

**MATERNAL, CHILD AND ADOLESCENT HEALTH DIVISION)  
INFORMATION AND EDUCATION (I&E) PROGRAM  
REQUEST FOR APPLICATION (RFA) # 16-10045  
NOVEMBER 20, 2015**



**California Department of Public Health  
Center for Family Health  
Maternal, Child and Adolescent Health Division**

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## SECTION I. FUNDING OPPORTUNITY DESCRIPTION

### A. Purpose

The purpose of this Request for Application (RFA) is to solicit applications from eligible agencies to implement the California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Information and Education (I&E) Program. For over 40 years, the I&E Program has offered innovative sexual health and life skills education programs in diverse settings, serving youth with the greatest need throughout California.

The I&E Program was appropriated in the 1973 Budget Act and is authorized by [California Welfare and Institution Code Section 14504.3](#). The Program is funded through the State General Fund (SGF).

Section 14504.3 of the Welfare and Institution Code states the goal of the Information and Education Program is to decrease adolescent pregnancies by providing high needs youth “with the knowledge, understanding, and behavioral skills necessary to make responsible decisions regarding at-risk behavior.” I&E aims to help prevent adolescent pregnancies and sexually transmitted infections (STIs) through educational programs which provide youth with the skills and knowledge needed to make responsible decisions regarding sexual behavior. Awarded agencies have the opportunity to participate in the Title XIX Federal Financial Participation (FFP): a program that allows eligible entities to draw down federal reimbursement for activities which meet the following two objectives: 1) Assisting Medi-Cal eligible individuals to enroll in the Medi-Cal Program, and 2) Assisting individuals on Medi-Cal to access Medi-Cal/Family Planning, Access, Care and Treatment (Family PACT) services.

I&E interventions provide youth with comprehensive, medically accurate sexual health education and clinical linkages to sexual and reproductive health services. I&E activities include, but are not limited to: adolescent pregnancy prevention, including providing information on contraceptive methods such as long acting reversible contraceptives (LARCS); promotion and referrals for STI screening and treatment; and education on life skills and healthy relationships.

The 2016-19 cycle of I&E will feature changes from the current cycle. These new program features are described throughout this RFA and include the following:

1. A new formula for county-level eligibility is introduced in order to reach counties with the highest local need for sexual health education services and prioritize underserved, rural areas. A list of eligible counties can be found on page 9.

2. Funding amounts will increase to adequately fund awardees to fulfill program requirements, resulting in a reduced number of I&E awardees (approximately 10 – 14). This increase in funding is required in order to support an adequate staffing pattern to implement the program. A full-time health educator (1.0 FTE) and part-time Project Coordinator (minimum of 0.25 FTE) are necessary to implement the program as intended in this Request for Application. More information can be found on page 10.

I&E funds will be used to implement the following three program components, described in detail on pages 10-16 below:

1. Comprehensive Sexual Health Education and Life Skills
2. Clinical Linkages
3. Community Engagement

## **B. Background**

Great progress has been made in reducing the adolescent birth rate (ABR) in California over recent decades, yet disparities persist across race/ethnicity, geographic area, and other characteristics<sup>1</sup>. This is made evident by the difference in adolescent birth rate among Hispanic, Black, and non-Hispanic White youth. In 2013, the ABR among Hispanic female adolescents was 34.9 per 1,000 women age 15-19, compared with 28.3 among Black adolescents and 9.3 among White adolescents<sup>2</sup>. In addition, rates of STIs among Black adolescents are disproportionately high. The gonorrhea rate in 2013 among adolescent Black females was 1,423.6 (per 100,000) compared with 94.8 among non-Hispanic White females. The rate among Black male adolescents was 718.8 compared to 45.3 among non-Hispanic White male youth.<sup>3</sup>

In addition to race/ethnicity, another significant predictor of disparities in adolescent sexual health outcomes is geography. Although California has made great strides in providing adolescent reproductive and sexual health programs that serve high needs youth, disparities in the availability of programs for youth in rural areas still need to be addressed. For instance, rates of adolescent births among youth living in rural, underserved areas have declined more slowly than in urban and suburban areas.<sup>4</sup> In California, rural areas are defined by the California Office of Statewide Health Planning and Development (OSHPD), as those areas with less than 250 persons per square mile and no population center exceeding 50,000.<sup>5</sup> Because of the substantial variation in access to health care services and in sexual and reproductive health outcomes within California counties, CDPH/MCAH's preferred method of examining geographic variation is at the level of Medical Service Study Areas (MSSAs). MSSAs are clusters of census

tracts that do not cross county boundaries and were developed by OSHPD to identify areas of unmet need in health care coverage. An examination of the 2010-2012 ABR at the MSSA level, for instance, indicates that the ABR in rural MSSAs (33.6 per 1,000 adolescent females) was significantly higher than among adolescent females in urban MSSAs (27.0 per 1,000 adolescent females).<sup>2</sup>

Youth in rural areas may face additional barriers to accessing care compared to their peers in urban areas. For example, there could be concerns about anonymity in small communities where youth are unlikely to visit a clinic or a pharmacy without encountering a neighbor or family member. Transportation is another significant issue in rural communities; the nearest clinic is often hours away and may not be available by public transportation. In addition, there may not be local providers available for specialized skills such as insertion of intrauterine devices (IUDs). Therefore, youth in rural areas are a priority population for I&E programming.

Other priority populations include groups of youth that tend to have higher rates of adolescent childbearing, such as youth in foster care. One study showed adolescent females in foster care were more than twice as likely to become pregnant by age 19 than a nationally representative sample of 19-year-old females outside of the foster care system.<sup>6</sup> Sixty-two percent of mothers in foster care had one or more repeat adolescent births by age 21, compared to 45% of female adolescents not in foster care<sup>7</sup>. Other groups of youth with great potential to benefit from targeted sexual health education and support to access clinical services include youth in juvenile justice or the probation system, youth in gangs, and youth who identify as lesbian, gay, bisexual, or transgender (LGBT), among others.

Engaging and empowering adolescents as caretakers of their own sexual and reproductive health is an important tool in addressing the health disparities faced by youth across the state. Along with sexual health education, other services are critical to supporting this effort: life skills education including how to form and maintain healthy relationships and clinical linkages to ensure youth have access to sexual and reproductive health services. This multifaceted approach will help lay a strong foundation for youth to value and protect their health and relationships throughout the life course.

### **C. Eligibility for Funding**

The following entities and organizations may apply for I&E Program funding:

1. County and/or city governments
2. Local health jurisdictions

3. Public entities
4. Private non-profit community based organizations, health or social service agencies, or community clinics classified as 501(c) (3) tax exempt under the Internal Revenue Code.

**Note:** Applicants claiming private non-profit status shall submit as part of their application either: (a) a copy of certification of non-profit status from the State of California, Office of the Secretary of State or (b) a letter from the federal Department of the Treasury, Internal Revenue Service, classifying the applicant agency as a private non-profit corporation or 501(c) (3) tax-exempt status. Applicants who represent a school district may submit proof of tax-free transactions by the Internal Revenue Service. All non-profit corporations, including those associated with religious organizations but organized for solely non-sectarian purposes, may apply.

Applicants must have:

1. Experience providing adolescent pregnancy and STI prevention services to high needs adolescents
2. Experience in program monitoring including data collection, and reporting of performance measures
3. Organizational capacity to fulfill I&E program and administrative contract requirements

Funds will be allocated to California counties with the greatest localized need for sexual health education. In recognition of the geographical disparities in adolescent sexual and reproductive health care needs and outcomes, CDPH/MCAH developed the California Adolescent Sexual Health Needs Index (CASHNI), which allows CDPH/MCAH to target available resources to areas with the greatest need for adolescent pregnancy prevention program services. The CASHNI provides a score for every MSSA in California and was developed using the process described below:

Six indicators of community risk were standardized and summed to form an index of overall community risk. The six indicators are:

1. 2011-2013 aggregate ABR,
2. 2011-2013 aggregate percentage of repeat births,
3. 2011-2013 aggregate gonorrhea incidence rate,
4. 2013 estimated percentage of youth living in concentrated areas of poverty,

5. 2013 estimated percentage of youth living in racially isolated areas of African Americans, Hispanics or American Indian/Alaskan Natives, and
6. 2013 high school cohort drop-out rate.

