

**REQUEST FOR APPLICATION (RFA) #22-10101**  
**Adolescent Sexual Health Education Program (ASH Ed) –**  
**California Personal Responsibility Education Program (CA PREP)**  
**& Information and Education (I&E) Program**  
**January 2022**



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

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## **PART I. FUNDING OPPORTUNITY DESCRIPTION**

### ***A. Funding Purpose and Structure***

The California Department of Public Health, Maternal, Child and Adolescent Health Division (CDPH/MCAH) is soliciting applications from eligible organizations ([Part I. H, Eligibility Requirements](#)) to implement the Adolescent Sexual Health Education (ASH Ed) Program, which is supported by two funding streams: 1) Federal funding from US Department of Health and Human Services for California Personal Responsibility and Education Program (CA PREP), and 2) State General Funds for the Information and Education Program (I&E).

CDPH/MCAH has been administering CA PREP and the I&E Program since 2012. CDPH/MCAH has restructured the ASH Ed Program application in the following ways for the 2022-2025 funding cycle:

- Local Implementing Agencies (LIAs) **must** apply for CA PREP funding to implement evidence-based or evidence-informed comprehensive sexual health education with youth as required by the Federal PREP grant and described in this RFA.
- LIAs can **choose** to apply for an additional I&E Program Option to implement an evidence-based or evidence-informed program/strategy in one of the following areas:
  1. enhanced youth engagement,
  2. parent/caring adult education, or
  3. train-the-educator.

This structure leverages the unique parameters of both CA PREP and the I&E Program, allows for innovation and enhanced programming based on best practices and input from past ASH Ed LIAs, and establishes a more efficient structure for program implementation, monitoring, and evaluation at the state and local levels. This structure has been thoughtfully developed to address local level needs and challenges and to create opportunities for more effectively meeting the ASH Ed goals. CDPH/MCAH anticipates Option 1 will improve the program quality by dedicating resources to centering youth voice and leadership. Options 2 and 3 will equip parents/caring adults and educators in the community with the skills needed to support the sexual health of young people, therefore expanding program reach and surrounding youth with multiple support systems as they navigate sexual identity, relationships, and health. The I&E Program funding is limited, so CDPH/MCAH will use this cycle as an opportunity to pilot the three enhancements and build a learning community that will support the implementation of sexual health education statewide.

Applicants must comply with the instructions contained in this document to apply for funding to implement CA PREP and, if desired, apply for funding for I&E Program services. Applicants must meet the minimum qualification requirements set forth in [Part I. H, Eligibility Criteria](#). CA PREP and I&E Program services are described in [Part II. Program Requirements](#). Applicants must

follow the process outlined in [Part III. Application Submission Process](#) and complete the application narrative as described in [Part IV. Program Narrative and Corresponding Attachments](#).

All CA PREP applications will be scored first. The highest scoring LIAs will be awarded CA PREP funds. Once decisions on applications for CA PREP funds are done, only I&E Program applications of LIAs awarded CA PREP funds will be scored and awarded. For details, see [Part IV. Program Narrative & Corresponding Attachments](#).

Cooperative Agreements will be awarded for three (3) state fiscal years, beginning July 1, 2022 and ending June 30, 2025, contingent on availability of funds from Family and Youth Services Bureau (FYSB) and the California State Government Funds (SGF). The start of the contract term date is an estimation. Contracts will be processed and executed based on departmental priorities, which can result in a later start date. Receipt of funding under this cooperative agreement does not guarantee future funding.

CDPH/MCAH expects to make awards under the Cooperative Agreement Act, Health & Safety Code (Sections 38070-38081.1). A cooperative agreement is an agreement between the department and a unit of local government, any other unit of state government or a non-profit organization.

Applications are due to CDPH/MCAH on March 17, 2022 by 4:00pm. Applicants must adhere to the due dates in [Part I. J, RFA Key Action Dates](#)

### ***B. Funding Availability***

CDPH/MCAH expects to award funding and execute cooperative agreements with eligible and qualified applicants. CDPH/MCAH reserves the right to determine the level of funding to be awarded.

#### ***CA PREP***

The total amount to be distributed among LIAs is anticipated to be \$5,202,561.00 per State Fiscal Year (FY) for each of the three (3) years within the contract period, July 1, 2022 through June 30, 2025.

#### ***I&E Program***

The total amount to be distributed among LIAs is anticipated to be \$1,122,393.00 per State Fiscal Year (FY) for each of the three (3) years within the contract period, July 1, 2022 through June 30, 2025. I&E Program funding will supplement the CA PREP awards for enhanced program activities in one of the three areas described in [Part II, Information and Education, A. I&E Program Options](#).

#### ***Limitations of State Liability***

Funding for the resulting Agreement is dependent upon availability of future appropriations by

the State Legislature, Congress or Federal Funding for the purposes of the resulting Agreement. No legal liability on the part of the state for any payment may arise under the resulting Agreement until funds are made available through an annual appropriation. If an Agreement is executed before ascertaining available funding and funding does not become available, CDPH/MCAH will cancel the Agreement.

*Funding Reductions in Subsequent years*

If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel the Agreements resulting from this RFA with no liability occurring to the State or offer an Agreement amendment to the LIA to reflect the reduced amount.

**C. Public Health Significance**

While the adolescent birth rate in California has gradually declined and is one of the lowest in the country, inequities in the adolescent birth rate (ABR) persist and rates of sexually transmitted infections (STIs) among young people in California are on the rise. In 2018, more than 16,000 babies were born to California females 19 years old and under, with 15% of those births being a second or subsequent child born during adolescence [1]. Sixty-six percent of adolescents aged 19 and under with a subsequent birth experienced a suboptimal interpregnancy interval (less than 18 months between a live birth and the conception of the next live birth) [1], which increases the risk of adverse pregnancy and birth outcomes [2]. Black and Hispanic/Latino females aged 15-19 years were, respectively, three and four times more likely to give birth as were their white peers, and there was a five-fold difference between the county with the highest and lowest birth rates in the state, with Central Valley and rural counties generally having higher rates than most coastal counties [1].

Parenting during adolescence is associated with a decreased likelihood of completing high school, a decreased likelihood of future employment and increased chances of becoming dependent on public assistance [3]. Research shows that many of the effects are not directly caused by becoming a young parent; rather, they are caused by other factors already present in young people's lives [4,5]. Social determinants of health, such as high rates of poverty, limited economic and educational opportunities, and a lack of safe and nurturing environments influence the life course trajectories of young people, regardless of early parenthood [5]. While pregnant and parenting youth can be resilient, they often face greater challenges than their non-parenting peers [1]. These challenges not only limit their individual choices and opportunities, but also increase broader social, economic and health inequities [6]. In California, adolescents with a live birth are more likely to be food and housing insecure, experience intimate partner violence during pregnancy, and experience two or more hardships in their childhood compared to the adult birthing population [7].

On a national level, evidence suggests that ABRs are declining. This decline is largely due to more youth using contraception and demonstrating strengths by making choices that positively impact their lives, families, and communities. However, California data from the



2019 Youth Risk Behavior Surveillance System (YRBS) show that among sexually active high school students, the last time they had sex, 42 percent report using only a condom, 21 percent report using only hormonal or long-acting reversible contraception (LARC), 12 percent report using both a condom and hormonal contraception or LARC, and 25% reported using no contraceptive method, indicating that there is still more work to do [8].

In 2018, California saw an increase in STI rates in all regions of the state. Inequities in STI rates persist throughout the state, with the highest among young people (ages 15-24), African American/Blacks, and gay, bisexual, and other men who have sex with men. Most chlamydia cases occurred in the 15-24 age group, with females aged 15-19 having a rate approximately four times higher than males of the same age group. Although chlamydia is common among all races and ethnic groups, among adolescents aged 15-19, African American/Blacks had a rate three times higher than the next highest race/ethnic group (Hispanic/Latino) and over five times higher than the white rate [9].

Several youth populations experience higher rates of birth and STIs, including HIV, compared to adolescents in general. These populations include youth in foster care, youth experiencing homelessness, male youth who identify as gay or bisexual and/or have same-sex sexual partners, and female youth who identify as lesbian or bisexual and/or have same and other-sex sexual partners [10-12]. These findings highlight the complexities of adolescent sexual behavior, development, and identity, which further supports the need for sustained comprehensive sexual and reproductive health education and access to preventative health services for young people, even as ABRs continue to fall.

With the increased likelihood for hardship and stress facing high-need youth populations, programming that is based on [positive youth development](#) (PYD) and promotes resilience and youth engagement is essential. PYD recognizes that all youth have strengths, benefit from high expectations and supportive relationships, and can make meaningful contributions to their lives, families, and communities. PYD focuses on building protective factors and promoting healthy development, rather than on fixing problems. LIAs should work to incorporate key PYD approaches in all interactions with youth.

Adulthood preparation is important for addressing the health inequities faced by youth across California. This is accomplished by providing adolescents with the knowledge, skills, and motivation to make informed decisions about their sexual and reproductive health, including the formation of healthy relationships. By continuing the progress made to date and supporting adolescent sexual well-being through comprehensive sexual health education, as well as linking them to services and support, more California youth will have the opportunities to build a strong and healthy foundation for the future.

Adolescents' sexual and reproductive health is and will continue to be impacted by the COVID-19 pandemic. More than ever, effective public health prevention strategies are important for continuing to support adolescent sexual and reproductive well-being. Examples of these include providing comprehensive, medically accurate and inclusive sexual health education;

increasing access to clinical services that provide contraception; promoting healthy relationships and communication practices; and supporting expectant and parenting youth.

