

Information and Education (I&E) Program

Informational Webinar: RFA #19-10004

Maternal, Child, and Adolescent Health Division

Information and Education (I&E) Program

11/27/18

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Welcome

- **Is this webinar being recorded?** Yes! Recording will be posted on the I&E Program website by **December 6, 2018**: https://www.cdph.ca.gov/Programs/CFH/DMCAH/IE/Pages/IE-RFA-2019.aspx
- **Documents:** All information discussed during this webinar can be found on the I&E Program website.
- **Mute:** All participants will be on mute during the webinar.
- **Questions:** Verbal questions will not be accepted. Responses to questions received, following the instructions in the RFA, will be posted on the I&E Program website by 4:00 P.M. on December 7, 2018.



This icon highlights important information applicants should be aware of when reviewing the RFA.

General Reminders



- The RFA instructions take precedence over anything said during this webinar.
- This is a competitive procurement process; therefore, we are unable to provide advice, opinions, or personalized answers.
 Updates, corrections, or modifications to the RFA will be posted to the I&E Program website.
- Please submit all questions related to this process by email to <u>ASH ED RFA@cdph.ca.gov</u> by **November 28, 2018, 4:00 p.m. PT.** Responses to questions about the RFA will be posted on the I&E Program website on **December 7, 2018**.
- Frequently check the I&E Program website for corrections or modifications to the RFA.

Agenda

- 1. Overview
- Program Description
- Eligibility Criteria
- 4. Agency Qualifications
- 5. Available Funding and Agreement Term
- 6. RFA Key Action Dates
- 7. Program Requirements
- 8. Application Submission Process
- 9. Program Narrative Instructions
- 10. Application Scoring
- 11. Evaluation and Selection
- 12. Award and Administration Information



Overview: RFA Structure

Overview (Pages 6 -7)

Legal Authority (Page 6)

Public Health Significance (Pages 7 - 10)

Program Description (Pages 11- 12)

Eligibility Criteria /Available Funding/Agreement Term/Key Dates (Pages 12 - 16)

Program Requirements (Pages 17 -26)



Overview: RFA Structure

Reporting and Other Administrative Requirements (Pages 26 - 28)

Application Submission Process (Pages 28 - 32)

Program Narrative and Corresponding Attachments (Pages 32 - 35)

Evaluation and Selection (Pages 35 - 40)

Award Administration Information (Pages 41 - 45)

References (Pages 59 - 60)



Purpose of RFA (Page 6)

- The purpose of this RFA is to solicit applications from eligible agencies for funding as one (1) of up to nine (9) agencies to implement the Information and Education (I&E) Program, administered by the California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division.
- CDPH/MCAH expects to award Cooperative Agreements to eligible and qualified Applicants that demonstrate the greatest need and capacity to achieve the program requirements and goals as outlined in the RFA and Scope of Work (SOW) (Exhibit A).

I&E: Past and Future Snapshot

	July 1, 2016 – June 30, 2019	July 1, 2019 – June 30, 2021
Eligibility	Counties with combined 2013	Counties with combined 2014
	California Adolescent Sexual	California Adolescent Sexual
	Health Needs Index (CASHNI)	Health Needs Index (CASHNI)
	score above 400 (within rural	score above 400 (within rural
	MSSAs)	MSSAs)

Implications—Eligible counties are predominantly the same, with only the following changes:

- For contract cycle July 1, 2016 June 30, 2019, Santa Clara and Tehama were among the eligible counties; however, given changing need, based on the CASHNI, they are no longer eligible.
- For contract cycle July 1, 2019 June 30, 2021, Mendocino and Shasta counties are newly eligible.

1&E: Past and Future Snapshot

	July 1, 2016 – June 30, 2019	July 1, 2019 - June 30, 2021
Total SGF	\$1,170,000	\$1,122,393
Minimum Funding	\$80,000 per year/agency	\$124,710 per year/agency
Number of Awards	14	9

- Minimum funding Increase based on current agency feedback and experience related implementing evidence based/informed sexual health education programs
- Increase will ensure sufficient funds for awardees to:
 - Meet the minimum required staffing pattern
 - Implement evidence-based and evidence-informed program models including best practices, such as, staff training, incentives for youth, travel to implementation sites
 - Meet other program requirements

