

**Adolescent Family Life Program (AFLP)
Request for Application (RFA) Program Narrative Template**

Agency Name: _____ County: _____

Contact Name: _____ Email Address: _____

Instructions:

- Please ensure that responses are complete, concise and respond directly to the information requested.
- Text responses are limited to the space provided. Additional pages may be inserted only as indicated.
- Please refer to the Application Checklist ([Attachment 2](#)) for a list of all required attachments.

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

Required Attachments:

- Organization Chart ([Attachment 4](#))
- References ([Attachment 5](#))
- Government Contracts ([Attachment 6](#))
- Audited Financial Statements ([Attachment 7](#))
- Litigation and Contract Compliance Difficulties ([Attachment 8](#))

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 a copy of the Organization Chart ([Attachment 4](#)) showing the proposed AFLP program within the agency structure, including subcontracts or multiple sites, if applicable. (3 points)

(1. continues next page)

(1. continued from previous page)

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It appears to be a placeholder for content that is either missing or redacted.

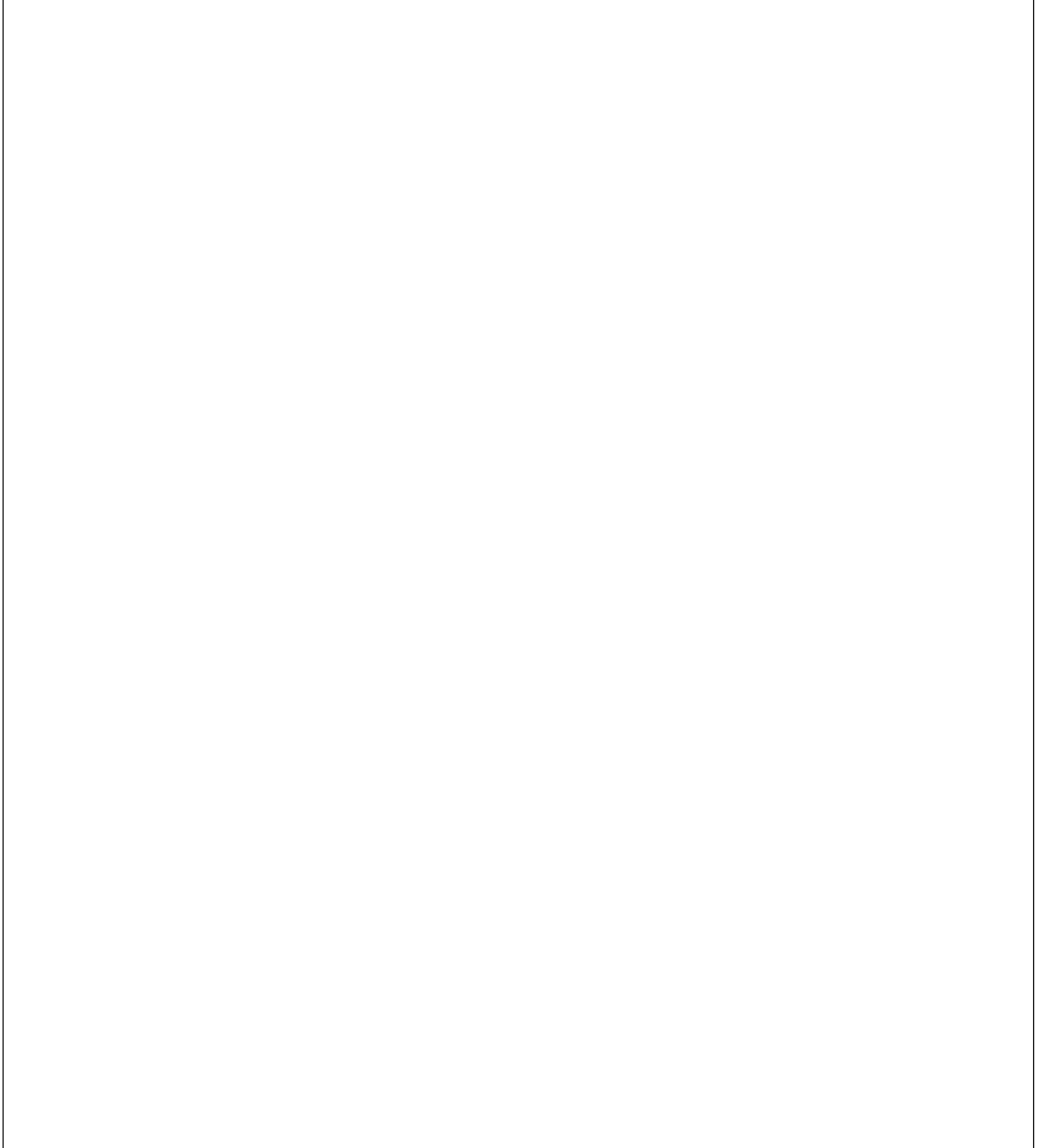
2. Describe the applicant's capacity as it relates to successfully meeting the needs of expectant and parenting youth in the local service area. Include the organization's ties to the community and other local youth-serving agencies. (3 points)

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+, 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 that would support hybrid implementation (in-person and virtual visits). (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. (6 points)

Applicant will be evaluated on their experience and capacity as a corporation to perform the required services based on information provided in the Background, Experience and Organizational Capacity section. Please check the box to show you have submitted each of the following documents:

References ([Attachment 5](#))

Government Contracts ([Attachment 6](#))

Do not include contracts listed on Attachment 5.