Overall community risk was ranked from one to five based on the distribution of sums; rankings for rural MSSAs were multiplied by three.

Resulting values (range 1 – 10) were multiplied by the 2011-2013 average annual numbers of live births to females ages 19 and below.

The 2013 CASHNI scores for eligible counties range from 433 to 6561 (See Appendix 1 for a list of CASHNI scores by county and Appendix 2 for a list of CASHNI scores by County and MSSA). Higher scores on the CASHNI indicate a greater community need for adolescent sexual and reproductive health services.

I&E will be implemented in California counties identified by the 2013 CASHNI as counties with the highest localized need for rural area sexual and reproductive health programs. Counties with combined CASHNI scores above 400 (within rural MSSAs) are eligible for I&E services. Based on these criteria, the following counties are eligible for services, in order of need:

<b>Table 1: I&amp;E Eligible Counties</b>		
<b>County</b>	<b>Number of Rural MSSAs</b>	<b>2013 CASHNI Sum of All Rural MSSAs</b>
Fresno	8	6561
Tulare	6	5317
Kern	10	5199
Imperial	5	3099
San Bernardino	12	2948
Merced	5	2895
Monterey	6	2697
Madera	3	2558
Stanislaus	5	1092
Kings	2	988
Santa Barbara	5	877
Los Angeles	7	702
Yuba	3	665
Riverside	4	662
Butte	7	643

<b>Table 1: I&amp;E Eligible Counties</b>		
<b>County</b>	<b>Number of Rural MSSAs</b>	<b>2013 CASHNI Sum of All Rural MSSAs</b>
Humboldt	5	541
Lake	5	540
Santa Clara	1	481
Tehama	4	473
Ventura	2	433

## **D. Program Requirements**

### **1. I&E Awardees must serve priority youth populations.**

The priority populations for the I&E Program are youth aged 12-19 who meet one or more of the criteria below.

- a. Youth who reside in a high-needs MSSA (see Appendix 3 for a list of all high-need MSSAs in the eligible counties, and information on how to check the MSSA of potential sites).
- b. Homeless and/or runaway youth
- c. Youth who dropped out of school
- d. Youth who attend an alternative or continuation school
- e. Youth who are in or emancipated from the foster care system
- f. Youth in the juvenile justice or probation system
- g. Youth who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ)
- h. Youth who live in families that are migrant farmworkers, defined as individuals who are “required to be absent from a permanent place of residence for the purpose of seeking employment in agricultural work”<sup>8</sup>.
- i. Youth in gangs or ex-gang members

### **2. I&E Awardees must select interventions that are evidence-based or evidence-informed.**

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.<sup>9</sup> If the intervention chosen is not evidence-based, it must be evidence-informed. Evidence-informed interventions are used when service providers use the best available knowledge and research to guide program design and implementation<sup>10</sup>.

**3. I&E Awardees must ensure adequate staffing to meet program requirements.**

Awardees will hire a sufficient number of staff to complete all I&E contract requirements. Staff hired to deliver program services should be able to meet minimum program requirements and deliver the program in a culturally and linguistically appropriate manner for the target population(s). Applicants are encouraged to refer to the Adolescent Sexual Health Workgroup (ASHWG) Core Competencies for Adolescent Sexual and Reproductive Health (full document available at: <http://www.californiateenhealth.org/ashwg-core-competencies>) for a description of core competencies that may be used by agencies to guide their recruitment, hiring, training, and evaluation of program staff.

The new I&E staffing pattern must include a designated project coordinator with overall responsibility for coordinating and documenting project activities; and a health educator to conduct and implement I&E intervention activities. The project coordinator may assist with health education activities. This staffing pattern is designed to maximize program staff's ability to implement the program effectively and build investment in the program. CDPH/MCAH will fund all awardees at levels sufficient to support, at a minimum, one health educator (100% FTE) and one project coordinator (at least 25% FTE).

**4. I&E Awardees must provide the following program components:**

- Comprehensive Sexual Health Education and Life Skills
- Clinical Linkages
- Community Engagement

The first two components above (comprehensive sexual health education and life skills and clinical linkages) will be delivered directly to youth by a health educator. These components comprise the core I&E program services. A key program indicator for delivery of these components will be the number of youth served. The community engagement component may involve youth, but youth reached through community engagement activities will not be measured as part of the core number of youth reached.

In the RFA, applicants will not be provided with set numbers of youth to serve. CDPH/MCAH acknowledges that number of youth served will vary greatly by geography, setting, curriculum length, group size, and other factors. As a general guideline, applicants should aim to serve approximately 100-350 youth per year, and should plan to justify their proposed number of youth to serve in the program implementation plan (please see page 19 for further details).

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## ***Comprehensive Sexual Health Education and Life Skills***

Reproductive and sexual health education is the delivery of information about physical development, sex, sexuality, and relationships, along with skill-building to help young people communicate about and make informed decisions regarding sex and their sexual health<sup>11</sup>. Activities should be interactive with multiple opportunities to increase self-confidence and self-efficacy through practice of new concepts and skills.

At a minimum, the comprehensive sexual health education component, including life skills, must meet the criteria below. Applicants may choose to incorporate additional activities as necessary to meet the needs of the target population.

1. **Dosage and Instruction time** – The length of the program intervention should be between 6-15 hours. An I&E program priority is to ensure that youth receive an adequate dosage of programming to build their engagement in the program and provide sufficient time for processing and asking questions. Based on a meta-analysis of selected evidence-based sexual health programs, the majority of programs (52%) reviewed had a length of 6-15 hours, with an additional 21% lasting 2-5 hours and 25% lasting 16 hours or longer<sup>12</sup>.
2. **Culturally and Linguistically Appropriate** – Program activities must be provided in the cultural and linguistic context that is most appropriate for the target population(s). Oral instruction and written materials must also meet the literacy level of the target population.
3. **Incorporate Demonstration and Behavioral Practice Skills** – The use of demonstration and skill-based behavioral practice are necessary for youth to adopt, practice, and maintain healthy behaviors. Integrating skill-based learning into sexual health education activities provides an opportunity for youth to be actively engaged.

Below is a list of subject areas I&E Awardees are required to cover during reproductive and sexual health education program activities:

1. **Anatomy and Physiology** – Provide information on physical development and the male and female reproductive systems.
2. **Pregnancy and Reproduction** – Address reproductive health information, and decision-making to avoid a pregnancy, and common myths regarding sex and pregnancy.
3. **Sexually Transmitted Infections** – Provide both content and skills for understanding and avoiding STIs (including HIV), modes of transmission, symptoms, testing, and treatment options.

4. **Contraception and Decision-Making** – Address the effectiveness and safety of all FDA-approved contraceptives, including Long Acting Reversible Contraceptives (LARCs), consistent and correct use of contraceptives, and negotiation and refusal skills.

**Please note: CDPH/MCAH requires medically accurate, age appropriate information be provided. All materials selected for program interventions must be submitted to MCAH for review and approval prior to implementation.**

CDPH/MCAH will require Awardees to comply with the mandate of the California Health Education Accountability Act (SHEAA) Health and Safety Code Section 151002(d) (Appendix 4) and submit a signed agreement to attest program compliance as a condition of funding. By signing the agreement, Awardees are acknowledging that the I&E Program may monitor for compliance with the provisions of Health and Safety Code Sections 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding.

Included in I&E’s concept of comprehensive sexual health education are a collection of life skills that enable individuals to adapt to and deal effectively with the demands and challenges of life. The literature suggests that life skills education which includes or complements sexual and reproductive health education is effective in delaying the onset of sexual intercourse and, among sexually experienced youth, in increasing the use of condoms and decreasing the number of sexual partners<sup>13</sup>.

