General Services process to request public records](https://www.dgs.ca.gov/Services/Page-Content/Service-List/Request-Public-Records).

## CDPH/MCAH Rights

1. CDPH/MCAH reserves the right to do the following, up to the application submission deadline:
2. Modify any date in the RFA.
3. Issue clarification notices, addenda, additional RFA instructions, forms, etc.
4. Waive any RFA requirement or instruction for all Applicants if CDPH/MCAH determines that a requirement or instruction was unnecessary, erroneous or unreasonable.
5. Allow Applicants to submit questions regarding RFA changes, corrections, or addenda.
6. Any RFA changes or updates will be posted on the [AFLP RFA website](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/Pages/AFLP-RFA-2020.aspx).
7. CDPH/MCAH reserves the right to take any of the actions described below:
8. Offer Agreement modifications or amendments to Awardees for increased or decreased services and/or increased/decreased funding following successful negotiations.
9. Extend the term of any resulting Agreement and alter the funding amount.
10. Deem an application non-responsive if an Applicant declines to accept the terms and conditions outlined in this document and its exhibits or if an Applicant submits alternate Contract/exhibit language that CDPH/MCAH considers a counter option.
11. CDPH/MCAH reserves the right to remedy errors caused by:
12. CDPH/MCAH office equipment malfunctions or negligence by Applicant staff; and
13. Natural disasters (e.g., floods, fires, earthquakes).
14. The issuance of this RFA does not constitute a commitment by CDPH/MCAH to make an award. CDPH/MCAH reserves the right to reject all applications and to cancel this RFA if CDPH/MCAH determines it is in the best interest of the state to do so.

## Agreement Amendments after Award

CDPH/MCAH reserves the right to amend any Agreement resulting from this RFA. Amendments may include, but are not limited to, term extensions, SOW modifications, budget or funding alterations.

## Staffing Changes after Award

CDPH/MCAH reserves the right to approve or disapprove changes in key personnel that occur after awards are made.

## Contractual Terms and Conditions

Each funded Applicant must enter into a written Agreement that may contain portions of the Applicant’s application (e.g., Budget, AFLP Scope of Work). If an inconsistency or conflict arises between the terms and conditions appearing in the final Agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final Agreement.

# Part VIII. Administrative Requirements

## Standard Payroll and Fiscal Documents

Awardees shall maintain adequate employee time recording documents (e.g., timesheets, time cards and payroll schedules) and fiscal documents based on [Generally Accepted Accounting Principles (GAAP) or practices, 2 CFR Part 200](https://www.govinfo.gov/app/details/CFR-2019-title2-vol1/CFR-2019-title2-vol1-sec200-49). It is the responsibility of the Awardee to adhere to these regulations.

## Use of Funds

Funds from this Contract are restricted to the support of AFLP activities only.

1. **Allowable Use of Funds**
2. Funds may be used to pay for salaries and benefits of AFLP staff, travel for program and training purposes, program model and educational materials, outreach materials, postage, supplies, rent, equipment, software and communication expenses.
3. Funds may be used for AFLP participants as follows:

* Educational materials, which includes PYD Model and/or other educational content.
* Outreach, which includes flyers, public awareness activities, etc.
* Concrete supports, which includes items used in support of youth basic needs, desired behaviors/goals, or risk reduction (food, transportation assistance, cabinet locks, plug covers, pack ‘n plays, cribs, car seats, breast pumps, diapers, baby clothes, educational materials, school readiness materials (e.g., picture books, manipulative toys), bus passes or other transportation tokens). Additional details to be provided in the AFLP Policies and Procedures.
* Supplemental educational activities are allowable if they are reasonable, medically accurate and youth-friendly. These are considered adaptations to the PYD Model and planned activities must be submitted for approval to CDPH/MCAH. Additional details are to be provided in the AFLP Policies and Procedures.
* Transportation to or during the course of a program visit.

