

March 3, 2023

# Adolescent Family Life Program (AFLP) Informational Webinar

Request for Application (RFA) #23-10003


Maternal, Child, and Adolescent Health Division  
Adolescent Family Life Program



Maternal, Child & Adolescent Health  
**mcah**

# Welcome

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- ▶ **Documents:** All information discussed during this webinar can be found on the [AFLP RFA webpage](#).
- ▶ The written RFA instructions and any addenda take precedence over anything said during this webinar.
- ▶  The lightbulb icon highlights important information to note.

# Questions and Updates

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- ▶ This is a competitive process. CDPH/MCAH is unable to provide advice, opinions, or personalized answers.
- ▶ Please submit all questions by email **only** to **AFLP\_RFA@cdph.ca.gov** by **3/8/23, 4:00 pm**.
  - Follow instructions in the RFA.
  - Responses will be posted on the [AFLP RFA webpage](#) by **3/21/23**.
- ▶ Updates, corrections, or modifications to the RFA will be posted to the [AFLP RFA webpage](#). Check frequently.

# Agenda

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- 1) Program Model Overview
- 2) Funding
- 3) Eligibility Criteria
- 4) Program Narrative & Corresponding Attachments
- 5) Contract Budget & Justification
- 6) Application Submission Process
- 7) Evaluation and Selection
- 8) Award Administration
- 9) Next Steps

# RFA Key Action Dates

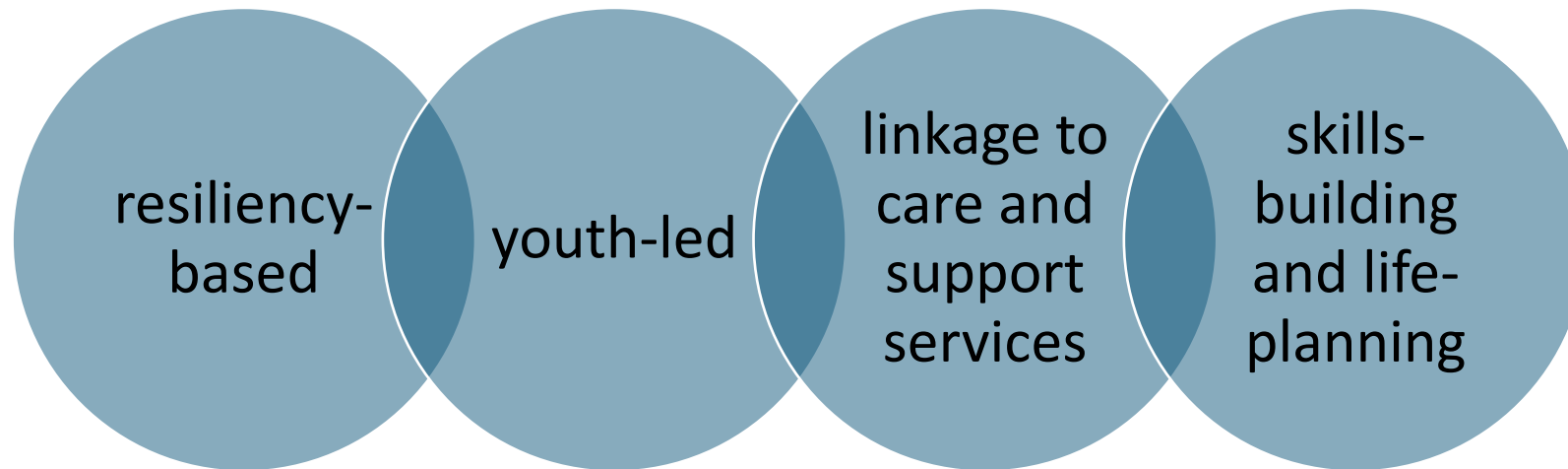


<b>Event</b>	<b>Date/Time</b>
<b>RFA Release</b>	February 23, 2023
<b>Voluntary RFA Webinar Posting</b>	March 3, 2023
<b>Deadline to Submit RFA Questions</b>	March 8, 2023, 4:00 pm
<b>Voluntary Non-Binding Letter of Intent</b>	March 9, 2023, 4:00 pm
<b>Q&amp;A Responses Published</b>	March 21, 2023
<b>Applications Due</b>	April 10, 2023, 4:00 pm
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<b>Proposed Cooperative Agreement Start Date</b>	July 1, 2023