The life skills enhancement topics must complement or enhance the Sexual Health Education component described above. I&E Awardees are required to address the life skills topics below.

1. **Interpersonal communication skills** – Interpersonal communication skills are the life skills used daily to communicate and interact with other people on an individual or group basis. Interpersonal communication skills may sometimes be referred to as social skills or people skills. Interpersonal skills may not only involve communication skills but may also involve negotiation skills and refusal skills. At a minimum, interpersonal communication elements must include education and skill-building activities on the following:
  - a. Verbal Communication – What we say and how we say it.
  - b. Non-Verbal Communication – What we communicate without words (e.g., body language).
  - c. Listening Skills – How we interpret both the verbal and non-verbal messages sent by others.
  - d. Active Listening Skills – Involves giving our attention to fully concentrate on what is being said rather than just passively ‘hearing’ a message.

- e. Expressing feelings – Feelings are emotions, and sensations, and they are different from thoughts, beliefs, interpretations, and convictions. The act of expressing your feelings encompasses knowing what to say, how to say, and when to say it.
  - f. Giving and receiving feedback (without blaming) – Constructive feedback is a process where one is clearly heard, understood and accepted. It involves understanding one’s boundaries for accepting what is within our own power to do or act upon and accepting that we have no control over what others do or how they act when we give our feedback.
2. **Self-esteem** – How we feel about ourselves and having the confidence and ability to take a particular action or feel a certain way without judgment from self or others.
3. **Assertiveness** – Assertiveness means standing up for one’s personal rights and having the ability to calmly express one’s thoughts, feelings and beliefs in a direct, honest, appropriate, positive way. Assertiveness not only involves communication skills but also negotiation skills, refusal skills, and communication of personal opinions, needs, and boundaries.
4. **Problem-solving and Decision-making** - Involves overcoming the barriers or obstacles that prevent the achievement of a desired outcome. Decision-making is a process of problem-solving that involves choosing between two or more possible solutions to a problem and making an informed decision. For more information on the above life skill topics, see website [www.skillsyouneed.com](http://www.skillsyouneed.com)
5. **Supplemental Topics - We highly encourage proposals to include educational topics which include, but are not limited to:**
- a. Youth-Adult Communication - Provide adults caring for youth with information to be able to communicate effectively about sexual health; build youth connectedness to family, school, and community; promote mentoring opportunities for youth with successful adults in the community.
  - b. Healthy Relationships – Identifying and defining healthy and unhealthy relationships; learning how to safely end unhealthy relationships; conflict resolution; awareness about bullying; skills to prevent adolescent relationship abuse and sexual violence including bystander intervention skills
  - c. School Readiness – Linking youth to services to help prepare them for academic success; supporting youth to reach their educational goals; connecting youth to resources to help them access higher education

**NOTE: All materials used must be submitted to MCAH for review and approval prior to implementation.**

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## ***Clinical Linkages***

A key component of comprehensive sexual health education includes awareness and utilization of clinical services by youth. Linkages to sexual health services and Medi-Cal or other insurance coverage is vital in order to increase utilization of clinical services by high-needs youth. Research shows that programs that incorporate clinical linkage models as part of their interventions assist youth in accessing high-quality sexual and reproductive health services. They also provide additional resources to many youth who are unaware of existing reproductive and sexual health services, and other social services available to them<sup>14</sup>.

Projects shall establish formal partnerships with Family PACT providers to expand access and availability of clinical services to their targeted population(s) and to ensure that adolescents and young adults have access to sexual health services. All Interventions shall include clinical service linkage activities.

Applicants will demonstrate their collaboration with, and establishment of, a relationship with one or more Family PACT providers to:

1. Coordinating a referral mechanism for youth to access Family PACT services at clinics with a adolescentyouth-friendly environment.
2. Assisting with promotional activities to create awareness about their local Family PACT clinic(s).
3. Providing monthly or quarterly youth tours of Family PACT clinics. If monthly visits are not feasible, awardees are to implement activities that will allow participants to become familiar with Family PACT providers and their services.
4. Promote awareness of and assistance with accessing comprehensive family planning reproductive health services for the purposes of preventing unintended pregnancy and STIs among adolescents.
5. Provide information about the availability of reproductive and sexual health services, including methods to prevent and treat STIs.
6. Develop a plan of action to maximize collaborative efforts and best practices.

Family PACT partnerships are documented through the submission of a Letter of Commitment/Support from a local Family PACT provider. Applicants are encouraged to partner with Family PACT providers based on geographical locations as well as providers who can deliver linguistically and culturally appropriate care for the target populations.

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## **Community Engagement**

Awardees will be required to collaborate with community representatives concerned about local youth, raise awareness about adolescent pregnancy, STI prevention efforts, and educate the community about essential adolescent sexual and reproductive health services. At a minimum:

1. Applicants are required to submit three to five letters of support as an attachment to the application. Letters of support from the following entities are required: the local Maternal, Child and Adolescent Health (MCAH) Director or public health designee, and one or more local Family PACT providers (see Section I, b. Clinical Linkages above). If an applicant is unable to obtain a letter of support from the MCAH Director or public health designee, you must submit a justification as to why a letter was not obtained.
2. Applicants will describe community engagement strategies that will be used to garner local community involvement in the I&E program at the local level.

## **E. Evaluation and Monitoring Activities**

Awardees will participate in the I&E monitoring and evaluation activities described below. Awardees are not required to hire an outside evaluator to perform or meet evaluation requirements outlined in this RFA.

1. **Implementation monitoring:** Awardees will be required to provide monitoring to support the implementation of their primary program components (sexual health education and life skills and clinical linkages) including youth demographics and attendance data. This will be submitted in a manner and timing designated by CDPH/MCAH.
2. **Participant experiences and outcomes:** I&E programming should be relevant, engaging, respectful, and culturally sensitive so participants can become invested in the program and feel safe in their learning environment. Awardees will be required to administer surveys to a sample (a subset) of participants. Program surveys and methodology will be reviewed by the Committee for the Protection of Human Subjects and other appropriate institutional review boards prior to distributing to awardees by CDPH/MCAH. I&E agencies must work with their service sites to ensure that they will be allowed to administer the surveys. The surveys will cover topics such as sexual activity, contraceptive knowledge, knowledge and use of reproductive health services, and opinions about the program.
3. **Each awardee is required to participate in goal-directed activities:** To support program improvements and achievement of I&E program standards.

These activities may include regular review of programmatic data, identification of program successes and challenges and implementation of improvement strategies. Guidance and technical support for program improvement activities will be provided by CDPH/MCAH and its designees.

4. **Other evaluation activities:** Awardees are required to participate in evaluation activities that assess the quality or demonstrate the effectiveness of I&E funded programming. This may include site visits, interviews, and external observations of program delivery or other activities as determined by CDPH/MCAH. CDPH/MCAH will provide further clarification of awardees' required evaluation activities after grants are awarded.

## SECTION II. AWARD INFORMATION

### A. Level of Funding

CDPH/MCAH reserves the right to determine the level of funding to be awarded.

The total estimated annual funding amount to be allocated through this RFA is \$1,170,000 of State General Funds (SGF). This estimated total is contingent on future SGF allocations.

CDPH/MCAH expects to award approximately \$80,000 SGF to each of 10-14 eligible and qualified applicants with the greatest capacity to achieve the program goals.

Costs in Table 2 were calculated based on statewide average personnel costs in the current I&E program. Approximately 83% of the total funding is for personnel with the remaining 17% for all other costs.