1. **Disallowed Use of Funds:**

AFLP Program funding may not be used for any of the following:

1. Purchase or improvement of land, or building alterations, renovations or construction.
2. Support of religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing.
3. Fundraising activities.
4. Political education or lobbying.
5. Reimbursement in support of planning efforts and other activities associated with the development and submission of the AFLP Program RFA application.
6. Reimbursement of costs incurred prior to effective date of the Agreement.
7. Reimbursement of costs currently covered by another CDPH/MCAH grant or Contract.
8. Reimbursement of costs that are not consistent or allowable according to local, state and/or federal guidelines and regulations.
9. Supplanting of state or local health department funds.
10. Provision of direct medical care.
11. Reimbursement of professional licensure.
12. Reimbursement of malpractice insurance.
13. Payment to medical providers, either directly or indirectly, to increase participant referral and participant care.
14. Purchase “S.W.A.G,” or “Stuff We All Get” (Refer to [S.W.A.G. 2-18-11 Memo](https://www.ca.gov/archive/gov39/2011/02/18/news16911/index.html)).

## Deliverables-Based Contract

Contracts awarded as a result of this RFA will be deliverables-based. Deliverables must be completed in accordance with details outlined in the Scope of Work and in the Contract.

Deliverables must be approved by CDPH/MCAH before a Contract payment will be authorized. Payments may be reduced or adjusted for incomplete and/or unapproved deliverables and CDPH/MCAH may withhold payment for failure to complete deliverables and/or non-compliance with Contract requirements.

## Invoices

Applicants shall maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles or practices within the terms of the Cooperative Agreement. CDPH/MCAH has the right to request documentation at any time to determine an agency’s allowable expenses. Applicants must retain documentation for three years after the final invoice of the last contract year. Refer to [federal requirements for records retention, 2 CFR Part 200 Section 200.333](https://www.govinfo.gov/app/details/CFR-2014-title2-vol1/CFR-2014-title2-vol1-sec200-333/summary).

Awardees shall submit invoices as directed by MCAH/AFLP. Community based organizations will be provided a one-time option of selecting whether to submit invoices monthly versus quarterly.

1. **Invoices – Community Based Organizations (CBOs) Only**

Invoice due dates will be provided to each Awardee.

Please note that at the start of the budget building process CBOs may select to invoice either monthly or quarterly and it cannot be changed during the funding cycle.

1. **Quarterly Invoices – All Other Awardees**

Awardees will submit invoices no later than the date listed at the following link: [Quarterly Invoice Deadlines](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Budget-and-Invoice-Templates.aspx).

## Contract Terms and Conditions

**Exhibits**

1. Awardees shall enter into a Contract that will contain standard Contract provisions and exhibits. CDPH/MCAH reserves the right to update and replace any form or exhibit.
2. An Awardee’s unwillingness or inability to agree to the terms and conditions of the Contract may cause CDPH/MCAH to deem an Awardee non-responsive and ineligible. CDPH/MCAH will not accept alterations to the Contract language.
3. Prior to and during Contract negotiations, Awardees may be required to submit additional information to meet CDPH/MCAH requirements.

## Additional Requirements

1. Software is necessary and used toward fulfilling the terms of the Agreement. Examples of software include: Software license fees and software upgrades. Applicant must possess current software to allow for easy flow of communication between the Applicant and CDPH/MCAH. All software purchased with CDPH/MCAH funds must meet or exceed the standards established by CDPH/MCAH. CDPH/MCAH requires the use of the internet, electronic mail, scanning equipment, telephones and computers with current versions of Adobe Professional 11 and the Microsoft Office 2010 Professional Suite (Word, Excel, Access and PowerPoint). Additional technology may be required during the Contract period.
2. Awardees must obtain prior approval from CDPH/MCAH to participate in data collection or research studies using AFLP data for purposes other than the requirements of the Contract.
3. Awardees must begin AFLP activities immediately upon Contract execution. During the entire Contract term, Awardees are expected to continue AFLP services in accordance with the Contract.
4. Awardees shall be able to cover at least ninety (90) days’ worth of AFLP expenses prior to reimbursement by the State.
5. Awardees must comply with the terms and conditions with regard to CDPH/MCAH intellectual property rights. Refer to [Exhibit D](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitD.pdf), 6 for details.
6. Awardees will not be permitted to use abstinence-only, abstinence only-until-marriage or fear-based instructions, activities and/or curricula.

