

# Request for Applications # 23-10003

Adolescent Family Life Program

February 23, 2023



California Department of Public Health

Center for Family Health

Maternal, Child, and Adolescent Health Division

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California Department of Public Health  
Maternal, Child, and Adolescent Health Division  
P.O. Box 997420, MS Code 8305  
Sacramento, CA 95814  
Email: AFLP\_RFA@cdph.ca.gov

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## Part I. Funding Opportunity Description

### A. Funding Purpose

The Maternal, Child, and Adolescent Health Division of the California Department of Public Health (CDPH/MCAH) is soliciting applications from eligible organizations (Part I., [I. Eligibility Criteria](#)), for funding 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.

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

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 make awards under the Cooperative Agreement Act, Health and Safety Code (HSC) Section 38070 to eligible and qualified applicants that demonstrate the greatest need and capacity to achieve the program requirements and goals as outlined in this Request for Applications (RFA) and [Exhibit A](#) (Scope of Work [SOW]). Funding ranges, based on proposed program size, are described in Part I., [G. Funding Availability](#).

Applications are due to CDPH/MCAH on **Monday, April 10, 2023, by 4:00 pm Pacific Time**. Applicants must adhere to the due dates in Part I., [K. RFA Key Action Dates](#).

### B. Public Health Significance

Significant decreases in California's adolescent birth rate (ABR) were observed between the years 2000 and 2019. In 2000, the California ABR for youth ages 15-19 was 46.7 per 1,000 births compared to the national rate of 47.7. In 2019, the California ABR was 11.4 compared to the U.S. rate of 16.7.<sup>1</sup> On a national level, evidence suggests that the ABR is declining largely because more youth are using contraception, including long-acting reversible contraceptive methods (LARC).<sup>2</sup> Youth also appear to be delaying sexual intercourse,

although this accounts for much less of the decline.<sup>3</sup> These trends are contributing factors for California as well.

The ABR among California youth continues to show a greater decline than the rest of the U.S., reflecting the state's considerable progress and success. However, according to the [CDPH/MCAH Adolescent Birth Data Dashboard](#), inequities in the ABR persist, particularly by race, ethnicity, and geography. In 2019, wide variation in the ABR remained across racial and ethnic groups, with Hispanic/Latino and Black adolescents having rates 4.2 and 3.2 times that of White adolescents, respectively.<sup>1</sup> The ABR varied substantially by county, with Central Valley and rural counties generally having higher rates than most coastal counties.<sup>1</sup>

In 2018, 15% of all adolescent births in California were repeat births, defined as having two or more pregnancies resulting in a live birth before the age of 20.<sup>4</sup> Although data trends reveal that the Percentage of Repeat Births (PRB) among 15- to 19-year-olds is declining and indicate progress in this area, a review of the 2,550 repeat births in 2018 reveals persistent inequities by race, ethnicity, and geography.<sup>4</sup> In 2018, Asian adolescents who gave birth experienced the highest PRB at 18%; however, those 47 births accounted for 2% of all repeat births that year. The PRB among Hispanic/Latinx youth was 16%; those 1,974 births accounted for 79% of all repeat births by 15- to 19-year-olds in 2018. Black youth had a PRB of 15% and white adolescents had the lowest PRB at 13%, totaling 165 and 230 respectively.<sup>4,A</sup> Across California counties, there is regional variation in PRB ranging from 8% to 20% of birthing adolescents.<sup>4</sup> Of note, 66% of young people aged 19 and under with a repeat birth experienced a suboptimal interpregnancy interval<sup>4</sup>, defined as less than 18 months between a live birth and the conception of the next live birth.<sup>5</sup> Having a suboptimal interpregnancy interval has been shown to increase the risk of adverse pregnancy and birth outcomes compared to those who have a longer interpregnancy interval.<sup>6</sup>

A young person's sexual and reproductive health often mirrors the social and economic status of their community since those factors affect youth decision-making and opportunities.<sup>7</sup> While many factors influence adolescent pregnancy and parenting, research suggests that most of the potential negative associations are not directly caused by the pregnancy or birth. Instead, these negative associations result from other background factors already present in the lives of many young people.<sup>8,9</sup> Social determinants of health, such as high rates of poverty, limited economic and educational opportunities, systemic racism, and a lack of safe and nurturing environments are shown to influence the life course trajectories of young people, regardless of adolescent parenthood.<sup>7</sup>

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<sup>A</sup> The Percent Repeat Births (PRB) for American Indian/Alaska Native and Native Hawaiian and Pacific Islander were suppressed in the surveillance report due to small numbers of repeat births in these race and ethnicity groups.

According to the California Maternal and Infant Health Assessment (MIHA), in the years 2017-2019, young people (ages 15-21) with a live birth were more likely to experience adversities during pregnancy compared to the general birthing population. Young people were more likely to experience physical or psychological intimate partner violence (15% versus 7%), have depressive symptoms (18% versus 14%), or did not have a regular place to sleep (7% versus 3%).<sup>10</sup>

Parenting during adolescence is associated with many socioeconomic, health, and life course challenges, such as decreased educational attainment and decreased likelihood of future employment. These challenges not only limit their individual choices and opportunities, but also increase broader social, economic, and health inequities.<sup>11</sup>

Current messaging in the media frames young parenthood as a social problem and a drain on resources. Shame and stigma can isolate young parents from social support systems and contribute to young mothers being nearly twice as likely as older mothers to struggle with depression, loneliness, and fearfulness.<sup>12</sup> Young fathers may also struggle with stress, depression, anxiety, and other mental health concerns.<sup>12</sup>

The well-being of expectant and parenting youth is strengthened through programs that are based on positive youth development and promote resilience, a healing approach, and protective factors.<sup>13</sup> Research supports the effectiveness of positive youth development strategies in improving academic engagement and achievement,<sup>14</sup> preventing unintended pregnancies,<sup>15,16</sup> and improving health and well-being.<sup>17,18</sup> Strength-based and trauma-informed approaches to care, tailored to adolescent parents' unique needs and environments, support them in pursuing healthy and successful futures for themselves, their families, and future generations.<sup>19</sup>

### **C. Equity, Cultural & Linguistic Responsiveness and Trauma-Informed Care at CDPH/MCAH**

CDPH/MCAH values equity, cultural humility, linguistic responsiveness, and trauma-informed approaches in all its programs and initiatives. CDPH/MCAH strives to recognize, demonstrate respect for, and respond proactively to diversity in backgrounds such as race, ethnicity, culture, gender identity, sexual orientation, linguistic abilities, values, and socioeconomic status. These values are infused in all CDPH/MCAH programs. Given the disparities in the ABR, PRB, and the other hardships experienced by adolescent parents, these infused values are essential for providing meaningful experiences for young people in AFLP.



At the heart of the work at CDPH/MCAH is a recognition of the significant role that institutional racism and social determinants of health play in population health outcomes. Achieving optimal health and well-being for expectant and parenting youth in California means acknowledging and addressing the root causes of existing health inequities. These inequities have been further illuminated by the COVID-19 pandemic and compounded by institutional racism.

Racism has been declared a public health crisis by the [American Public Health Association](#) and the [Association of Maternal Child Health Programs](#), as well as by several local jurisdictions and organizations. Institutional racism and discrimination based on gender identity, sexual orientation, and disability status, along with poverty, trauma, and other social and environmental factors all have interconnected and significant impacts on the physical and mental well-being of populations, including adolescents and young adults.<sup>20</sup>

Many youths are affected by perceived discrimination due to age, and youth may report feeling mistreated because of these stereotypes (e.g., untrustworthy, unmanageable, lazy). In addition to possible discrimination based on age, minorities and women are more likely to experience discrimination or disrespect on a regular basis, compounding the health impacts.<sup>21</sup> Racism and discrimination can affect both physical and mental well-being, producing trauma that may impact multiple generations. Practicing trauma-informed care, which “acknowledges and addresses the intersection and cumulative effects of interpersonal and structural forms of violence on people’s lives and health,” is foundational to working with young people.<sup>22</sup>

CDPH/MCAH is committed to becoming a healing organization with a focus on incorporating a trauma-informed approach<sup>23</sup> in its programs, policies, and practices. CDPH/MCAH programs recognize and respond to the signs of trauma to better support participants and focus on healing services and care. CDPH/MCAH expects local AFLP agencies to have similar values and seek opportunities to improve their knowledge and skills in providing trauma-informed care to the communities they serve.

## D. Program Goals

AFLP is a case management program for expectant and parenting youth aged 21 and under to:

1. Increase access to and utilization of needed services.
2. Increase social and emotional support and build resiliency.
3. Empower youth to cultivate personal autonomy to make informed decisions about their sexual reproductive health.
4. Strengthen youth knowledge and self-efficacy for education and career attainment.

## E. Authorizing Legislation, Program History, and Future Directions

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

For more than 37 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 California. Over the last 12 years, local AFLP providers have contributed to the development, implementation, and evaluation of a strength-based, evidence-informed model known as the AFLP Positive Youth Development (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 AFLP PYD model following a period of capacity-building, planning, and training outlined in [Exhibit A](#) (SOW). The capacity-building and planning period only applies to new organizations.

## F. AFLP PYD Model Purpose and Overview

The purpose of the AFLP PYD model is to improve the life course trajectory of expectant and parenting youth and their children 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 AFLP PYD model encompasses a positive youth development approach and is founded on a resiliency framework, “Resiliency in Action” [13] (Appendix 1a, Theoretical Foundation of the AFLP PYD Model). Through this program model, 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 PYD 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.”<sup>24</sup> The program model is based on a resiliency framework, which holds that all youth have strengths, benefit from high expectations and supportive relationships, and are capable of making meaningful contributions to their lives, families, and communities. The AFLP 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](#) and in Appendices 1a-1d. The AFLP PYD model in its entirety will be made available to final awardees prior to program implementation.

## G. 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, 07/01/2023 through 06/30/2026.

Anticipated funding per awardee, per FY<sup>B</sup> of the contract period, based on the caseload and full-time equivalent (FTE) of case management staff implementing program services<sup>C</sup> is described in [Table 1. Anticipated Awardee Funding Levels Based on Caseload and Corresponding Case Manager Full Time Equivalency](#). Additional information about staffing requirements is described in [Table 4. Minimum Staffing Pattern](#).

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<sup>B</sup> All funding amounts subject to change per the discretion of CDPH/MCAH.

<sup>C</sup> For staffing guidelines, refer to Part III. H, 1. Each case management FTE corresponds to a caseload of 25-30.

**Table 1. Anticipated Awardee Funding Levels Based on Caseload and Corresponding Case Manager Full-Time Equivalency<sup>D</sup>**

Caseload	Full-time Equivalent (FTE) Case Management Staff	Estimated Minimum Award	Estimated Maximum Award
50	1.0	\$190,000	\$235,000
100	2.0	\$255,000	\$350,000
150	3.0	\$400,000	\$520,000
200	4.0	\$510,000	\$670,000

Once agencies have been selected through the RFA scoring process, CDPH/MCAH will award funds, based on need and total funding availability, for one to four case managers in accordance with the staffing and caseload criteria outlined above. CDPH/MCAH will not fund any agency for more than 4.0 FTE case managers. Any additional case managers and associated staff and expenses would be in-kind, agency funds, and/or Title XIX funds. Additional information about staffing requirements is described in [Table 4. Minimum Staffing Pattern](#).

Applications will be scored following the criteria in [Part VI. Evaluation and Selection](#). 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.

2. Funding Source(s)

The funds administered by CDPH/MCAH to implement AFLP come from California’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 TV 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

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<sup>D</sup> 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).

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 TV 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 12](#) (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. Be advised that the agency would still be responsible for the appropriate use of funds in compliance with Title XIX requirements.

### 3. Limitations of State Liability

Funding for the resulting agreement is 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.

### 4. 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 with no liability occurring to CDPH/MCAH 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.

## H. 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, 2023, through June 30, 2026. The agreement term may change if CDPH/MCAH makes the awards earlier or later than expected due to unforeseen circumstances.

The resulting agreement will be of no force or effect until signed by both parties and approved by CDPH or the Department of General Services (DGS), whichever is applicable. 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.

## I. Eligibility Criteria

### 1. Organizational Type and Required Experience

The following entities and organizations in counties of priority need (see section 2 below for eligible counties) are invited to apply for this RFA:

- a. Units of local government including, but not limited to, cities, counties, and other government bodies or special districts
- b. State and/or public colleges or universities, also referred to as institutions of higher education
- c. Public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code

Applicants that are school districts, nonprofit organizations, or corporations will be required to submit additional documentation as described in [Part IV. Application Submission Process](#).

Applicants must have at a minimum:

- a. Three (3) years of experience in providing case management or other social support services to expectant and parenting persons (EPP) experiencing the highest inequities;
- b. Three (3) years of experience in providing youth development programming;
- c. Three (3) years of experience in program monitoring, including data collection and reporting of performance measures; and
- d. Three (3) years of experience developing community linkages and/or participating in and maintaining stakeholder groups.