#### ***D. Equity and Cultural & Linguistic Responsiveness***

Achieving health and well-being for adolescents and young adults in California means acknowledging and addressing existing health inequities. These inequities have been further illuminated by COVID-19 and compounded by structural racism. Racism has been declared a public health crisis by the American Public Health Association and the Association of Maternal Child Health Programs, as well as by several local jurisdictions and organizations inside and outside of the state. Structural racism and discrimination based on gender, sexual orientation, and disability status, along with poverty, trauma, and other social and environmental factors all have interconnected and significant impacts on physical and mental well-being [13,14].

At the heart of the work at CDPH/MCAH is a recognition of the significant role that structural racism and social determinants of health play in adolescent health outcomes. The ASH Ed Program connects young people to education, supports and services that can help mitigate the impact of structural racism and poverty on their physical and mental/emotional health. To continue to work toward removing the barriers to equitable access to quality sexual and reproductive health education programs, listening and learning from adolescent populations, parents/caregivers, and educators is prioritized.

CDPH/MCAH values cultural and linguistic responsiveness, inclusion and developmentally appropriate education and activities. CDPH/MCAH strives to recognize, demonstrate respect for, and respond proactively to diversity in backgrounds such as race, culture, ethnicity, gender, sexual orientation, linguistic abilities, values, preferences, beliefs, socioeconomic status, geographic location, and identity of the young person, their family and community. Since adolescents and young adults vary in developmental abilities, CDPH/MCAH programs assess and respond appropriately to the developmental level of each program participant. CDPH/MCAH expects LIAs to have similar values and seek opportunities to improve the quality of the programming they provide and respond to the communities they serve.

#### ***E. Program Goals and Description***

##### ***CDPH/MCAH Adolescent Sexual Health Education (ASH Ed) Programs***

The main goals of the CDPH/MCAH ASH Ed Program, comprised of CA PREP and the I&E Program, are to reach youth experiencing the greatest inequities in health and social outcomes and:

- equip them with the knowledge, understanding, and skills necessary to make responsible and healthy decisions regarding their sexual and reproductive health;
- reduce adolescent birth and STI rates; and
- promote positive development and healthy relationships.

The ASH Ed Program offers comprehensive sexual health education with topics such as partner

communication, negotiation and refusal skills, and communication with a trusted adult. The programs also inform young people about eligibility and access to federal, state, and local clinical services. Locally, the ASH Ed Program is offered in diverse settings, such as mainstream middle and high schools, alternative schools, social service agencies, juvenile detention facilities, youth centers, and other community settings.

***California Personal Responsibility and Education Program (CA PREP)***

CA PREP aims to reduce rates of adolescent births and STIs, including HIV, among youth experiencing the greatest inequities in these outcomes (details about CA PREP youth service populations are in [Part II, Program Requirements](#)). CA PREP programming must include education about both abstinence and contraception and must cover selected Adulthood Preparation Subjects (APS). CA PREP funds shall be used primarily to replicate or substantially incorporate elements of effective Evidence-Based Program Models (EBPMs) or Evidence-Informed Program Model (EBPM/EIPM) for comprehensive sexual health education.

Key components of CA PREP include:

- implementation of EBPM/EIPMs;
- integration of Adulthood Preparation Subjects (APS);
- compliance with California Health & Safety and Education Codes, when applicable;
- community outreach and engagement activities, including maintenance and/or participation in a coalition of local stakeholders and parent/caregiver engagement;
- dissemination of information and linkage to Family Planning, Access, Care, and Treatment (PACT) and other youth services; and
- participation in required data collection, monitoring, and evaluation activities.

More information about the Federal State PREP grant program can be found on [FYSB's website](#).

CDPH/MCAH established definitions of EBPM/EIPM using the most recent available Teen Pregnancy Prevention Evidence Review [15,16] and the Title V program guidance provided by the US Department of Health and Human Services Health Resources and Services Administration [17]. CDPH/MCAH defines evidence-based curricula as those that are supported by at least one rigorous or moderately rigorous study, with an intervention-research design, that, for this program, demonstrated statistically significant improvements in at least one of the PREP-target areas:

- delaying sexual activity or reducing the number of sexual partners;
- increasing condom or contraceptive use for sexually active youth; or
- reducing pregnancy among youth.

CDPH/MCAH defines evidence-informed curricula as those that meet one or more of the following criteria: at least one rigorous or moderately rigorous study not using an intervention-research design; documented evidence of expert consensus as to their likely effectiveness; grounded in scientific theory; identified compelling topics or priorities with emerging evidence.

CDPH/MCAH has selected four pre-approved curricula that meet the criteria for EBPM/EIPM:

- [Making Proud Choices! \(MPC!\) California 5<sup>th</sup> Edition, 2021](#)
- [Power Through Choices \(PTC\)](#)
- [Teen Talk](#)
- [Rights, Respect, Responsibility \(3Rs\) CA Edition](#)

Two of the CA PREP curricula, MPC! and PTC, are designated as evidence-based by the [Health and Human Services Teen Pregnancy Prevention Evidence Review](#). Teen Talk meets the criteria for evidence-informed curricula in that it is supported by multiple studies that show positive outcomes related to adolescent sexual health knowledge, attitudes, intentions, and behaviors. The studies support the curriculum's effectiveness in multiple PREP targeted behaviors, including delaying sexual activity and increasing condom or contraceptive use. The curriculum is grounded in scientific theory and there is expert consensus around the likely effectiveness [18]. The final pre-approved curriculum, 3Rs, meets the criteria for evidence-informed. The curriculum was co-developed by ten experts in sexual health education with thirteen youth reviewers [19] and is grounded in scientific theory [20]. Additionally, MPC!, Teen Talk and 3Rs meet the requirements of the California Healthy Youth Act (CHYA) as determined by the American Civil Liberties Union [21]. All four EBPM/EIPM have been approved by CDPH/MCAH and FYSB for implementation by CA PREP. [See Part II. Program Requirements, C. Evidence-Based/Evidence-Informed Program Models](#) for details.

### ***Information and Education (I&E) Program***

In accordance with the [Welfare and Institution Code Section 14504.3](#), the I&E Program aims to decrease adolescent pregnancies through educational programs that equip youth with limited resources with the knowledge, understanding, and behavioral skills necessary to make responsible decisions regarding their sexual health. The I&E Program also focuses on parents/caring adults who are responsible for serving youth and aims to provide them with effective tools and skills to support youth regarding healthy and responsible sexual behavior. A complete list of youth populations for the I&E Program, which are the same as for CA PREP, is available in [Part II, Program Requirements](#). Other service populations based on each program option are listed in [Part II, Program Requirements, I&E Program Options, Service Population](#).

Applying for the I&E Program funding is an option for those who apply for CA PREP funding, but is awarded on a competitive basis only to those who are awarded CA PREP funds. If selected and awarded, the I&E Program funding will provide support to LIAs for one of three program options:

1. enhanced youth engagement;
2. parent/caring adult education; or
3. train-the-educator.

These strategies will supplement and strengthen CA PREP program activities and engage key populations that support the sexual well-being of youth. I&E Program funds shall be used for implementing evidence-based or evidence-informed educational programs and strategies.

## **F. Authorizing Legislation**

### **CA PREP**

CA PREP was originally authorized in 2010 as part of the [Patient Protection and Affordable Care Act Section 2953 \(Pub. L. No. 111-148\)](#). PREP is authorized and funded by Section 513 of the Social Security Act (42 U.S.C. § 713), as amended by Section 50503 of the Bipartisan Budget Act of 2018 (Pub. L. No. 115-123) extended by Section 3822 of the CARES Act, 2020 (Pub. L. No. 116-136).

### **I&E Program**

The I&E Program was appropriated in the 1973 California Budget Act and is authorized by [California Welfare and Institution Code \(WIC\) Section 14504.3](#).

## **G. California Laws**

LIAs are required to comply with the following California laws, as applicable:

1. *In All Settings*
  - [Sexual Health Education Accountability Act \(SHEAA\)](#); California Health and Safety Code (H&S) sections 151000-151003
2. *In School Settings*
  - [California Healthy Youth Act \(CHYA\)](#); Education Code sections 51930-51939
  - [Health Education Content Standards for California Public Schools: Kindergarten through Grade Twelve](#)
  - [The California Healthy Youth Act and Charter Schools](#)

## **H. Eligibility Criteria**

### 1. *Organizational Type*

The following LIAs in counties designated as areas of the state with the greatest inequities in health and social outcomes (see [Part I. I, 1. Funding Distribution](#) for eligible counties) are invited to apply for this RFA:

- 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

LIAs that are school districts, nonprofit organizations or corporations will be required to submit additional documentation as described in [Part III. E., Instructions for Preparation and Submission of Applications](#).

## 2. *Required Experience & Capacity*

LIAs must meet the following minimum requirements:

- five (5) years of experience providing sexual health prevention services to adolescents who face the greatest inequities in these outcomes;
- five (5) years of experience engaging youth, parents/caring adults and/or communities;
- five (5) years of experience in program monitoring and data collection and reporting of performance measures;
- five (5) years of experience developing community linkages and/or participating in and maintaining stakeholder groups; and
- organizational capacity to fulfill program and administrative cooperative agreement requirements.

## 3. *Eligible Counties*

The ASH Ed Program is designed to support access to comprehensive, medically accurate and unbiased sexual health education for youth in areas of the state with the greatest inequities in health and social outcomes. In recognition of the geographic inequities in sexual and reproductive health outcomes across the state, CDPH/MCAH developed the CASHNI to determine geographic eligibility for service sites. Eligible LIAs must serve counties with the highest localized need for adolescent sexual and reproductive health programs based on the CASHNI.