10. Describe any litigation and/ or contract compliance difficulties that were identified in Audited Financial Statements ([Attachment 7](#)) and Litigation and Contract Compliance Difficulties ([Attachment 8](#)) and include discussion of the potential impact on the program if funded. If additional space is needed to describe litigation and compliance issues, insert additional pages in [Attachment 8](#). (6 points)

B. Need in Proposed Service Area (18 points)

Required Attachments:

- Program Reach Worksheet ([Attachment 9](#))
- Service Area Needs and Strategies ([Attachment 10](#)), Table 1 columns A, B, C

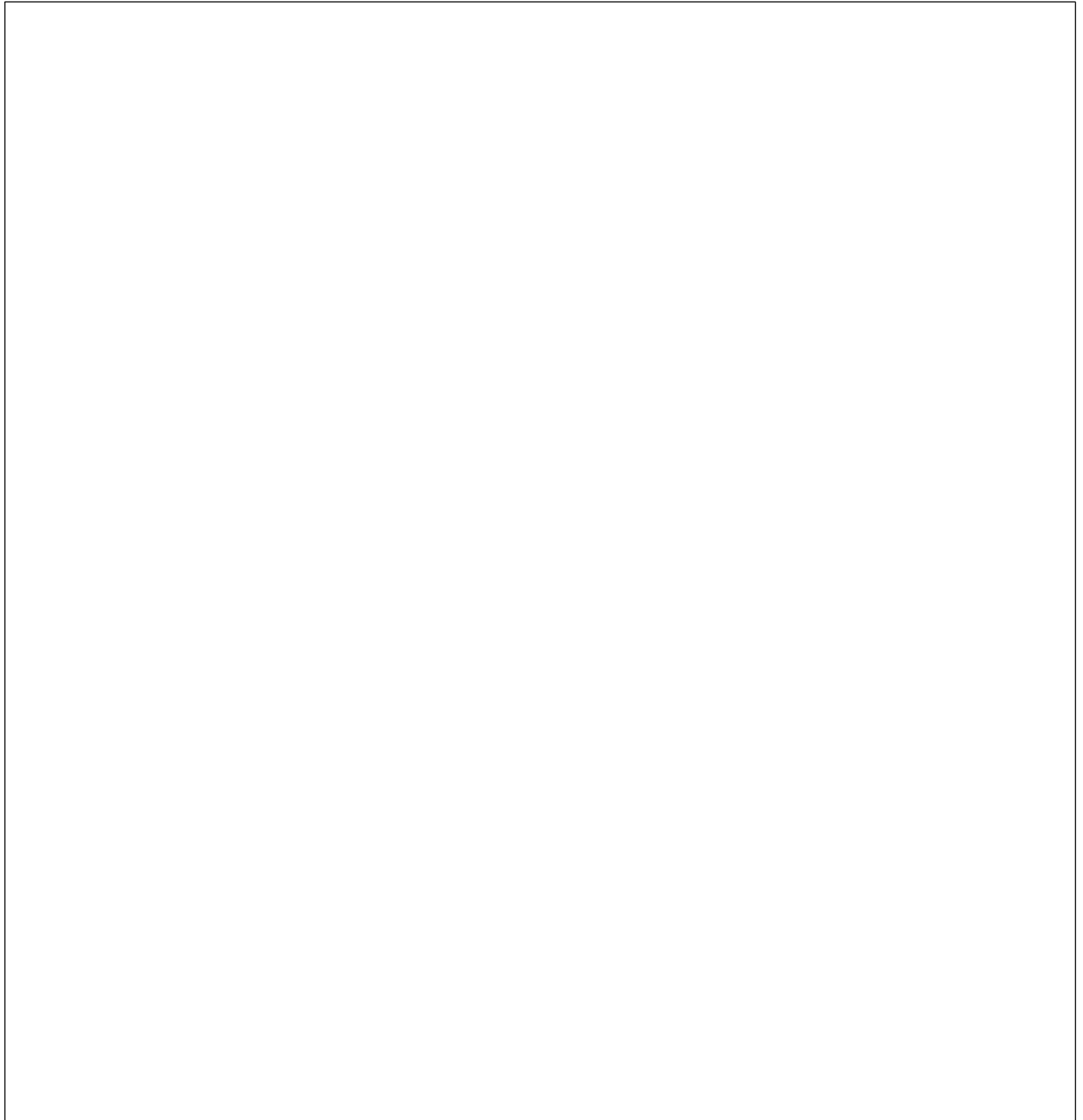
1. Describe local trends in adolescent birth rates, adolescent parenting resources, and the needs of expectant and parenting youth in your community using citations where appropriate. Include any relevant information on youth experiencing the greatest health inequities and social outcomes, and any other geographic and/or demographic factors, such as rurality, migration, linguistic needs, etc. (3 points)