### 2. Entities in Eligible Counties

The challenges facing expectant and parenting youth, as described in Part I., [B. Public Health Significance](#), can have profound impacts on their health and well-being. In recognition of the geographic variations of the social determinants of health affecting youth in California, CDPH/MCAH developed the California Adolescent Sexual Health Needs Index (CASHNI) to target available resources for primary and secondary adolescent pregnancy prevention programs to areas of the state facing the greatest inequities in social and health outcomes. CASHNI countywide scores range across California from 0 to 14193, with higher numbers

representing greater need. To target limited resources, counties with a CASHNI score of 250 and above are eligible to apply. For CASHNI methodology and California county scores, refer to [Appendix 2](#) (Population and Community Need Data).

CDPH/MCAH also developed projected numbers of Expectant and Parenting Birthing Persons (EPP) in the year 2023 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 eligible 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 EPP methodology and data, refer to [Appendix 2](#) (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 one or more of the following 27 counties that have a total 2018 CASHNI score of 250 or above **and** 200 or above projected EPP in year 2023.

- |                 |                     |
|-----------------|---------------------|
| 1. Alameda      | 15. San Bernardino  |
| 2. Butte        | 16. San Diego       |
| 3. Contra Costa | 17. San Joaquin     |
| 4. Fresno       | 18. San Luis Obispo |
| 5. Imperial     | 19. San Mateo       |
| 6. Kern         | 20. Santa Barbara   |
| 7. Kings        | 21. Santa Clara     |
| 8. Los Angeles  | 22. Santa Cruz      |
| 9. Madera       | 23. Shasta          |
| 10. Merced      | 24. Solano          |
| 11. Monterey    | 25. Stanislaus      |
| 12. Orange      | 26. Tulare          |
| 13. Riverside   | 27. Ventura         |
| 14. Sacramento  |                     |

Applications where a single or lead entity proposes to serve two or more counties will be considered if at least one of the county's CASHNI scores is 250 or above and the combined EPP is 300 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.

### 3. 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 FY. 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. Although implementation will vary by agency, CDPH/MCAH has estimated that a minimum annual program reach of 50 youth per 1.0 FTE case manager is needed to maintain the required caseload of 25 active AFLP youth. Active cases represent youth with open AFLP service files who have received services. An active case will be assessed on a monthly basis as a participant with an open AFLP service file who has had a valid program visit within the past 90 days. Annual program reach includes youth who had a valid program visit during the fiscal year, which 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 active cases in and out of the program across FYs (i.e., youth may be active/eligible for only a short period of time during any given FY).

Each applicant must demonstrate that they have a proposed annual program reach of **at least 50 youth** each FY to be able to maintain the minimum required caseload for at least 1.0 FTE case manager each year. Agencies must maintain a minimum 85% active caseload to be in compliance. Failure to do so will result in a Performance Improvement Plan, funding reduction, or loss of funds. The proposed annual 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 an FTE case manager. If an applicant is unable to demonstrate a sustained reach of at least 50 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 annual reach (e.g., 50 youth for 1.0 FTE, 25 youth for 0.5 FTE) and additional staffing requirements as described in [Table 4. Minimum Staffing Pattern](#).

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

## J. Proposed Award Distribution

CDPH/MCAH anticipates awarding at least one (1) agency per region (see [Table 2. Regional Distribution of Funding Awards](#)) and a maximum of one (1) award in any county, except for



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. Regional Distribution of Funding Awards**

Region	Counties with a CASHNI score of 250 or above and 200 or more projected EPP
Northern CA	Alameda, Butte, Contra Costa, Sacramento, San Mateo, Santa Clara, Shasta, Solano
Central CA	Fresno, Kern, Kings, Madera, Merced, Monterey, San Joaquin, San Luis Obispo, 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

## K. RFA Key Action Dates

All applicants are advised of the following schedule ([Table 3. RFA Timeline and Award Schedule](#)) and must adhere to the required dates and times.

**Table 3. RFA Timeline and Award Schedule**

Event	Date and applicable times
RFA Release	February 23, 2023
Voluntary RFA and AFLP PYD Model Webinar Posting	March 3, 2023
Deadline to Submit RFA Questions Note: Verbal questions will not be accepted. All questions must be transmitted in written form according to instructions in Part IV., <a href="#">B. Applicant Questions and Reporting of Errors in the RFA</a>	March 8, 2023, 4:00 pm
Voluntary Non-Binding Letter of Intent	March 9, 2023, 4:00 pm
Q&A Responses Published	March 21, 2023
RFA Applications Due	April 10, 2023, 4:00 pm
Public Notice of Intent to Award	May 22, 2023
Appeal Filing	May 26, 2023, 4:00 pm
Final Announcement of Awards	June 9, 2023
Proposed Cooperative Agreement Start Date	July 1, 2023

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](#). It is the applicant's responsibility to check the website frequently for any adjustments made to the timeline.

## Part II. Program Model Overview

### A. Delivery of Case Management

The AFLP PYD model is delivered primarily through face-to-face visits between the expectant and parenting youth and their case manager that occur approximately twice per month for one (1) 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, park, or coffee shop. Visits may also occur virtually through telehealth (e.g., video chat, Zoom, phone call) while maintaining the safety, privacy, and confidentiality of the youth. Refer to [Appendix 5](#) for more guidance and expectations related to telehealth implementation. With consent and direction from the youth, case managers can involve the youth's family and other key supports in the process. It is recommended that case managers conduct quarterly home visits<sup>E</sup> 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.

### B. Application of a Resilience Framework and Positive Youth Development

Positive youth development and resiliency research, described further in [Appendix 1a](#) (Theoretical Foundation of the AFLP PYD Model), provide the foundation for the AFLP PYD model.

Through the AFLP 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 toward personal goals (e.g., improved health, positive parenting, education, and career planning). The AFLP PYD model connects expectant and parenting youth with supportive adults at a unique and opportune time in their lives for growth and empowerment. Case managers use goal setting and life planning to help expectant and parenting youth explore information and resources and help them envision their futures. Case managers use motivational interviewing to help young people set and work towards personal goals and address barriers thereby building problem-solving skills and an increased sense of self-efficacy. Youth are empowered with a voice and

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<sup>E</sup> 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.

choice on their perspectives and priorities that are heard and respected, ensuring their goals reflect their strengths, values, needs, and priorities.[9]

The AFLP PYD model is supported by standardized, evidence-informed case management tools (available in English and Spanish)<sup>F</sup> and processes. These tools and processes are designed to intentionally support and build strengths and resilience, promote life planning, and support program priorities of education and work, healthy relationships, health and health care, family planning, and safer sex.

For more information about the application of the resilience framework and PYD please refer to [Appendix 1c](#) (Implementing the AFLP PYD Model with Fidelity).

### C. Key Program Activities

There are key activities in the AFLP 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 (e.g., sexual and reproductive health, prenatal/postnatal/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 the youth's interests, needs, and resources, helping them to become resourceful and able to advocate for their needs.
3. Case managers assist the youth with identifying and building strengths, strategize with the youth on how to prevent and manage difficult situations and overwhelming emotions, and complete the "My Life and Me" standardized program tool to identify values, support networks, and plans and dreams for their future.
4. Case managers engage the youth in targeted life planning discussions around program priorities and other topics based on their interests and needs using the standardized program tools, "My Goal Sheet," "My Life and Me," and "My Life Plan."
5. Case managers use motivational interviewing strategies with youth to develop individualized goals, build motivation for positive growth, and monitor and celebrate progress toward meeting goals and program priorities.
6. Case managers use a trauma-informed approach<sup>21,21</sup> acknowledging the widespread impact of trauma, recognizing the signs of trauma in expectant and parenting youth and responding by integrating knowledge about trauma into care practices. Case managers actively resist re-traumatization and use affirming language to validate youth

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<sup>F</sup> Not all data collection materials are available in Spanish at this time.

experiences, including those related to racial trauma and personal and community violence.<sup>21</sup>

7. Case managers work with youth to help them recognize qualities of healthy relationships and signs of unhealthy ones, develop skills for healthy conflict, and advocate for their needs. These skills will enable the youth to develop or strengthen supportive, healthy relationships with their child/children, peers, partners, families, and supportive adults outside of AFLP.

## D. Program Phases

The AFLP PYD model is organized into four program phases<sup>G</sup> that cover at minimum a 12-month period. Individual phases may take longer depending on the needs of the program participant. The AFLP 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 readiness to exit the program.

Many of the activities in later phases build on content covered in earlier phases (i.e., youth strengths, support networks, goals and dreams, and values are identified early in the program, which assists with intentional 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, youths are provided resources and referrals to meet their needs along 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 two months; four visits).
2. Phase 2: Fostering Strengths and Sense of Purpose (at least four months; eight visits).
3. Phase 3: Empowerment and Implementation of Life Planning and Goal Pursuit (at least three months; six 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 three months; three to six visits).

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<sup>G</sup> For more details on the phases of the program and phase-specific content and logistics, visit Appendix 1c, Implementing the AFLP PYD Model with Fidelity.

## **E. Additional Resources**

The logic model in [Appendix 1d](#) reflects the inputs, activities, and intended outcomes for expectant and parenting youth served by the AFLP PYD model.

Applicants are strongly advised to review all the AFLP PYD model resources available in Appendices 1a-1d prior to submitting a response to this RFA. The material provided may be updated prior to awardee training and implementation.

## Part III. Program Requirements

### A. Provide Services to Expectant and Parenting Youth 21 Years of Age and Younger

AFLP awardees will use their community knowledge, networks, and available data to identify expectant and parenting youth experiencing the greatest inequities and who are likely to be eligible for enrollment and benefit from program services. Youth are eligible for enrollment into AFLP if they are 21 years of age and younger and are expecting, parenting, or working on gaining or regaining custody of their child(ren). Partners in pregnancy and/or parenting are also eligible if they are 21 years of age and younger.<sup>H</sup> <sup>I</sup> While awardees have the flexibility to serve youth who are 21 years of age or younger, they should prioritize outreach and enrollment to youth experiencing the greatest inequities, taking into consideration the experiences of expectant and parenting youth 19 years of age and younger.

As part of this RFA, applicants are required to propose a program “service area” (i.e., a defined geographical area for program recruitment and service provision) and associated program reach numbers for each FY. 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 (1) rural MSSA<sup>J</sup> within their county if one exists within the county of service provision. Proposed service areas must meet eligibility requirements set forth in Part I., [I. 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. AFLP awardees will conduct outreach activities within their communities to

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<sup>H</sup> To be eligible for AFLP, youth may not be enrolled in Cal-Learn, a mandated statewide program for expectant and parenting youth receiving CalWORKs. Youth can go back and forth between programs due to changes in CalWORKs status but cannot be in both programs at the same time.

<sup>I</sup> 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.

<sup>J</sup> 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.

identify and recruit eligible youth into the program to meet and maintain required caseloads of 25-30 active AFLP youth per 1.0 FTE case manager.

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](#) (SOW), including, but not limited to, outreach materials, tools for prioritizing enrollment, and the CDPH/MCAH 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), all 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.<sup>K</sup>

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

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

Awardees will be required to maintain fidelity to the AFLP PYD model ([Appendix 1c](#)) core components and characteristics 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 AFLP PYD guides, materials, and training will be provided by CDPH/MCAH as described in [Exhibit A](#) (SOW).
2. **Pedagogy** refers to how the model is being delivered. It involves the case manager using motivational interviewing techniques to engage youth in one-on-one conversations. CDPH/MCAH will provide AFLP PYD and motivational interviewing training as described in [Exhibit A](#) (SOW).
3. **Implementation/Logistics** refers to the conditions necessary for carrying out the model as intended. They include model dosage/exposure (e.g., 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.

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<sup>K</sup> 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.



Adaptations to a program are often needed and encouraged by CDPH/MCAH to better meet the needs of the service 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:

1. **Planned adaptations** are deliberate adaptations made to the model for all AFLP youth served by the agency 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.
2. **Unplanned adaptations** occur unintentionally (i.e., naturally occur during implementation, usually in response to the situation or youth's need). These adaptations are typically at the participant level, such as adding additional visits to a phase to respond to an urgent need or spend more time working on a particular activity. Awardees will be required to document and report to CDPH/MCAH unplanned adaptations throughout implementation in the AFLP Management Information System (MIS).

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.

## C. Training, Professional Development & Core Competencies

### 1. CDPH/MCAH-Sponsored Training

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

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.