I&E: Past and Future Snapshot

	July 1, 2016 – June 30, 2019	July 1, 2019 – June 30, 2021
EBPM/EIPM Selection	As determined by each agency	 Select from list of 5 pre-approved curricula Awardee may propose an alternative curriculum with justification (per RFA)
Number of Awardees per County	No criteria	Maximum of 2 awards per county to ensure geographic diversity
Reach	No target	New target: 250 youth per year
Serving Youth in Rural Areas	Applicant eligibility criteria only	Implement program activities in at least one (1) site in a rural MSSA, aiming to serve 20 percent of the total youth served per fiscal year in a rural MSSA, to address significant sexual health-related disparities among rural youth and gap in services

Overview (Page 6)

- I&E Legislation: 1973 Budget Act (<u>California</u> <u>Welfare and Institution Code Section 14504.3</u>).
- Funding Stream: State General Fund.
- Legislative Program Goals:
 - Decrease adolescent pregnancies through educational programs that equip high-need youth with the knowledge, understanding, and behavioral skills necessary to make responsible decisions.
 - Engage parents or other caring adults in the community to equip them with information and tools to support youth regarding healthy behavior.

Overview (continued)

- I&E Program Activities:
 - ➤ Provide high-need youth with comprehensive, medically accurate, unbiased sexual health education and clinical linkages to sexual and reproductive health services with a focus on:
 - Adolescent pregnancy prevention, including providing information on abstinence and FDA-approved contraceptive methods;
 - Sexually Transmitted Infection (STI) and Human Immunodeficiency
 Virus (HIV) prevention and referrals for screening and treatment;
 - Education on life skills and healthy relationships.



Program Description (Pages 11 -12)

 The main goals of I&E are to reduce rates of adolescent births and STIs including HIV among high-need youth populations by replicating or substantially incorporating elements of Evidence-Based Program Models (EBPMs) or Evidence-Informed Program Models (EIPMs) for sexual health education, engaging parents/caring adults, and linking youth to clinical services.

Program Description (continued)

- Evidence-based programs for adolescent pregnancy prevention are programs that have been proven through rigorous evaluation to reduce either adolescent births, behavioral risks underlying adolescent pregnancy, or other associated sexual risk-taking behaviors.
- If the intervention chosen is not evidence-based, it must be evidence-informed. Evidence-informed interventions are those that use the best available knowledge and research to guide program design and implementation.

Key Components of I&E Program (Page 11)

EBPM/EIPM Implementation

Parent and Caring Adult Engagement Activities

Community
Outreach and
Engagement
Activities

Clinical Linkages: Family PACT & Other Youth Services

Evaluation and Monitoring Activities

Eligibility Criteria (Page 12)

Units of local government including, but not limited to, cities, counties, and other government bodies or special districts

State and/or public colleges or universities, also referred to as institutions of higher education

Public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code



Agency Qualifications (Page 12)

Three (3) years of experience providing adolescent pregnancy, STI prevention services to high-need adolescents and engaging parents/caring adults in the community

Three (3) years of experience in program monitoring, including data collection and reporting of performance measures

Three (3) years of experience developing community linkages and/or participating in and maintaining stakeholder groups

Organizational capacity to fulfill I&E program and administrative contract requirements



Eligible Counties (Pages 13-14)

- California Adolescent Sexual Health Needs Index (CASHNI) eligibility criteria:
 - ➤ CDPH/MCAH developed the CASHNI to determine geographic eligibility for service sites.
 - ➤ The CASHNI was developed at the Medical Service Study Area (MSSA). An MSSA is a sub-city and sub-county geographical units used to organize and display population, demographic and physician data.
- Eligible counties for this RFA will be limited to those with a demonstrated need for services in rural areas, although implementation will not be restricted to rural areas alone.
- This is to support program targeting to high need areas that are not served by other state adolescent sexual health education programs.

Eligible Counties (continued)

Butte	Merced
Fresno	Monterey
Humboldt	Riverside
Imperial	San Bernardino
> Kern	Santa Barbara
Kings	Shasta
Lake	Stanislaus
Los Angeles	> Tulare
Madera	Ventura
Mendocino	Yuba

Available Funding and Agreement Term (Pages 14 - 16)

- Up to \$1,122,393 in State General Funds will be allocated statewide annually through this RFA.
- The minimum award given to all applicants funded through this RFA will be \$124,710 per fiscal year.
- Cooperative Agreements will be for a two-year period from July 1, 2019 – June 30, 2021.