The CASHNI was developed using data at the Medical Service Study Area (MSSA). An MSSA is a sub-city and sub-county geographical unit used to organize and display population, demographic, and physician data.

Six indicators of community disparity were standardized and summed to form an index of overall community need for sexual health services. The six indicators are:

- adolescent birth rate;
- percentage of adolescent births occurring less than 18 months between the last live birth and conception of current live birth;
- combined gonorrhea and chlamydia incidence rate for adolescents;
- percentage of youth living in concentrated areas of poverty;
- percentage of youth living in racially isolated areas of African-Americans, Hispanics or American Indian/Alaskan Natives; and
- the percentage of 18- to 24-year-olds without a high school diploma or equivalent.

Overall community need was ranked from one (1) to five (5) based on the distribution of sums; rankings were multiplied by three (3) for rural MSSAs. Resulting values (range 1 – 15) were multiplied by the 2016-2018 weighted average annual numbers of live births to females ages 15-19.

For the 2018 CASHNI used for this RFA, county scores range from 3 to 14193 across California’s 58 counties. See Appendix 1 for more detail and a list of 2018 CASHNI scores by MSSA.

Eligible counties for this RFA are those in which either 1) the sum of the CASHNI scores of all MSSAs is 250 and above or 2) there is at least one MSSA with a CASHNI score of 120 or above.

No more than two (2) LIAs will be awarded funding in each county.

Based on these criteria, LIAs in the following counties are eligible to apply for funding:

**Table 1: 2022 Eligible Counties Listed in Descending Order of County CASHNI Score**

<b>County</b>	<b>2018 County CASHNI Score (Sum of All MSSAs)</b>
Los Angeles	14193
San Bernardino	5765
Fresno	5332
Kern	5059
Tulare	4109
Riverside	3549
San Diego	2501
Orange	2315
Monterey	2270
Imperial	1896
Merced	1876
Sacramento	1797
Madera	1766
San Joaquin	1506
Stanislaus	1472
Santa Barbara	1370
Ventura	1064
Alameda	873
Santa Clara	853
Kings	807

County	2018 County CASHNI Score (Sum of All MSSAs)
Contra Costa	770
Butte	488
Tehama	401
Shasta	391
Lake	387
Yuba	378
Solano	367
Sutter	344
San Luis Obispo	333
Mendocino	289
Santa Cruz	273
San Mateo	268
*Del Norte	164
*San Benito	155

\* Del Norte and San Benito counties are eligible since they have at least one MSSA with a CASHNI score of 120 or above.

**I. Funding Distribution**

**1. Funding Tiers for CA PREP**

CA PREP funds will be awarded within tiers. Counties in Tier 1 have the highest county California Adolescent Sexual Health Needs Index (CASHNI) scores, followed by Tier 2 and Tier 3. Funding levels will be within the funding ranges by tier described in Table 2. The amount awarded within the funding range will be determined by CDPH/MCAH based on availability of funding, the Applicant’s proposed budget and CA PREP funding priorities.

The minimum amount awarded to all applicants chosen for funding will be \$125,000 per fiscal year.



**Table 2: CA PREP Funding Tiers by County CASHNI Score**

Tier	Eligible Counties	Minimum to Maximum Per FY
Tier 1	Los Angeles, San Bernardino, Fresno, Kern, Tulare, Riverside, San Diego, Orange, Monterey, Imperial, Merced	\$125,000 to \$425,000
Tier 2	Sacramento, Madera, San Joaquin, Stanislaus, Santa Barbara, Ventura, Alameda, Santa Clara, Kings, Contra Costa, Butte	\$125,000 to \$275,000
Tier 3	Tehama, Shasta, Lake, Yuba, Solano, Sutter, San Luis Obispo, Mendocino, Santa Cruz, San Mateo, Del Norte, San Benito	\$125,000 to \$175,000

**2. I&E Funding Distribution**

LIAs may apply for up to \$200,000 per fiscal year for one of the I&E Program Options.

LIAs can propose funding and staffing to align with their project plan. Only I&E Program applications of LIAs awarded CA PREP funds will be scored and awarded. If all funding is not exhausted for the I&E Program, CDPH/MCAH reserves the right to adjust the funding amount for an I&E Program Award above the requested amount or the maximum amount specified in this RFA through negotiation and agreement with LIAs.

**J. Agreement Term**

The term of the Agreement is expected to be a three (3) year term and is anticipated to be effective from July 1, 2022 through June 30, 2025. The agreement term may change if CDPH/MCAH makes the awards earlier or later than expected due to unforeseen delays.

The resulting Agreement will be of no force or effect until signed by both parties and approved by CDPH or the Department of General Services (DGS), whichever is applicable. LIAs are cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without state reimbursement.

CDPH/MCAH reserves the right to modify the term of the resulting Agreement via a formal agreement amendment process.

**K. RFA Key Action Dates**

**Table 3: Key Action Dates**

<b>Event</b>	<b>Date</b>	<b>Time, if applicable</b>
RFA Release	January 24, 2022	
Deadline to Submit RFA Questions Submit via email at: <a href="mailto:ASH_ED_RFA@cdph.ca.gov">ASH_ED_RFA@cdph.ca.gov</a> Subject Line: ASH Ed RFA Questions	February 11, 2022	4:00 PM
Voluntary Non-Binding Letter of Intent Submit via email at: <a href="mailto:ASH_ED_RFA@cdph.ca.gov">ASH_ED_RFA@cdph.ca.gov</a> Subject Line: Voluntary Non-Binding Letter of Intent	February 15, 2022	4:00 PM
Informational Webinar	February 16, 2022	
Q&A Responses Published	February 23, 2022	
<b>Application Due</b>	<b>March 17, 2022</b>	<b>4:00 PM</b>
Public Notice of Intent to Award	May 3, 2022	
Dispute Filing	May 9, 2022	4:00 PM
Cooperative Agreements Commence	July 1, 2022	

CDPH/MCAH reserves the right to adjust any key action date and/or time, as necessary. Date and time adjustments will be posted on the RFA web page at [www.cdph.ca.gov/AshEd](http://www.cdph.ca.gov/AshEd). It is the Applicant’s responsibility to check the website frequently for any adjustments made to the timeline.

**PART II. PROGRAM REQUIREMENTS**

**CALIFORNIA PERSONAL RESPONSIBILITY AND EDUCATION PROGRAM (CA PREP)**

**A. Service Population**

CA PREP LIAs must serve the intended service population of youth ages 10-19, and up to age 21 if the youth is expectant or parenting. CDPH/MCAH defines the intended service population as youth who face the greatest inequities based on geography as well as social/demographic characteristics and health outcomes.

The CASHNI is used to not only guide overall county eligibility to apply for funding, but also to help LIAs identify services areas with the greatest inequities within their county, using MSSAs, which is a sub-city and sub-county geographical unit used to organize and display population, demographic, and physician data.

CASHNI scores for MSSAs range from 0 to 1943 across California's 542 MSSAs. LIAs may provide services to all youth who reside, receive clinical services, or attend school in an MSSA with a CASHNI score of 120 or above (at or above the 70<sup>th</sup> percentile of all MSSAs). See [Appendix 1](#) for a list of all MSSAs in the eligible counties and information on how to check the MSSA of potential implementation sites.

Alternatively, youth are eligible for services if they meet one or more of the following criteria:

- are experiencing homelessness and/or are youth who have runaway;
- attend an alternative or continuation school;
- are in or emancipated from the foster care system/are incarcerated in a juvenile justice facility, or are in the probation system;
- identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ);
- reside in or receive outpatient services from a mental health or substance abuse treatment facility or group home;
- have special health care needs, defined as youth who “have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” [22];
- are farm or agricultural workers or 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 remunerated employment in agricultural work” [23]; and/or
- are youth (up to age 21) who are expecting or parenting.

### ***B. Annual Target Reach and Cost per Youth***

The CA PREP LIAs must propose and meet an annual target reach, which is the estimated number of youth expected to complete the EBPM/EIPM implementation for CA PREP during one state fiscal year. The LIAs will determine the annual target reach based on the:

- service population,
- program setting,
- implementation setting,
- EBPM/EIPM,
- estimated number of cohorts,

- average cohort size,
- the number of youth who initiated the program, and
- the program wide retention rate.

Guidance for completing the estimated annual reach calculation is in [Attachment 3](#).

The cost per youth is based on the annual estimated reach and the total award amount requested by the LIAs. Cost per youth will vary by agency depending on EBPM/EIPM, program setting, implementation setting, service population and county population size. LIAs will not receive higher scores for a lower cost per youth, but cost per youth per year should typically fall within the range of \$200-\$650. Justification is required if the cost per youth estimate exceeds \$650. The cost per youth may not exceed \$1,000 per youth per year. CDPH/MCAH strongly encourages agencies to serve youth experiencing the greatest inequities in health and social outcomes, including those in non-school settings or during non-school hours, and recognizes that doing so may cost more. The cost per youth calculation table and steps are in [Attachment 3](#).

### ***C. Evidence-Based/Evidence-Informed Program Models***

In accordance with federal requirements for PREP funding, CA PREP LIAs will replicate with fidelity or substantially incorporate elements of EBPM/EIPMs. CDPH/MCAH has selected four EBPM/EIPMs that are pre-approved for implementation.