## 2. Core Competencies and Professional Development

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

- a. Mandatory local training which covers core content to be completed by June 30, 2024, or within six months of hiring
- b. Reflective supervision (for supervisors)
- c. Mandated reporting
- d. Cultural humility training that improves awareness and knowledge of discrimination and racial disparity, including education and awareness of implicit biases and how these biases negatively impact women and girls, people of color, lesbian, gay, bisexual, transgender, queer or questioning, and others (LGBTQ+) communities.
- e. Trauma-informed approaches
- f. Adverse childhood experiences (ACE)
- g. Positive childhood experiences (PCE)
- h. Adolescent sexual health
- i. Food and Drug Administration-approved medicines and devices for contraception
- j. Sexual Orientation/Gender Identity and Expression (SOGIE) training by a qualified trainer with knowledge of the specific needs of the LGBTQ+ community
- k. AFLP interim training includes online courses to be completed by supervisors, coordinators, and case managers within 30 days of contract execution or new hire, and by directors prior to basic training
- l. Motivational Interviewing
- m. AFLP PYD Introductory Course

The following supplemental skills trainings are strongly recommended to further develop skills for effective program implementation. Agencies should assess staff training needs and provide in-service education/training based on identified needs, and/or research external training opportunities and participate using allocated funds. Alternatively, agencies may research external training opportunities and allocate grant funding to participate. Suggested topics include:

- n. Capacity to enroll and retain youth, identify youth strengths, promote protective factors (e.g., emotional regulation), support progress toward goals, discuss

- sensitive topics with youth (e.g., sexual health, ACEs, healthy relationships, and intimate partner violence)
- o. Screening and assessments such as maternal mental health, physical, social, and emotional developmental milestones of children
  - p. Positive parent-child and family interaction and child abuse prevention
  - q. Best practices relating to cultural competence/humility, SOGIE, and LGBTQ+ equitable services
  - r. Capacity to inform youth of their confidentiality rights regarding medical services, including the prevention or treatment of pregnancy and STIs; and rights related to financial assistance and resources
  - s. Capacity to explore common legal issues which youth face and refer them to local organizations for assistance (e.g., emancipation, parental/custodial rights, educational rights, family violence, immigration, human trafficking)

#### **D. Ensure Programming is Culturally and Linguistically Affirming**

AFLP connects young people to supports, services, and information that can help mitigate the impact of structural racism and poverty on their physical and mental/emotional health. Listening to the values, preferences, and goals of the AFLP participants is prioritized and centered in all conversations and program activities. Case managers must be aware of and work against the possibility of implicit and explicit bias and demonstrate cultural humility, being respectful of and responsive to the needs of AFLP youth. This requires that applicants are trained in cultural competency and support their staff in developing cultural humility through learning and “self-examination of one’s own awareness, knowledge, behavior, and attitudes on the interplay of power, privilege, and social contexts.”<sup>25</sup>

Agencies providing AFLP in areas where a large volume of non-English speaking youth reside must ensure staff who will interact/interface with AFLP youth speak the language(s) required to provide linguistically appropriate services.<sup>L</sup> For any hard-to-reach languages, an exemption to this requirement can be considered. If this is applicable, appropriate interpretation services must be made available and accessed accordingly. Planned adaptations to address culture, language, and diversity will be submitted for CDPH/MCAH approval. Unplanned adaptations will be recorded in the AFLP MIS.

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<sup>L</sup> [ABC of adolescence: Adolescent development - PMC \(nih.gov\)](#)

### **E. Ensure Programming is Youth Centered**

Youth-centered programming ensures that case managers understand the developmental tasks of adolescence, engage youth in understanding their own contexts, and collaborate with them as active decision makers in their lives. Case managers must be aware of the youth's responsibilities and appreciative of the effort required of youth in making time for AFLP activities. In addition to personal and family responsibilities, youth may be attending school and working. They may also have difficulty accessing childcare and transportation, making scheduling visits challenging. Agencies must do their best to accommodate youth scheduling needs by offering flexible/extended hours of operation, alternative meeting locations, and virtual visits.

Typically, standard hours of operation are Monday through Friday from 8:00 am to 5:00 p.m. Awardees are required to provide weekend and evening hours no less than twice a month.

### **F. Ensure Programming is Developmentally Appropriate**

Developmentally appropriate programming acknowledges 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]

Case managers must observe, assess, and respond appropriately to the developmental level of each youth. Meeting individual needs through ability-appropriate activities requires that case managers have the demonstrated ability to apply components of developmentally appropriate practice and knowledge of developmental milestones, domains of learning, and how to assess abilities.

Awardees must do their best to assess and accommodate youth needs by scaffolding content, adding more visits when needed, or employing other methods to support development and emotional needs.

### **G. 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 \(SHEAA\)](#), [HSC 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 [HSC 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, ethnicity, religion, or sexual orientation as defined in [Section 422.56 of the Penal Code](#). For additional details and definitions, refer to [Attachment 10](#) (Service Area Needs and Strategies). 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.

In documenting compliance with SHEAA, awardees must attest to staff competency in best practices relating to LGBTQ+ equitable services, including SOGIE.

## H. Ensure Adequate Staffing to Meet Program Requirements

### 1. Required Staffing Pattern

Awardees shall ensure enough staff are available who have the knowledge, skills, and backgrounds necessary to complete all AFLP SOW requirements.

While staffing structures vary by agency size and the number of youths to be served, the AFLP staffing pattern must include, at minimum, the staff and FTEs listed in [Table 4. Minimum Staffing Pattern](#). 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.

Only authorized positions, as listed in [Table 4. Minimum Staffing Pattern](#), will be allowed on the AFLP budget as billable positions. 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**

<b>Position</b>	<b>Minimum AFLP FTE Required</b>	<b>Maximum AFLP FTE Allowed</b>	<b>General Description of Role</b>
<b>AFLP Director</b>	5% FTE	5% FTE	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, reports are complete and submitted on time, and supports the supervisor in the oversight of quality assurance activities.
<b>AFLP Coordinator</b>  (May not be combined with a case manager or data entry position)	10% FTE per 1.0 FTE case manager, not to exceed 35%	10% FTE per 1.0 FTE case manager, not to exceed 35%	Coordinates outreach efforts, manages wait lists, and maintains collaborations and referral networks, among other duties. Assists supervisor with monitoring quality assurance activities and reporting to supervisor for use in staff development and supervision meetings/discussions.  Should the agency opt to not fill the data entry position, the supervisor and coordinator would also fulfill the data entry duties.
<b>AFLP Supervisor</b>	20% FTE per 1.0 FTE case manager	25% FTE per 1.0 FTE case manager	Provides ongoing supervision and guidance to case manager(s) and youth advisor, leads quality assurance activities, develops and implements the training and capacity building plan/budget for staff, manages staff assignments, ensures that staff's activities are completed and documented appropriately. <sup>M</sup>  Should the agency opt to not fill the data entry position, the supervisor and coordinator would also fulfill the data entry duties.

<sup>M</sup> 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).

<b>Position</b>	<b>Minimum AFLP FTE Required</b>	<b>Maximum AFLP FTE Allowed</b>	<b>General Description of Role</b>
<b>AFLP Case Manager</b>	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 AFLP PYD model, to no less than 25 active AFLP youth per 1.0 FTE case manager and ensures that program activities are documented, and that required data is collected, entered accurately, and submitted through the management information system (MIS) per the AFLP Penelope User Manual.  For continuity of care, agencies administering Cal-Learn are encouraged to split the case manager position 50/50.
<b>AFLP Data Entry</b>	0% (Optional)	15% per 1.0 FTE case manager	Responsible for ensuring that program documentation and data is entered accurately and submitted through the MIS per the AFLP Penelope User Manual.

Position	Minimum AFLP FTE Required	Maximum AFLP FTE Allowed	General Description of Role
<p><b>Youth Advisor</b></p> <p>(role may not be split)</p>	<p>25% FTE</p>	<p>100% FTE</p>	<p>Meaningful youth involvement can benefit organizations and their programs as well as the youth themselves. Programs that involve youth in planning, decision-making, and implementation are shown to be more effective at engaging young people, and therefore have a greater impact.<sup>26</sup> This program requirement is intended to strengthen program activities by providing dedicated funds for applicants to hire youth advisors who will engage in a variety of innovative educational and support activities that help the applicant achieve the overarching goals of the program.</p> <p>The youth advisor will provide youth input in local and CDPH/MCAH planning, decision-making, and implementation of AFLP PYD. The youth advisor will also support the agency in MCAH/AFLP Quality Assurance (QA) efforts, assist the agency with addressing challenges, and inform decisions to best meet the needs of youth in MCAH programs. The youth advisor will be responsible for participating in local stakeholder forums and steering committees. The youth advisor will also participate in meetings (no less than monthly) with CDPH/MCAH to inform programs that serve expectant and parenting young people. Additionally, they will attend regularly scheduled webinars, required trainings, and meetings with CDPH/MCAH to provide input on AFLP PYD model development and program requirements when needed. The youth advisor may assist with outreach activities that target AFLP youth and participate in other youth engagement opportunities led by CDPH/MCAH.</p>



## 2. 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, including racial 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."<sup>7</sup> Applicants are encouraged to refer to the [Professional Learning Standards for Sex Education \(PLSSE\)](#) as well as the Adolescent Sexual Health Workgroup (ASHWG) Core Competencies for Adolescent Sexual and Reproductive Health Programs/Services manual (available at [ASHWG.org](#)), including the human resources toolkit, to guide their recruitment, hiring, training, and evaluation of program staff. Scroll down on the linked page to find the core competencies and click to download the manual.

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 regarding appropriate use of background checks. Additional background check policies can be found within AFLP Policies and Procedures.

Staff hired must meet the minimum education and experience requirements for their role as outlined in [Table 5. Staff Education and Experience](#). Note that experience obtained during an educational program may contribute toward the experience requirements. If awardees are unable to hire according to minimum requirements, the awardees can submit a waiver request that justifies their need for accommodation.

**Table 5. Staff Education and Experience**

Position	Minimum Education and Experience Requirements
<p><b>Director</b></p>	<p><b>Option A:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Two years managerial and/or supervisory experience in a health or social services setting.</li> </ul> <p><b>Option B:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Five years managerial and/or supervisory experience in a health or social services setting.</li> </ul> <p><i>Note: An automatic exemption to the education and experience requirements will be granted for those individuals who hold the Maternal, Child and Adolescent Health Director position at a local health agency.</i></p>
<p><b>Coordinator</b></p>	<p><b>Option A:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• One year of experience coordinating or implementing health or social programs in communities, schools, etc. or community outreach/engagement.</li> </ul> <p><b>Option B:</b></p> <ul style="list-style-type: none"> <li>• Possess a bachelor’s degree from an accredited college or university program in social work, public health, nursing, education, health education, other health-related or social science field, or marketing or communications; and</li> </ul>

Position	Minimum Education and Experience Requirements
	<ul style="list-style-type: none"> <li>• Three years of experience coordinating or implementing health or social programs in communities, schools, etc. or community outreach/engagement.</li> </ul>
<b>Supervisor</b>	<p><b>Option A:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• One year of case management experience.</li> </ul> <p><b>Option B:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Three years of case management experience and/or implementing health or social programs in communities, schools, etc.</li> </ul> <p><b>Option C:</b></p> <ul style="list-style-type: none"> <li>• Five years of case management experience; and</li> <li>• Three years of experience working with youth in a professional or academic capacity.</li> </ul>
<b>Case Manager</b>	<p><b>Option A:</b></p> <ul style="list-style-type: none"> <li>• Possess a bachelor’s degree from an accredited college or university program in social work, health services administration, nursing, education, health education, or other health-related or social science field;</li> <li>• One (year of experience with case management; and</li> <li>• One year of experience working with youth in a professional or academic capacity.</li> </ul> <p><b>Option B:</b></p> <ul style="list-style-type: none"> <li>• Three years of case management experience; and</li> </ul>

Position	Minimum Education and Experience Requirements
	<ul style="list-style-type: none"> <li>Two years of experience working with youth in a professional or academic capacity.</li> </ul>
<b>Data Entry (optional)</b>	<ul style="list-style-type: none"> <li>Possess a high school diploma or completion of General Education Development (GED).</li> </ul>
<b>Youth Advisor</b>	<p><b>Option A:</b></p> <ul style="list-style-type: none"> <li>21 years and younger</li> <li>Expectant or parenting youth</li> <li>AFLP participant or graduate</li> </ul> <p><b>Option B:</b></p> <ul style="list-style-type: none"> <li>21 years and younger</li> <li>Expectant or parenting youth</li> <li>Cal Learn participant or graduate</li> </ul> <p><b>Option C:</b></p> <ul style="list-style-type: none"> <li>21 years and younger</li> <li>Expectant or parenting youth</li> <li>Graduated from a program in the service agency</li> </ul>

### 3. Timeline for Staffing

To ensure that AFLP awardees are able to attend and participate in required conferences, trainings and planning activities, the AFLP director, coordinator and supervisor(s), case managers, data entry staff, and youth advisor should be hired no later than October 1, 2023.