# 1. Overview of the Positive Youth Development (PYD) Model

# PYD Model

Purpose: to improve the life-course trajectory of expectant and parenting youth



Individualized approach to enhance strengths, skills, and motivation to reach goals

# What is the AFLP PYD Model?

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## Standardized program model

- Promote youth strengths, skills, and supports to effectively manage life challenges and build plans for the future
- Prioritize youth growth to ensure continued healthy, successful lives for them and their children

## 1:1 visits

- Draws on motivational interviewing strategies and integrating life planning
- Can be in-person or virtual



# Guiding Principles

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Strengths-based

Youth voice and engagement

Caring case manager-client relationship

Supportive networks and community involvement

Goal-oriented

Empowerment and opportunity

Culturally responsive and inclusive

Developmentally appropriate

Long-term and sustainable

# Building Resilience

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## What helps young people adapt and thrive when they face adversity?

- ▶ Caring relationships and high expectations
- ▶ Opportunities for meaningful contributions and participation
- ▶ Ability to handle emotions and respond proactively
- ▶ Sense of purpose and bright future
- ▶ Positive identity, self-awareness, and self-efficacy
- ▶ Problem-solving skills – planning, flexibility, resourcefulness
- ▶ Social competence – communication, connections, healthy relationships



# PYD Model: Key Activities

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Referrals

Skills-building

Life Planning & Goal Setting

Program Priorities

Education and work

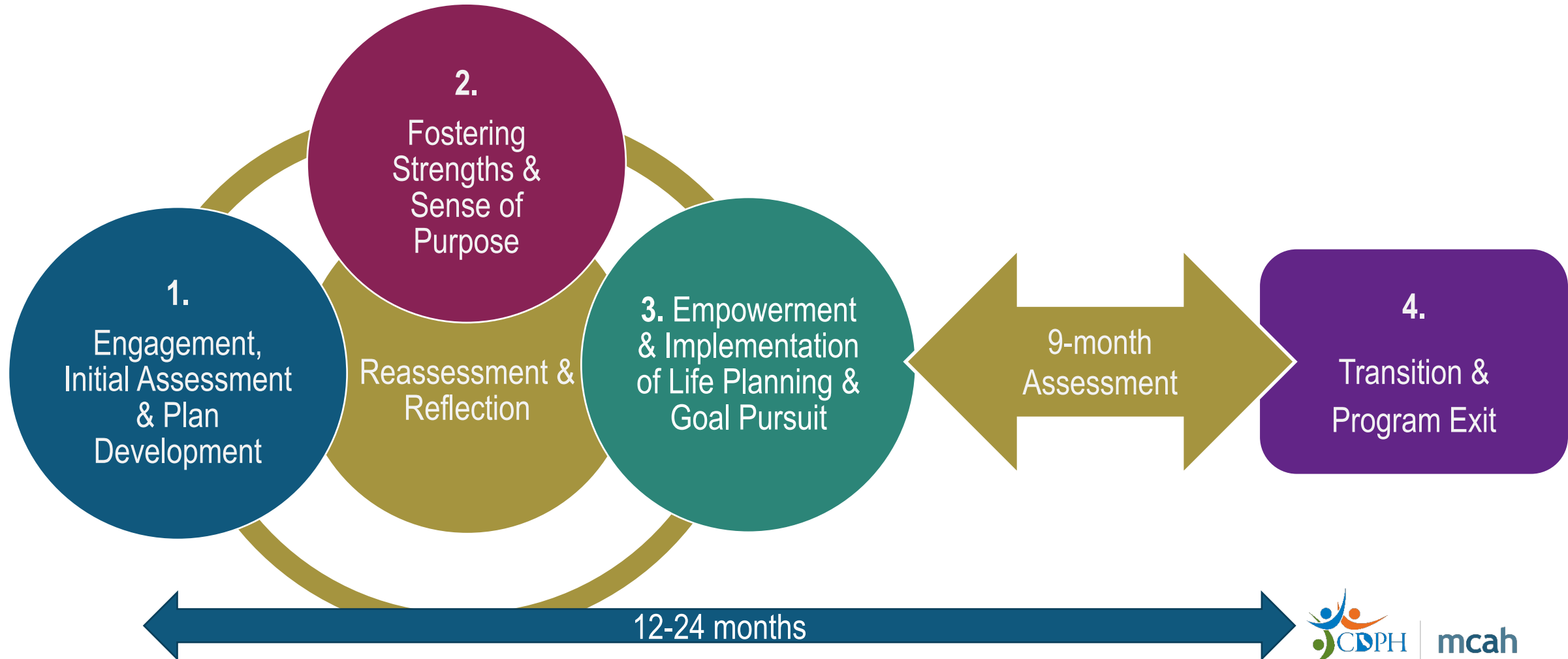
Healthy relationships

Family planning and safer sex

Health and health care