#### ***1. EBPM/EIPM Selection***

The four CDPH/MCAH-selected EBPM/EIPMs are identified in Table 3. **Applicants must choose at least one of the EBPM/EIPMs listed in Table 3** that best suits the needs of their service population. Applicants serving more than one population may select different EBPM/EIPMs for each population that they serve (e.g., youth in juvenile justice and youth in alternative high schools).

EBPM/EIPMs have typically been designed for specific populations (e.g., race/ethnicity, age, gender) in specific settings (e.g., schools, clinics, juvenile justice facilities). Refer to [Table 5, EBPM/EIPM At-a-Glance](#).

Not all EBPM/EIPMs are appropriate for all adolescents, organizations, and communities. Appropriate EBPM/EIPM selection increases the likelihood that the program will be implemented with fidelity, thereby increasing the likelihood of achieving the desired outcomes. Selecting an EBPM/EIPM based on the needs of the population(s) increases the chance that it will be appropriate for and accepted by participating adolescents. Additionally, EBPM/EIPMs that reflect the culture, language and values of the population(s) increase the chances of improving outcomes.[24]

***Please note:*** LIAs may request use of other EBPM/EIPM or propose adaptations **in addition to their chosen EBPM/EIPM from Table 2** if the LIA plans to serve a

population for which there is no appropriate EBPM/EIPM listed, or for which substantial adaptations would be required to meet the needs of the service population. Adaptation or alternate EBPM/EIPM requests may be made after Awards are made and LIAs may implement them if they are pre-approved by CDPH/MCAH and FYSB. This process could take up to six months or longer. Through the pre-approval process, LIAs must provide a strong rationale and justification for the selection and demonstrate that the curriculum is evidence-based.

After the Notice of Intent to Award, CDPH/MCAH will work with the awarded LIAs on final approval of their program model(s) to ensure it meets the needs for their service population(s) and setting(s). Implementation may not begin until CDPH/MCAH approves the program models and implementation plan. Please note that while there may be variation in models, some components are standardized and required. For example, all curricula include a demonstration of condom use skills. This demonstration may not be removed, however individual participants may opt out of this activity if they choose.

**Table 4: CA PREP Pre-approved Program Models**

<ul style="list-style-type: none"><li>• <a href="#">Making Proud Choices! California 5<sup>th</sup> Edition, 2021</a><ul style="list-style-type: none"><li>• School, Community, or Out of Home Care-based versions</li><li>• CHYA aligned</li><li>• Available in Spanish</li></ul></li><li>• CDPH/MCAH may provide training to LIAs interested in implementing this curriculum. LIAs should include the cost of training in their budget proposal as described in <a href="#">Part VIII, C.,2. Training</a>.</li></ul>
<ul style="list-style-type: none"><li>• <a href="#">Power Through Choices</a><ul style="list-style-type: none"><li>• Juvenile Justice System</li><li>• Out of Home Care</li></ul></li><li>• LIAs interested in implementing this curriculum may need to contact the curriculum developer for training details and should include the cost of training in their budget proposal.</li></ul>

- [Teen Talk](#)
    - Middle School Version
    - High School Version
    - Adapted for All Abilities Version
    - CHYA Aligned
  - CDPH/MCAH may provide training to LIAs interested in implementing this curriculum. LIAs should include the cost of training in their budget proposal as described in [Part VIII, C.,2. Training](#).
- 
- [Rights, Respect, Responsibility CA Edition](#)
    - Middle School Version
    - High School Version
    - Available in Spanish
    - CHYA Aligned
  - CDPH/MCAH may provide training to LIAs interested in implementing this curriculum. LIAs should include the cost of training in their budget proposal as described in [Part VIII, C.,2. Training](#).

**Table 5: EBPMs/EIPMs At-a-Glance**

EBPM/EIPM	Service Population/ Audience	Number of Modules	Intended Curriculum Length	Maximum Facilitator: Student Ratio*	Maximum Cohort Size**	Example Implementation Schedule(s)
<a href="#"><u>Rights, Respect, Responsibility California Edition</u></a>	Youth ages 12-18; specific activities or discussions can be adapted for either middle school or high school settings	<b>Middle School</b> 11  <b>High School</b> 11	<b>Middle School</b> 550 Minutes  <b>High School</b> 550 Minutes	1:20	40	<ul style="list-style-type: none"> <li>11 days, 1 lesson/day</li> <li>11 days, 1 lesson/day</li> </ul>
<a href="#"><u>Making Proud Choices!, California Edition</u></a>	Youth ages 12-18; specific activities or discussions can be adapted for either middle school or high school settings	<b>Community</b> 10  <b>Out of Home Care:</b> 10	<b>Community</b> 600 minutes  <b>Out of Home Care</b> 750 minutes	1:15	30	<p><b>Community and Out of Home Care:</b></p> <ul style="list-style-type: none"> <li>2 days, 5 modules/day</li> <li>5 days, 2 modules/day</li> <li>10 days, 1 module/day</li> </ul> <p><b>Adaptation for school setting</b> 15 days, 1 module/day</p>
<a href="#"><u>Teen Talk</u></a>	Youth ages 12-18; For All Abilities specific activities or discussions can be adapted for either middle school or high school settings	<b>Middle School</b> 12  <b>High School</b> 11  <b>For All Abilities</b> 11	600 minutes	1:20	40	<p><b>MS Version</b></p> <ul style="list-style-type: none"> <li>12 sessions over minimum of 10 hours /over two weeks</li> </ul> <p><b>HS Version</b></p> <ul style="list-style-type: none"> <li>11 sessions over minimum of 10 hours /over two weeks</li> </ul> <p><b>For All Abilities</b></p> <ul style="list-style-type: none"> <li>11 sessions over minimum of 10 hours /over two weeks</li> </ul>
<a href="#"><u>Power Through Choices</u></a>	Youth ages 14-18 living in out-of-home care	10	900 minutes	1:10	20	<ul style="list-style-type: none"> <li>10 days, 1 module/day</li> </ul>

\*MCAH contract requirement, not a requirement by the curriculum developer.

\*\*May be either MCAH or developer requirement.

2. *Fidelity*

LIAs will be required to maintain fidelity to the core components of the EBPM/EIPMs. Implementing a program model with fidelity requires implementing the EBPM/EIPM in its entirety and with the core components of each module delivered as intended. All LIAs will attend training on how to implement a selected EBPM/EIPM with fidelity. LIAs are encouraged to adapt EBPM/EIPMs to meet the needs of their service population(s) and/or setting(s) as long as they do not alter the internal logic or change core components of the intervention. Adaptations must be submitted for review and approval by CDPH/MCAH prior to implementation and LIAs may be required to also seek approval from the curriculum developer, when applicable.

Training and technical assistance will be provided to LIAs to consider whether adaptations are necessary for supporting their population and appropriate based on their selected EBPM/EIPM. LIAs will also be provided with fidelity monitoring tools to ensure the EBPM/EIPMs are implemented as intended.

3. *Cultural and Linguistic Context*

All CA PREP staff must recognize, demonstrate respect for and respond proactively to diversity in backgrounds such as culture, ethnicity, race, gender, sexual orientation, linguistic abilities, values, preferences, beliefs, socioeconomic status, geographic location and identity of the young person and their family and community. Information and activities must be provided in a culturally and linguistically congruent and responsive manner for program participants. Adaptations to address culture, language and diversity must be submitted for CDPH/MCAH approval (see [Part 1, section c. Equity and Cultural and Linguistic Responsiveness](#)).

4. *EBPM/EIPM Training*

LIAs will be required to attend trainings hosted by CDPH/MCAH or provided by the curriculum developer as directed on their selected EBPM/EIPM(s). LIAs will ensure program staff hired to implement EBPM/EIPM(s) are able to meet the EBPM/EIPM core components and implement the EBPM/EIPM(s) with fidelity. In addition, staff hired shall be able to implement the EBPM/EIPM(s) in a culturally and linguistically appropriate manner for the service population(s). (see [Part VIII, 2, c. Training](#))

5. *Changing EBPM/EIPMs After Award*

LIAs will only be able to change the selection of their EBPM/EIPM(s) or approved implementation plan after the agreement award, if prior approval is obtained from CDPH/MCAH. The LIAs may only change their EBPM/EIPM(s) selection by submitting an updated implementation plan to CDPH/MCAH with justification for the change or due to a proposed program improvement plan for not meeting CDPH/MCAH requirements.



#### ***D. Parent/Caring Adult Engagement Activities***

All LIAs will plan activities to engage parents and caring adults in the community to support youth in their sexual health education and to build parents/caring adults' confidence in promoting accurate and open conversation. For example, activities may include a preview of the intended curriculum prior to EBPM/EIPM implementation, informational events for supporting parent-youth communication around sexual health and healthy relationships, distribution of resources, partnership building with parent/community groups, and other relevant topics. Some suggested topic/resource areas to support parents and caring adults include:

- pregnancy and STI prevention,
- adolescent development,
- sexual health/sexuality,
- identity,
- healthy life skills,
- healthy relationships,
- consent and sexual communication,
- educational and career success,
- parent-child communication, and
- youth rights and access to reproductive and sexual health services.

#### **I&E Program Connection**

LIAs interested in expanding programming for parents/caring adults can explore the I&E Program Option 2 – Parent/Caring Adult Education. Applicants that are also applying for I&E Program funding are encouraged to make a connection, where applicable, between proposed I&E Program activities and CA PREP parent/caring adult activities. Please refer to the [I&E Program Requirements](#) for more information.