If there is staff turnover, CDPH/MCAH must be notified within five (5) business days of vacancy and five (5) days prior to making an offer of employment for CDPH/MCAH-funded staff. Details related to hiring and transition planning will be provided in the AFLP Policies and Procedures.

## I. Establish and Maintain Collaborative Efforts and Provider Networks

### 1. Local Stakeholder Coalition or Collaborative (LSC)

AFLP awardees will be required to coordinate and/or participate in regular meetings, no less than quarterly, with at least one (1) LSC. The purpose of the LSC is described below:

- a. Develop relationships with community partners that contribute to the success of youth in the program and sustainability of AFLP services.
- b. Identify strategies to seek and maintain community support for expectant and parenting youth and their families as well as the services provided through AFLP.
- c. Identify opportunities for youth input and community involvement.
- d. Raise community awareness of youth's strengths and needs to increase supports and opportunities for meaningful engagement (i.e., jobs, internships, and community advisory boards).
- e. 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, and childcare and child development resources.

The LSC may include representatives from the following backgrounds:

- a. Previous/current AFLP providers and/or Cal-Learn/CalWorks providers
- b. 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)
- c. Schools and educators (e.g., alternative schooling options, institutes of higher learning, vocational programs)
- d. Local Maternal, Child, and Adolescent Health Director or public health designee
- e. Women, Infants and Children (WIC) program and other nutrition/food services
- f. Behavioral and mental health providers
- g. Family PACT (Family Planning, Access, Care and Treatment) and Medi-Cal providers (preventive, obstetrics/Comprehensive Perinatal Services Program [CPSP])
- h. Childcare programs, and child development services (e.g., Head Start and Early Start)
- i. Social service providers (e.g., those who provide adolescents with services related to affordable housing, homelessness, substance use/abuse, intimate partner violence)

- j. Foster care, such as county/state agencies and/or private organizations/providers
- k. Former AFLP participants
- l. AFLP youth advisor
- m. Youth from the service population and/or their parents/guardians (e.g., youth who have graduated from AFLP)
- n. 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, ethnic and cultural heritage groups, faith-based and community and/or service organizations (e.g., Rotary, Lions, Soroptimists, 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).

## 2. 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:

- a. Recruit and enroll eligible youth to maintain a required active caseload of 25 youth per 1.0 FTE case manager. Developing relationships with community providers is an important strategy to assist awardees with referrals and enrollment into AFLP.
- b. 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.
- c. Providers include, but are not limited to, Family PACT, WIC, childcare, educational institutions, 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. Establish and Maintain Collaborative Efforts and Provider Networks](#)) for additional examples of providers.

## J. Participate in Required Monitoring, Evaluation, and Quality Assurance Activities

Awardees (staff outlined in the minimum staffing pattern in Part III., [H. Ensure Adequate Staffing to Meet Program Requirements](#)) 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 AFLP 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. Ensure Adequate Staffing to Meet Program Requirements](#). 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 responsive so participants can become invested in the program, have a trusting relationship with their case manager, and feel supported from services provided. Awardees will be required to administer surveys or questionnaires to participants to collect quality assurance and improvement feedback. Surveys or other forms of required data collection will be provided to awardees by CDPH/MCAH.
- 4. Quality assurance (QA) efforts:** Awardees are required to engage in regular QA activities to ensure all implementation activities (including data collection) meet performance standards as described in the AFLP Policies and Procedures (P&Ps) and AFLP MIS Manual. QA efforts include, but are not limited to, development of an internal QA team, compiling and review of programmatic data, case manager observations, chart review, identification of quality improvement goals, implementation of needed steps to achieve those goals, and participation on QA 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.

## K. 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 (SOW):** The AFLP SOW ([Exhibit A](#)) outlines the requirements of the 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 P&Ps, AFLP PYD Model Implementation Manual, AFLP Data Collection Manual, Penelope User Manual, and the CDPH/MCAH Fiscal P&Ps Manual. These documents are provided to awardees and/or updated as necessary for each state FY<sup>N</sup> of the cooperative agreements.
- 2. Meetings, Trainings, and Site Visits:** Awardees shall attend all trainings, workshops, and conferences as directed by CDPH/MCAH. Awardees shall participate in regular program discussions and meetings as determined by CDPH/MCAH. Awardees will support peer learning by participating in at least one presentation per FY to share best practices and promote innovation. Youth advisors will serve as subject matter experts by participating in regular program meetings with CDPH/MCAH to provide input on model development, program related activities, and to connect with other AFLP youth advisors. Youth advisors shall participate in regularly scheduled webinars and meetings (no less than monthly) with CDPH/MCAH to provide input on model development and program requirements when needed. 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 AFLP PYD model, provide technical assistance, and ensure compliance with the contract.
- 3. Material Development, Use, and Approval Process:** All products and publications (e.g., print promotional materials, video, audio, radio, or television public service announcements) developed, produced, reproduced, or purchased under the contract shall be approved by CDPH/MCAH before duplication, production, distribution, or use. The awardee shall acknowledge CDPH/MCAH on all materials produced under this cooperative agreement. CDPH/MCAH will retain copyright ownership for any and all original materials produced with CDPH/MCAH contract funding. Refer to [Exhibit D](#) (Special Terms and Conditions, 6) for details.

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<sup>N</sup> Refer to Part I., [G. Funding Availability](#) for the dates of each budget period for this cooperative agreement.



4. **Implementation Plan, Reports, and Audit Requirements:** Awardees will submit status reports, including an implementation plan, annual program progress, and closeout reports as indicated in [Exhibit A](#) (SOW).
5. **Implementation Plan:** Awardees will develop an implementation plan and obtain CDPH/MCAH approval.
6. **Annual Program Progress Report:** Awardees will submit an annual program progress report which collects information and data for evaluation, analysis, and monitoring of program performance and program objectives.
7. **Closeout Report:** Awardees will submit a closeout report which collects information and data for evaluation, analysis, and monitoring of program performance and program objectives over the duration of the funding cycle.
8. **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](#).
9. **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.
10. **Data Privacy, Security, and Ownership Requirements:** Awardees have the following responsibilities concerning the collection, maintenance, and use of AFLP program data.
  - a. **Data Ownership:** CDPH owns all AFLP data collected by awardees under established agreements.
  - b. **Informed Consent and Notification:** Awardees must ensure that potential AFLP participants engage in an informed consent process so that potential participants understand the rights and responsibilities of program participation 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.
  - c. **Privacy and confidentiality:** All awardees must protect the privacy and confidentiality of AFLP participants, including when entering and managing data. Awardees must ensure that only staff on the agreement have access to AFLP participant data. All staff who have access to AFLP participant and or program data must abide by [Exhibit G](#) (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. Additionally, 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.

- d. **Data Integrity:** All awardees must maintain integrity of CDPH services, data and databases. There are important limitations on awardees' use of AFLP program data. Participant data can only 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 SOW without written review and approval from CDPH/MCAH.

## Part IV. Application Submission Process

### A. Internet Access for RFA Documents

All documents related to this RFA can be downloaded from the [AFLP RFA website](#). It is the applicant's responsibility to visit the website on a regular basis for current postings and any addenda that may be posted following the release of the RFA. This includes:

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

### B. 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 with funding awarded through this RFA and/or its accompanying materials, instructions, or requirements. **All applicants must adhere to the following process to submit a question:**

1. How to Submit Questions or Report an Error in the RFA
  - a. 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.
  - b. CDPH/MCAH will send an email to confirm receipt of written questions. If confirmation is not received, applicants may resubmit prior to the stated deadline to confirm receipt by CDPH/MCAH.
  - c. Questions shall be submitted to CDPH/MCAH by the deadline listed in Part I, [K. RFA Key Action Dates](#).
  - d. Questions received after the deadline will not be reviewed or responded to.
  - e. Errors in the RFA or its instructions may be reported up to the application submission due date.
2. What to Include in a Question or Report of an Error

Emails sent to CDPH/MCAH for the purpose of asking a question or reporting an error should include:

- a. Name of inquirer, name of organization being represented, mailing address, area code and telephone number, and email address;
- b. A description of the subject, concern, or issue in question or RFA discrepancy found;

- c. RFA section, page number and other information useful in identifying the specific problem, concern, or issue in question; and
    - d. Proposed remedy sought or suggested, if any.
  3. Response by CDPH/MCAH
    - a. 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.
    - b. Questions and answers received through the process outlined will be published on the [AFLP RFA website](#) on the date listed in Part I., [K. RFA Key Action Dates](#). Verbal questions will not be accepted. All questions must be transmitted in written form according to instructions in Part IV., [B. Applicant Questions and Reporting of Errors in the RFA](#).
    - c. 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](#).

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.

### C. RFA Delivery Methods

Application packages must be sent via email to [AFLP\\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) no later than the date listed in Part I., [K. RFA Key Action Dates](#). Applicants will receive a confirmation email upon receipt. Applications received after the date and time listed in Part I., [K. RFA Key Action Dates](#) will be considered late and will not advance to the review process. CDPH/MCAH is not responsible for failure to submit in a timely manner.

### D. Voluntary RFA and AFLP PYD Model Webinar

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

Viewing the Webinar

1. Applicants should thoroughly review and be familiar with this RFA prior to the webinar.

2. Applicants are invited to view the Voluntary RFA and AFLP PYD model webinar once it is posted by the date listed on [Table 3. RFA Timeline and Award Schedule](#) on the [AFLP RFA website](#).

## E. Voluntary Non-Binding Letter of Intent

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 applicants are not required to submit an application merely because a Letter of Intent is submitted. For the Letter of Intent due date, refer to [Table 3. RFA Timeline and Award Schedule](#).

Submitting a Letter of Intent

1. Use [Attachment A](#) (Voluntary Non-Binding Letter of Intent) for this purpose.
2. The Letter of Intent must be emailed to [AFLP\\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) with the subject line: “Voluntary Non-Binding Letter of Intent.”
3. Please submit the Letter of Intent by the date and time listed on [Table 3. RFA Timeline and Award Schedule](#).

Applicants submitting a Letter of Intent are responsible for confirming the receipt of all materials transmitted to CDPH/MCAH. CDPH/MCAH will send an email to confirm receipt of the Letter of Intent. If confirmation is not received, applicants may resubmit prior to the stated deadline to confirm receipt by CDPH/MCAH.

## F. Instructions for Preparation and Submission of Applications

1. General Instructions
  - a. 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.
  - b. Before submitting an application, seek timely written clarification of any requirements or instructions that seem vague, unclear or, that are not fully understood by the deadline listed in Part I., [K. RFA Key Action Dates](#).
  - c. In preparing an application, all narrative portions should be straightforward, detailed and precise, and fall within specified page limits. CDPH/MCAH will determine the responsiveness of an application by its quality, not its volume, packaging, or colored displays.

- d. Use forms and templates (attachments) provided and follow any instructions provided within the attachments.
  - e. Arrange for the timely submission of the application documents to the email address specified in this RFA, no later than the date listed in Part I., [K. RFA Key Action Dates](#).
  - f. Monitor the [AFLP RFA website](#) for additional RFA instructions and/or clarifications issued by CDPH/MCAH through the date applications are due, even after application submittal.
2. Application Submission Content
- a. Submit one electronic submission containing all application documents to AFLP\_RFA@cdph.ca.gov.
  - b. Each application set must include the following:
    - i. Application Cover Page ([Attachment 1](#)): 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.
    - ii. Application Checklist ([Attachment 2](#))
    - iii. AFLP RFA Program Narrative Template ([Attachment 3](#))
    - iv. Organization Chart ([Attachment 4](#))
    - v. References ([Attachment 5](#))
    - vi. Government Contracts ([Attachment 6](#))
    - vii. Audited Financial Statements ([Attachment 7](#))
    - viii. Litigation and Contract Compliance Difficulties ([Attachment 8](#))
    - ix. Program Reach Worksheet ([Attachment 9](#))
    - x. Service Area Needs and Strategies ([Attachment 10](#))
    - xi. Letters of Support ([Attachment 11](#))
    - xii. Budget Template ([Attachment 12](#))
    - xiii. Agency Information Form ([Attachment 13](#))
    - xiv. Attestation of Compliance with the Sexual Health Accountability Act of 2007 ([Attachment 14](#))
    - xv. If applicable: Certification to Select Title XIX Financial Participation Program ([Attachment 15](#))
    - xvi. 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.
- xvii. If applicable: 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.
- xviii. If applicable: 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.
- xix. If applicable: Applicants who represent a school district must submit proof of tax-free transactions by the Internal Revenue Service.

The person legally authorized to bind the applicant must sign each RFA attachment that requires a signature. RFA attachments that require a signature must be signed electronically. After completing and signing the applicable attachments, assemble them in the order directed above for submission.

### 3. Submission Process

Email your application materials as attachments to [AFLP\\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) no later than the date listed in Part I., [K. RFA Key Action Dates](#). Please note: Late applications will not be reviewed or scored.