<b>Table 2: Cost Breakdown</b>				
<b>Personnel Costs</b>				
	FTE	Classification	Salary + Benefits	<b>Totals</b>
	1.00	Health Educator	\$ 48,500	
	0.25	Project Coordinator	\$ 17,800	
<b>Total Personnel</b>				<b>\$ 66,300</b>
<b>All Other Costs Combined</b>				
	Operating Expenses, Capital Expense, Other Costs, and Indirect Costs		\$ 13,700	
<b>Total All Other Costs Combined</b>				<b>\$ 13,700</b>
			<b>GRAND TOTAL</b>	<b>\$ 80,000</b>

**1. RFA Submission Requirements**

Detailed Narrative Description

Applicants should provide a detailed narrative describing the need for I&E services in their area and their capacity and plan for effectively reaching high-need youth. Applications will be scored based on adequacy, thoroughness, and the degree to which it complies with the RFA and I&E program requirements and meets CDPH/MCAH program needs as described in the RFA. Weighting of application scores by section are as follows:

- Background, Agency Experience, and Organizational Capacity **(25 POINTS)**
- Program Implementation Plan **(60 POINTS)**
  - Comprehensive Sexual Health Education and Life Skills Implementation
  - Clinical Linkages
  - Supplemental Educational Topics **(OPTIONAL)**
- Community Engagement **(10 POINTS)**
- Budget Justification Detail **(5 POINTS)**

## **B. Application Program Narrative**

Applications for are due to CDPH/MCAH on January 19, 2016. Applicants must adhere to the due dates in Section III, Application Requirements and Information, A., Key Action Dates.

- 1. Background, Agency Experience, and Organizational Capacity (25 POINTS, 2,000 word limit)**
  - a. Describe local trends in adolescent birth rates, STI/HIV rates, and past and present adolescent pregnancy prevention efforts.
  - b. Describe the organizational structure and how the organization's mission and goals align with the goals and objectives of the I&E program.
  - c. Discuss the applicant's background, experience and capacity to implement programs in high needs areas that equip adolescents with the knowledge and skills necessary to make responsible decisions regarding at risk behavior.
  - d. Identify if the population(s) the applicant plans to serve is currently served by other sexual health education programs in the service area. Describe how the applicant will ensure that duplication of services for the target population will not occur during the recruitment and implementation of the I&E Program services.
  
- 2. Program Implementation Plan (60 POINTS, 2,000 word limit)**
  - a. Describe the target population of the youth to be served and expected reach including numbers to be served, age, sex, race, ethnicity, vulnerable and high risk populations.
  - b. Describe recruitment efforts to reach the target population of youth to participate, including promotion among key stakeholders and social media marketing efforts, if applicable.
  - c. Describe the settings in which services are provided; after school program, community-based, clinic based, etc.
  - d. Indicate the number of staff who will be implementing the program and describe their background, education and experience in implementing and delivering health education activities to this population.
  - e. Describe the length and reach of the program, including number of sessions, session length; proposed schedule; anticipated class size; student-Health Educator ratio, etc.
  - f. Describe any supplemental activities to support implementation, such as providing snacks, transportation to program activities, use of social media to stay connected with program participants, etc.
  - g. Describe any anticipated challenges to program implementation and strategies to overcome those challenges.

## **2a. Comprehensive Sexual Health Education and Life Skills Education**

- a. Identify the proposed curriculum and the rationale for selection of the proposed curriculum to meet the needs of target population.
- b. Select curriculum which is culturally/linguistically appropriate.
- c. Describe how agency will ensure medical accuracy of the content.
- d. Describe sexual health topics to be covered.
- e. Describe the use of demonstration and skill-based behavioral practice.

## **2b. Clinical Linkages**

- a. Describe the applicants relationship and history of partnering with local Family PACT and other adolescent-friendly reproductive health providers
- b. Describe collaboration with other culturally appropriate, adolescent friendly community partners to promote use and awareness of adolescent-friendly reproductive health services in the community
- c. Describe service gaps and how they will be addressed through coordination.
- d. Describe a mechanism to be used to refer, link and track youth to access local health services in support of the goal of increasing access to care. Also, include a description of current methods used to communicate with existing clinical service providers, incentives used, means and frequency of reporting, and any other ways used to insure youth are accessing clinical services.

## **2c. Supplemental Educational Topics (OPTIONAL)**

Below are three examples of optional educational topics which applicants may include in their proposal. Agencies may propose to address other topics in addition to the examples below, based on agency's current program activities or need in the community. We strongly encourage, but do not require agencies to implement additional educational topics.

- a. Describe youth-adult communication activities, including, but not limited to: providing adults caring for youth with information to be able to communicate effectively about sexual health; build youth connectedness to family, school, and community; promote mentoring opportunities for youth with successful adults in the community.
- b. Describe education provided related to healthy relationships, including, but not limited to: identifying and defining healthy and unhealthy relationships; learning how to safely end unhealthy relationships; conflict resolution; awareness about bullying; skills to prevent adolescent relationships abuse and sexual violence including bystander intervention skills.
- c. Describe activities aimed towards school readiness, including, but not limited to: linking youth to services to help prepare them for academic success;

supporting youth to reach their educational goals; connecting youth to resources to help them access higher education.

**3. Community Engagement (10 POINTS, 500 word limit)**

- a. Demonstrate support from local agencies and stakeholders in the community by obtaining 3-5 letters of support. Letters of support from the following entities are required: the local Maternal, Child and Adolescent Health (MCAH) Director or public health designee, and one or more local Family PACT providers. If an applicant is unable to obtain a letter of support from the MCAH Director or public health designee, a justification must be submitted as to why a letter was not obtained.
- b. Describe community engagement strategies that will be used to garner local community involvement in the I&E program at the local level.

**4. Budget Detail and Justification (5 POINTS)**

- a. Complete the budget template for each contract year (FY 16-17, FY 17-18, FY 18-19)

**C. Scoring Criteria**

**1. Background, Agency Experience, and Organizational Capacity (25 Points)**

The extent to which the applicant describes:

- Local trends in adolescent birth rates, STI/HIV rates, and past and present adolescent pregnancy prevention efforts.
- The organizational structure and how the organization's mission and goals align with the goals and objectives of the I&E program.
- The applicant's background, experience and capacity to implement programs in high needs areas that equip adolescents with the knowledge and skills necessary to make responsible decisions regarding at risk behavior.
- Other sexual health education programs in the service area serving the same population(s) as proposed by the applicant.

**2. Program Implementation Plan (60 Points)**

The extent to which the applicant describes:

- The target population including demographics and high risk youth
- Recruitment of youth for enrollment plan
- Settings in which services are provided

- Length of the intervention
- Proposed number of youth reached and rationale
- Supplemental activities to support implementation;
- Anticipated challenges to program implementation and strategies to overcome those challenges
- Classification and number of staff who will be implementing the program including their background, education and experience in implementing and delivering health education activities to this population.

## **2a. Comprehensive Sexual Health Education and Life Skills Education**

The extent to which the applicant describes:

- The proposed curriculum for comprehensive sexual health education and the rationale for selection of curriculum to meet the needs of the population.
- Use of curriculum which is culturally/linguistically appropriate.
- How agency will ensure medical accuracy of the content.
- All topics to be covered
- The use of demonstration and skill-based behavioral practice are necessary for youth to adopt, practice, and maintain healthy behaviors. Integrating skill-based learning into sexual health education activities provides an opportunity for youth to be actively engaged.

## **2b. Clinical Linkages**

The extent to which the applicant describes:

- Experience in promoting awareness and assisting with access to adolescent sexual and reproductive health and clinical services
- Their relationship and history of partnering with local Family PACT and other adolescent-friendly reproductive health providers
- Service gaps and how they will be addressed through coordination/collaboration
- The system to be used to refer, link and track youth access to local health services in support of the goal of increasing access to care. Also to include a description of current methods used to communicate with existing clinical service providers, incentives used, means and frequency of reporting, and any other ways used to insure youth are accessing clinical services.

## **2c. Supplemental Educational Topics (OPTIONAL)**

The extent to which the applicant describes:

- Youth-adult communication activities, including, but not limited to: providing adults caring for youth with information to be able to communicate effectively about sexual health; build youth connectedness to family, school, and community; promote mentoring opportunities for youth with successful adults in the community.
- Education provided related to healthy relationships, including, but not limited to: identifying and defining healthy and unhealthy relationships; learning how to safely end unhealthy relationships; conflict resolution; awareness about bullying; skills to prevent adolescent relationships abuse and sexual violence including bystander intervention skills.
- Activities aimed towards school readiness, including, but not limited to: linking youth to services to help prepare them for academic success; supporting youth to reach their educational goals; connecting youth to resources to help them access higher education.
- Other educational topics proposed in this section.