## Subcontractor Agreements

In the application content, Applicants proposing to use a Subcontractor and/or an independent consultant to perform services are required to provide justification supporting the necessity of using each Subcontractor/consultant and to explain why the Applicant is unable to provide the services being acquired. Applicants will also be required to explain in the application content how the Subcontractor/consultant’s services and expertise will benefit the delivery of program services.

If an Applicant proposes to use a Subcontractor and/or an independent consultant is approved, the Awardee must follow requirements regarding Subcontracts ([Exhibit D](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-ExhibitD.pdf)).

Specific Subcontract relationships proposed in response to this RFA (i.e., identification of pre-identified Subcontractors and independent consultants) shall not be changed during the procurement process or prior to Agreement execution. The pre-identification of a Subcontractor or independent consultant does not affect CDPH/MCAH’s right to approve personnel or staffing selections or changes made after the Agreement is awarded.

# Part IX. Contract Budget

## Budget Template

1. Applicants shall utilize [Attachment 8](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment8.xlsx), Budget Template, to construct three (3) fiscal year budgets and, if applicable, Subcontract. There are three (3) worksheet tabs for completion (one for each fiscal year). Save the file under a new name to use the template for a Subcontract, if applicable.
2. The Budget Template Guide tab will provide additional instructions on budget completion.
3. A sample budget, with examples of items that can be included, is provided in [Appendix 3](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix3.pdf). This document may be used as a reference in completing [Attachment 8](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment8.xlsx), Budget Template.

## Required Budget Detail

1. When completing the budget forms, project all estimated costs to perform the services for the entire Contract term, including applicable annual rate adjustments attributable to merit increases or cost of living adjustments, etc.
2. Use whole dollars only when entering costs into the budget templates.
3. Applicants may propose to use in-kind or agency funds for required items, but each Awardee will receive a minimum of $170,000 from CDPH/MCAH. All in-kind contributions by this Applicant must be documented on the completed budget templates.
4. Title XIX Federal Financial Participation (FFP) for covered Medi-Cal Services as defined in the Social Security Act (SSA) Section 1903 (a)(2)(A) and Title 42 Code of Federal Regulations (CFR) Sections 432.2 and 432.50 provide for variable federal reimbursement rates for the administrative functions of the Medicaid program. Applicants that elect to utilize Title XIX FFP should refer to the Budget Template ([Attachment 8](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment8.xlsx)) for further instruction. Agencies may propose a MCF (and may use [Appendix 4](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix4.pdf), Medi-Cal Factor Table: Adolescents, as a resource) which will be verified by CDPH/MCAH upon award. CBOs receiving MCH Block Grant funds to provide AFLP services are non-government agencies and are prohibited by Federal regulations from claiming and receiving Enhanced rate of matching of 75/25.
5. A written certification electing to participate in the Title XIX FFP Program will be required by the agency and submitted as part of the agency's application ([Attachment 11](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment11.pdf)).
6. Upon award, CDPH/MCAH will work with Awardees and their budgets to determine final total amount awarded with the Title XIX Medi-Cal drawdown, if the agencies elect to participate in the Title XIX FFP.

## Budget Line Items

As part of this RFA, CDPH/MCAH will be requiring a standard five (5) line budget: (1) Personnel and Fringe Benefits, (2) Operating Expenses, (3) Capital Expenditures, (4) Other Costs, and (5) Indirect Costs. Details, including required components, of the proposed budget are described below.