### 4. 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.

## G. References

CDPH/MCAH will email an electronic survey to all references listed in [Attachment 5](#) (References), within 5-10 business days after the application submission deadline. It is the applicant's sole responsibility to ensure that the reference firm's name, and point of contact's name, title, phone number, and email address are accurate. The same references may be listed on both [Attachment 5](#) (References) as well as [Attachment 6](#) (Government Contracts).

Three attempts will be made to each prospective reference during business hours of Monday through Friday, from 8:00 a.m. to 5:00 p.m.

1. The first attempt will be an email with a link to the electronic survey with a due date for a response.
2. The second attempt will be an email reminder with the survey link.
3. The third and final attempt will be a phone call with a follow-up email.

CDPH/MCAH may reduce points and/or disqualify an applicant as non-responsive and/or non-responsible if:

1. References fail to substantiate applicant's description of the services provided; or
2. References fail to support that the applicant has a continuing pattern of providing capable, productive, and skilled personnel; or
3. CDPH/MCAH is unable to reach the point of contact with reasonable effort. It is the applicant's responsibility to inform the point of contact of normal working hours; or
4. Review determines audit findings are significant or findings related to case management, home visiting, or adolescent programs are unresolved; or
5. Review determines any contract compliance issues, litigation, or judgments against the applicant are significant.



## Part V. Program Narrative and Corresponding Attachments

### General Instructions

Applicants should provide a detailed narrative describing the need for services in their area and their capacity and plan for effectively reaching youth experiencing the greatest inequities in health and social outcomes. Applications will be scored based on adequacy, thoroughness, and the degree to which it complies with the RFA requirements and meets CDPH/MCAH program needs as described in the RFA.

Application scores by section are as follows (maximum 114 points):

1. Agency Organizational Capacity and Experience (36 points)
2. Need in Proposed Service Area (18 points)
3. Implementation Plan (36 points)
4. Community Engagement, Referral Network, and Letters of Support (15 points)
5. Proposed Budget (9 points)

Applicants should complete the application narrative following the requirements for each section below using [Attachment 3](#) (AFLP RFA Program Narrative Template). Please ensure that responses are complete, concise, follow the instructions provided in the template, and respond directly to the information requested.

Please note that all applicants selected for award will work collaboratively with their [CDPH/MCAH program consultant](#) prior to the start of the cooperative agreement 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.

### A. Background, Experience, and Organizational Capacity (36 points)

Applicant will be evaluated on their experience and capacity as an organization to perform the required services based on information provided in the Background, Experience, and Organizational Capacity section. This will include a verification of references, a review of audits to evaluate the applicant's financial capacity and their accounting practices, and a review to determine the significance of any contract compliance issues, litigation, and/or judgments pending against the applicant.

CDPH reserves the right to verify information provided as well as any contradictory information obtained by CDPH. This may result in the elimination of points for this question and/or disqualification from the application process. A responsible applicant is an applicant who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily perform the contract. It is CDPH/MCAH's policy to conduct business only with responsible applicants. CDPH/MCAH may determine whether the applicant is responsible based on a review of the applicant's performance on any contracts.

CDPH/MCAH may declare an applicant to be non-responsible for purposes of this contract if, in its discretion, it finds that the applicant has done any of the following: 1) violated a term of a contract with a governmental agency; 2) committed an act or omission which negatively reflects on the applicant's quality, fitness or capacity to perform a contract with CDPH/MCAH, any other governmental agency, or engaged in a pattern or practice which negatively reflects on same; 3) committed an act or omission which indicates a lack of business integrity or business honesty; or 4) made or submitted a false claim against a governmental agency. An application may be disqualified from consideration because CDPH/MCAH determined it was non-responsive at any time during the review/evaluation process.

1. Describe the applicant's organization and how the organizational structure will support AFLP (e.g., quality assurance, training, fiscal management, generating and processing incoming referrals). Provide [Attachment 4](#) (Organization Chart) showing the proposed AFLP program within the agency structure, including subcontracts or multiple sites, if applicable. (3 points)
2. Describe the applicant's capacity as it relates to successfully meeting the needs of expectant and parenting youth in the local service area. Include the organization's ties to the community and other local youth-serving agencies. (3 points)
3. Describe the applicant's experience and number of years providing case management or other social support services for youth, especially expectant and parenting youth. Include a list of the program(s) and outcomes. (3 points)
4. Describe the applicant's experience and number of years using motivational interviewing strategies, strength-based approaches, and trauma-informed approaches. Include a list of the program(s) and outcomes. (3 points)
5. Describe the applicant's experience and number of years providing services to youth who experience the greatest inequities in health and social outcomes. Include a list of the program(s) and outcomes. (3 points)
6. Describe the applicant's experience and number of years successfully providing information and referrals to support the health, education, and employability of 1)

- adolescents and 2) historically underserved populations, including LGBTQ+ and racially marginalized communities. Include a list of the program(s) and outcomes. (3 points)
7. Describe the applicant's strengths, capacity, and experience recruiting and engaging youth in a virtual environment, including successful strategies and lessons learned for youth recruitment and retention. (3 points)
  8. Share any unique resources, services, service setting, or leadership offered by the applicant, describing how these resources would benefit AFLP participants. (3 points)
  9. Submit the required items relating to contract management which includes the applicant's references listed in [Attachment 5](#) (References) and [Attachment 6](#) (Government Contracts). (6 points)
  10. Submit the required items related to compliance and legal issues which includes [Attachment 7](#) (Audited Financial Statements), and [Attachment 8](#) (Litigation and Contract Compliance Difficulties). Describe any litigation and/ or contract compliance difficulties that were identified in Attachment 8 and include discussion of the potential impact on the program if funded. (6 points)

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

1. Describe local trends in adolescent birth rates, adolescent parenting resources, and the needs of expectant and parenting youth in your community using citations where appropriate. Include any relevant information on youth experiencing the greatest health inequities and social outcomes, and any other geographic and/or demographic factors, such as rurality, migration, linguistic needs, etc. (3 points)
2. Describe the availability of other case management and/or home visitation programs (excluding Cal-Learn) that serve expectant and parenting youth such as those administered by the county department of public health. Please provide a comprehensive list of programs, identifying their eligibility requirements and capacity/waitlist. Applicant should describe its capacity to address any gaps and/or needs. (3 points)
3. Provide a comprehensive needs assessment and accurately demonstrate a proposed program service area with sufficient need. (6 points)
4. **Program Reach**<sup>o</sup>: Complete the *State Method* column in [Attachment 9](#) (Program Reach Worksheet) to determine the applicant's maximum program reach for each FY using the CDPH/MCAH's pre-determined formulas and factors (6 points)

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<sup>o</sup> As a reminder, program reach must be at least 50 youth per year to be eligible for this RFA.

### C. Implementation Plan (36 points)

1. Describe the referral sources and the number of anticipated referrals per FY in [Attachment 3](#) (RFA Program Narrative), Table 1. Participant Recruitment and Referrals to AFLP. (3 points)
2. Describe the applicant's outreach and recruitment strategies to reach the proposed number of youth, including youth experiencing the greatest inequities in health and social outcomes, males and gender diverse participants, and coordination with local partners to ensure that youth are served by the program that best meets their needs. Applicant must demonstrate sufficient referrals to meet program reach and that the program reach numbers align in the narrative, [Attachment 9](#) (Program Reach Worksheet), and Attachment 3 (RFA Program Narrative), Table 1. Participant Recruitment and Referrals to AFLP. (3 points)
3. Describe the applicant's approach to minimize duplication of services within the proposed service area and ensure that youth are connected to the program that best meets their needs. (6 points)
4. Describe the strategies the applicant proposes to effectively address the needs of youth experiencing the greatest inequities in health and social outcomes. List strategies to meet the needs of youth in each area in [Attachment 10](#) (Service Area Needs and Strategies, Table 1). (6 points)
5. Describe the applicant's plan to successfully reach, recruit, and retain a talented pool of diverse staff who are reflective of the AFLP service population. Include the applicant's approach to offering a living wage, benefits, incentives, staff development opportunities, etc. (6 points)
6. Describe the applicant's approach to recruitment, hiring, and training of the supervisor and how the supervisor's background and experience will aid in effective program management and staff development, including experience using reflective supervision to support and develop staff and providing in-service training. (3 points)
7. Describe applicant's approach to recruitment, hiring, and developing case managers to effectively understand and support the needs of the participants in the proposed service area, using a trauma-informed approach that is respectful and responsive to participant beliefs, privacy, dignity, cultural, and linguistic needs. (3 points)
8. Describe applicant's plan to meet youth needs by outlining where case management services will be offered and making case management services accessible to youth outside of standards business hours. (3 points)
9. Describe the applicant's plan to implement effective strategies for encouraging consistent youth engagement and program participation, including, but not limited to processes for scheduling, tracking, and reminding youth of visits. (3 points)

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

1. Describe the applicant's approach to forming a local coalition or collaborative to bolster and leverage resources to support expectant and parenting youth. In your response include the process of identifying stakeholders and partners, coalition goals, activities, and efforts to engage communities in the applicant's local service area. Describe the applicant's plans to meet the requirement to coordinate and/or participate in the Local Stakeholder Coalition (LSC). (6 points)
2. Describe the applicant's community outreach/awareness plan. In your response, clearly describe your plan to increase community awareness of youth's strengths and needs to increase concrete supports and opportunities for meaningful engagement (i.e., jobs, internships, and community advisory boards). Additionally, describe the planned activities, roles, and a detailed description of how the LSC will support the plan. (3 points)
3. Describe the applicant's plan to maintain a network of local partners to support participants with culturally competent and youth-friendly service providers and resources, including Family PACT, WIC, childcare education, legal services, housing assistance, child development services, Medi-Cal, pre/postnatal care, primary preventive care, well-child care, mental health services, job training, etc. (3 points)
4. Applicant must submit [Attachment 11](#) (Letters of Support), following the instructions in the attachment. In completing Attachment 11, the applicant must identify whether it is a local Maternal, Child, and Adolescent Health (MCAH) jurisdiction, complete the required follow-up, and check the box(es) to indicate that the associated requirements have been addressed. If the applicant is not a MCAH jurisdiction, they must provide one (1) letter of support from their board of directors or highest governing body and one (1) letter of support from their local MCAH director. If unable to obtain a letter from the local MCAH director, the applicant must submit an explanation. If the description indicates that the applicant made a reasonable and timely effort to obtain the letter, they will not be penalized for the omission. (3 points)

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

1. Complete [Attachment 12](#) (Budget Template) for each FY, and if applicable, a subcontract budget for each FY. CDPH/MCAH will not provide additional funding for cost-of-living adjustments during the term of the contract, as such applicants are responsible to budget for such increases in their budget proposal. The proposed budget cost should comply with the minimum case manager requirements as outlined in [Table 1](#).

[Anticipated Awardee Funding Levels Based on Caseload and Corresponding Case Manager Full Time Equivalency](#). Unless the applicant proposes to contribute other sources of funds, personnel in the budget should align with [Table 4. Minimum Staffing Pattern](#). If the applicant proposes to include other funds (i.e., proposed matched agency funds, in-kind/unmatched agency funds, and Title XIX funds), the total budget less other funds should align with [Table 1. Anticipated Awardee Funding Levels Based on Caseload and Corresponding Case Manager Full Time Equivalency](#). (3 points)

2. Describe applicant's budget plan per line item in E-2 of [Attachment 3](#) (RFA Program Narrative), including a clear description outlining how the applicant arrived at the total cost. The proposed budget must contain sufficient detail and demonstrate that the proposed cost is realistically based on reasonable costs specific to the contract as reflected in the applicant's line-item budget and budget narrative. Costs that are estimated or assumed must include a brief explanation of the underlying basis of the estimates or assumptions. The applicant must also describe differences per line item (e.g., annual salary escalation of x%) in each FY budget. If a subcontract is being proposed, applicants must provide a justification of why a subcontract is necessary to support the implementation of the AFLP. If applicant proposes to include other funds (i.e., proposed matched agency funds, in-kind/unmatched agency funds, and Title XIX funds), these funds must be clearly described. Applicants that wish to involve agency funded staff in the implementation and/or oversight of the program must list them as in-kind staff in the budget narrative, E-2 of [Attachment 3](#) (RFA Program Narrative) and describe their role. (3 points)
3. Describe applicant's methodology for establishing competitive salaries to attract and retain qualified staff (e.g., local market salary research, annual salary escalation). (3 points)

## Part VI. Evaluation and Selection

### A. First Stage

The application checklist and application package will be reviewed to ensure that applicants (a) meet the RFA eligibility criteria described in Part I., [I. Eligibility Criteria](#), and (b) submitted all requirements as described in [Part IV. Application Submission Process](#).