Optional: Title XIX Federal Financial Participation (Page 15)

- The available funding for the optional Title XIX draw down for all I&E funded agencies is up to \$558,026 annually.
- Up to 50% federal match of state funding for activities that meet the following two objectives:
 - ➤ Assisting Medi-Cal eligible individuals to enroll in Medi-Cal
 - ➤ Assisting individuals on Medi-Cal to access Medi-Cal and/or FPACT services

Optional: Title XIX Federal Financial Participation (continued)

- Awardees who participate in the FFP Program are required to participate for the entire award/contract period (July 1, 2019 - June 30, 2021).
- A written certification electing to participate in the Title XIX Program will be required by the agency and submitted as part of the agency's application.
- In order to receive Title XIX reimbursement, agencies must adhere to Title XIX requirements, including, but not limited to quarterly FFP time studies documenting staff time spent on program activities captured in the I&E budget.

RFA Key Action Dates (Page 16)

Event	Date	Time, if applicable
RFA Release	November 15, 2018	
I&E Informational Webinar	November 27, 2018	10:00 AM PT
Deadline to Submit RFA Questions Submit via e-mail at: ASH_ED_RFA@cdph.ca.gov Subject Line: I&E RFA 19-10004 Questions	November 28, 2018	4:00 PM PT
Q&A Responses Published	December 7, 2018	
Application Due	January 11, 2019	4:00 PM PT
Public Notice of Intent to Award	February 25, 2019	
Dispute Filing	March 1, 2019	4:00 PM PT
Cooperative Agreements Commence	July 1, 2019	



Target Population, Reach & Setting (Pages 17 -18)

- Serve high-need youth ages 10-19.
- Serve at least 250 youth per fiscal year.
- Implement program activities in at least one (1) site in a rural MSSA, aiming to serve 20 percent of the total youth served per fiscal year in a rural MSSA.
- If awardees are unable to meet the target reach for youth to be served, they are required to provide detailed justification within their application.

Evidence-Based and Evidence-Informed Program Models (Pages 18-20)

- CDPH/MCAH has selected four (4) EBPM that have been shown to change behaviors including delaying sexual activity and increasing use of condoms and/or contraception among sexually active youth.
- An additional EIPM has been selected to support Youth with Special Needs.



Evidence-Based and Evidence-Informed Program Models (continued)

- Applicants choose at least one (1) of the EBPM/EIPMs listed in Table 3. *I&E Approved Evidence-Based or Evidence-Informed Program Models* that best suits the needs of their target population(s).
 - Awardees are able to propose an alternative curriculum other than the five (5) approved by MCAH if they can certify that the proposed curriculum: 1) complies with all I&E requirements; 2) complies with California laws listed in the RFA, when applicable; 3) meets a well-defined need of the target population; and 4) is an evidence-based or evidence-informed model.



I&E Approved EB/EI Program Models (Page 20)

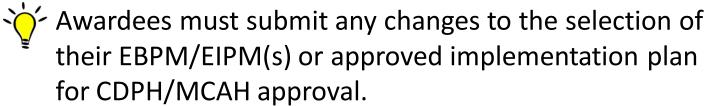
- Cuídate! 2nd Edition, 2012, 2nd Printing
- Sexual Health and Adolescent Risk Prevention (SHARP), also known as HIV Risk Reduction Among Detained
 Adolescents 1st Edition, 2010
- Making Proud Choices! California Edition, 2016
- Power Through Choices
- Teen Talk Adapted for All Abilities



Evidence-Based and Evidence-Informed Program Models (Pages 20-22)

The following are required with regards to EBPM/EIPM implementation:

- Training provided by CDPH/MCAH or the Program Developer.
- Delivery of information and activities in cultural and linguistically appropriate ways for the target population.
- Implementation with fidelity and documentation of adaptations.
- Compliance with California laws, as applicable:
 - Sexual Health Education Accountability Act (SHEAA)
 - California Healthy Youth Act (CHYA)
 - ➤ Health Education Content Standards for California Public Schools: Kindergarten through Grade Twelve compliant Requirements.