1. **Personnel and Fringe Benefits (Title XIX Matchable)**
2. Position Classification

* Identify each funded position classification. Do not combine multiple staff on the same line. Indicate the FTE or annual percentage of time for each position (i.e. full time = 100%, 1/2 time = 50%, 3/4 time = 75%, 1/4 time = 25%.
* Required: Applicants must follow the required staffing pattern as listed in [Part III, H](#_Ensure_adequate_staffing) of this RFA.

1. Annual Salary

* List the annual salary amount for each position. Use the Civil Service classifications and pay scales at [California Department of Human Resources (CalHR))](http://www.calhr.ca.gov/Pay%20Scales%20Library/PS_Sec_15.pdf) as a guide. CDPH/MCAH reserves the right to seek additional information and limit salary reimbursement to levels that are comparable to those of Civil Service employees.
* The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 (Public Law 115-245) restricts the amount of direct salary that may be paid to an individual under a Department of Health and Human Services (HHS) grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2019, the Executive Level II salary level is $192,300. For more information please to refer to the [Salary Cap Limitation Policy Bulletin](https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-salary-cap-limitation-2019-08E.pdf) from the Health Resources and Services Administration.

1. Fringe Benefits

* Display fringe benefit costs using an average fringe benefit rate. Only personnel who are employed by the organization and are working with AFLP are to be included. Typical fringe benefit costs can include employer-paid social security, worker’s compensation insurance; unemployment insurance, health, dental, vision and/or life insurance, disability insurance, pension plan/retirement benefits, etc. Accrued vacation and severance pay paid to employees upon termination is not an allowed fringe benefit. CDPH/MCAH reserves the right to request additional information on how fringe benefits were calculated.

1. **Operating Expenses (Title XIX Matchable)**
2. Travel – MCAH-Sponsored Trainings and Events (required sub-line item)

* Indicate the total cost for travel and per diem. Include costs for expenses such as airfare, car rental, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging and meal expenses, etc. Travel costs should be per guidelines set forth at [CalHR - Travel Reimbursements](http://calhr.ca.gov/employees/Pages/travel-reimbursements.aspx).
* Required: Applicants must budget to travel for the required in-person CDPH/MCAH sponsored meetings and trainings below.[[20]](#footnote-21)

Table 14. CDPH/MCAH-Sponsored Meetings and Trainings

| **Meeting/Training** | **Required Participants** | **Date** | **Number of Days** | **Location** |
| --- | --- | --- | --- | --- |
| Orientation | Directors, Coordinators & Supervisors | Fall 2020 | 2 days | TBD |
| Basic Training | Directors, Coordinators, Supervisors & Case Managers | Fall 2020 | 3 days | TBD |
| Spring Training + Adolescent Sexual Health Conference | Coordinators, Supervisors & Case Managers (Directors are encouraged to attend) | Spring 2021 | 2 days Spring Training and 1 day Adolescent Sexual Health Conference (for a total of 3 days) | TBD |
| Make Up Basic Training | **New** Directors, Coordinators, Supervisors & Case Managers who have not attended Basic Training | Spring 2021 | 3 days | TBD |
| Make Up Basic Training | **New** Directors, Coordinators, Supervisors & Case Managers who have not attended Basic Training | Fall 2021 | 3 days | TBD |
| Spring Training | Coordinators, Supervisors & Case Managers (Directors are encouraged to attend) | Spring 2022 | 2 days | TBD |
| Make Up Basic Training | **New** Directors, Coordinators, Supervisors & Case Managers who have not attended Basic Training | Spring 2022 | 3 days | TBD |
| Make Up Basic Training | **New** Directors, Coordinators, Supervisors & Case Managers who have not attended Basic Training | Fall 2022 | 3 days | TBD |
| Additional Trainings as required by CDPH/MCAH when need arises | **To be determined, based on need** | As needed | As needed | TBD |

1. Travel – Other (required sub-line item)

* Indicate the total cost for travel and per diem. Include costs for expenses such as airfare, car rental, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging and meal expenses, etc. Travel costs should be per guidelines set forth at [CalHR - Travel Reimbursements](http://calhr.ca.gov/employees/Pages/travel-reimbursements.aspx).