(1. continues next page)

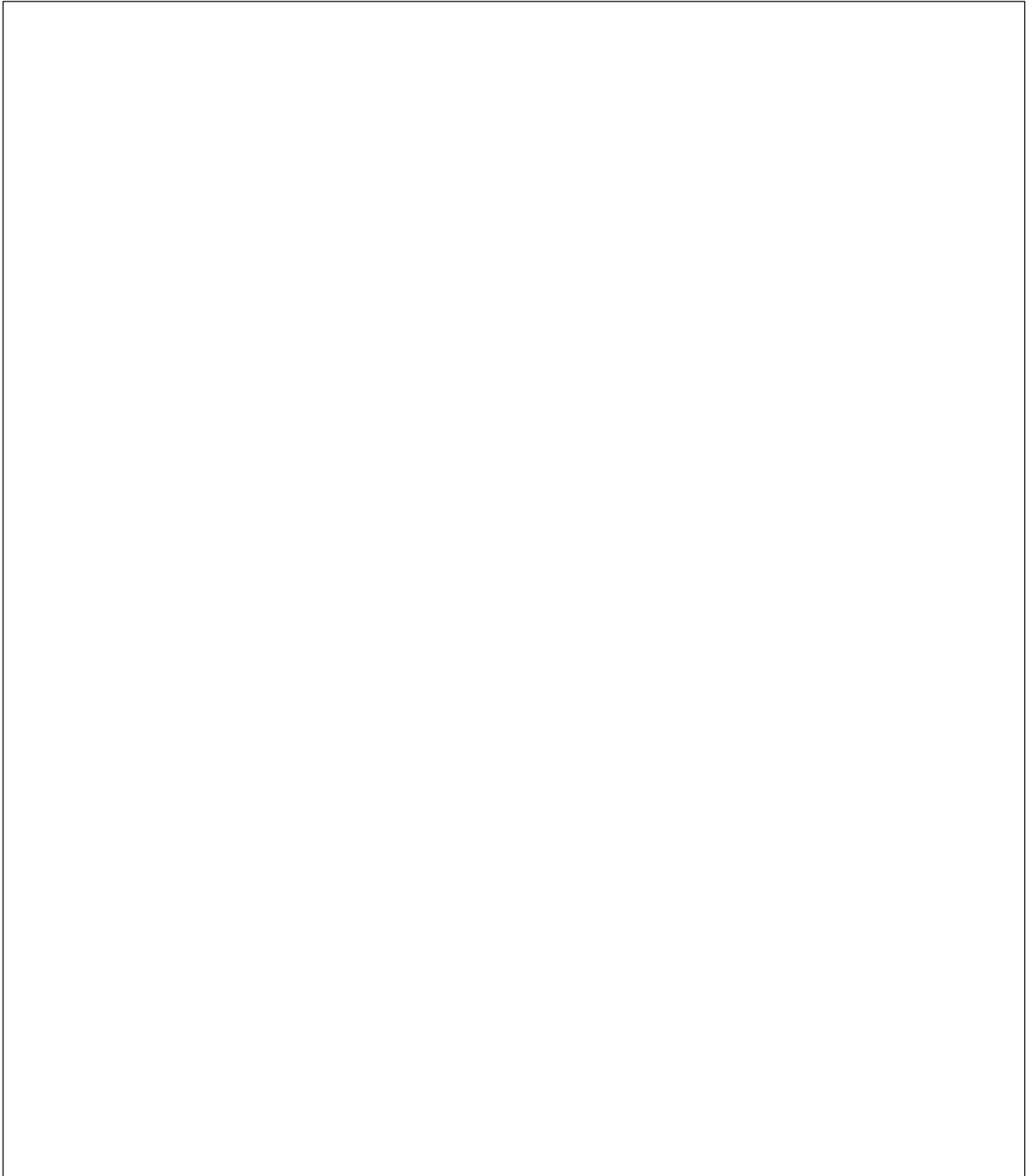
(1. continued from previous page)

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It appears to be a placeholder for content that was either omitted or is yet to be added.

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. Highlight any gaps and/or needs, along with the capacity of the organization to address them. (3 points)



3. Provide a comprehensive needs assessment and accurately demonstrate a proposed program service area with sufficient need. (6 points)

A large, empty rectangular box with a thin black border, intended for the respondent to provide a comprehensive needs assessment and demonstrate a proposed program service area with sufficient need. The box is currently blank.

4. Program Reach: Complete the *State Method* column in the Program Reach Worksheet ([Attachment 9](#)) to determine the applicant's maximum potential program reach for each fiscal year using the CDPH/MCAH's pre-determined formulas and factors. (6 points)

The applicant should check that the data entered in [Attachment 9](#) matches data from [Appendix 2 \(Population and Community Need Data\)](#) for the proposed geographic service area. The *total potential program reach in service area* (R13-15) should support a *proposed program reach* (R16a-18a). The *proposed program reach* must be at least 50 youth per 100% FTE case manager per FY.