Parent/Caring Adult Engagement Activities (Page 22)

- Awardees will plan activities to engage parents and caring adults in the community to support youth in their sexual health education, build parents/caring adults' confidence in promoting open conversation, etc.
- Activities may include:
 - ➤ A preview of the intended curriculum prior to EBPM/EIPM implementation.
 - ➤ Informational events for supporting parent-youth communication around sexual health, healthy relationships, and other relevant topics.
 - > Distribution of resources for parents/caring adults.
 - > Partnership building with parent/community groups.

Local Stakeholder Coalition (Pages 22 -24)

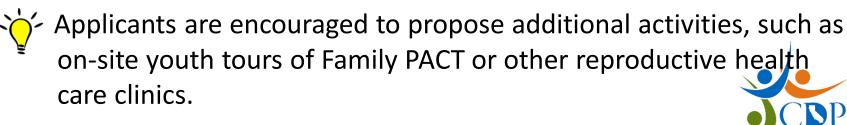
I&E Awardees will:

- Develop/maintain and/or join an existing Local Stakeholder Coalition (LSC).
 - ➤ LSCs must include diverse representatives from key community members.
- Facilitate and/or participate in regular meetings with a LSC.
 - ➤ Meet at least once per quarter with the local stakeholder coalition and present on I&E progress and successes to the community at least once annually.
- Collaborate with coalition members to identify: 1) target populations, 2) MSSAs; 3) EBPM/EIPMs and implementation sites.

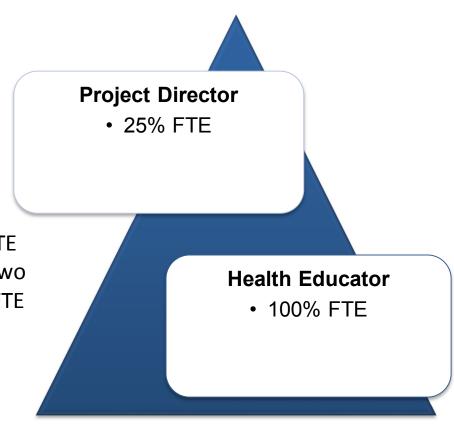
Clinical Linkages (Page 24)

I&E Awardees will:

- Establish formal partnerships with Family PACT providers.
- Promote awareness of, and provide information about, the availability, confidentiality, and cost of services to all I&E youth.
 - Activities include, but are not limited to, incorporating information about Family PACT and other services into EBPM/EIPM implementation, and dissemination of promotional materials to create awareness about local Family PACT providers and other local youth services, including crisis counseling for youth experiencing sexual and/or dating violence.



Minimum Staffing Requirements (Pages 24 - 25)





Note: The Health Educator FTE may be split between up to two individual employees at .50 FTE each.

Monitoring, Evaluation, and Continuous Quality Improvement (Pages 25 - 26)

- Implementation Monitoring
- Fidelity Monitoring
- Facilitator Competencies
- Youth Experiences and Outcomes
- Other Evaluation Activities



Reporting & Other Administrative Requirements (Pages 26 - 28)

I&E Awardees will:

- Complete the Semi-Annual Progress Reports (SARs).
- Attend required trainings, workshops and conferences.
- Participate in required meetings/calls.
- Participate in formal and informal site visits, when needed.

Application Submission Process (Pages 28 - 32)

Applicants are to develop applications by following all the RFA instructions outlined in PART III. APPLICATION SUBMISSION PROCESS:

- General Instructions
- Submission Content:
 - ➤ Submit one (1) original and two (2) copies of the application (paper copy with signatures) and an electronic submission (CD or .zip file)
 - ➤ If applicable: Proof of Nonprofit status, Corporate status or taxfree transactions by IRS (school district).
- Submission Process:
 - ➤ Mail or hand deliver applications to CDPH/MCAH by 4:00p.m. on January 11, 2019.