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:

1. 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.
2. If an applicant submits an application that is materially incomplete or contains material defects, alterations, or irregularities of any kind.
3. If an applicant supplies false, inaccurate, or misleading information or falsely certifies program or fiscal compliance on any RFA response. CDPH/MCAH reserves the right to verify information supplied by the applicant.
4. 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.
5. If other irregularities occur in an application response that is not specifically addressed herein.

### B. 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](#). 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 AFLP PYD model and effectively serve expectant and parenting youth in California. 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 or Missing	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. Application response is missing entirely.
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. No omissions(s), flaw(s) or defect(s) are identified.
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. Applicant offers one or more enhancing feature, method, or approach that will enable performance to exceed CDPH/MCAH's minimum expectations.

**Table 7. Point Scoring System for Responses Worth 6 Points**

Points	Interpretation	General basis for point assignment
0	Inadequate or Missing	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. Application response is missing entirely.
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.
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. No omissions(s), flaw(s), or defect(s) are identified.
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. Applicant offers one or more enhancing feature, method, or approach that will enable performance to exceed CDPH/MCAH's minimum expectations.



2. 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 114 points.

**Table 8. Agency Experience and Organizational Capacity (36 points)**

Question Number	Rating Factors	Points Possible	Points Earned
A1	The extent to which the applicant describes how the organizational structure will support AFLP.	3	
A2	The extent to which the applicant describes its capacity as it relates to successfully meeting the needs of expectant and parenting youth in the local service area and the extent to which it demonstrates ties to the community and other local youth-serving agencies.	3	
A3	The extent to which the applicant demonstrates strengths, experience (including years and outcomes), and capacity providing case management or other social support services for youth, especially expectant and parenting youth.	3	
A4	The extent to which the applicant demonstrates strengths, experience (including years and outcomes), and capacity utilizing motivational interviewing strategies, strength-based approaches, and trauma-informed approaches.	3	
A5	The extent to which the applicant demonstrates strengths, experience (including years and outcomes), and capacity providing services to adolescents who face the greatest inequities.	3	
A6	The extent to which the applicant demonstrates strengths, experience (including years and outcomes), and capacity providing information and referrals to support the health, education, and employability of 1) adolescents and 2) historically underserved populations, including the LGBTQ+ and racially marginalized communities. Include a list of the program(s) and outcomes.	3	
A7	The extent to which the applicant demonstrates strengths, experience, and capacity engaging youth in a virtual environment; and describes successful strategies and lessons learned for hybrid implementation.	3	
A8	The extent to which the applicant demonstrates unique resources, services, service setting, or leadership that would benefit expectant and parenting youth.	3	

Question Number	Rating Factors	Points Possible	Points Earned
A9	The extent to which documents, references, and information obtained from other sources substantiate the applicant’s description of the services provided; and support that applicant has a continuing pattern of providing capable, productive, and skilled personnel.	6	
A10	The extent to which the applicant’s financial capacity, accounting practices, and contract compliance issues, litigation, and/or judgments may impact its capacity to perform the required services.	6	
<b>Total score for section</b>		<b>36</b>	

**Table 9. Need in Proposed Service Area (18 points)**

Question Number	Rating Factors	Points Possible	Points Earned
B1	The extent to which the applicant describes local trends in adolescent birth rates, adolescent parenting resources, and provides an accurate and comprehensive description of the needs of expectant and parenting youth and relevant information on those experiencing the greatest health inequities and social outcomes.	3	
B2	The extent to which the applicant provides an accurate and comprehensive list of case management programs serving expectant and parenting youth in the community and includes, at a minimum: the eligibility criteria, geographic service area, and capacity and waitlist and describes capacity to address gaps and needs.	3	
B3	The extent to which the applicant provides a comprehensive needs assessment and accurately demonstrates a proposed program service area with sufficient need in <a href="#">Attachment 10</a> (Service Area Needs and Strategies).	6	
B4	The extent to which the applicant’s completion of state estimate in <a href="#">Attachment 9</a> (Program Reach Worksheet) accurately matches data for the proposed geographic service area and supports a proposed <i>program reach</i> that is at least 50 youth per 1.0 FTE per FY.	6	
<b>Total score for section</b>		<b>18</b>	

**Table 10. Implementation Plan (36 points)**

Question Number	Rating Factors	Points Possible	Points Earned
C1	The extent to which the applicant completes Table 1 (Participant Recruitment and Referrals to AFLP) and demonstrates a diverse and strategic referral base and that the number of anticipated referrals per FY align with the narrative and <a href="#">Attachment 9</a> (Program Reach Worksheet).	3	
C2	The extent to which the applicant describes effective outreach and recruitment strategies to reach the proposed number of youth, including youth experiencing the greatest inequities in health and social outcomes, males and gender diverse participants, and coordination with local partners to ensure that youth are served by the program that best meets their needs. Also includes the extent to which Table 1 (Participant Recruitment and Referrals to AFLP) demonstrates sufficient program reach and that the program reach numbers align in the narrative, <a href="#">Attachment 9</a> (Program Reach Worksheet), and Table 1.	3	
C3	The extent to which the applicant demonstrates a plan for coordination of other case management programs that includes strategies to minimize duplication of services and ensures that youth are served by the program that best meets their needs.	6	
C4	The extent to which the applicant describes strategies that will effectively address the needs of youth experiencing the greatest inequities in health and social outcomes, and lists strategies to meet the needs of youth in each area in <a href="#">Attachment 10</a> (Service Area Needs and Strategies, Table 1).	6	
C5	The extent to which the applicant demonstrates a plan to successfully reach, recruit, and retain a talented pool of diverse staff who are reflective of the AFLP service population. Response includes the applicant’s approach to offering a living wage, benefits, incentives, staff development opportunities, etc.	6	

Question Number	Rating Factors	Points Possible	Points Earned
C6	The extent to which the recruitment, hiring, background and training of the supervisor demonstrates the experience needed for effective program management and staff development, including experience using reflective supervision to support and develop staff, and providing in-service training.	3	
C7	The extent to which the applicant demonstrates an effective approach to recruitment, hiring, and developing case managers to effectively understand and support the needs of the participants in the proposed service area, using a trauma-informed approach that is respectful and responsive to participant beliefs, privacy, dignity, cultural, and linguistic needs.	3	
C8	The extent to which the applicant commits to meet youth needs by offering case management services in multiple settings and making services accessible to youth outside of standard business hours as reflected in Tables 2 and 3.	3	
C9	The extent to which the applicant describes effective strategies for establishing high yet realistic expectations around program participation and encouraging consistent youth engagement, including, but not limited to processes for scheduling, tracking, and reminding youth of visits.	3	
<b>Total score for section</b>		<b>36</b>	

**Table 11. Community Engagement, Referral Network, and Letters of Support (15 points)**

Question Number	Rating Factors	Points Possible	Points Earned
D1	The extent to which the applicant describes an effective approach to forming a local coalition or collaborative to bolster and leverage resources to support expectant and parenting youth. The response includes a clear process of identifying stakeholders and partners, coalition goals, activities, and efforts to engage communities in the applicant’s local service area. The extent to which the applicant describes an efficient plan to meet the requirement to coordinate and/or participate in the Local Stakeholder Coalition (LSC).	6	
D2	The extent to which the applicant describes an efficient community outreach/awareness strategic plan. The response clearly describes a sound plan to increase community awareness of youth’s strengths and needs to increase concrete supports and opportunities for meaningful engagement (i.e., jobs, internships, and community advisory boards) as well as the planned activities, roles, and a detailed description of how the LSC will support the plan.	3	
D3	The extent to which the applicant describes an efficient plan to maintain a network of local partners to support participants with culturally competent and youth-friendly service providers and resources, including Family PACT, WIC, childcare, education, legal services, housing assistance, child development services (including Head Start), Medi-Cal, pre/postnatal care, primary preventive care, well-child care, mental health services, education, job training, etc.	3	

D4	The extent to which the applicant, if not a local MCAH jurisdiction, provides a letter of support from the local MCAH jurisdiction indicating unconditional support of the applying organization and a letter of support from the applying organization’s board of directors of highest governing body, or an explanation in <a href="#">Attachment 3</a> (AFLP RFA Program Narrative Template) of why the applying organization was unable to obtain a letter from the local MCAH director. Each letter should include a description of how the supporting agency intends to support the effort of the applying organization should they be awarded funding. <a href="#">Attachment 11</a> (Letters of Support) should be completed.	3	
<b>Total score for section</b>		<b>15</b>	

**Table 12. Proposed Budget (9 points)**

Question Number	Rating Factors	Points Possible	Points Earned
E1	The extent to which the applicant successfully completes <a href="#">Attachment 12</a> (Budget Template) for each FY, and if applicable, a subcontract budget for each FY. The proposed budget cost should comply with the minimum case manager requirements as outlined in <a href="#">Table 1. Anticipated Awardee Funding Levels Based on Caseload and Corresponding Case Manager Full Time Equivalency</a> . Unless the applicant proposes to contribute other sources of funds, personnel in the budget should align with <a href="#">Table 4. Minimum Staffing Pattern</a> . If the applicant proposes to include other funds (i.e., proposed matched agency funds, in-kind/unmatched agency funds, and Title XIX funds), the total budget less other funds should align with <a href="#">Table 1. Anticipated Awardee Funding Levels Based on Caseload and Corresponding Case Manager Full Time Equivalency</a> .	3	

E2	<p>The extent to which the applicant describes a justifiable budget plan per line item, including a clear description outlining how the applicant arrived at the total cost. The proposed budget must contain sufficient detail and demonstrate that the proposed cost is realistically based on reasonable costs specific to the contract as reflected in the applicant’s line-item budget and budget narrative. Costs that are estimated or assumed must include a brief explanation of the underlying basis of the estimates or assumptions. If applicant proposes to include other funds (i.e., proposed matched agency funds, in-kind/unmatched agency funds, and Title XIX funds), these funds must be clearly described. In each subsequent FY budget, the applicant clearly describes differences in budget per line item (e.g., annual salary escalation of x%).</p> <p>If a subcontract is being proposed, applicants must provide a justification of why a subcontract is necessary to support the implementation of the AFLP.</p>	3	
E3	<p>The extent to which the applicant describes a well-researched and effective methodology for establishing salaries that are competitive to attract and retain qualified staff (e.g., local market salary research, annual salary escalation).</p>	3	
<b>Total score for section</b>		<b>9</b>	

**C. Review and Verification of Information**

In addition to the Second Stage review, additional reviews may occur to assess the applicant’s experience and capacity to perform the required services. This may include reviews of information provided in the Agency Experience and Organizational Capacity section of [Attachment 3](#) (RFA Program Narrative Template) as well as information obtained from references listed in [Attachment 5](#) (References) and any prior performance on a CDPH MCAH contract.

Each application will be evaluated on the verification of references provided and the applicant’s performance history on other contracts. This review may result in point deductions up to one hundred percent (100%) of the total application points.

A review will be conducted to evaluate the applicant’s financial capability and contract compliance as provided in the Agency Experience and Organizational Capacity section of the proposal.

CDPH/MCAH reserves the right to conduct a review to determine the significance of any litigation or judgments pending against the applicant during the review or after funds are awarded.

CDPH/MCAH reserves the sole right to judge the contents of the proposals submitted pursuant to this RFA and to review, evaluate and select the successful proposal.



## Part VII. Award Administration Information

### A. 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](#). Note: the term of the resulting cooperative agreements is expected to be 36 months and is anticipated to be effective from July 1, 2023, through June 30, 2026, contingent on availability of state and federal funds. The agreement term may change if CDPH/MCAH cannot execute the agreement in a timely manner due to unforeseen delays. The resulting agreement will be of no force or effect until signed by both parties and approved by CDPH or DGS, whichever is applicable. The applicant 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.

Upon written request to CDPH/MCAH, applicants will receive their review rating sheet. Requests should be sent via email to [AFLP\\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov).

### B. Appeal Process

1. Only those applicants who were not selected as an awardee may file an appeal. Appeals 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 an appeal. Applicants may not appeal solely on the basis of the funding amount. Only timely and complete appeals that comply with the appeal 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.
3. Appeals must be submitted no later than the date listed in Part I., [K. RFA Key Action Dates](#). Appeals received after this submittal deadline will not be accepted.
4. Submit a written appeal signed by an authorized representative of the organization via email to [AFLP\\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov). 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. Appeals will only be considered if they follow the required process.
5. CDPH/MCAH will review each appeal. CDPH/MCAH reserves the right to collect additional facts or information to aid in the resolution of any appeal. The decision of the CDPH/MCAH division chief or their designee shall be final and there will be no further

administrative appeal. Applicants will be notified of the decisions regarding their appeal in writing within 15 business days of the receipt of the written appeal letter.

### C. 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 [CA Public Records Act](#) (Government Code, Section 7920.0000 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 7920.000 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 issued and/or posted.