## **3. Community Engagement (10 Points)**

- Applicant provided at least 3-5 letters of support. Letters of support from the following entities are required: the local Maternal, Child and Adolescent Health (MCAH) Director or public health designee, and one or more local Family PACT providers. If an applicant is unable to obtain a letter of support from the MCAH Director or public health designee, a justification must be submitted as to why a letter was not obtained.
- The extent to which the applicant describes community engagement strategies that will be used to garner local community involvement in the I&E program at the local level.

## **4. Budget Detail and Justification (5 Points)**

Completed the budget template for each contract year (FY 16-17, FY 17-18, FY 18-19)

## SECTION III. APPLICATION REQUIREMENTS AND INFORMATION

### A. Key Action Dates

CDPH/MCAH reserves the right to update or adjust any date and/or time as necessary. Date and time adjustments will be posted on the CDPH/MCAH website at: <http://www.cdph.ca.gov/programs/IE/Pages/default.aspx>. It is the applicant's responsibility to check the website periodically.

Table 3: Key Action Dates		
Event	Date	Time, if applicable
RFA Release	November 20, 2015	
Deadline to Submit RFA Questions a. Submit via e-mail at: <a href="mailto:IE_RFA@cdph.ca.gov">IE_RFA@cdph.ca.gov</a> b. Subject Line: I&E RFA Questions	December 7, 2015	5:00 PM
Q&A Responses Published	December 16, 2015	
Voluntary Letter of Intent	December 21, 2015	5:00 PM
<b>Application Due</b>	<b>January 19, 2016</b>	<b>5:00 PM</b>
Intent to Award	February 29, 2016	
Dispute Filing	March 7, 2016	5:00 PM
Final Award Notification	March 22, 2016	
Cooperative Agreements Commence	July 1, 2016	

Cooperative agreements will be for a three-year period (July 1, 2016 – June 30, 2019).

#### 1. RFA Delivery Methods

Application packages must be received or postmarked by January 19, 2016. Applications that are emailed or faxed WILL NOT BE ACCEPTED. Applications received or postmarked after the date and time listed in the RFA Key Action Dates will be considered late and will not advance to the review process.

Applications must be labeled and submitted by U.S. Mail, Express Mail, or may be hand-delivered to CDPH/MCAH staff. U.S. Mail and Express Mail must be postmarked by the certifying carrier company by the RFA submission due date listed

in the RFA Key Action Dates. Applications must be hand-delivered by the date and time listed in the RFA Key Action Dates. MCAH is not responsible for delayed or lost mail or failure to submit a timely application.

<b>Table 4: RFA Submission Delivery Methods</b>		
<b>U.S. Mail</b>	<b>Express Mail</b>	<b>Hand Delivery</b>
<b>ATTN: I&amp;E</b> <b>RFA 16-10045</b> California Department of Public Health Maternal, Child and Adolescent Health Division P.O. Box 997420, MS 8305 Sacramento, CA 95899-7420	<b>ATTN: I&amp;E</b> <b>RFA 16-10045</b> California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue Suite 73.560, MS 8305 Sacramento, CA 95814	<b>ATTN: I&amp;E</b> <b>RFA 16-10045</b> California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue Suite 73.560, MS 8305 Sacramento, CA 95814 Telephone: 1-866-241-0395

## **2. RFA Questions**

CDPH/MCAH will accept questions related to the RFA until the deadline to submit questions listed in the RFA Key Action Dates. Questions may include but are not limited to the RFA instructions, requirements or any supplemental materials. All questions should include the name of the organization and the name of the individual submitting the question. Please submit a topic and reference the application page number or attachment/appendix number, if applicable, to the question. Send all questions to: **I&E\_RFA@cdph.ca.gov**.

Questions and answers will be posted on the I&E Program website at: <http://www.cdph.ca.gov/programs/IE/Pages/default.aspx> under News, Hot Topics, & Updates. 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.

## **3. Voluntary Letter of Intent**

### **General Information**

Prospective applicants are asked to voluntarily indicate their intention to submit an application. The Letter of Intent is not binding, but assists CDPH/MCAH in planning

for the review process. Failure to submit a Letter of Intent will not affect the acceptance of any application. Please use the Voluntary Letter of Intent form for this purpose.

**If the applicant chooses to submit the Voluntary Letter of Intent Form, it must be emailed to [IE\\_RFA@cdph.ca.gov](mailto:IE_RFA@cdph.ca.gov) by 5:00 PM on December 30, 2015.**

#### **4. Internet Access for RFA Documents and Addendums**

All documents related to this RFA can be downloaded from the CDPH/MCAH Website: <http://www.cdph.ca.gov/programs/IE/Pages/default.aspx>. It is the applicant's responsibility to visit the CDPH/MCAH website on a regular basis for current postings and any addenda that may occur. This includes but is not limited to:

- a. RFA Document
- b. Attachments
- c. Appendices
- d. Exhibits, including sample forms
- e. Cooperative Agreement Award Announcement
- f. Important notifications concerning the RFA and process, including key action dates
- g. Please send an email to [I&E\\_RFA@cdph.ca.gov](mailto:I&E_RFA@cdph.ca.gov) to report any problems with the CDPH/MCAH website or documents published.

## **B. Instructions for Preparation and Submission of Applications**

### **1. General instructions**

Follow all RFA instructions issued by CDPH/MCAH including but not limited to, clarification notices or RFA addenda.

Arrange for the timely delivery of the application package(s) to the address specified in this RFA.

### **2. Format Requirements**

- a. Use forms and templates provided.
- b. Follow word limits listed in Section II: Award Information, Application Program Narrative, page 18.
- c. Use one-inch margins at the top, bottom, and sides.
- d. Use Arial or Times New Roman 12 point font and 1.5 line spacing.
- e. Print single spaced on 8.5 X 11 white paper.
- f. Paginate pages in each application section.

- g. Bind the application in the upper left-hand corner in a way that enables easy copying.

### **3. Submission Content**

Submit one (1) original application, marked “**Original.**” **Signatures must be in blue ink**, one (1 ) duplicate copy, marked “**Duplicate**”, and (1) **one compact disc (CD)** containing all application documents in electronic form.

Each application must include the following:

- a. Application Cover Page (Attachment 1)
- b. Application Checklist (Attachment 2)
- c. Agency Information Form (Attachment 3)
- d. RFA Submission Requirements (Program Narrative)
- e. Organization Chart and Resumes (Attachment 4)
- f. Budget Templates (Attachment 5)
- g. IRS determination letter indicating nonprofit or 501(c) (3) status, if applicable.
- h. Certification to select Title XIX Program (Attachment 6)
- i. Letters of Support (Attachment 7)

### **4. Submission Process**

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 in blue ink. Signature stamps are not acceptable.

Mail or arrange for hand delivery of your application to the California Department of Public Health, Maternal, Child and Adolescent Health Division. **Applications may not be submitted by FAX or email.**

Applications must be postmarked or hand delivered by **5:00 p.m. on January 19, 2016. Late applications will not be accepted.**

### **5. Applicant Costs**

Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be reimbursed by CDPH/MCAH or included in the applicant’s proposed budget.

#### ***Please note the Following Important Submission Information***

CDPH’s processing of U.S. mail may add 48 hours or more to the RFA delivery. Consider using certified or registered mail. If the application is hand delivered, allow

sufficient time to park and sign in at the security desk. Be prepared to give security personnel the main CDPH/MCAH telephone number, 1-866-241-0395.

CDPH/MCAH will not reimburse agencies for parking violations.

## SECTION IV. REVIEW INFORMATION

### A. Evaluation and Selection Process

#### 1. First Stage

Applicants must meet the eligibility criteria listed on page 7, Eligibility for Funding to be accepted.