# AFLP PYD: Structure (4 Program Phases)

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# PYD Model: Phase 1

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## Phase 1: Engagement, Initial Assessment, and Plan Development

- **Visits:** At least 4
- **Overview:**
  - Engage: Introductions to the program
  - Assess: Youth's needs and priorities
  - Explore: Youth's strengths and ability to manage difficult situations
  - Introduce: Life planning and goal setting
  - Plan: Set goals

# PYD Model: Phase 2

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## Phase 2: Fostering Strengths and Sense of Purpose

- **Visits:** At least 8
- **Overview:**
  - Explore: Youth's relationships, hopes and dreams, values, youth's life plan
  - Build strengths and skills: Emotional regulation and coping skills, sense of purpose, problem solving, positive identity, resourcefulness, social competence, goal setting
  - Re-assess: Youth's needs and interests at 6 months

# PYD Model: Phase 3

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## Phase 3: Implementation of Life Planning and Goal Pursuit

- **Visits:** At least 6
- **Overview:**
  - Explore: Youth's life plan
  - Empower: Focused life planning and goal setting
  - Build strengths and skills: Sense of purpose, problem solving, planning, critical thinking, advanced goal setting
  - Assess and discuss: Is youth ready to transition out or stay engaged in the program?

# PYD Model: Phase 4

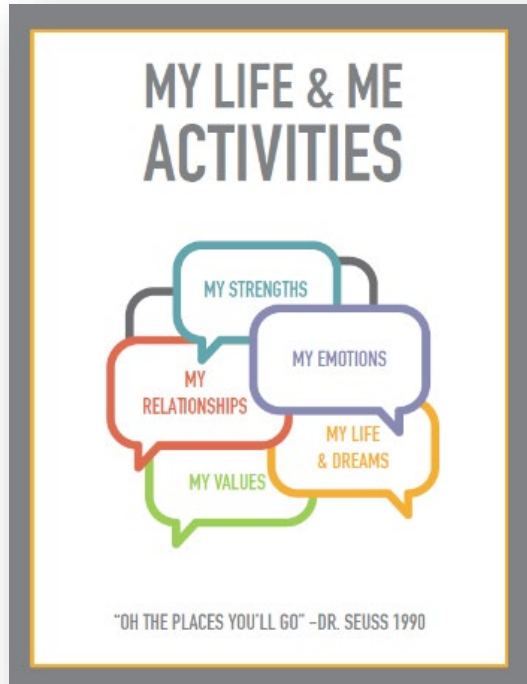
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## Phase 4: Transition and Program Exit

- **Visits:** 3-6
- **Overview:**
  - Plan: Independent goal setting, transition planning
  - Re-assess: Youth's needs and priorities at 12 months
  - Celebrate: Program successes and completion of program



# PYD Model Tools



Use this page to write down thoughts and feelings about your strengths.