If serving a subcounty, here are instructions to determine the MSSA of a service delivery location address.

1. Visit the [California Health Maps Website](#) address locator.
2. In "Select Area Type" drop-down menu, select "Medical Service Study Area (MSSA)."
3. Enter the address of the service delivery location into the "Location Search" search bar (you may need to press enter or the magnifying glass button to begin the search).
4. Once the map updates for the address you entered, scroll down to view the tables and graphs below the map.
5. Underneath the interactive map, highlighted in purple on the left of the page, you will find the MSSA name and in parentheses, the MSSA number.

C. Implementation Plan (Maximum 36 points)

Required Attachment:

- Service Area Needs and Strategies ([Attachment 10](#)), Table 1 column D, Table 2, Table 3) as part of the implementation plan.
1. Complete [Table 1. Participant Recruitment and Referrals to AFLP](#) for each county, identifying the source of referral and the number of referrals from each source anticipated each year. Also, provide the total number of anticipated referrals each year. (3 points) Insert additional pages of Table 1 as needed.

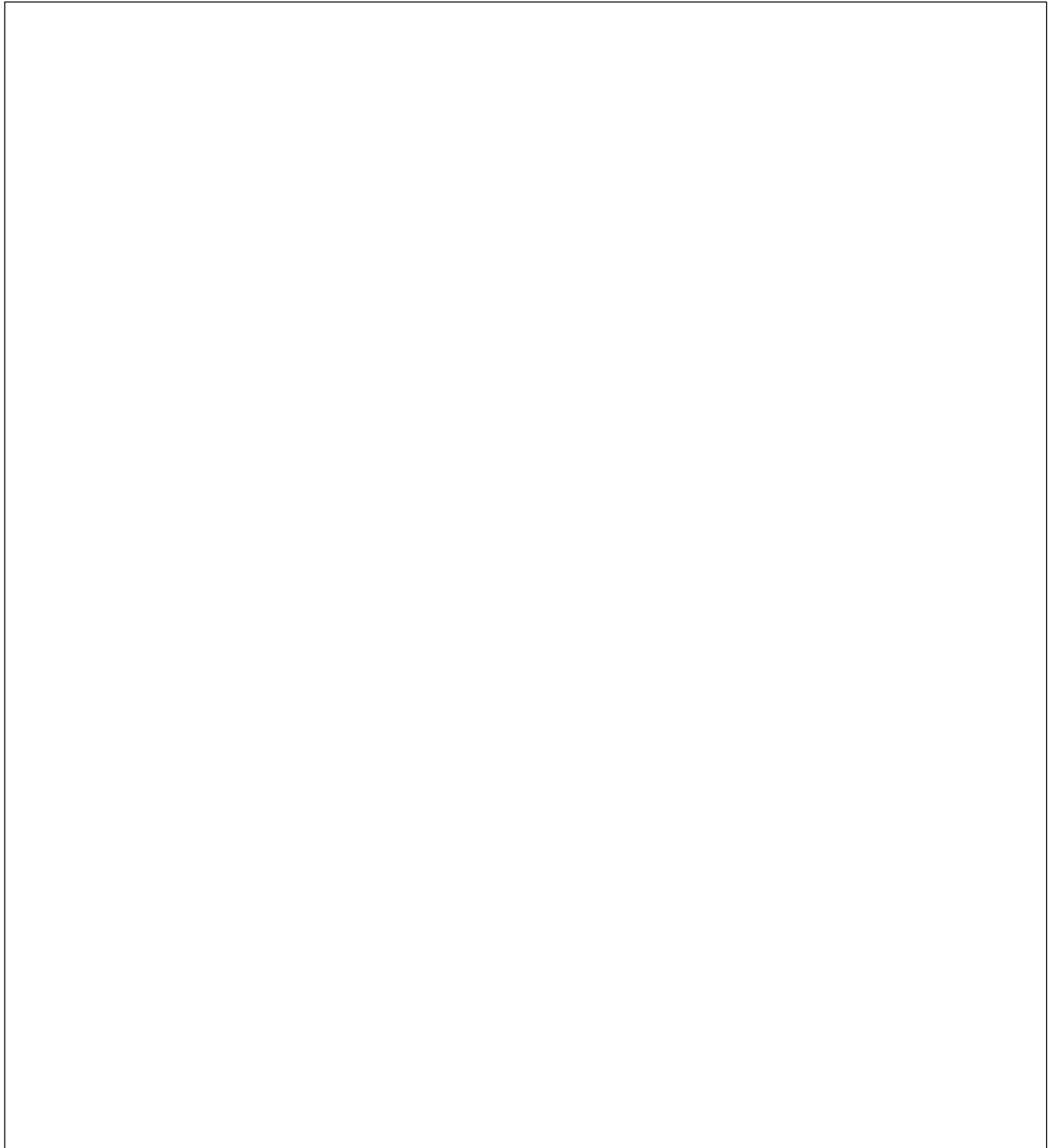
The drop-down options for the source of referral include:

- Alternative/Continuation School
- Middle School
- Traditional High School
- Community Colleges
- Hospital/Clinic
- Social Service Agency
- Public Health/Home visiting program
- Foster Care Agency
- Juvenile Justice/Probation
- Community Outreach
- Applicant Internal Sources
- Self
- Other

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, Program Reach Worksheet ([Attachment 9](#)) and [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)

Coordination strategies should align with what is reported in the Service Area Needs and Strategies ([Attachment 10](#)).