#### 2. Second Stage

Scoring of the application will be based on the extent to which the elements in the program narrative are addressed. Refer to the scoring table on page 21.

### B. Procurement Requirements and Information

#### *Non-Responsive Applications*

The following **may** cause CDPH/MCAH to deem an application non-responsive:

1. If an applicant submits an application that is incomplete or has material defects, including alterations or irregularities of any kind.
2. If an applicant supplies false, inaccurate or misleading information.
3. If an applicant is unwilling or unable to comply with the contractual terms, conditions and/or exhibits cited in this RFA or the agreement at the selection process.

## SECTION V. AWARD ADMINISTRATION INFORMATION

### A. Notice of Awards

Once the review process is complete, CDPH/MCAH will post a notice of intent to award on our website at: <http://www.cdph.ca.gov/programs/IE/Pages/default.aspx>.

### B. Dispute Process

1. Only those applicants who were not selected as an awardee may file a dispute. Disputes are limited to the grounds that MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the content of the review committee's evaluation are not grounds for dispute. Applicants may not dispute solely on the basis of the funding amount. Only timely and complete disputes that comply with the dispute process stated herein will be considered.
2. The written appeal shall fully identify the issue(s) in dispute, the practice that the applicant believes 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. Written disputes to MCAH final award selections shall be received by MCAH no later than 5:00 p.m. on March 7, 2016. Submit a written dispute signed by an authorized representative of the organization. Label and submit the dispute using one of the following methods:

Table 5: Dispute Submission Methods	
U.S. Mail	Hand Delivery or Overnight Express
ATTN: Dispute I&E RFA California Department of Public Health Maternal, Child and Adolescent Health Division P.O. Box 997420, MS Code 8305 Sacramento, CA 95899-7420	ATTN: Dispute I&E RFA California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue, Suite 73.560, MS 8305 Sacramento, CA 95814

Note: Applicants hand delivering a dispute must have the building lobby security officer call MCAH at 1-866-241-0395 between 8:00 AM and 5:00 PM and ask to have a MCAH representative receive the document. MCAH will provide a proof of receipt at the time of delivery.

3. CDPH/MCAH will review each dispute. CDPH/MCAH reserves the right to collect additional facts or information to aid in the resolution of any dispute.

The decision of the hearing officer shall be final and there will be no further administrative appeal. Applicant will be notified of the decisions regarding their disputes in writing within 15 working days of the written dispute letter.

#### 4. Disposition of Applications

All materials submitted in response to this RFA will become the property of the California Department of Public Health and, as such, are subject to the Public Records Act (PRA), Government Code, Section 6250 et seq. MCAH will disregard any language purporting to render all or portions of any application confidential.

Upon posting of Public Notice of Intent to Award, all documents submitted in response to this RFA and all documents used in the selection process will be regarded as public records under the California PRA and subject to review by the public. Applicant's correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Award Notice is issued and/or posted.

#### 5. Inspecting or Obtaining Copies of Applications

Any person or member of the public can inspect or obtain copies of all application materials.

#### 6. CDPH/MCAH Rights

CDPH/MCAH reserves the right to do the following up to the application submission deadline:

- a. Modify any date in the RFA.
- b. Issue clarification notices, addendums, additional RFA instructions, forms, etc.
- c. Waive any RFA requirement or instruction for all applicants if CDPH determines that a requirement or instruction was unnecessary, erroneous or unreasonable.
- d. Allow Applicants to submit questions regarding RFA changes, corrections, or addendums.

#### 7. Any RFA changes or updates will be posted on the CDPH/MCAH I&E website at: <http://www.cdph.ca.gov/programs/IE/Pages/default.aspx>

8. 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 negotiations.
  - b. Extend the term of any resulting agreement and alter the funding amount.
9. CDPH/MCAH reserves the right to remedy errors caused by:
  - a. CDPH/MCAH office equipment malfunctions or negligence by applicant staff.
  - b. Natural disasters (e.g., floods, fires, earthquakes).

#### 10. Agreement amendments after award

CDPH/MCAH reserves the right to amend any agreement resulting from this RFA. Amendments may include term extensions, Scope of Work modifications, budget or funding alterations, etc.

#### 11. Staffing changes after award

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

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 to do so.

#### 12. Federal Certification Clauses

The Applicant certifies to the best of its knowledge and belief, that it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency.
- b. Have not within a three-year period preceding this 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.
- c. 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.

- d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- e. It 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.
- f. It 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.
- g. 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 contract.

### 13. 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, I&E Scope of Work). If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

## SECTION VI. ADMINISTRATIVE REQUIREMENTS

This section outlines I&E administrative requirements. Awardees must be familiar with these requirements prior to entering into a contract with the MCAH, and meet the requirements throughout the contract term. The Contract will include all administrative and program requirements.

### A. Standard Payroll and Fiscal Documents

Awardees shall maintain adequate employee time recording documents (e.g., timesheets, time cards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) or practices, Code of Federal Regulations, and OMB Circular Nos. A-87, A-110, A-122, and A-133.17. It is the responsibility of the funded agency to adhere to these regulations.

### B. Use of Funds

Funds from this contract are restricted to the support of I&E Program activities only.

### **C. Allowed Activities**

Funds may be used to pay for salaries and benefits of I&E staff, travel for program and training purposes, standardized curricula, outreach materials, postage, supplies, rent, equipment, software, and communication expenses. Funds may be used in a limited manner for I&E participants as follows:

1. To provide incentives such as gift certificates/cards and/or movie passes.
2. To provide food or snacks during implementation sessions.
3. To provide transportation to implementation sessions.
4. Cash is not an allowable incentive.

### **D. Disallowed Activities**

I&E Program funding may not be used for any of the following:

1. Purchase or improvement of land, or building alterations, renovations or construction.
2. Support of religious activities, including but not limited to, religious instruction, worship, prayer, or proselytizing.
3. Fundraising activities.
4. Political education or lobbying.
5. Reimbursement in support of planning efforts and other activities associated with the development and submission of the I&E Program RFA application.
6. Reimburse costs incurred prior to effective date of the agreement.
7. Reimburse costs currently covered by another CDPH grant or contract.
8. Reimburse costs that are not consistent or allowable according to local, state, and/or federal guidelines and regulations.
9. Supplanting state or local health department funds.
10. Provide direct medical care.
11. Reimburse professional licensure.
12. Reimburse malpractice insurance.

### **E. Deliverables-Based Contract**

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

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

## **F. Payment Provisions**

1. The Contract has been approved and fully executed.
2. The Budget Act for the fiscal year has been signed and includes an appropriation for the new I&E Program.

## **G. Invoicing Requirements**

Applicants shall maintain for review and audit and supply to the MCAH, upon request, adequate documentation of all expenses claimed to permit a determination of allowable expenses. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles or practices and the terms of the Cooperative Agreement.

## **H. Initial Allotment and Quarterly Invoices**

There are two types of reimbursements that can be requested by Awardees. These reimbursements are the Initial Allotment and Quarterly Invoices. Initial Allotment is only available to Community Based Organizations (CBOs). This must be requested by August 1, 2016 (and annually).

### **1. Initial Allotment**

An Initial Allotment of up to twenty-five (25) percent of the yearly contract amount can be requested at the beginning of each fiscal year. The Initial Allotment shall only be initiated after submission of all contractually required documents and upon receipt of the Annual Initial Allotment payment request for the Initial Allotment Request after the I&E Cooperative Agreement is fully executed. The request must be submitted in a format determined by the MCAH and is subject to the following conditions:

- a. The prior year initial allotment issued by the funding program under this agreement, if any, has been fully liquidated or repaid in full. All previous invoiced costs are justified.
- b. At no time may the sum total of any advance payment exceed twenty-five (25) percent of the total annual agreement amount.

- c. The Budget Act of the current year and/or any subsequent years covered under the agreement appropriates sufficient funds for the program.
- d. Awarded Agency is in compliance with the Contract Agreement and with the MCAH.