Required: Applicants must budget for staff travel, including but not limited to travel for conducting outreach, networking, and case management visits per the PYD Model listed as described in [Part II. Program Model Overview](#_Toc463265451) and [Part III. Program Requirements](#_Part_III._Program) of this RFA.

1. Training (required sub-line item)

* Required: Training budget must include the training costs (e.g., registration or speaker fees) associated with the CDPH/MCAH sponsored ([Table 14](#Table_14)) and non-CDPH/MCAH sponsored training.
* Required: Applicants must budget registration fees for the coordinator, supervisor, and case managers proposed to attend the Adolescent Sexual Health Conference, which is planned in Sacramento ($150 per person registration fee) in year one (1). Note that directors are encouraged but not required to attend.

1. General Expense (required sub-line item)

* Includes all general costs of the operation of the AFLP Program.
* Required: Applicants must budget for materials such as files for youth charts, duplication of program materials for staff and program participants, and ordering and shipping for additional resource/material necessary for educational purposes.
* Optional: Awardees may budget for office supplies, postage, equipment rental/maintenance and other consumable operating supplies and items for recruitment of staff including, but not limited to, advertising, fingerprints, and background checks.

1. Space Rent/Lease (optional sub-line item)

* Includes the cost of renting or leasing office space and also includes utilities, janitorial, security, property taxes and insurance. Applicants shall designate the total square feet and the cost per square foot. Under state standards, it is permissible to reimburse up to a maximum of 200 square feet of office space per FTE. For rent methodology, refer to [Attachment 8](http://www.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Attachment8.xlsx), Budget Template, Budget Development Guide tab.

1. Audit Fees (optional sub-line item)

* The cost of the mandatory financial audit by an independent auditor at the end of each fiscal year can be included in the budget, up to the proportionate amount of the Agreement, in accordance with 2 CFR Part 200 Section 400.425.

1. Communication/Software (required sub-line item)

* Required: CDPH/MCAH requires the use of the internet, electronic mail (Outlook), scanning equipment, telephones, including smart phones for interacting with youth, and computers with current versions of Adobe Professional 11 and the Microsoft Office 2010 Professional Suite (Word, Excel, Access and PowerPoint). Examples of software include, software license fees and software upgrade fees. Awardee shall possess current technology to allow for easy flow of communication between the Awardee and CDPH/MCAH such as sending emails with attachments. Awardee must have the ability to access, print, input data, and download information, such as files from the CDPH/MCAH website, MIS system and SharePoint.

1. Equipment (optional sub-line item)

* Minor equipment is defined as a tangible or intangible item with a base unit (and needed peripherals to operate the unit) cost less than $4,999 and a life expectancy of one (1) year or more that is purchased or reimbursed with Agreement funds.

1. **Capital Expenditures**
2. Major equipment is defined as a tangible or intangible item with a base unit (and needed peripherals to operate the unit) cost of $5,000 or more and a life expectancy of one (1) year or more that is purchased or reimbursed with Agreement funds.
3. Unless waived or otherwise stipulated in writing by CDPH, prior written authorization from the appropriate CDPH program contract manager is required before the Contractor can be reimbursed for any purchase exceeding $5,000 or more for capital expenses related to such purchases.
4. **Other Costs**
5. Subcontract

* If a Subcontractor is proposed, include the total amount of the fees/costs associated with the Subcontractor Agreement on this line.

1. Other Charges

* Educational Materials (required sub-line item) (not Title XIX matchable)
  + This includes educational materials to be purchased and the cost of creating and duplicating program tools or resources for participants.