At first i thought i had no strength but after completing the activities i now know that i actually do have strengths. I feel like now that i know my strenghts i think i will try and use them more and try to use the ones that i wish i had. I think the strenghts that i have are important in my life because i want to be a good example to my daughter and now i can kind of help her know her own strengths as she grows.



# Additional PYD Model Resources

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## Appendices 1a-1d

- Applicants are strongly advised to review the PYD Model resources

*Please note that the material provided may be updated prior to awardee training and implementation.*

# Additional Program Requirements

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Complete required training and professional development

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Comply with the CA Sexual Health Education Accountability Act

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Adequately staff to meet program requirements

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Establish and maintain collaborative referral networks

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Contribute to required monitoring, evaluation, and quality improvement activities

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Comply with administrative, programmatic, and data-related requirements

# Program Requirements (Continued)

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Ensure programming is culturally and linguistically affirming, youth-centered, developmentally appropriate

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Maintain active caseload of a minimum of 25 youth for every 1.0 FTE case manager

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Maintain a minimum 85% active caseload

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Provide weekend and evening hours no less than twice a month

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*Failure to meet any of these expectations may result in a Performance Improvement Plan, funding reduction, or loss of funds.*

# 2. Funding

# Funding Purpose

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To administer AFLP and implement the evidence-informed Positive Youth Development (PYD) model to support expectant and parenting youth in California.

# Funding Source and Availability

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- ▶ Source: California's Title V Maternal Child Health Block Grant
- ▶ Availability: \$5.6 million per State Fiscal Year (SFY) during three-year contract period
- ▶ Anticipated funding per awardee based on:
  - caseload and full-time equivalent (FTE) of case management staff
  - demonstrated need and total funding availability
- ▶ Minimum funding per award: **\$190,000**
- ▶ Standardized funding ranges based on staffing and number of youth to be served
  - Range: 1.0 - 4.0 case manager FTEs

# Anticipated Funding Levels



Total FTEs of Case Manager	Caseload	Estimated Minimum Award	Estimated Maximum Award
1.0	50	\$190,000	\$235,000
2.0	100	\$255,000	\$350,000
3.0	150	\$400,000	\$520,000
4.0	200	\$510,000	\$670,000



# Geographical Distribution of Funding

CDPH/MCAH anticipates awarding at least 1 agency per **region**.

Region	Counties with CASHNI score $\geq 250$ and $\geq 200$ projected EPP
<b>Northern CA</b>	Alameda, Butte, Contra Costa, Sacramento, San Mateo, Santa Clara, Shasta, Solano
<b>Central CA</b>	Fresno, Kern, Kings, Madera, Merced, Monterey, San Joaquin, San Luis Obispo, Santa Cruz, Stanislaus, Tulare
<b>Southern CA, excluding Los Angeles County</b>	Imperial, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Ventura
<b>Los Angeles County</b>	Los Angeles

CDPH/MCAH anticipates 1 award maximum in any **county**, except Los Angeles County where there is a maximum of 4 awards.

# Public Health Significance- ABR

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## 2019 Adolescent Birth Rate (ABR) in CA

- 3.2 times higher among Black youth than non-Hispanic White youth \*
- 4.2 times higher among Hispanic/Latino youth than non-Hispanic White youth \*

County with highest three-year aggregated ABR (Tulare) is *5.2 times* higher than county with lowest rate (Marin). \*\*

## High ABR

- High levels of poverty
- Limited economic and educational opportunities \*\*

\*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)

\*\*Chabot, MJ, Kwan, K, Guenzburger, GV, Lavezzo, M, Pressfield L. Adolescent births in California, 2000-2018. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division. Sacramento, California: June, 2021.

# Public Health Significance - PRB

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From 2000-2018: Percentage of repeat births (PRB) declined among young people before age 20 years.



Like the ABR, inequities in PRB exist by race, ethnicity, and geography.

In 2018, 66% of young people with a repeat birth experienced a suboptimal interpregnancy interval.