- 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 Table 1, column D, of the Service Area Needs and Strategies ([Attachment 10](#)). In the narrative, provide an assessment of whether needed resources are available and youth friendly.
(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 the 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. Complete Tables [2](#) and [3](#) and describe the applicant's plan to meet youth needs by outlining where case management services will be offered and how services will be made accessible to youth outside of standard business hours. (3 points)

In [Table 2. Case Management Setting](#), identify settings where in-person case management as well as telehealth services (e.g. Zoom, FaceTime, phone, etc.) will be delivered, listing the projected percentage of time for each setting (e.g. 15%, 50%, 66% 100%).

- County: Enter the name of the county the applicant proposes to serve. If more than one, complete a table for each county to be served.
- Agency Site(s): List the addresses of agency offices where AFLP services will be delivered. Space is provided for you to list additional locations.
- Other (please describe): List additional settings where applicant will provide case management services, if applicable.

(8. continues next page)

Table 2. Case Management Setting

County 1: _____

Case Management Setting	Percentage of Time per Setting
Agency Site 1: _____	
Agency Site 2: _____	
Agency Site 3: _____	
Youth's home (quarterly, when possible)	
High schools	
Institutes of higher education	
Clinics	
Telehealth	
Other (please describe): _____	
Other (please describe): _____	
Other (please describe): _____	

(8. continued from previous page)

Table 2, County 2 (if applicable): _____

Case Management Setting	Percentage of Time per Setting
Agency Site 1: _____	
Agency Site 2: _____	
Agency Site 3: _____	
Youth's home (quarterly, when possible)	
High schools	
Institutes of higher education	
Clinics	
Telehealth	
Other (please describe): _____	
Other (please describe): _____	
Other (please describe): _____	

(8. continued from previous page)

Awardees are required to provide case management services at times that are convenient to program participants. Awardees shall be required to provide AFLP case management services Monday – Friday. Additionally, they shall provide weekend or evening hours no less than **twice a month**.

In [Table 3. Case Management Service Schedule](#), list the traditional hours of case management services. For non-traditional hours, please list the hours and describe the frequency.

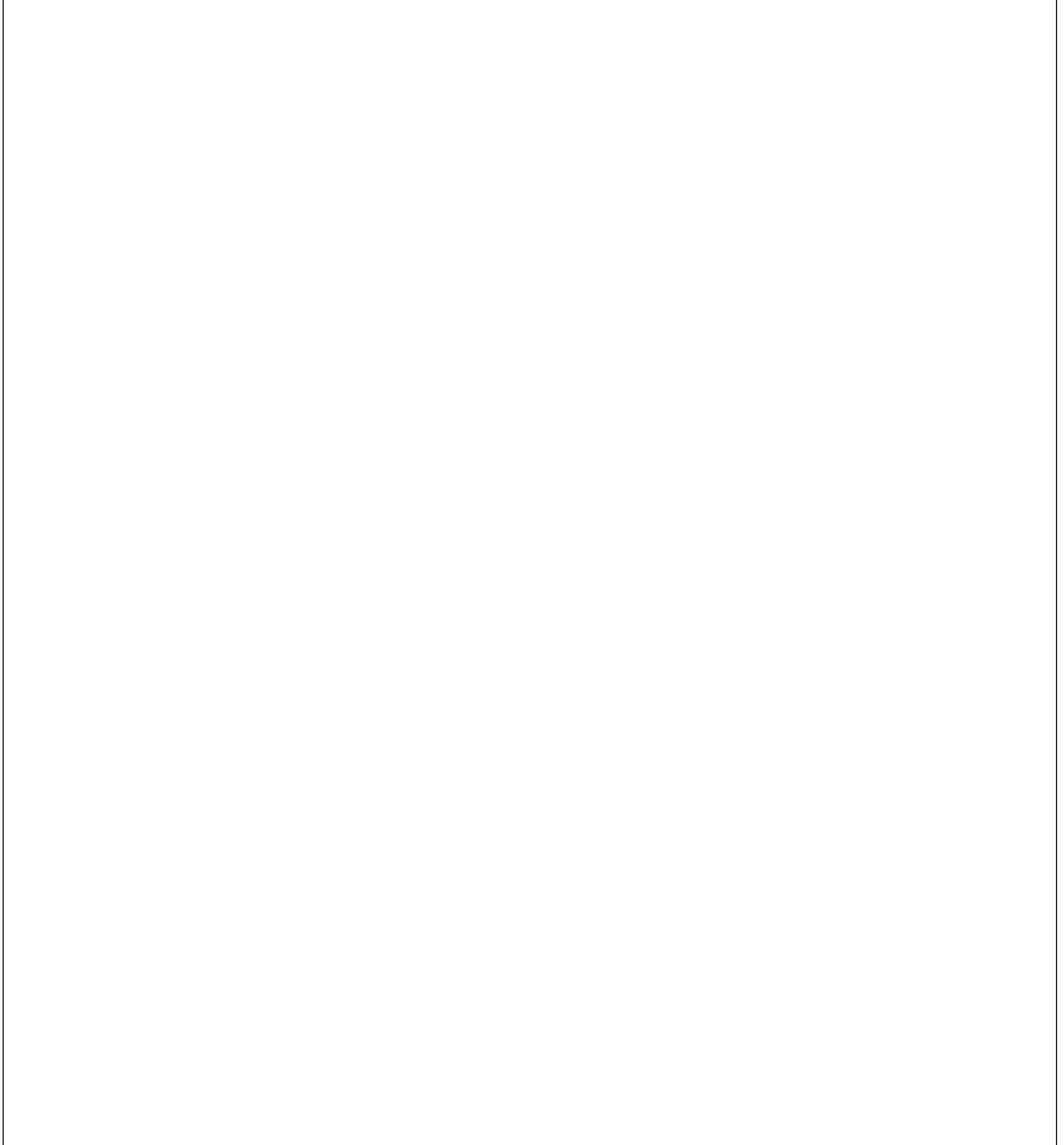
Table 3. Case Management Service Schedule