#### ***E. Adulthood Preparation Subjects***

LIAs will integrate adulthood preparation subjects (APS) into EBPM/EIPM implementation. The APS are a set of six youth development topics, and integrating three of the six topics into EBPM/EIPM implementation is a federal requirement of PREP funding. The APS include:

- **adolescent development,**
- **healthy life skills,**
- **healthy relationships,**
- educational and career success,
- financial literacy, and
- parent-child communication.

The first three subjects (in bold) have been selected by CDPH/MCAH as topic areas that CA PREP LIAs must cover during EBPM/EIPM implementation at a minimum. The additional three topics are highly encouraged.

Each EBPM/EIPM provides different coverage of the CA PREP topic areas and not all models adequately cover each topic. CDPH/MCAH will review APS content in CA PREP evidence-based program models to determine which subjects require additional content to meet minimum standards. This information will be available to LIAs after cooperative agreement execution. For more background on the review and the content of each of the CA PREP APS, see [Appendix 2](#).

LIAs will integrate APS in the following ways:

- Required: CA PREP facilitators must view or attend topical trainings as directed by CDPH/MCAH to incorporate APS content and themes into EBPM/EIPMs throughout implementation.
- Required: Implementation of APS within EBPM/EIPM models and incorporation of any additional content not covered adequately within the chosen EBPM/EIPM model.
- Encouraged: LIAs may add relevant activities (such as an activity on puberty and physical development, or a course on healthy relationships, or a component on financial literacy) before or after EBPM/EIPM implementation with prior approval from CDPH/MCAH. All APS activities must be included between the entry and exit survey.

LIAs must get approval from CDPH/MCAH prior to implementation of supplemental content related to APS.

#### ***F. Local Stakeholder Coalition***

CA PREP LIAs will maintain and/or participate in a Local Stakeholder Coalition (LSC) to raise awareness around and improve adolescent sexual and reproductive health in the community. LIAs will be required to facilitate and/or participate in quarterly meetings with a LSC to collaborate with community representatives that work to support the local youth. Engaging local stakeholders can result in sustainable efforts to improve the community environment for adolescents and reduce rates of early pregnancy, birth, STIs and HIV.

##### *1. LSC Key Activities*

The purpose of the LSC is to:

- develop relationships with members of the community to contribute to the success and sustainability of CA PREP;
- identify strategies to seek and maintain community support for CA PREP services;
- educate members of the community on risk and protective factors

associated with adolescent pregnancy, STIs, and HIV, and identify strategies to overcome risk factors;

- identify opportunities for youth input and community involvement; and
- increase awareness of the importance of providing adolescents access to health care services, including family planning and reproductive health services.

## 2. LSC Key Members

At a minimum, the LSC must include representatives from:

- Family PACT providers;
- foster care, including county/state agencies and/or private organizations/providers;
- social service providers (e.g., those who provide adolescents with services related to homelessness, substance use/abuse, intimate partner violence);
- schools and educators (e.g., school board member, administrator, teacher);
- local MCAH Directors or their public health designee;
- current or potential CA PREP service delivery site(s) serving the LIA service population; and
- a youth from the service population is required, if allocated funding is in the CA PREP budget.

In addition, LIAs are strongly encouraged to include additional representatives, such as:

- youth from the service population(s);
- alumni from the program, if applicable, or young adults that were parenting adolescents;
- parents or caregivers of youth in the community;
- law enforcement;
- pregnant and parenting youth service providers (e.g., the Adolescent Family Life Program, Cal-SAFE, locally funded Cal-Learn);
- youth-service and/or youth-focused organizations;
- local government representative(s) or designee(s);
- the local business community (e.g., businesses that serve and/or employ youth, Chamber of Commerce);
- parks and recreation;
- faith-based organizations; and
- service organizations.

LIAs are required to meet either in person or virtually at least once per quarter with the LSC. LIAs must develop and present on CA PREP progress and successes at least once annually (Annual Community Presentation) to the LSC in person or virtually.

(CDPH/MCAH will provide data routinely that can support LIAs with communicating with partners about the program.)

**3. Other LSC Activities**

Applicants are encouraged to propose additional community outreach activities. An example would be outreach to local businesses that employ youth.

All proposed outreach activities must be approved by CDPH/MCAH prior to implementation.

**I&E Program Connection**

Applicants that are also applying for one of the I&E Program Options are encouraged to integrate proposed I&E Program activities into LSC activities. Please refer to the [I&E Program Requirements](#) for more information.

**G. Clinical Linkages**

CA PREP LIAs will be required to establish partnerships with Family PACT providers within their local communities to promote youth awareness of and increase adolescent access to family planning, reproductive health, and other youth support services. LIAs will promote awareness of, and provide information about, the availability, confidentiality, and cost of services to all CA PREP youth. Activities shall include, but are not limited to, incorporating information about Family PACT and other services into EBPM/EIPM implementation, and dissemination of promotional materials to create awareness about local Family PACT providers and other local youth services, including crisis counseling for youth experiencing sexual and/or dating violence. Applicants are encouraged to propose additional activities, such as on-site teen tours of Family PACT or other reproductive health care clinics.

**H. Monitoring, Evaluation and Continuous Quality Improvement**

LIAs will participate in CA PREP monitoring, evaluation activities and continuous quality improvement (CQI) described in the five categories below. LIAs are not required to hire an outside evaluator to perform or meet evaluation requirements outlined in this RFA.

**1. Implementation Monitoring**

LIAs are required to provide documentation that programming matches proposed youth characteristics, program delivery settings and/or program service areas, as applicable. See [Part II, Program Requirements](#). LIAs are also required to maintain an online calendar on SharePoint of planned implementation.

**2. Attendance and Fidelity Monitoring**

LIAs are required to collect and report attendance and fidelity data for each cohort of youth served. A cohort is defined as a group of youth participating in one cycle of CA PREP implementation. At a minimum, this will include collection of youth demographic, attendance and dosage data, and completion of a fidelity tracking log.

LIAs are also required to participate in any requested site visits, interviews and external observations of program delivery.

**3. *Facilitator Competencies***

CA PREP facilitators must possess knowledge in adolescent development, sexual health, family planning and the program model(s) selected. Facilitators should have demonstrated knowledge and experience in successfully helping youth succeed, in addition to helping youth develop skills to promote healthy life choices, which could contribute to positive behavioral changes. CDPH/MCAH will monitor these competencies through required surveys of facilitators and program coordinators at regular intervals following training activities. LIAs will be required to conduct at least two (2) observations of each facilitator, observing two (2) different lessons/modules/activities per year. Virtual observations are appropriate and acceptable.

**4. *Youth Experiences and Outcomes***

CA PREP services should be interactive, engaging, respectful and culturally responsive so participants can become invested in the program and feel safe in their learning environments. LIAs are required to administer surveys to participants served at program entry and exit. Entry and exit surveys are Institutional Review Board approved and provided to LIAs by CDPH/MCAH. LIAs must work with their local school districts and other sites to ensure that the surveys are included in the Memorandum of Understanding (MOU). Surveying is federally mandated, and the surveys cover topics such as sexual activity, healthy relationships, knowledge of sexual and reproductive health and services, and opinions about the program.

**5. *Other Evaluation Activities***

LIAs are required to participate in CDPH/MCAH evaluation activities that improve the quality or demonstrate the effectiveness of CA PREP programming. Required activities may include participation in a rigorous longitudinal evaluation and/or CQI. CDPH/MCAH will provide further instructions on evaluation activities after the award, as applicable.

***I&E Program Connection for Monitoring, Evaluation and CQI***

If an LIA is awarded one of the I&E Program Options, there will be specific monitoring, evaluation and CQI activities required. Please refer to the [I&E Program Requirements](#) for more information.

***I. Staffing***

LIAs must hire a sufficient number of staff to complete all CA PREP program and cooperative agreement requirements in order to fulfill the scope of work (SOW) ([Appendix 4, Exhibit A](#)) and implement EBPM/EIPMs with fidelity. Staff hired to implement EBPM/EIPMs should meet the EBPM/EIPM specific core competencies, as well as the Adolescent Sexual Health

Workgroup (ASHWG) Core Competencies for Adolescent Sexual Health Programs and deliver the program in a culturally and linguistically appropriate manner for the service population(s). Core competencies generally include qualities such as knowledge and understanding of the chosen EBPM/EIPM, ability and willingness to engage youth in the program, comfort and accuracy with discussing sexual health information, and a caring, non-judgmental attitude. Applicants are encouraged to refer to the [Core Competencies for Adolescent Sexual and Reproductive Health Program](#) found at [ashwg.org](http://ashwg.org).

Standard CA PREP staffing includes:

- a designated Project Director whose responsibility is ensuring the viability and success of CA PREP activities;
- a Project Coordinator with overall responsibility for coordinating and documenting project activities;
- a facilitator(s) to conduct and implement CA PREP program activities; and
- when possible, a Youth Advisor to support quality improvement efforts, assist the agency with addressing challenges and inform decisions to best meet the needs of youth in the program.

It is beneficial to structure staffing in a way that offers facilitators sufficient time to devote to CA PREP, allowing them to invest in and deliver the program frequently and skillfully.

While staffing structures vary by agency size and planned implementation activities, CDPH/MCAH will fund all LIAs at levels sufficient to support, at a minimum, one health educator (100% Full Time Employee, or FTE) and one project coordinator (at least 25% FTE).

Please Note: CDPH/MCAH highly recommends planning for CA PREP facilitators to have all or most of their full-time employee (FTE) percentage devoted to PREP (i.e., not split across multiple projects), so that the curricula can be implemented regularly and delivered with skill and comfort. The minimum expectation is that LIAs have at least one full-time facilitator and one project coordinator at no less than 25% FTE.