Closely spaced births increase the risk of adverse pregnancy and birth outcomes

Young people with a live birth were more likely to experience adversities during pregnancy compared to the general birthing population.



e.g., intimate partner violence, depression, housing

# Public Health Significance - Well-being

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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 depression, stress, and anxiety for young parents. \*

The need for strengths-based and trauma-informed services for expectant and parenting young people is especially high. \*\*

Positive youth development strategies are shown to be effective in improving health and well-being of young people. \*\*

\*Michigan Organization on Adolescent and Sexual Health, Expectant and Parenting Youth Inclusivity Toolkit, 2020. Retrieved February 10, 2022

\*\*Lerner, M. and J. Lerner Report of the Findings from the First Six Years of the 4-H Study of Positive Youth Development. 2009.

# AFLP Goals

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- Increase social and emotional support and build resiliency
- Empower youth to cultivate personal autonomy to make informed decisions about their sexual reproductive health
- Strengthen youth knowledge and self-efficacy for education and career attainment

# Program History

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**1985** Program established

**1988** Authorized by legislation (CA Adolescent Family Life Act of 1988, Health and Safety Code Division 106 [124175-124200])

**2023** Over the last 12 years, local AFLP providers have contributed to the development, implementation and, evaluation of PYD model

# 3. Eligibility Criteria

# Eligibility Criteria: Organizational Type

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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



# Eligibility Criteria: Three Years of Required Experience

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Case management or other support services to expectant and parenting persons (EPP) experiencing the highest inequities

Program monitoring, including data collection and reporting

Developing community linkages and/or participating in and maintaining stakeholder groups

Youth development programming

# Eligibility Criteria: Youth and Required Staffing

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All applications are required to meet the following requirements:

Serve eligible youth

1. Age  $\leq 21$
2. Expecting, parenting, or working on gaining or regaining custody of child(ren)
3. Partners in pregnancy and/or parenting are also eligible if age  $\leq 21$

Maintain staffing

Required

Director  
Supervisor  
Coordinator  
Case Manager  
Youth Advisor

Optional

Data Entry

# Eligibility Criteria: California Adolescent Sexual Health Needs Index (CASHNI)

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CDPH/MCAH developed index to target available resources for primary and secondary adolescent pregnancy prevention programs to areas with greatest need. Formula includes:

- Each county's annual number of live births to individuals under age 19
- Additional community characteristics such as percentage of youth living in concentrated areas of poverty, suboptimal pregnancy intervals, rural community status, racial inequities, educational attainment, ABR, and PRB

For more information, see [Appendix 2](#) and the [CA Adolescent Sexual Health Needs Index](#).

# Eligibility Criteria - Projected Expectant and Parenting Persons (EPP)

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CDPH/MCAH developed projected numbers of EPP in 2023 for each county to:

- Prioritize program services in areas where young parents age  $\leq 21$  reside
- Ensure agencies can maintain the required caseload of at least 25 active youth per 1.0 FTE case manager
- Account for continued declines in population over time and cross-eligibility with other services to support program sustainability over funding cycle

For more information, see [Appendix 2](#).