Day of Case Management Service	Traditional Hours	Non-Traditional Hours and Frequency
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

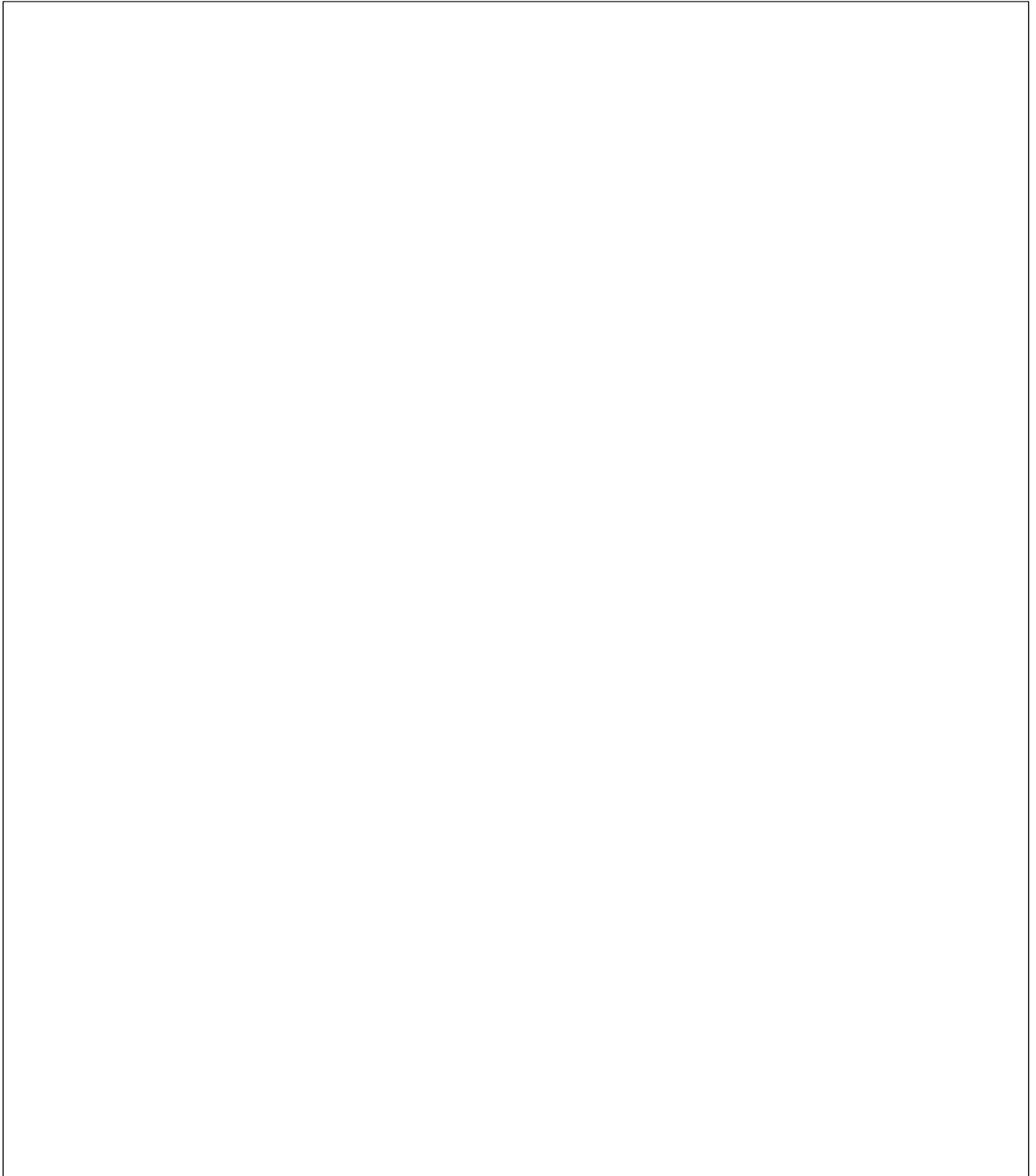
(8. continues next page)

(8. continued from previous page)

Describe the applicant's plan to meet youth needs by making case management services accessible to youth outside of standard business hours. (3 points)

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to the question above. The box occupies most of the lower half of the page.