* + Required PYD Model materials: Applicants should budget for duplicating approximately 150 pages of program material per youth enrolled in the program (80 color and 70 black and white pages). Applicants should consider budgeting additional pages in the event that materials are lost by the youth. This estimate does not include printing of additional resource materials or outreach material.
* Outreach Materials (required sub-line item) (Title XIX matchable if the outreach materials include Medi-Cal outreach information)
  + This includes the cost of creating and duplicating outreach materials (e.g. flyers and brochures).
* Concrete Supports (required sub-line item) (not Title XIX matchable)[[21]](#footnote-22)
  + Concrete supports; refer to [Part VIII. B, Use of Funds](#Use_of_Funds) for details.
* Participant Travel/Transportation (required sub-line item) (Title XIX matchable)
  + Travel or transportation costs related directly to transporting program participants for AFLP program activities (i.e., bus tokens/passes) as stated in the SOW).

1. **Indirect Costs**
2. Express the indirect costs as a percentage rate.
3. Local health jurisdictions may use up to the CDPH/MCAH approved County Indirect Cost Rate (ICR) (percentage). The approved ICR application (Total Personnel Costs or Total Allowable Direct Costs) for the agency’s county is available at [County Indirect Cost Rate (ICR)](https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Indirect-Cost-Rate.aspx).
4. Community based organizations may use up to 15% ICR of Total Personnel Costs.

# Part X. Acronyms

Table 15. Acronyms

| **Acronym** | **Definition** |
| --- | --- |
| ABR | Adolescent Birth Rate |
| AFLP | Adolescent Family Life Program |
| ASHWG | Adolescent Sexual Health Work Group |
| CA | California |
| CA PREP | California Personal Responsibility Education Program |
| CASHNI | California Adolescent Sexual Health Needs Index |
| CDPH/MCAH | California Department of Public Health, Maternal, Child and Adolescent Health |
| CPSP | Comprehensive Perinatal Services Program |
| CQI | Continuous Quality Improvement |
| DGS | Department of General Services |
| EPF | Expectant and Parenting Females |
| Family PACT | Family Planning, Access, Care and Treatment |
| FFP | Federal Financial Participation |
| FTE | Full-time Equivalent |
| FY | Fiscal Year |
| HIPAA | Health Insurance Portability and Accountability Act |
| HSC | Health and Safety Code |
| I&E | Information and Education Program |
| ICR | Indirect Cost Rate |
| LSC | Local Stakeholder Coalition or Collaborative |
| MCF | Medi-Cal Factor |
| MIS | Management Information System |
| MSSA | Medical Service Study Area |
| OMB | Office of Management and Budget |
| PT | Pacific Time |
| PRA | Public Records Act |
| PYD Model | Positive Youth Development Model |
| QA | Quality Assurance |
| QI | Quality Improvement |
| RFA | Request for Application |
| SHEAA | Sexual Health Education Accountability Act |
| SOW | Scope of Work |
| TV | Title V Maternal and Child Health Block Grant |
| WIC | Women, Infants and Children |

# Part XI. References

1. California Department of Public Health, *Adolescent Births in California 2000-2014*, California Department of Public Health, Editor. 2016.

2. Lerner, M. and J. Lerner *Report of the findings from the first six years of the 4-H study of positive youth development*. 2009.

3. Redd, Z., et al. *Academic achievement programs and youth development: a synthesis*. January 2002.

4. Gloppen, K.M., C. David-Ferdon, and J. Bates, *Confidence as a predictor of sexual and reproductive health outcomes for youth.* J Adolesc Health, 2010. **46**(3 Suppl): p. S42-58.

5. House, L.D., et al., *Competence as a predictor of sexual and reproductive health outcomes for youth: a systematic review.* J Adolesc Health, 2010. **46**(3 Suppl): p. S7-22.

6. Markham, C.M., et al., *Connectedness as a predictor of sexual and reproductive health outcomes for youth.* J Adolesc Health, 2010. **46**(3 Suppl): p. S23-41.

7. Bernard, B., *Resiliency: What We Have Learned*. 2004, San Francisco: WestEd.

8. Birkhead, G.S., et al., *Youth development is a public health approach. Introduction.* J Public Health Manag Pract, 2006. **Suppl**: p. S1-3.