# Eligibility Criteria for 1 County: CASHNI + EPP

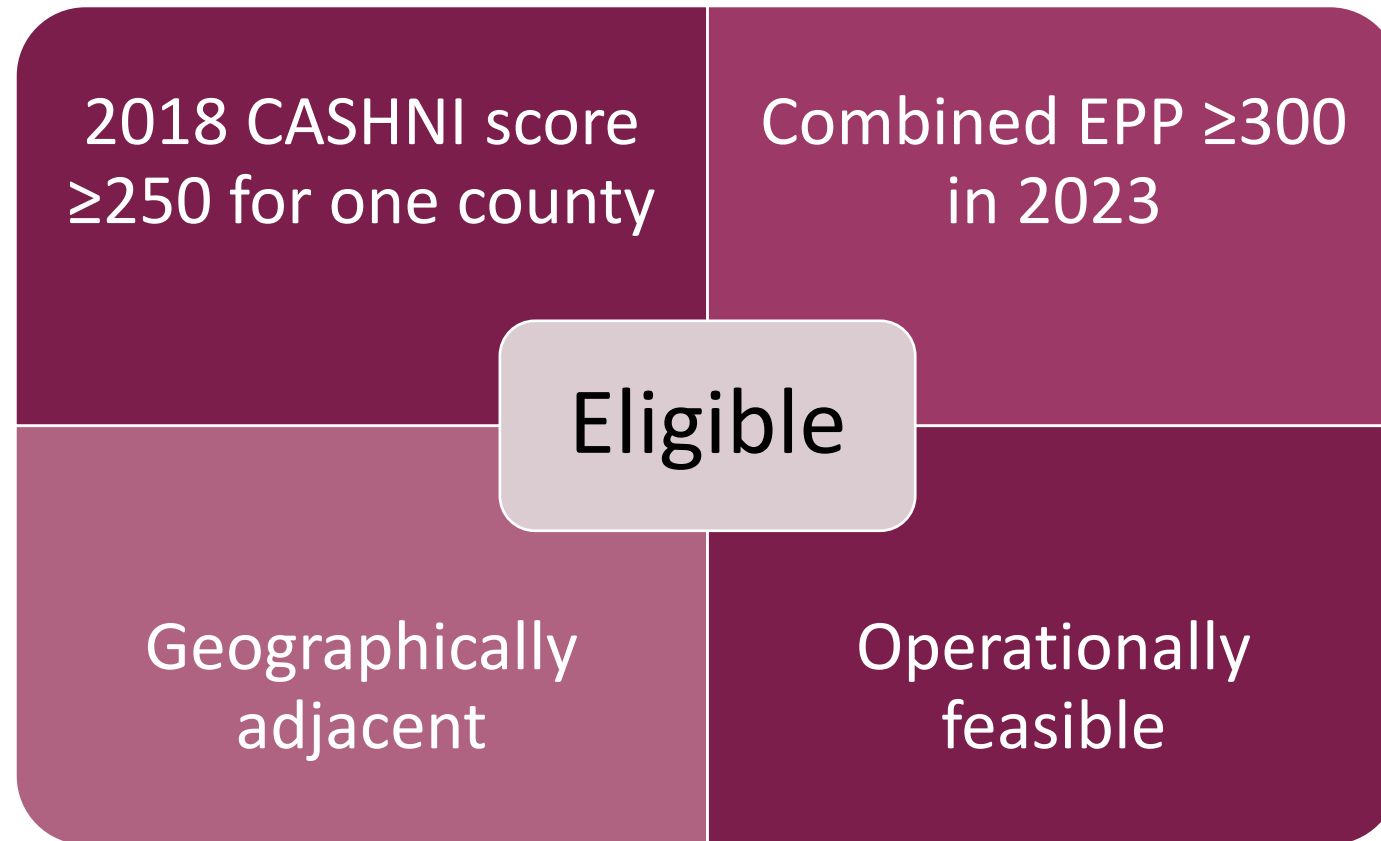
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(if other requirements met)

# Eligibility Criteria for 1+ Counties: CASHNI+EPP

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# Eligibility Criteria - Eligible Counties based on CASHNI + EPP

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- Alameda
- Butte
- Contra Costa
- Fresno
- Imperial
- Kern
- Kings
- Los Angeles
- Madera
- Merced
- Monterey
- Orange
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Solano
- Stanislaus
- Tulare
- Ventura

# Eligibility Criteria - Program Reach



## Definition

Number of youth who receive any services during the FY after the enrollment visit and at least one program visit during the same FY

## Minimum

1.0 FTE case manager: 50 youth

## >1 county

Combine reach in all counties to meet requirement



# Eligibility Criteria - Program Reach and Caseload

Metric	Definition	Requirement
Annual Program Reach	Youth who: <ul style="list-style-type: none"><li>received at least one program visit after their enrollment visit, <u>and</u></li><li>had at least one valid program visit during the fiscal year</li></ul>	Minimum annual program reach of 50 youth per 1.0 FTE case manager to maintain required caseload of 25 active AFLP youth per 1.0 FTE case manager.
Active Case	Youth with open AFLP service file who: <ul style="list-style-type: none"><li>received at least one program visit after their enrollment visit, <u>and</u></li><li>had a program visit within the past 90 days</li></ul>	<ul style="list-style-type: none"><li>Minimum 85% active caseload</li><li>Assessed monthly</li><li>Failure to do so will result in a Performance Improvement Plan, funding reduction, or loss of funds.</li></ul>