### D. 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](#).

### E. CDPH/MCAH Rights

1. CDPH/MCAH reserves the right to do the following:
  - a. Modify any date in the RFA.
  - b. Issue clarification notices, addenda, additional RFA instructions, forms, etc.
  - c. Waive any RFA requirement or instruction for all applicants if CDPH/MCAH determines that a requirement or instruction was unnecessary, erroneous, or unreasonable.
  - d. Allow applicants to submit questions regarding RFA changes, corrections, or addenda.
  - e. Any RFA changes or updates will be posted on the [AFLP RFA website](#).
2. CDPH/MCAH reserves the right to take any of the actions described below:
  - a. Offer agreement modifications or amendments to awardees for increased or decreased services and/or increased/decreased funding following successful contract negotiations.
  - b. Extend the term of any resulting agreement and alter the funding amount.

- c. 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.
3. CDPH/MCAH reserves the right to remedy errors caused by CDPH/MCAH office equipment malfunctions and natural disasters (e.g., floods, fires, earthquakes).
4. 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.

## **F. 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, or alterations to budget or funding.

## **G. Staffing Changes after Award**

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

## **H. Federal Certification Clauses**

The [Contractor Certification Clauses](#) can be found on the [DGS website](#) under [Standard Contract Language for Non-IT Services](#). The applicant certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency.
2. Have not, within a three-year period preceding this application/proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or agreement under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph 2 of this certification.
4. Have not, within a three-year period preceding this application, had one or more public transactions (federal, state, or local) terminated for cause or default.

5. Shall not knowingly enter into any lower-tier covered transaction with a person who is proposed for debarment under [48 CFR part 9, subpart 9.4](#), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the state.
6. Will include a clause entitled “Debarment and Suspension Certification” that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. If the applicant is unable to certify to any of the statements in this certification, the applicant shall submit an explanation to the program funding this agreement.

## **I. 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 SOW). 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

This section outlines AFLP administrative requirements. Awardees must be familiar with these requirements prior to entering into an agreement with CDPH/MCAH and meet the requirements throughout the agreement term. The agreement will include all administrative and program requirements.

### A. Standard Payroll and Fiscal Documents

Awardees shall maintain adequate employee time recording documents (e.g., timesheets, timecards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) or practices, [2 CFR Part 200](#) and the standards and guidance from the [Federal Accounting Standards Advisory Board \(FASAB\)](#). It is the responsibility of the awardee to adhere to these regulations.

### B. Use of Funds

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

#### 1. Allowable Use of Funds

Funds may be used to pay for salaries and benefits of AFLP staff, meeting expenses, travel for program and training purposes, program model and educational materials, outreach materials, postage, supplies, rent, equipment, software, and communication expenses. Additional details are to be provided in the AFLP policies and procedures.

Funds may be used for AFLP participants as follows:

- a. Educational materials, which includes AFLP PYD model and/or other educational content, to give to families such as school readiness materials (picture books, manipulative toys), videos, and books.
- b. Outreach, which includes flyers, public awareness activities, etc.
- c. Concrete supports and client support materials, which includes items used in support of youth basic needs, desired behaviors/goals, or risk reduction. Examples include food, clothing, hand sanitizer, face masks, cabinet locks, plug covers, pack 'n plays, cribs, car seats, strollers, breast pumps, diapers, baby clothes. These items generally address the family's basic needs, support the participant's goals that reasonably relate to AFLP goals, support positive parenting/caregiving, and/or support healthy living. Additional details are to be provided in the AFLP P&Ps.

- d. Supplemental educational activities: These are allowable if they are reasonable, medically accurate, and youth friendly. These are considered adaptations to the AFLP PYD model and planned activities must be submitted for approval to CDPH/MCAH. Additional details are to be provided in the AFLP P&Ps.
- e. Food at visits/meetings: Food is allowable as a reasonable expense for AFLP participants, for example during an AFLP visit, workshop, or LSC meeting. Participants may be provided with nutritious food and beverages that are consistent with state and/or county healthy food and beverage policies. Cake or a similar item for graduation ceremonies is an exception. A reasonable expense would be considered at a cost of no more than \$10 per participant per day of implementation (regardless of number of sessions held on that day). AFLP agencies are encouraged to establish local partnerships to secure food sponsors.
- f. Collaboration and engagement: Participation by current or former participants is recognized by providing non-cash items to offset hardship that may prevent the participant or former participant from participating in the LSC. AFLP allows for the recognition of current or former participants' contribution of time, resources, and/or expertise to the LSC.
- g. Transportation to or during the course of a program visit: Items such as gas cards, bus passes, or other transportation vouchers to enable youth to participate in program activities and/or access needed services that align with AFLP goals (e.g., education, employment, health care for themselves and/or their child(ren)). Participants can be reimbursed if they provide receipts for transportation costs.
- h. Childcare: Childcare for families may be provided to enable participants to attend AFLP activities such as a program visit or group meeting/workshop. Local AFLP agencies must defer to their county policies regarding screening for childcare providers.
- i. Gift cards for basic needs: Gift cards are allowed if their use supports AFLP. Gift cards must only be distributed to AFLP participants. The total value should not exceed \$250 per participant per year if used to address basic needs. The use of gift cards for the following products is prohibited: tobacco, alcohol, cannabis, firearms, and lottery tickets or any related items to those listed.
- j. Incentives and rewards: Support materials used to motivate, reinforce, and/or reward positive behavior, participation and/or involvement in AFLP activities, including the LSC, and require action on the part of the recipient to receive may be used and considered allowable for cost reimbursement. The total value of incentives and rewards provided (tangible items and/or gift cards for incentives/reward purposes) should not exceed \$20 per participant per year.

Examples of incentives and rewards include headphones, sports equipment, books, music, art supplies, or a gift card. Note that items to address basic needs should not be withheld as a condition of participation or involvement in activities. AFLP agencies should consult with their program consultants for approval on incentive and reward purchases.

## 2. Disallowed Use of Funds

Funds may not be used for any of the following:

- a. Purchase or improvement of land, or building alterations, renovations, or construction
  - b. Support of religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing
  - c. Fundraising activities
  - d. Political education or lobbying
  - e. Reimbursement in support of planning efforts and other activities associated with the development and submission of the AFLP RFA application
  - f. Reimbursement of costs incurred prior to effective date of the agreement
  - g. Reimbursement of costs currently covered by another CDPH/MCAH grant or contract
  - h. Reimbursement of costs that are not consistent or allowable according to local, state and/or federal guidelines and regulations
  - i. Supplanting of state or local health department funds
  - j. Provision of direct medical care
  - k. Reimbursement of professional licensure
  - l. Reimbursement of malpractice insurance
  - m. Payment to medical providers, either directly or indirectly, to increase participant referral and participant care
  - n. Purchase of "S.W.A.G," or "Stuff We All Get" (Refer to [S.W.A.G. 2-18-11 Memo](#))
- ## 3. Executive Order N-6-22 - Economic Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic

Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this Agreement. The State shall provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

Prior to awarding and executing Contracts, the State shall conduct its due diligence to determine if the proposed awardee is a named individual or entity on federal and any state Economic Sanctions lists. If the proposed awardee is listed, the State shall refrain from entering into the Contract. Resources for locating names of sanctioned individuals and entities are available on the DGS Office of Legal Services' webpage: Ukraine-Russia (ca.gov).

If this Agreement is valued at \$5 million or more, upon execution the State will send a separate notification outlining additional requirements specified under the EO. Compliance with this Economic Sanctions imposed in response to Russia's actions in Ukraine is required, including with respect to, but not limited to, the federal executive orders identified in the EO and the [sanctions identified](#) on the U.S. Department of the Treasury website. Failure to comply may result in the termination of this Agreement.

### **C. Deliverables-Based Contract**

Agreements awarded as a result of this RFA will be deliverables-based. Deliverables must be completed in accordance with details outlined in the SOW and in the agreement.

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

In addition to other remedies, CDPH/MCAH reserves the right to adjust, suspend, or withhold all payments to contractor if required reports are not provided to CDPH/MCAH on a timely basis; if there are continuing deficiencies in contractor's reporting, record keeping or invoicing requirements; or if contractor's performance of the work is not adequately evidenced or performed.



## D. 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 GAAP or practices within the terms of the agreement. CDPH/MCAH has the right to request documentation at any time to determine an agency's allowable expenses. Applicants must retain documentation for seven years after the final invoice of the last contract year. Refer to the [MCAH Fiscal P&Ps](#) for additional information on records retention.

Awardees will submit invoices no later than the [Invoice Deadlines](#).

## E. Contract Terms and Conditions

1. Awardees shall enter into an agreement that will contain standard agreement 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 agreement may cause CDPH/MCAH to deem an awardee non-responsive and ineligible. CDPH/MCAH will not accept alterations to the agreement language.
3. Prior to and during agreement negotiations, awardees may be required to submit additional information to meet CDPH/MCAH requirements.

## F. Additional Requirements

1. Software is necessary and used toward fulfilling the terms of the agreement. Examples of software include software license fees and software upgrade fees. Awardees 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, video conferencing, electronic mail, scanning equipment, telephones, and computers with current versions of Adobe Acrobat Pro DC and the Microsoft Office 365 (Word, Excel, Access, and PowerPoint). Awardees must have the ability to access, print, input data, and download information, such as files from the CDPH/MCAH website, MIS system, and SharePoint. Additional technology may be required during the agreement period.
2. Awardees must maintain minimum requirements to support the full capabilities of the data collection systems (i.e., Penelope, Qualtrics). These requirements include:
  - a. Operating System: Windows 10,11 or Mac OS X 11 or better
  - b. Memory: 2 Gigabytes or better

- c. Processor Speed: 1.8 GHz or better
  - d. Browser Compatibility:
    - i. Firefox (recommended browser for Penelope)
    - ii. Safari
    - iii. Chrome
    - iv. Microsoft Edge
  - e. Tablet use:
    - i. Awardees may use either an iPad or Android device with the most updated versions of browsers listed above.
3. Awardees must begin AFLP activities immediately upon agreement execution. During the entire agreement term, awardees are expected to continue AFLP services in accordance with the agreement.
  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](#) (Special Terms and Conditions, 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.

## G. 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 in [Exhibit D](#) (Special Terms and Conditions, 3).

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 & Justification

CDPH/MCAH posted this agreement RFA to solicit applications to fund the implementation of AFLP.

In order to facilitate continued availability of federal funds, CDPH/MCAH is implementing an accountability process for the contract that requires that deliverables be completed in accordance with details and due dates outlined in the final SOW. Submitted deliverables must be approved by the CDPH/MCAH before a contract payment will be authorized. Payments may be adjusted for incomplete and/or unapproved deliverables.

A budget for each FY of the contract period is required in the application.

### A. Budget Template

1. Applicants shall utilize [Attachment 12](#) (Budget Template) to construct three (3) FY budgets and, if applicable, subcontract. There are three (3) worksheet tabs for completion (one for each FY). Save the file under a new name to use the template for a subcontract, if applicable.
2. The Budget Development 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](#). This document may be used as a reference in completing [Attachment 12](#).

### B. Required Budget Detail

1. When completing the budget templates, 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 \$190,000 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 \(2\)\(A\)](#) 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 [Appendix 4](#) AFLP Base Medi-Cal Factors (MCF) to identify the agency's county MCF. See [Attachment 12](#) (Budget Template) for further instruction.

Agencies may propose a higher MCF based on program data 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%.

- a. A written certification electing to participate in the Title XIX FFP will be required by the agency and submitted as part of the agency's application ([Attachment 15](#)).
- b. 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.

### C. 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)
  - a. Position Classification
    - i. Identify each funded position classification. Do not combine multiple staff on the same line. The FTE or annual percentage of time for each position should be expressed as follows: Full time = 1.0 or 100%, 3/4 time = 0.75 or 75%, 1/2 time = 0.50 or 50%, 1/4 time = 0.25 or 25%.
    - ii. Required: Applicants must follow the required staffing pattern as listed in Part III., [H. Ensure Adequate Staffing to Meet Program Requirements](#).
  - b. Annual Salary
    - i. List the annual salary amount for each position. Use the Civil Service classifications and pay scales at [California Department of Human Resources \(CalHR\)](#) 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.
    - ii. 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 2022, the Executive Level II salary level is \$203,700. For more information, please

refer to the [Salary Cap Limitation Policy Bulletin](#) from the Health Resources and Services Administration.

c. 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.

2. Operating Expenses (Title XIX Matchable)

a. Travel – MCAH-Sponsored Trainings and Events (required sub-line item)

- i. 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](#).
- ii. Required: Applicants must budget travel for the required in-person CDPH/MCAH-sponsored meetings and trainings below.<sup>P</sup>

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<sup>P</sup> 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.