2. Quarterly Invoices

Awardees will submit invoices each quarter. MCAH will provide additional information about payments and invoicing upon contact award and execution.

**I. Payment Periods**

The periods covered by the Initial Allotment and the Quarterly Invoices are identified in the table below.

<b>Table 6: Payment Schedule</b>		
<b>Payment Type</b>	<b>Period</b>	<b>Due Date</b>
Annual Initial Allotment Payment Request	July 1 – June 30, 20XX	August 1, 20XX
First Quarterly Invoice	July 1 – September 30, 20XX	November 1, 20XX
Second Quarterly Invoice	October 1 – December 31, 20XX	February 1, 20XX
Third Quarterly Invoice	January 1 – March 31, 20XX	May 1, 20XX
Fourth Quarterly Invoice	April 1 – June 30, 20XX	August 1, 20XX

## J. Repayment of Initial Allotment

1. Initial Allotments will be deducted from the 1st, 2nd, and 3rd quarterly invoice payments for each fiscal year of the contract as described in the table below.

Table 7: Withhold Schedule		
Quarterly Invoices	Period	% of Initial Payment Deducted from Invoice
First Quarter	July 1 – September 30, 20XX	1/3
Second Quarter	October 1 – December 31, 20XX	1/3
Third Quarter	January 1 – March 31, 20XX	1/3
Fourth Quarter	April 1 – June 30, 20XX	0 or any remaining percentage of Initial Allotment Balance

2. Funded agency will submit invoices for actual expenditures each quarter. The Initial Allotment repayment will be deducted from the quarterly invoice submitted to the MCAH. Awardees will receive the balance of the invoice as payment for that quarter (as shown in the above table).

## K. Interpretation of Contact/Captions/Word Usage

Unless the context of this I&E contract clearly requires otherwise, words used in the singular include the plural and the plural includes the singular number; the masculine, feminine and other neutral genders shall each be deemed to include the others; “shall,” “must,” “will,” or “agrees” are mandatory, and “may” is permissive; “or” is *not exclusive*; and “includes” and “including” are *not limiting*.

## L. Contract Terms and Conditions

1. Awardees shall enter into a Contract that will contain standard contract provisions and exhibits. MCAH reserves the right to substitute the latest version of any form or exhibit.
2. A funded agency’s unwillingness or inability to agree to the terms and conditions of the Contract may cause MCAH to deem an awardee non-responsive and ineligible. MCAH will not accept alterations to the contract language.

3. Prior to and during contract negotiations, Awardees may be required to submit additional information to meet the MCAH requirements.

## **M. Additional Requirements**

1. MCAH requires the use of the internet, electronic mail, scanning equipment, telephones, and computers with current versions of Adobe Professional 11 and the Microsoft Office 2010 Professional suite (Word, Excel, Access and PowerPoint). Additional technology may be required during the contract period.
2. Awardees must obtain prior written approval from MCAH to participate in data collection or research studies using I&E participants or data for purposes other than the requirements of the Contract.
3. Awardees must begin I&E activities immediately upon contract execution. During the entire contract term, Awardees are expected to continue I&E services in accordance with the Contract.
4. Awardees shall be able to cover at least 90 days' worth of I&E expenses prior to reimbursement by the State.
5. Awardees automatically grant the State a royalty-free, unrestricted, and irrevocable license throughout the world to reproduce, prepare derivative works, distribute, use, duplicate or dispose of all products. This includes material and data that are collected, created and fixed in any medium of expression, produced, developed or delivered and paid for under the Contract for governmental purposes, and to have or permit others to do so. The provisions set forth herein shall survive the termination or expiration of the Contract or any project schedule.
6. Awardees will not be permitted to use abstinence-only, abstinence only-until-marriage, and fear-based instructions, activities and/or curricula.

## **N. Subcontractor Agreements**

MCAH requires Awardees to provide I&E services directly to the public. The use of subcontractors, consultants, or any other non-employee for I&E services is **not permitted**.

## **O. Contract Budget and Justification**

1. The MCAH posted this Cooperative Agreement RFA to solicit applications to fund the implementation of California's I&E Program.
2. MCAH will be requiring a standard five (5) line item budget. In order to facilitate continued availability of federal funds, MCAH is implementing an accountability process for the contract that is deliverables-based. This process requires that deliverables be completed in accordance with details and due dates outlined in

the final Scope of Work. Submitted deliverables must be approved by the MCAH before a contract payment will be authorized.

3. Applicants must submit a five (5) line item budget for each fiscal year (FY) within the Contract:

Table 8: Contract Fiscal Years	
July 1, 2016 – June 30, 2017	Fiscal Year 1
July 1, 2017 – June 30, 2018	Fiscal Year 2
July 1, 2018 – June 30, 2019	Fiscal Year 3

4. Budget Template (Attachment 5)
  - a. The Budget template provides six worksheet tabs for completion (Guide, Original Budget, and four justification tabs). The Budget Template Guide tab will provide instructions on budget completion.
  - b. Applicants must use the Base SGF Award amounts identified below to develop their proposed budgets.
  - c. \$80,000 Base State General Fund (SGF)
  - d. Applicants that elect to participate in the Title XIX Federal Financial Participation (FFP) should refer to FFP Base Medi-Cal Factors (Appendix 6) to identify FFP Medi-Cal Factor rates per staff classification. Once the FFP rates are entered into the budget template (based upon direction in the budget template guide) the budget template will reflect a combined annual estimated total of FFP drawdown and SGF.
  - e. Budget justification tabs should include specific cost breakdowns and justifications/descriptions for each budget line item. (Any services provided as in-kind should be documented.)
  - f. Use whole dollars only when entering costs into the budget templates.
  - g. Upon award, 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 Federal Financial Participation (FFP). Unbalanced budgets are allowable within \$25.00.*

5. Budget Line Items

The five (5) budget line items are: a) Personnel & Fringe Benefits b), Operating Expenses, c) Capital Expense, d) Other Costs, and e) Indirect Costs.

a. Personnel & Fringe Benefits

Personnel Costs (First Line Item) (Title XIX matchable based on the FFP Base Medi-Cal Factors (Appendix 6)).

- 1) Include the following information under “Budget Detail and Justification” to explain the reasonableness and/or necessity of the proposed budgeted costs appearing on the Budget Template. Include salary details and justifications/descriptions, including, but not limited to:

Include the annual salary rate for each position/classification and how salary rates were determined. CDPH reserves the right to limit salary reimbursement to levels that are comparable to those of Civil Service employees. For more information on Civil Service classifications and pay scales, refer to: [www.dpa.ca.gov](http://www.dpa.ca.gov).

Explain any cost of living, merit or other salary adjustments that are included in the personnel line item. If you included merit increases, cost of living, or other salary adjustments in the personnel expense line item, explain how the amount of each adjustment was determined and explain the frequency or interval at which the adjustment is to be funded.

- 2) Do not combine multiple staff on the same line. Each position must be on a separate line.
- 3) The full time equivalent (FTE) or annual percentage of time for each position should be expressed as follows: full time [40 hours a week] = 1.0 FTE, 1/2 time = 50% = .5 FTE, 3/4 time = 75% = .75 FTE, 1/4 time = 25%=.25 FTE).
- 4) The I&E program staff classifications required on the budget will be a Health Educator at 100% FTE (no more than two (2) staff) and a Project Coordinator (no more than one (1) staff) at a maximum of 25% FTE. Use I&E classification titles even if the agency classifications are titled differently. Any additional staff needed can be listed on the budget as in-kind.
- 5) The staff budgeted FTE cannot be more than 100% across all programs.

Fringe Benefits

- a) Identify and/or explain the expenses that make up fringe benefit costs. 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. Severance pay paid to employees upon termination is not an allowed fringe benefit.