# Eligibility Criteria - Program Reach (continued)

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- The proposed annual program reach should justify the proposed funding level.
- The staffing pattern must correspond with annual program reach as described in Table 4. Minimum Staffing Pattern. (e.g., 50 youth for 1.0 FTE, 25 youth for 0.5 FTE).
- Applicants proposing to serve more than one county may combine annual program reach in all proposed counties to meet the requirement.
- Application resources in the RFA and
  - Appendix 2 (Population and Community Need Data)
  - Attachment 9 (Program Reach Worksheet)

# 4. Program Narrative and Corresponding Attachments

# Instructions



## Part V. Program Narrative and Corresponding Attachments

- General instructions for completing the application narrative using Attachment 3 (AFLP RFA Program Narrative Template)

## Required content

- Agency experience and organizational capacity
- Demonstrated need in proposed service area
- Implementation plan
- Community engagement, referral network, and letters of support
- Proposed budget

# Required Application Content (1 of 3)

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- ▶ Attachment 1 – Application Cover Page
- ▶ Attachment 2 – Application Checklist
- ▶ Attachment 3 – AFLP RFA Program Narrative Template
- ▶ Attachment 4 – Organization Chart
- ▶ Attachment 5 – References
- ▶ Attachment 6 – Government Contracts
- ▶ Attachment 7 – Audited Financial Statements
- ▶ Attachment 8 – Litigation and Contract Compliance Difficulties

# Required Application Content (2 of 3)

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- ▶ Attachment 9 – Program Reach Worksheet
- ▶ Attachment 10 – Service Area Needs and Strategies
- ▶ Attachment 11 – Letters of Support
- ▶ Attachment 12 – Budget Template
- ▶ Attachment 13 – Agency Information Form
- ▶ Attachment 14 – Attestation of Compliance with the Sexual Health Accountability Act of 2007
- ▶ Attachment 15 – If applicable: Certification to Select Title XIX Financial Participation Program

# Required Application Content (3 of 3)



## Required

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

## If applicable

Nonprofit organizations must submit a copy of an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status.

Corporations must submit a copy of the current and active Certificate of Status issued by State of CA, Office of the Secretary of State.

School districts must submit proof of tax-free transactions by the IRS.

# 5. Contract Budget & Justification



# Use of Funds

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## Allowable Expenses

- Salaries and benefits
- Meeting expenses
- Travel for program and training purposes
- Concrete supports and client support materials
- Incentives and rewards for AFLP participants (with limitations)

## Unallowable Expenses

- Purchase or improvement of land
- Building alterations, renovations, or construction
- Fundraising activities
- Political education or lobbying
- Supplanting of state or local health department funds

# Other Funds

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- ▶ Awardees may contribute local (non-federal) funds for AFLP and, in doing so, may participate in Title XIX Federal Financial Participation, which allows eligible entities to draw down matching federal reimbursement funds for activities, as specified in the legislation, related to Medi-Cal.
- ▶ If other funds are proposed, the total budget less other funds should align with Table 1.

# Budget & Justification Resources

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- ▶ RFA, Part IX
- ▶ Appendix 3 (Sample Budget)
- ▶ RFA, Part V E. Proposed Budget
- ▶ Attachment 3 (AFLP RFA Program Narrative Template)
- ▶ If proposing Title XIX:
  - Appendix 4 [AFLP Base Medi-Cal Factors (if XIX)]
  - Attachment 15 (Certification to Select Title XIX)

# Budget & Justification Reminders

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- Budget must meet minimum case manager requirements per Table 1 and associated staffing pattern in Table 4.
- Staff in roles not listed in the budget template & staffing pattern must be agency funded.
- Other Costs includes new sublines for optional expenses:  
Advertising/Public Awareness and Participant Educational Activities