**Table 13. CDPH/MCAH-Sponsored Meetings and Trainings**

<b>Meeting/Training</b>	<b>Required Participants</b>	<b>Date</b>	<b>Number of Days</b>	<b>Location</b>
Orientation	Directors, Coordinators & Supervisors	Fall 2023	2 days	TBD
Basic Training	<b>All</b> Supervisors and <b>new</b> Directors, Coordinators, & Case Managers, or current staff needing a refresher course	Fall 2023	3 days	TBD
Spring Training + Adolescent Sexual Health Conference	Coordinators, Supervisors & Case Managers (Directors are encouraged to attend)	Fall 2023	3 days <sup>Q</sup>	TBD
Basic Training	<b>New</b> Directors, Coordinators, Supervisors & Case Managers who have not attended Basic Training, or current staff needing a refresher course	Spring 2024	3 days	TBD
Basic Training	<b>New</b> Directors, Coordinators, Supervisors & Case Managers who have not attended Basic Training, or current staff needing a refresher course  Youth advisors may attend, but are not required	Fall 2024	3 days	TBD
Spring Training	Coordinators, Supervisors & Case Managers (Directors are encouraged to attend)	Spring 2025	2 days	TBD

<sup>Q</sup> 2 days for Spring training and 1 additional day for the Adolescent Sexual Health Statewide Meeting for a total of 3 days

Meeting/Training	Required Participants	Date	Number of Days	Location
	Youth advisors may attend, but are not required			
Basic Training	<b>New</b> Directors, Coordinators, Supervisors & Case Managers who have not attended Basic Training  Youth advisors may attend, but are not required	Spring 2025	3 days	TBD
Basic Training	<b>New</b> Directors, Coordinators, Supervisors & Case Managers who have not attended Basic Training  Youth advisors may attend, but are not required	Fall 2025	3 days	TBD
Additional Trainings as required by CDPH/MCAH when need arises	<b>To be determined, based on need</b>  Youth advisors may attend, but are not required	As needed	As needed	TBD

- b. Travel – Other (required sub-line item)
  - i. 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](#).
  - ii. Required: Applicants must budget for staff travel, including but not limited to travel for conducting outreach, networking, and case management visits per the AFLP PYD model listed as described in [Part II. Program Model Overview](#) and [Part III. Program Requirements](#).

- c. Training (required sub-line item)
  - i. Required: Training budget must include the training costs (e.g., registration or speaker fees) associated with [Table 13. CDPH/MCAH-Sponsored Meetings and Trainings](#) and non-CDPH/MCAH-sponsored trainings.
  - ii. 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. Note that directors are encouraged but not required to attend.
- d. General Expense (required sub-line item)
  - i. Includes all general costs of the operation of the AFLP program.
  - ii. 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, and personal protective equipment for staff use during in-person visits.
  - iii. 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.
- e. Space Rent/Lease (optional sub-line item)
  - i. 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 12](#) (Budget Template, Budget Development Guide tab).
- f. Audit Fees (optional sub-line item)
  - i. The cost of the mandatory financial audit by an independent auditor at the end of each FY can be included in the budget, up to the proportionate amount of the agreement, in accordance with [2 CFR Part 200 Section 200.425](#).
- g. Communication/Software (required sub-line item)
  - i. Required: CDPH/MCAH requires the use of the internet, including virtual visits, electronic mail, tablets, webcams, scanning equipment, telephones, and computers with current versions of Adobe Acrobat Pro DC and Microsoft Office 365 (Word, Excel, Access, and PowerPoint).



Examples of software include software license fees and software upgrade fees. Awardees must possess current software to allow for easy flow of communication between the applicant and CDPH/MCAH. Awardees must have the ability to access, print, input data, and download information, such as files from the CDPH/MCAH website, MIS system, and SharePoint.

- ii. Awardees must maintain minimum requirements to support the full capabilities of the data collection systems (i.e., Penelope, Qualtrics).

These requirements include:

1. Operating System: Windows 10, 11 or Mac OS X 11 or better
2. Memory: 2 Gigabytes or better
3. Processor Speed: 1.8 GHz or better
4. Browser Compatibility:
  - a. Firefox (recommended browser for Penelope)
  - b. Safari
  - c. Chrome
  - d. Microsoft Edge

5. Tablet use:
  - a. Either an iPad or Android device with the most updated versions of browsers listed above

- h. Equipment (optional sub-line item)
  - i. Minor equipment is defined as 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.

### 3. Capital Expenditures

- a. 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.
- b. 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

- a. Subcontract
  - i. If a subcontractor is proposed, include the total amount of the fees/costs associated with the subcontractor agreement on this line.
- b. Other Charges

- i. Educational Materials (required sub-line item) (not Title XIX matchable)
  1. This includes materials to be purchased and the cost of creating and duplicating program tools or resources for participants.
  2. Required AFLP 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 materials are lost by the youth. This estimate does not include printing of additional resource materials or outreach material.
- ii. Outreach Materials (required sub-line item) (Title XIX matchable if the outreach materials include Medi-Cal outreach information)
  1. This includes the cost of creating and duplicating outreach materials (e.g., flyers and brochures).
- iii. Participant Concrete Supports and Food (required sub-line item) (not Title XIX matchable)<sup>R</sup>
  1. Participant concrete supports is a required line item; agency to assess need and determine amount. Examples include food, clothing, hand sanitizer, face masks, cabinet locks, plug covers, pack 'n plays, cribs, car seats, strollers, breast pumps, diapers, and baby clothes. Funds can only be used on enrolled youth. Consider budgeting for any needs related to personal protective equipment for the youth and add as needed.
  2. Budget a minimum of \$45 per youth each year based on a reach of 50 enrolled youth per case manager FTE: # case manager FTE x 50 x \$45=\$#. For additional information about concrete supports, refer to Part VIII., [B. Use of Funds](#).
- iv. Advertising/Public Awareness
  1. This includes the costs of development and placement for media campaign advertising (e.g., transit ads, digital marketing).
- v. Participant Educational Activities (optional sub-line item)
  1. This includes supplemental educational activities that are reasonable, medically accurate, youth-friendly, and pre-approved by CDPH/MCAH. These are considered adaptations to the AFLP PYD model and planned activities must be submitted for approval

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<sup>R</sup> "S.W.A.G" is not allowed. Refer to Part VIII. B, Use of Funds for details.

to CDPH/MCAH. Additional details are to be provided in the AFLP P&Ps.

vi. Participant Travel/Transportation (required sub-line item) (Title XIX matchable)

1. Travel or transportation costs to enable youth to participate in program activities and/or access needed services that align with AFLP goals (e.g., education, employment, health care for themselves and/or their child(ren)).

5. Indirect Costs

- a. Express the indirect costs as a percentage rate.
- b. 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 \(ICR\)](#).
- c. Community based organizations may use up to 15% ICR of Total Personnel Costs.

## Part X. Acronyms

**Table 14. Acronyms**

<b>Acronym</b>	<b>Definition</b>
ABR	Adolescent Birth Rate
AFLP	Adolescent Family Life Program
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
DGS	Department of General Services
EPP	Expectant and Parenting Persons
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
PRB	Percentage of Repeat Births
PYD	Positive Youth Development
QA	Quality Assurance
RFA	Request for Application
SHEAA	Sexual Health Education Accountability Act
SOW	Scope of Work
WIC	Women, Infants and Children

## Part XI. References

- <sup>1</sup> California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Adolescent Birth Dashboard, Last Modified May 2022. [sn.cdph.ca.gov/Adolescent-Births-Dashboard](https://sn.cdph.ca.gov/Adolescent-Births-Dashboard).
- <sup>2</sup> Lindberg, L, Santelli, J, Desai, S. Understanding the Decline in Adolescent Fertility in the United States, 2007-2012. *J Adolesc Health*. 2016 Nov; 59(5):577-583. doi: 10.1016/j.jadohealth.2016.06.024. Epub 2016 Aug 29.
- <sup>3</sup> Rotz, Dana, Brian Goesling, Nicholas Redel, Menbere Shiferaw, and Claire Smither-Wulsin. Assessing the Benefits of Delayed Sexual Activity: A Synthesis of the Literature. OPRE Report 2020-04, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- <sup>4</sup> California Department of Public Health, Maternal, Child and Adolescent Division, Adolescent Births in California, 2000-2018. 2020. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Adolescents/Adolescent-Births-in-CA-2018.pdf>
- <sup>5</sup> World Health Organization. Report of a WHO Technical Consultation on Birth Spacing. Geneva: WHO; 2005 [http://apps.who.int/iris/bitstream/handle/10665/69855/WHO\\_RHR\\_07.1\\_eng.pdf](http://apps.who.int/iris/bitstream/handle/10665/69855/WHO_RHR_07.1_eng.pdf). Retrieved February 8, 2022.
- <sup>6</sup> Chabot, MJ, Sun, D, Damesyn, M. Trends in Interpregnancy Interval and Preterm Births in California: Comparison between Adolescents and Adults. Oral Presentation to American Public Health Association Annual Meeting, Denver, CO. November 2016. <https://apha.confex.com/apha/144am/meetingapp.cgi/Paper/353274>
- <sup>7</sup> Yarger J, Berglas N, Campa M, Chabot MJ, Decker M. Trends in Adolescent Birth Rates in California: Examining the Influence of Community Characteristics through Geographic and Temporal Analysis. *J Adolesc Health*. 2020 Feb;66(2):217- 223. doi: 10.1016/j.jadohealth.2019.08.013. Epub 2019.
- <sup>8</sup> Kearney M, Levine P. Why is the Teen Birth Rate in the United States So High and Why Does it Matter? *J Econ Perspect*. 2012 Spring; 26(2):141-66
- <sup>9</sup> Santelli JS, Song X, Garbers S, et al. Global Trends in Adolescent Fertility, 1990-2012, in Relation to National Wealth, Income Inequalities, and Educational Expenditures. *J Adolesc Health*. 2017 Feb;60(2):161-168
- <sup>10</sup> California Department of Public Health, Center for Family Health, Maternal Child and Adolescent Health Division, Maternal and Infant Health Assessment (MIHA) Survey, 2017—2019.

- <sup>11</sup> Penman-Aguilar A, Carter M, Snead MC, Kourtis, AP. Socioeconomic disadvantage as a social determinant of teen childbearing in the U.S. Public Health Reports, 2013.
- <sup>12</sup> Michigan Organization on Adolescent and Sexual Health, Expectant and Parenting Youth Inclusivity Toolkit, 2020. Retrieved February 10, 2022 from: [https://www.moash.org/files/ugd/0a340a\\_b9786c3bfbb54efaae46a0084e04441f.pdf](https://www.moash.org/files/ugd/0a340a_b9786c3bfbb54efaae46a0084e04441f.pdf)
- <sup>13</sup> Bernard, B., Resiliency: What We Have Learned. 2004, San Francisco: WestEd <https://www.wested.org/resources/resiliency-what-we-have-learned/>
- <sup>14</sup> Redd, Z., et al. Academic achievement programs and youth development: a synthesis. January 2002.
- <sup>15</sup> 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
- <sup>16</sup> 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.
- <sup>17</sup> Lerner, M. and J. Lerner Report of the Findings from the First Six Years of the 4-H Study of Positive Youth Development. 2009.
- <sup>18</sup> Gavin LE, Catalano RF, David-Ferdon C, Gloppen KM, Markham CM. A Review of Positive Youth Development Programs that Promote Adolescent Sexual and Reproductive Health. J Adolesc Health. 2010;46(3 Suppl):S75-91.
- <sup>19</sup> Braveman P, Gottlieb L. The Social Determinants of Health: It's Time to Consider the Causes of the Causes. Public Health Rep. 2014; 129 Suppl 2(Suppl 2):19-31..
- <sup>20</sup> Williams, D. R., & Mohammed, S. A. (2013). Racism and Health I: Pathways and Scientific Evidence. American Behavioral Scientist, 57(8), 1152–1173..
- <sup>21</sup> Virginia W. Huynh, Shu-Sha Angie Guan, David M. Almeida, Heather McCreath, Andrew J. Fuligni. Everyday discrimination and diurnal cortisol during adolescence, Hormones and Behavior, Volume 80, 2016, Pages 76-81, ISSN 0018-506X,
- <sup>22</sup> Diop, Michelle S et al. This is our lane: talking with patients about racism. Women's midlife health vol. 7,1 7. 28 Aug. 2021.
- <sup>23</sup> SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014 <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
- <sup>24</sup> Birkhead, G.S., Et al., Youth Development is a Public Health Approach. Introduction. J Public Health Manag Pract, 2006. Suppl: P. S1-3.
- <sup>25</sup> National LGBT Cancer Network. Best Practices in Creating and Delivering LGBTQ Cultural Competency Trainings for Health and Social Service Agencies. p. 3
- <sup>26</sup> Meaningful Youth Engagement. Office of Population Affairs. U.S. Department of Health & Human Services. Cited October 2021; Available from: <https://opa.hhs.gov/adolescent-health/positive-youth-development/meaningful-youth-engagement>