Required Application Documents (Pages 30 - 31)

- Application Cover Sheet (Attachment 1)
- Application Checklist (Attachment 2)
- Program Narrative Template (Attachment 3), including components 1-5 as described in Part IV
- Local Stakeholder Coalition Roster (Attachment 4)
- Budget Template (Attachment 5-1) (Attachment 5-2)
- Agency Information Form (Attachment 6)
- Certification to select Title XIX Program (Attachment 7)
 (Optional)
- Certification of Indirect Cost Rate Methodology (Attachment 8)

Program Narrative Instructions (Pages 32 - 35)

Background, Agency Experience, and Organizational Capacity (25 Points)

- Recent changes (past 3 years) in local trends in adolescent birth rates, STI/HIV rates, and adolescent pregnancy prevention efforts (5 points).
- Availability of sexual health education programming, sexual and reproductive health care (5 points).
- Experience administering adolescent sexual health education programming, implementation of EBPMs or EIPMs, data collection, program monitoring, and continuous quality improvement efforts. (5 points)
- Experience with engaging parents/caring adults in the community in program activities. (5 points)
- Organizational capacity and structure (5 points)

Implementation Plan (Maximum 50 points)

- Applicant's plan for implementing and administering Evidence-Based Program Models/Evidence-Informed Program Models and how past experience will support the proposal. (10 points)
- Applicant's plan for parent/caring adult engagement activities and how past experience will support the proposed activities. (10 Points)
- Applicant's experience with and plan for reaching rural populations and how past experience will support the proposed activities. (10 points)
- Complete Table 1 in Attachment 3, Target Population and Program Setting, capturing plans to serve primary target populations, program settings, proposed EBPM/EIPMs, and estimations of number of youth to be reached. (10 points)
- The number and classification of proposed program staff positions, including project director and facilitator(s). (10 points) See Part II, F, Staffing for more information.

Plan for Community Outreach (Maximum 10 points)

- Applicant's past efforts joining or forming a Local Stakeholder Coalition. (5 points)
- Plans for community outreach during FYs 2019-21 and complete of required
 Attachment 4, Local Stakeholder Coalition Roster. (5 points)

Plan for Clinical Linkages (Maximum 10 points)

- Applicant's relationship and history of partnering with local Family PACT and other youth-friendly sexual and reproductive health service providers, plan for creating links between I&E implementation and access to Family PACT services. (5 points).
- Additional activities to promote use and awareness of youth-friendly sexual and reproductive health services in their community. (5 points)

Budget Detail and Justification (Maximum 5 points)

- Complete a budget template for FYs 2019-21, including the justification using Attachment 5-1, and Attachment 5-2 Budget Template FYs 2019-21.
- Applicants may, but are not required to, attach a written budget justification beyond the descriptions included in the template if more explanation is needed. Please see Part VIII.C, 2, Operating Expenses, for more information on creating the budget proposal.

Scoring Criteria

Application Component	Maximum Point Value
Background, Agency Experience, and Organizational Capacity	25
Implementation Plan	50
Community Engagement	10
Clinical Linkages	10
Budget Detail and Justification	5
Total	100



Evaluation and Selection (Pages 35 - 40)

First Stage:

Meet the RFA eligibility criteria in the eligibility information section.

Second Stage:

- ➤ Evaluation of the application will be based on the completeness of all required elements along with the quality and appropriateness of the responses in the Part IV, 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 I&E.



Award Administration Information (Pages 41 - 45)

Notice of Award:

➤ Upon successful completion of the review process, CDPH/MCAH will post a Notice of Intent to Award funds on the L&E RFA webpage.

Dispute Process

- There is no dispute or appeal process for late or substantially incomplete applications or for applications failing to pass first stage of the review.
- ➤ Only non-funded applicants that comply with the RFA instructions may file a dispute. Disputes are limited to the grounds that CDPH/MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA.
- Only timely and complete disputes that comply with the dispute process stated herein will be considered.

Use of Funds (Pages 45-47)

Allowed Activities:

- Salaries and benefits of I&E program staff
- Meeting expenses
- Travel for program and training purposes
- Incentives for I&E participants (with limitations)

This RFA will not fund:

- Purchase or improvement of land, or building alterations, renovations or construction
- Fundraising activities
- Political education or lobbying
- Supplanting or replacing current public or private funding



Reminders

- Please send questions to via email to
 <u>ASH_ED_RFA@cdph.ca.gov</u> with the Subject Line: I&E
 RFA 19-10004 Questions.
- The deadline to submit written questions is November
 28, 2018 at 4:00 p.m., PT.
- Responses to questions will be posted on the I&E
 Program website on December 7, 2018 at 4:00 p.m., PT.
- Applications are due January 11, 2019 at 4:00 p.m. PT.



Thank You

Thank you for attending this webinar.