# 6. Application Submission Process

# Instructions



Please follow all RFA instructions outlined in *Part IV. F, Application Submission Process*

- General instructions
- Application content
- Applicant costs
- Submission process:
  - Email your application materials as attachments to [AFLP\\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) no later than **4/10/23, 4:00 pm.**
  - No paper submissions
  - Maximum file size: 25 MB

# 7. Evaluation and Selection

# Evaluation Process

## 1st Stage

Review application checklist and package to ensure:

- Eligibility criteria met
- All required content submitted



## 2nd Stage

Evaluate quality and appropriateness of responses in ***Part V. Program Narrative and Corresponding Attachments.***

- Assign scores based on:
  - Adequate and comprehensive responses
  - Compliance with RFA requirements
  - Ability to meet CDPH/MCAH's program needs
  - Demonstrated capacity to implement the PYD model and effectively serve expectant and parenting youth



# Scoring Breakdown

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Section	Total maximum points
Agency experience and organizational capacity	36
Need in proposed service area	18
Implementation plan	36
Community engagement, referral network, and letters of support	15
Proposed budget	9
<b>Total</b>	<b>114</b>

# Review and Verification of Information

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- ▶ Additional reviews may occur at CDPH/MCAH's discretion, such as:
  - Verification of references
  - Performance history on other contracts
  - Financial capability and contract compliance
- ▶ 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.

# 8. Award Administration

# Notice of Awards

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Upon successful completion of the review process, CDPH/MCAH will post a notice of intent to award funds on the [AFLP RFA webpage](#).

# Appeal Process

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Only those applicants who were not selected as an awardee may file an appeal.

Applicants may not appeal solely on the basis of the funding amount.

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.

Only timely and complete appeals that comply with the process stated herein will be considered.

# 9. Next Steps

# RFA Key Action Dates



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# Questions

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CDPH/MCAH will accept questions and reporting of errors related to the RFA.

Questions may include, but are not limited to, proposed service provision and/or its accompanying materials, instructions, or requirements.

All applicants, including current AFLP awardees, must follow the process – as outlined in the RFA – to submit a question or report an error in the RFA.

Questions must be submitted via email to [AFLP\\_RFA@cdph.ca.gov](mailto:AFLP_RFA@cdph.ca.gov) no later than **3/8/23, 4:00 pm.**



# Voluntary Non-Binding Letter of Intent

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Prospective applicants are **highly encouraged** to voluntarily indicate their intention to submit an application

Choosing to not submit a letter of intent (LOI) will not affect the acceptance of any application.

The LOI is not binding.  
Prospective applicants are not required to submit an application.

# AFLP RFA Documents

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## Download files

- All documents related to this RFA can be downloaded from the [AFLP RFA webpage](#).

## Check RFA website

- It is the applicant's responsibility to visit the RFA website on a frequent basis for current postings and any addenda.

# References

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1. California Department of Public Health, *Adolescent Births in California 2000-2014*, California Department of Public Health, Editor. 2016.
2. California Department of Public Health, Center for Family Health, Maternal Child and Adolescent Health Division, Maternal and Infant Health Assessment (MIHA) Survey, 2017—2019.
3. Chabot, MJ, Kwan, K, Guenzburger, GV, Lavezzo, M, Pressfield L. Adolescent births in California, 2000-2018. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division. Sacramento, California: June, 2021.
4. 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>
5. Lerner, M. and J. Lerner *Report of the findings from the first six years of the 4-H study of positive youth development*. 2009.
6. Redd, Z., et al. *Academic achievement programs and youth development: a synthesis*. January 2002.
7. 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.
8. House, L.D., et al., *Competence as a predictor of sexual and reproductive health outcomes for youth: a systematic review*. J Adolesc Health, 2010. **46**(3 Suppl): p. S7-22.
9. 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

# Thank You!

[go.cdph.ca.gov/AFLP](https://go.cdph.ca.gov/AFLP)