#### ***I&E Program Connection***

If applying for one of the I&E Program Options, the LIA will propose a staffing structure and budget to complete the proposed project plan based on the option chosen. Please refer to the [I&E Program Requirements](#) for more information.

#### ***J. Reporting and Other Administrative Requirements***

LIAs will comply with all reporting and administrative requirements as directed by CDPH/MCAH.

1. *Reporting Requirements*

- a. *Semi-Annual Progress Reports* – LIAs shall complete Semi-Annual Progress Reports. Progress Reports shall be received on or before the due date as outlined in the SOW.
- b. *Annual Community Presentation* – LIAs shall develop and present an Annual Community Presentation to local stakeholders to share CA PREP activities and accomplishments. The Annual Community Presentation is intended to increase community involvement while also educating the community about adolescent pregnancy prevention services, progress in reducing adolescent birth rates, and successes and challenges related to connecting adolescents to information and support. Virtual presentations are acceptable.
- c. *Single Organization-Wide Financial and Compliance Audit* – LIAs shall, if applicable, comply with the Single Audit Act and the audit reporting requirements set forth in [2 CFR part 200, subpart F](#):
  - (i) Audit required. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of this part.
  - (ii) Single audit. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single audit conducted in accordance with §200.514 Scope of audit except when it elects to have a program-specific audit conducted in accordance with paragraph (c) of this section.
- d. *Other Reports* – LIAs shall participate in the collection, monitoring and reporting of program implementation and outcomes through a uniform set of performance measurements determined by the federal funders. LIAs may be required to complete and submit other CDPH/MCAH performance and/or financial reports.

2. *Meetings, Trainings and Site Visits*

- a. LIAs shall attend all trainings, workshops and conferences as outlined in the SOW.
- b. LIAs shall participate in monthly program discussions and meetings as outlined in the SOW.
- c. LIAs shall participate in any formal and/or informal site visits performed by CDPH/MCAH. The site visits may be conducted as part of program monitoring to ensure compliance, provide technical assistance and/or support the continuous quality improvement process as outlined in the SOW.

3. *Material Development, Use and Approval Process*

1. All documents (e.g., print, video, audio, radio or television public service announcements) produced, reproduced or purchased under the agreement shall be approved by CDPH/MCAH before printing, production, distribution or use.
2. All products, journal articles, public reports or publications that are developed using funds provided from CDPH/MCAH must acknowledge the support of CDPH/MCAH with a written statement printed on the materials. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes and/or other audio-visual materials resulting from the use of CDPH/MCAH allocation. The written statement/credit should include:
  - (i) a statement identifying funding support on the title page of public reports or publications, and
  - (ii) a statement identifying funding support on the first page of any journal articles.

Sample attribution: “This project is/was supported by funds received from the California Department of Public Health, Maternal, Child and Adolescent Health Division. All analyses, interpretations, and conclusions reached are those of the presenter/author, not the State of California.” For any changes to this credit language, LIAs should contact their Program Consultant.

CDPH/MCAH will retain copyright ownership for any and all original materials produced with CDPH/MCAH agreement funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters or reports. Any products such as journal articles, public reports or publications that include an author who is from the California Department of Public Health, must submit the product for review and approval per protocol, prior to submission or release. Any products for publication that involve data collection and analysis relevant to participants must be approved by MCAH prior to project initiation and undergo institutional board review, if applicable. Contact your Program Consultant to request additional information on research with ASH ED participants and funds.



## INFORMATION AND EDUCATION (I&E) PROGRAM

The following information is only applicable for LIAs applying for I&E Program funds in addition to CA PREP funds.

### A. I&E Program Options

The three I&E Program Options were developed from research regarding best practices and MCAH experience and feedback from LIAs over the past decade. Background and general guidelines for each option are included below. LIAs interested in applying for an I&E Program Option must only choose one of the following in addition to CA PREP:

#### 1. *Enhanced Youth Engagement*

Meaningful youth involvement can benefit organizations and their programs as well as the youth themselves. Programs that involve youth in planning, decision making, and implementation are shown to be more effective at engaging young people, and therefore have a greater impact [25]. This I&E Program Option is intended to strengthen program activities by providing dedicated funds for LIAs to hire Youth Advisors who will engage in a variety of innovative educational and support activities that help the LIA achieve the overarching goals of the I&E Program (see [Part 1, E. Program Goals and Description](#)). Youth Advisors will be trained in medically accurate, inclusive, and comprehensive sexual and reproductive health information and applicable California laws. Youth Advisors will support outreach and engagement via activities that increase knowledge and promote healthy behaviors and skills to improve sexual and reproductive health outcomes. Examples of activities include:

- developing content for social media platforms (videos, images, memes, etc.),
- co-facilitating sexual health curriculum with a trained Health Educator,
- utilizing technology in creative ways to engage with other youth,
- raising awareness about CA PREP program and clinical linkages,
- responding to comment/question box about sexual and reproductive health, and
- supporting program planning and continuous quality improvement.

Youth Advisors are encouraged to participate in Local Stakeholder Coalitions (LSC), program quality improvement and decision-making opportunities, and parent/caring adult engagement activities. Youth Advisors are part of the LIA team and LIAs will need to develop an organized structure to support Youth Advisors' growth as leaders via weekly check-ins, offering professional development opportunities and building trust and connection. Length of term, hours per week and number of Youth Advisors at any given time may vary depending on the LIA. CDPH/MCAH recommends Youth Advisors are compensated at a minimum of \$15 per hour, commensurate with experience, location, etc.

2. *Parent/Caring Adult Education*

Parents/caring adults who are informed and able to talk about sexual and reproductive health (SRH) issues with their children can play an important role in ensuring that youth have sufficient information, skills, and support to access care. Studies have shown that youth who report talking with their parents or a caring adult about sex are more likely to delay having sex and to use condoms when they do have sex [26]. This I&E Program Option is intended to enhance CA PREP parent/caring adult program activities by providing additional dedicated funds for LIAs to build parents'/caring adults' knowledge through specific training, outreach, education, and engagement activities. LIAs must select and implement one of the three programs cited by the Centers for Disease Control and Prevention (CDC) as having evaluation results showing improved parent/caring adult and adolescent communication about sex. The three programs are:

1. Parents Matter
2. Families Talking Together
3. Talking Parents, Healthy Teens

More information can be found at the [CDC website](#).

3. *Train-the-Educator*

Long-term LIA feedback indicates a clear need for LIAs to train existing, formal and informal (e.g., foster care, juvenile justice, health teachers) educators working with adolescents to build capacity around sexual and reproductive health education. LIAs frequently report that many implementation sites prioritize using their own educators for adolescent sexual health education; many of whom are untrained in the content. This I&E Program Option will equip educators in the community with the skills needed to support the sexual health of young people and surround them with multiple support systems as they navigate sexual identity, relationships, and well being. This option also allow LIAs to increase reach of high quality comprehensive sexual health education by having more trained educators in communities across the state. This I&E Program Option provides additional funds for enhanced activities, such as: participating in a train-of-trainer (TOT) for EBPM/EIPMs to subsequently train educators, providing other types of foundational training for educators, and/or linking them to resources.

If the LIA engages in a TOT for an EBPM/EIPM, the model must be one of the programs listed under the CA PREP requirements or from the [Health and Human Services Teen Pregnancy Prevention Evidence Review](#) and the LIA must work with the model developer to ensure that trainers meet all required criteria and receive the training/certifications required, as applicable.

## **B. Service Population(s)**

While adolescents experiencing the greatest inequities in health and social outcomes are the service population, the three (3) new I&E Program Options allow LIAs to engage and educate key youth allies to positively impact pregnancy and STI outcomes for adolescents. The service populations for each I&E Program Option include the following:

1. *Youth Advisors* – The service population is youth ages 10-19, and up to 21 if the youth is expectant or parenting. A complete list of youth populations who face the greatest inequities in health and social outcomes is available in [Part II, Program Requirements – CA PREP, Service Population.](#)
2. *Parents/Caring Adult* – The service population is parents and caring adults of youth defined in [Part II, Program Requirements – CA PREP, Service Population.](#)
3. *Train-the-Educator* – The service population is formal and informal community educators working with adolescents as defined in [Part II, Program Requirements – CA PREP, Service Population.](#)

## **C. I&E Program Guidelines**

Through the I&E Program, CDPH/MCAH aims to support LIAs to enhance the reach of their sexual health education program and increase the number of adults in the community with the skills needed to support and improve the sexual health of young people. I&E Program LIAs must select one of the three (3) I&E Program Options and must follow the general guidelines below for implementation.

1. *EBPM/EIPM Selection*  
LIAs must choose one (1) EBPM to implement for I&E Program Option 2, Parent/Caring Adult Education. If engaging in a TOT to subsequently train educators for I&E Program Option 3, LIAs must select an EBPM/EIPM as described above. . After Notice of Intent to Award, CDPH/MCAH will work with LIAs to determine the best program model for their service population(s) and setting(s). Implementation may not begin until CDPH/MCAH approves the program models and implementation plans. Please note that while there may be variation in models, some components are standardized and required.
2. *Participant Engagement & Education Strategy*  
LIAs must detail how I&E Program participants will be recruited and retained throughout program implementation. Proposals must also outline the education strategy for the program including days, modules, and other key training details.
3. *Centering Youth Experiencing the Greatest Inequities*  
To ensure that I&E Program activities reach youth experiencing the greatest inequities in health and social outcomes, LIAs must describe how program activities will reach and impact that population in their county. LIAs should

indicate how the I&E Program activities will enhance the CA PREP activities and increase program reach. All I&E Program staff must recognize, demonstrate respect for and respond proactively to diversity in backgrounds such as culture, ethnicity, race, gender, sexual orientation, linguistic abilities, values, preferences, beliefs, socioeconomic status, geographic location and identity of the program participants and communities they serve. Information and activities must be provided in a culturally and linguistically congruent and responsive manner for program participants. Adaptations to address culture, language and diversity must be submitted for CDPH/MCAH approval (see [Part 1, section D. Equity and Cultural and Linguistic Responsiveness](#)).