- b) Only personnel who are employed by the organization and receive fringe benefits that are working with I & E Program are to be included in the budget. If applicable, identify any positions that receive different benefit levels. Display fringe benefit costs using an average fringe benefit rate.

b. Operating Expenses (Second Line Item) (Title XIX matchable)

1) General Expense (required sub-line item)

This category includes all general costs of the operation of the I&E Program. Examples of such expenses are office supplies, communication (e.g., telephone, internet, cell phone) postage, photocopying of program materials, program curricula for staff, software, minor equipment (base unit cost of less than \$5,000), equipment rental/maintenance, and other consumable operating supplies.

2) Travel (required sub-line item)

Travel costs consist of mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental. The amount of the mileage reimbursement includes all costs of operating the vehicle.

The agency shall utilize the lowest available cost method of travel. The Travel Reimbursement Exhibit in the I&E Contract will include additional information on reimbursable costs. Additionally, out-of-state travel is not reimbursable without prior written MCAH approval.

Indicate the total cost for travel expenses for program staff. The funds budgeted for travel shall be for expenses related to the administration of the program. The travel line item in the budget shall include only the costs specifically related to the budgeted staff activities. List which budgeted staff classification(s) will travel, location, when and the expenses to be incurred.

### 3) Training (required sub-line item)

List the training costs associated with the MCAH sponsored and non-MCAH sponsored training. This line item includes registration fees and materials for conferences and tuition for training. The travel expenses associated with the training should be budgeted under Travel.

Applicants must include a sufficient expense allocation for the meetings and trainings outlined below:

FY 16-17: One orientation meeting via teleconference and/or webinar, for all I&E staff.

Each fiscal year: At least one on-site (Adolescent Sexual Health) ASH Meeting, 2 days, required for all I&E Project Coordinators and/or Health Educators.

Any mandatory on-site trainings and/or meetings sponsored by MCAH will be held in Sacramento and may have a registration cost of approximately \$150.00 per person. For MCAH sponsored and non-MCAH sponsored, identify budgeted staff classification(s) that will be attending the training--include location, type of training, when and the expenses to be incurred. Training reimbursement is only for staff on the budget. Additionally, non-state sponsored training is only reimbursable with prior written MCAH approval.

The cost for client/participant related transportation must not be included here; instead, add all participant-related costs are identified the Line Item 4 – Other Costs section.

### 4) Space Rent/Lease (optional sub-line item)

The cost of renting or leasing office space 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. Please use the following formula to calculate rent/lease costs. Total staff FTE's x up to 200 sq. ft. x up to \$2.00 per sq. ft. x 12 months.

Note: The cost for renting classroom or meeting space (e.g., at a community or youth center) is allowable but should be prorated to the time of actual use (this expense is budgeted under the Line Item 4 – Other Costs section).

5) Audit Costs (optional sub-line item)

The cost of the mandatory financial audit by an independent auditor at the end of each fiscal year shall be included in the budget. Not more than \$3,000 shall be allocated for this line item.

c. Capital Expense (Third Line Item) (Title XIX matchable)

Major Equipment is defined as a tangible or intangible item with a base 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. Minor equipment is budgeted under Operating Expenses.

If applicable, enter \$0 if no Capital Expenses will be incurred. However, an explanation must be included that describes how the Capital Expenses needs of the program will be met.

d. Other Costs (Fourth Line Item) (Title XIX matchable or State General Fund only)

Costs that are associated with project participants. Such costs may include, but are not limited to, costs for items unique to outreach and program development. Itemize each expense line item making up the "Other Costs" and explain why each expense is necessary. Typical program costs are listed below.

1) Educational Materials (required sub-line item) (non-Title XIX matchable).

List general educational materials to be purchased. This may include the cost of creating, copying and duplicating workbook curricula for participants.

2) Outreach Materials (required sub-line item) (Title XIX matchable)

List general outreach materials (e.g., referral cards and clinic information cards) to be purchased. This includes the cost of creating, copying and duplicating.

3) Incentives (optional sub-line item) (non-Title XIX matchable)

Incentives are allowed if their use supports the I&E program. An agreement with the vendor must be made indicating that any unredeemed value will be returned to the funded agency within an agreed upon and reasonable timeframe. Incentives must only be distributed to I&E

participants with a total value not to exceed \$20 per participant per fiscal year.

Food is allowed but must be a reasonable expense for I&E participants only. A reasonable expense would be considered refreshments at a cost of no more than \$5 per participant per day of implementation (regardless of number of sessions held on that day).

No "S.W.A.G," or "Stuff We All Get (See the 2-15-2011 Governor Brown Memo at <http://gov.ca.gov/news.php?id=16911>)

4) Program Space Rental (optional sub-line item) (Title XIX matchable)

The cost for renting classroom or meeting space is allowable and should be pro-rated to the time of actual use based on current market rental rates.

5) Participant Training (optional sub-line item) (Title XIX matchable)

Registration/tuition and material costs directly related to participants.

6) Participant Travel/Transportation (optional sub-line item) (Title XIX matchable)

Travel or Transportation costs related directly to transporting program participants for program activities. (i.e., bus rental, bus tokens/passes) for program related activities as stated in the Scope of Work).

e. Indirect Costs (Fifth Line Item) (Title XIX matchable)

1) Indirect costs include costs that accrue in the normal course of business that can only be partially attributable to performance of a contract (e.g., administrative expenses such as payroll handling, accounting/personnel expenses, liability insurance coverage, janitorial expenses, security expenses, legal representation, equipment maintenance, Executive Director's time, etc.).

2) These are costs that a business would accrue even if they were not performing services for the State under a contract.

- 3) Specify Indirect cost at a base rate of 15% of the total personnel including benefits. Local Health Jurisdictions (LHJs) have the option of applying their CDPH approved County Indirect Cost Rate (ICR).
- 4) If not applicable enter \$0.

Applicants may include any other information that will assist MCAH to understand how costs were determined and why they are reasonable, justified, and/or competitive. Include explanations for any/all unusually high or disproportionate costs. For example, if this contract is to fund a disproportionately high portion of the organization's indirect (overhead) costs, please provide a justification for the proposed allocation method.

If applicable, enter \$0 if no Indirect Costs expenses will be incurred.

## SECTION VII APPENDICES, ATTACHMENTS AND EXHIBITS

### A. Appendices

Appendix 1 CASHNI Scores by County

Appendix 2 CASHNI Scores by County and MSSA

Appendix 3 High Need MSSAs and how to check the MSSA

Appendix 4 Sexual Health Education Accountability Act (SHEAA)

Appendix 5 Title XIX Federal Financial Participation Program

Appendix 6 I&E Program FY 2016 – 2019 FFP Base Medi-Cal Factors

Appendix 7 Initial Allotment Template Version 5.0

Appendix 8 Attestation of Compliance

### B. Attachments

Attachment 1 Application Cover Page

Attachment 2 Application Checklist

Attachment 3 Agency Information Form

Attachment 4 Organization Chart and Resumes

Attachment 5 I&E Budget-Invoice Template

Attachment 6 Certification to select Title XIX Federal Financial Participation Program

Attachment 7 Instructions for Letters of Support

## **C. Exhibits**

Exhibit A1 Standard Agreement (STD 213)

Exhibit A Scope of Work

Exhibit B Budget Detail and Payment Provisions

Exhibit B Attachment I

Exhibit C, GTC 610

<http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>

Exhibit D Special Terms and Conditions

Exhibit E Additional Provisions

Exhibit F Federal Terms and Conditions

Exhibit G Travel Reimbursement Information

## SECTION VIII. ACRONYMS

<b>Acronym</b>	<b>Definition</b>
ASHWG	Adolescent Sexual Health Workgroup
CASHNI	California Adolescent Sexual Health Needs Index
CDPH	California Department of Public Health
MCAH	Maternal, Child and Adolescent Health
I&E	Information and Education
FFP	Federal Financial Participation
FTE	Full Time Equivalent
LARC	Long Acting Reversible Contraception
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Questioning
MSSA	Medical Service Study Area
OMB	Office of Management and Budget
RFA	Request for Application
STIs	Sexually Transmitted Infections
HIV	Human Immunodeficiency Virus

## SECTION IX. REFERENCES

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