9. California Adolescent Sexual Health Work Group *Positive Youth Development Principles*. 2010.

1. The AFLP enrollment age has been increased, effective July 1, 2020, to include young people 21 years of age and under. References to “youth” in this RFA now includes these young adults. [↑](#footnote-ref-2)
2. All funding amounts subject to change per the discretion of CDPH/MCAH. [↑](#footnote-ref-3)
3. For staffing guidelines, refer to Part III. H, 1. Each case management FTE corresponds to a caseload of 20. [↑](#footnote-ref-4)
4. Funding levels are based on caseload and the corresponding case manager FTE; however, the minimum and maximum award amounts include all costs for running the local program at the specified level, including the cost of all AFLP positions (e.g., case manager, director, supervisor, etc.), operating expenses, capital expenditures, other costs, indirect costs). [↑](#footnote-ref-5)
5. In Contract, CDPH/MCAH defines *receiving services* during a fiscal year as: youth who received at least one program visit after their enrollment visit and at least one program visit during the fiscal year. [↑](#footnote-ref-6)
6. While the minimum requirement is to demonstrate the minimum reach to maintain the required caseload, CDPH/MCAH will work with final Awardees individually to determine realistic program reach and caseloads for year 1 of the award cycle due to the 6-month capacity-building and planning period. [↑](#footnote-ref-7)
7. CDPH/MCAH acknowledges that in some cases, home visits are not possible due to homelessness and/or a lack of a safe and supportive home environment. [↑](#footnote-ref-8)
8. Not all data collection materials are available in Spanish at this time. [↑](#footnote-ref-9)
9. For more details on the phases of the program and phase-specific content and logistics, visit [Appendix 1c](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix1c.pdf), Implementing the PYD Model with Fidelity. [↑](#footnote-ref-10)
10. To be eligible for AFLP, youth may not be enrolled in Cal-Learn, a mandated statewide program for expectant and parenting youth receiving CalWorks. Often youth go back and forth between programs due to changes in CalWORKs status but cannot be in both programs at the same time. [↑](#footnote-ref-11)
11. AFLP providers have the option of proposing whether or not to serve males and/or partners in pregnancy/parenting based on an assessment of local need. [↑](#footnote-ref-12)
12. Rural areas in CA are defined as Medical Service Study Areas with population densities of less than 250 persons per square miles while urban areas are those with population densities ranging from 251 to 31,000 persons per square miles. [↑](#footnote-ref-13)
13. To comply with the CA Family Code § 6925, staff should not inform any individual (including parents, guardians and / or school staff) about the youth’s interest and/or eligibility for AFLP services, without written permission of the youth. [↑](#footnote-ref-14)
14. The supervisor may maintain a caseload of approximately 5 youth for an additional 20% FTE added to the project (depends on individual site factors, such as access to additional supervision; this will be considered on a case-by-case basis). [↑](#footnote-ref-15)
15. Timelines are based on contracts being in place by July 1, 2020. [↑](#footnote-ref-16)
16. Refer to Part I. F, Funding Availability for the dates of each budget period for this Cooperative Agreement. [↑](#footnote-ref-17)
17. The final service area and reach will be determined in consultation with CDPH/MCAH after award. [↑](#footnote-ref-18)
18. Applicants should cite data sources to support responses. This may be local data, trend analysis or state data. A listing of suggested data sources is provided in [Appendix 2](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/AFLP/CDPH%20Document%20Library/AFLP-RFA-20-10014-Appendix2.pdf), Population and Community Need Data. [↑](#footnote-ref-19)
19. As a reminder, program reach must be at least 40 youth per year to be eligible for this RFA. [↑](#footnote-ref-20)
20. CDPH/MCAH may hold 1-3 (as needed) 2-day Basic PYD trainings per year in Sacramento for new staff if there is staff turnover at the local level. This training is required for new staff and Applicants should consider this factor in developing their budgets. [↑](#footnote-ref-21)
21. “S.W.A.G” is not allowed. Refer to Part VIII. B, Use of Funds for details. [↑](#footnote-ref-22)