4. *Integration with Local Stakeholder Coalition*

LSCs associated with CA PREP are essential in strengthening long-term community partnerships and amplifying program impacts. LIAs must describe proposed I&E Program activities that will support and enhance CA PREP LSC efforts.

**D. Monitoring, Evaluation and Continuous Quality Improvement (CQI)**

LIAs will participate in the I&E Program monitoring, evaluation activities and continuous quality improvement (CQI) as described in the following three (3) categories. LIAs are not required to hire an outside evaluator to perform or meet evaluation requirements outlined in this RFA.

1. *Implementation Monitoring*

LIAs are required to provide documentation that programming matches proposed service population characteristics and program delivery settings.

2. *EBPM/EIPM*

EBPM/EIPM implementation will follow CA PREP's evaluation process. Evaluation activities will include an online implementation calendar, attendance and fidelity monitoring, facilitator competencies, participant experiences and outcomes, and other evaluation activities as detailed in [CA PREP Requirements, Part II Section H](#).

3. *Results-Based Accountability Framework*

CDPH/MCAH will use a [Results-Based Accountability \(RBA\) Framework](#) for LIAs to jointly develop an evaluation framework for the new I&E Program Options. LIAs will participate in learning collaboratives, alongside CDPH/MCAH, to develop six (6) to 12 performance measures for each option over the first year of program implementation. Performance measures will monitor efforts in fiscal years two (2) and three (3) of the funding cycle.

**E. Staffing**

LIAs must hire a sufficient number of staff to complete all I&E Program and agreement requirements in order to fulfill the SOW (Exhibit A) and implement the program option selected.

Minimum I&E Program staffing includes:

- a designated Project Director whose responsibility is ensuring the viability and success of I&E Program activities as well as overall responsibility for supervising, coordinating, and documenting project activities; and
- one (1) or more educator/trainer/facilitator(s) to conduct and implement I&E Program activities.

It is beneficial to structure staffing in a way that offers facilitators sufficient time to devote to the I&E Program, allowing them to invest in and deliver the program frequently and skillfully. LIAs applying for I&E Program Option 1: enhanced youth engagement, must have one (1) staff member designated as the LIA representative in the RBA Framework learning collaborative, one (1) staff member to coordinate/supervise the Youth Advisors, and at least one (1) Youth Advisor.

**Sample Staffing Pattern by I&E Program Option**

LIAs must propose a staffing structure and budget to complete the proposed project plan based on the one I&E Program Option chosen. The following table shows a sample staffing pattern for reference.

**Table 6: Sample I&E Program Staffing Pattern by Program Option**

Funding Option	Sample Minimum Staffing Pattern
1. Enhanced Youth Engagement	Director (5-15%), Coordinator/Supervisor (50-100%, depending on number of Youth Advisors), Youth Advisors (25-50%)
2. Parent/Caring Adult Education	Director (5-15%), Health Educator(s) (85-100%)
3. Train-the-Educator	Director (5-15%), Trainer/Health Educator(s) (85-100%)

Staffing structures will vary by planned implementation activities based on the Program Option selected.

### **PART III. APPLICATION SUBMISSION PROCESS**

#### ***A. Internet Access for RFA Documents***

All documents related to this RFA can be downloaded from the [Ash Ed RFA website](#). This includes:

- RFA document, attachments, appendices, and exhibits;
- important notifications concerning the RFA and process, such as addenda; and
- award announcements.

It is the Applicant's responsibility to visit the website on a regular basis for current posting and any addenda that may be posted following the release of the RFA.

#### ***B. Applicant Questions and Reporting of Errors in the RFA***

CDPH/MCAH will accept questions and reporting of errors related to the RFA. Questions may include, but are not limited to, the services to be provided with funding awarded through this RFA and/or its accompanying materials, instructions or requirements. **All Applicants must adhere to the following process to submit a question.**

##### **1. How to submit questions or report an error in the RFA**

- a. Submit questions or errors by email to [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov) with the subject line "ASH Ed RFA Question(s)" or "ASH Ed RFA Error(s)." Verbal questions will not be accepted.
- b. CDPH/MCAH will send an email to confirm receipt of written questions. If confirmation is not received, Applicants may resubmit prior to the stated deadline to confirm receipt by CDPH/MCAH.
- c. Questions shall be submitted to CDPH/MCAH by the deadline listed in [Part I. K, RFA Key Action Dates](#).
- d. Questions received after the deadline will not be reviewed or responded to.
- e. Errors in the RFA or its instructions may be reported up to the application submission due date.

##### **2. What to include in a question or report of an error**

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

- a. Name of inquirer, name of organization being represented, mailing address, area code and telephone number, and email address;
- b. A description of the subject, concern, or issue in question or RFA discrepancy found;
- c. RFA section, page number and other information useful in identifying the specific problem, concern, or issue in question; and
- d. Proposed remedy sought or suggested, if any.

### **3. Response by CDPH/MCAH**

- a. CDPH/MCAH reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/MCAH may consolidate and/or paraphrase similar or related inquiries.
- b. Questions and answers received through the process outlined will be published on the [AshEd RFA website](#) on the date listed in [Part I. K, RFA Key Action Dates](#). Verbal questions will not be accepted. All questions must be transmitted in written form according to instructions in [Part III, B. 1 and 2](#).
- c. CDPH/MCAH may issue addenda to address errors in the RFA until the application submission deadline. These will be posted on the [ASH Ed RFA website](#).

Applicants that fail to report a known or suspected problem with the RFA and/or its accompanying materials or fail to seek clarification and/or correction of the RFA and/or its accompanying materials shall submit an application at their own risk. In addition, if an award is made, the successful Applicant shall not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, misinterpretation or error.

#### ***C. RFA Delivery Methods***

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

#### ***D. Voluntary Non-Binding Letter of Intent***

Prospective Applicants are highly encouraged to voluntarily indicate their intention to submit an application or to indicate the reason(s) for not submitting an application. Failure to submit a Letter of Intent will not affect the acceptance of any application. The Letter of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent is submitted. For the Letter of Intent due date, refer to [Part I. K, RFA Key Action Dates](#).

1. Submitting a Letter of Intent
  - a. Use [Attachment A](#) for this purpose.
  - b. The Letter of Intent must be emailed to [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov) with the subject line "Voluntary Non-Binding Letter of Intent."
  - c. Please submit the Letter of Intent by the date and time listed on the [Part I. K, RFA Key Action Dates](#).
  - d. Applicants submitting a Letter of Intent are responsible for confirming the

receipt of all materials transmitted to CDPH/MCAH. CDPH/MCAH will send an email to confirm receipt of the Letter of Intent. If confirmation is not received, Applicants may resubmit prior to the stated deadline or confirm receipt by CDPH/MCAH.

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

### ***1. General Instructions***

- a. Develop applications by following all RFA instructions and/or clarifications issued by CDPH/MCAH, including in the form of question-and-answer notices, clarification notices, Administrative Bulletins, or RFA addenda.
- b. Before submitting an application, seek timely written clarification of any requirements or instructions that seem vague, unclear or that are not fully understood by the deadline listed in [Part I. K, RFA Key Action Dates](#).
- c. In preparing an application, all narrative portions should be straightforward, detailed, and precise, and fall within specified page limits. CDPH/MCAH will determine the responsiveness of an application by its quality, not its volume, packaging or colored displays.
- d. Use forms and templates (attachments) provided and follow any instructions provided within the attachments.
- e. Arrange for the timely submission of the application documents to the email address specified in this RFA no later than the date listed in [Part I. K, RFA Key Action Dates](#).

### ***2. Format Requirements***

- a. Use one-inch (1") margins at the top, bottom and both sides.
- b. Use Calibri or Times New Roman 12-point font and 1.15 line spacing

### ***3. Application Submission Content***

Submit one electronic submission containing all application documents to the ASH Ed email address [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov).

Each application set must include the following:

- a. Application Cover Sheet ([Attachment 1](#))
  - A person authorized to bind the Applicant must sign the Application Cover Page. If the Applicant is a corporation, a person authorized by the Board of Directors must sign the Application Cover Page. If the Applicant is a local government agency, a person authorized by the Board of Supervisors must sign the Application Cover Page.
- b. Application Checklist ([Attachment 2](#))
- c. CA PREP Program Narrative Template ([Attachment 3](#)), including components A-E as described in Part IV
- d. I&E Program Narrative Template, if applicable ([Attachment 4](#))



- e. Local Stakeholder Coalition or Collaborative Roster ([Attachment 5](#))
- f. Budget Template ([Attachment 6](#))
- g. Local Stakeholder Coalition Member Letter of Support ([Attachment 7](#))
- h. Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 ([Attachment 8](#))
- i. Certification of Indirect Cost Rate Methodology ([Attachment 9](#))
- j. Organizational Chart
- k. If applicable, Proof of Nonprofit status
  - Nonprofit organizations must prove they are legally eligible to claim “nonprofit” and/or tax-exempt status by submitting a copy of an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status.
- l. If applicable, Proof of Corporate status
  - If the Applicant is a Corporation, a copy of the organization’s current and active Certificate of Status issued by State of CA, Office of the Secretary of State. Do not submit copies of the organization’s Bylaws or Articles of Incorporation.
- m. If applicable, Applicants who represent a school district must submit proof of tax-free transactions by the Internal Revenue Service.