9. Describe applicant's plan to implement effective strategies for establishing high and realistic expectations around program participation and encouraging consistent youth engagement, including but not limited to processes for scheduling, tracking, and reminding youth of visits. (3 points)



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

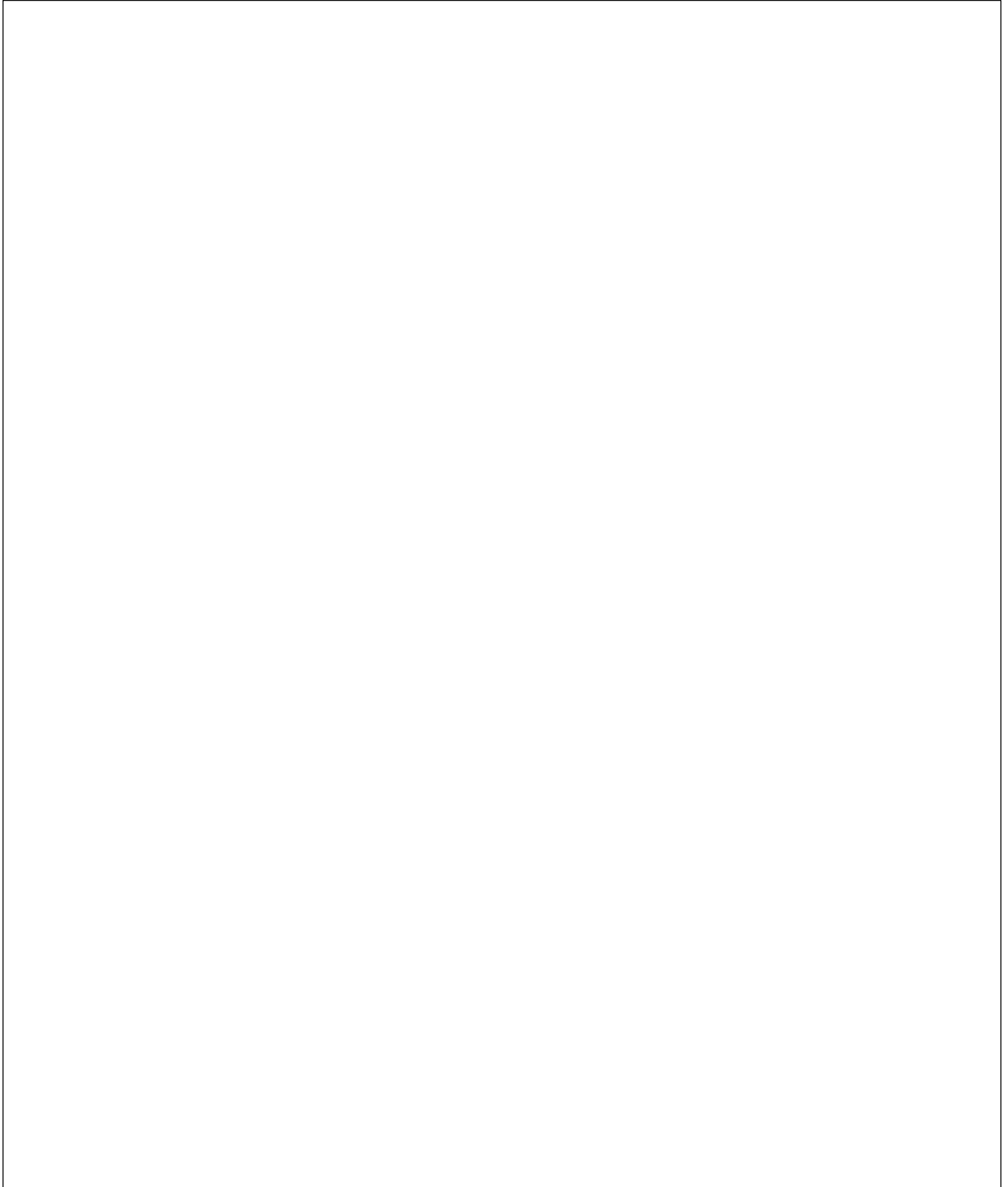
Required Attachments:

- Letters of Support ([Attachment 11](#))

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). In your response, include a list of current and/or potential members for the LSC. (6 points)

(1. continues next page)

(1. continued from previous page)



2. Describe the applicant's community outreach/awareness strategic plan for FYs 2023-26. In your response, clearly describe your plan to increase community awareness of youth's strengths and needs so as to increase concrete supports and opportunities for meaningful engagement (e.g., 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-/post-natal care, primary preventive care, well child care, mental health services, job training, etc. (3 points)

4. Applicant must submit a Letter of Support ([Attachment 11](#)), 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 in the space below. 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)

Required Attachments:

- Budget Template, ([Attachment 12](#))

In-kind staff: Applicants that wish to involve agency-funded staff in the implementation and/or oversight of the program must list them as in-kind and describe their role in the budget narrative

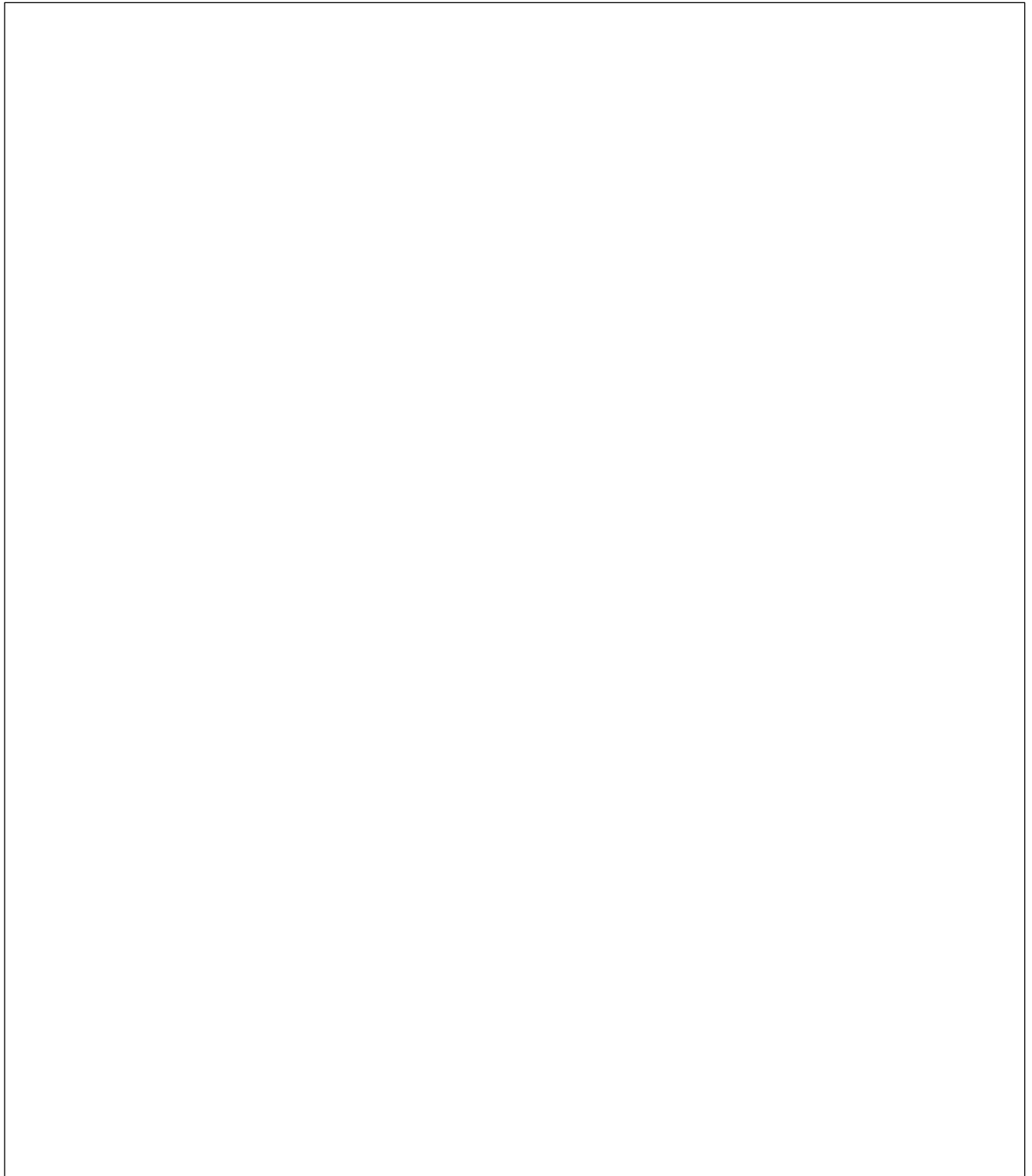
1. Complete the Budget Template ([Attachment 12](#)) for each fiscal year and if applicable, a subcontract budget for each fiscal year. Refer to the Sample Budget ([Appendix 3](#)). (3 points)

CDPH/MCAH will not provide additional funding for cost-of-living adjustments during the term of the contract. 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.

2. Describe applicant's 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 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 [RFA Table 1](#). 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, applicant must provide a justification of why a subcontract is necessary to support the implementation of the AFLP. (3 points) *Note: Response space is lengthened.*

(2. continues next page)

(2. continued from previous page)



(2. continues next page)

(2. continued from previous page)

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It appears to be a placeholder for content that is either missing or redacted.

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)