The person legally authorized to bind the applicant must sign each RFA attachment that requires a signature. RFA attachments that require a signature must be signed electronically. Signature stamps are not acceptable. After completing and signing the applicable attachments, assemble them in the order directed above for submission.

#### 4. *Submission Process*

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

#### 5. *Applicant Costs*

Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be charged to CDPH/MCAH or included in any cost element of an applicant’s proposed budget.

## **PART IV. PROGRAM NARRATIVE & CORRESPONDING ATTACHMENTS**

There are two program narrative parts to this application:

1. CA PREP Application Narrative ([Attachment 3](#)), 88 points maximum
2. I&E Program Application Narrative ([Attachment 4](#)), optional, 48 points maximum

All Applicants must apply for CA PREP and complete the corresponding Application Narrative ([Attachment 3](#)) and required attachments. Applicants **may** apply for an I&E Program Option

([Attachment 4](#)) as supplemental to the CA PREP application. There will be two possible steps in the scoring process:

1. All CA PREP applications will be scored first. The highest scoring LIAs will be awarded CA PREP funds.
2. Only I&E Program Option applications of LIAs awarded CA PREP funds in step 1 will be scored, and the highest scoring applicants for I&E will be awarded.

If all funding is not exhausted for the I&E Program, CDPH/MCAH reserves the right to adjust the funding amount for an I&E Program Option above the requested amount or the maximum amount specified in this RFA through negotiation and agreement with LIAs.

### **Part 1. CA PREP APPLICATION NARRATIVE**

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

Application scores by section are as follows (maximum 88 points):

- A. Background, Agency Experience and Organizational Capacity: 28 points
- B. Implementation Plan: 36 points
- C. Community Engagement: 12 points
- D. Clinical Linkages: 8 points
- E. Budget Detail and Justification: 4 points

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

Please note that all applicants selected for award will work collaboratively with their CDPH/MCAH Program Consultant prior to the start of the cooperative agreement to ensure the feasibility and success of their CA PREP activities, including revising proposed activities, if needed.

#### **A. *Background, Experience and Organizational Capacity (Maximum 28 points)***

1. Describe local trends in adolescent birth rates, STI/HIV rates, and adolescent pregnancy prevention efforts, using citations where appropriate. Include any relevant information on youth experiencing the greatest health inequities and social outcomes, and any other geographic and/or demographic factors, such as rurality or migration. (8

points)

2. Describe the availability of sexual health education programming, sexual and reproductive health care, and other youth-serving resources and services in the applicant's service area. Highlight any gaps and/or needs, along with the capacity of the organization to address them. (4 points)
3. Describe experience administering adolescent sexual health education programming, including implementation of EBPM/EIPMs. In addition, describe experience in each of the following areas:
  - Providing sexual health prevention services to adolescents who face the greatest inequities
  - Program monitoring and data collection, and reporting of performance measures
  - Developing community linkages and/or participating in stakeholder groupsClearly indicate how many years of experience in each area. For details about minimum requirements, please see [Section H. Eligibility Criteria, 2. Required Experience & Capacity](#). (8 points)
4. Describe experience with engaging parents/caring adults in the community to support youth in their sexual health education and to build confidence in promoting open conversation, etc. Activities may include strategies for effective outreach to parents, innovative approaches to reach parents, a description of types of engagement, distribution of resources, topics covered and outcomes from the activities. Clearly indicate how many years of experience. (4 points)
5. Describe organizational capacity and structure as it relates to successfully meeting the sexual and reproductive health needs of youth in its local service area. Include the organization's ties to the community and other local youth-serving agencies as well as an organizational chart. (4 points)

**B. Implementation Plan (Maximum 36 points)**

1. Describe the plan for implementation, including model selection and justification, service area and service population, and proposed strategies for reaching youth experiencing the greatest inequities in health and social outcomes. Please describe how past experience will support the proposal, including lessons learned and best practices for recruitment, retention and ensuring quality implementation. (8 points)
2. Complete Table 1 in [Attachment 3](#), Intended Service Population and Program Setting, capturing plans for the service population(s), program setting, implementation setting, proposed EBPM/EIPM, estimated number of cohorts in a year, average cohort size, and estimated number of youth to initiate program services in one year. (8 points)
3. Complete Table 2, Estimated Annual Reach, and Table 3, Cost Per Youth Calculation in [Attachment 3](#). If the cost per youth exceeds \$650, please provide a justification. For additional details about requirements, please see [Part II., B. Annual Target Reach and Cost per Youth](#). (8 points)
4. Describe the number and classification of proposed program staff positions, including project director, project coordinator, facilitator(s) and a youth advisor, if applicable. Address the proposed structure of supervision and staff support, and how staffing will

support optimal delivery of CA PREP services. For details about staffing requirements see [Part II, I. Staffing](#). (8 points)

5. Describe the plan for parent/caring adult education activities in the community (e.g., curriculum preview to parents/caring adults as well as sharing resources or educating parents and care givers about topics such as adolescent development, healthy life skills, healthy relationships, consent and sexual communication, education and career success, parent-child communication and youth rights and access to reproductive and sexual health services). Please describe how past experience will support the proposed activities. (4 Points)

**C. [Plan for Community Outreach \(Maximum 12 points\)](#)**

1. Describe past efforts regarding joining or forming/maintaining an LSC, including the process of identifying stakeholders and partners, coalition goals, activities conducted, and efforts to engage communities in the applicant's local service area. (4 points)
2. Describe plans for community outreach during FY 2022-25, including activities that will be conducted by the applicant, as well as by the LSC. Complete the required Local Stakeholder Coalition or Collaborative Roster ([Attachment 5](#)) and three letters of support. Letters of support from the following entities are required: Local Family PACT providers (see Section I. Plan for Clinical Linkages below); the local Maternal, Child and Adolescent Health Director or his/her public health designee; a representative from a potential CA PREP service delivery site, addressing willingness to support CA PREP implementation, including evaluation requirements, if applicable. ([Attachment 7](#)) (8 points)

**D. [Plan for Clinical Linkages \(Maximum 8 points\)](#)**

1. Describe relationships and history (i.e., in the past three years) of partnering with local Family PACT and other youth-friendly sexual and reproductive health service providers. Explain the applicant's plan for creating links between CA PREP implementation and access to Family PACT services. (4 points)
2. Describe additional activities to promote use and awareness of youth-friendly sexual and reproductive health services in their community. (4 points)

**E. [Budget Detail and Justification \(Maximum 4 points\)](#)**

1. Complete a budget template for each contract year (FY 22-23, FY 23-24, FY 24-25).
2. Required Attachments: [Attachment 6](#), Budget Template (three templates) FY 2022-25.
3. Applicants may, but are not required to, attach a written budget justification beyond the descriptions included in the template. If explanation of justification for the proposed budget is needed, please include in [Attachment 3](#). If no further explanation is needed, please indicate, "not applicable" in Attachment 3, E3. Please see [Part VIII. C, 2, Operating Expenses](#), for more information on creating the budget proposal.

**Part 2. I&E PROGRAM APPLICATION NARRATIVE (Optional, [Attachment 4](#))**

Applicants may apply for an I&E Program Option as a supplement to the CA PREP application. Only I&E Program Option applications of LIAs awarded CA PREP funds in step 1 of the scoring process will be scored and awarded.

1. Describe which of the three I&E Program Options (1. enhanced youth engagement; 2. parent/caring adult education; or 3. train-the-educator) the applicant is proposing to implement. Include the service population characteristics, program delivery setting and an estimate of the number of participants the program will serve annually. (8 points)
2. Describe the community need for the proposed I&E Program Option. If citing data, be sure to include references. (8 points)
3. Describe how the proposed I&E Program Option will follow each of the four I&E Program Guidelines. Please see [I&E Program Guidelines](#) in the RFA for a description. (8 points)
  1. EBPM/EIPM Selection
  2. Participant Engagement & Education Strategy
  3. Centering Youth Experiencing the Greatest Inequities
  4. Integration with Local Stakeholder Coalition
4. List key partners, existing or new, that will support the proposed I&E Program Option and how the applicant plans to engage with them. (8 points)
5. Describe applicant's capacity to implement the proposed I&E Program Option or plan to build capacity to implement the option. (8 points)
  - Describe strategies for workforce development and support of key staff, including building knowledge and capacity related to the proposed project.
  - Describe any relevant experience with using a Results Based Accountability framework and/or participating in learning collaboratives.
6. Describe annual budget and staffing structure for the proposed I&E Program Option and explain the planned expenses, including the following (8 points):
  - The annual funding and staffing structure to align with the project plan based on the option chosen. Budget max is \$200,000.
  - Please reference [Part II, Program Requirements, I&E, Section E. Staffing](#) for details about staffing requirements.
  - Other anticipated costs including travel, training, operating expenses, outreach materials, client incentives, and any other categories needed.

**PART V. EVALUATION AND SELECTION**

**A. First Stage**

1. The application checklist and application package will be reviewed to ensure that applicants (a) meet the RFA eligibility criteria described in the [Part 1. H, Eligibility Criteria](#) section and (b) submitted all requirements as described in order to enter the evaluation process in [Part III. E, Preparation and Submission Process](#).

2. In addition to any condition previously indicated in this RFA, the following occurrences may cause CDPH/MCAH to deem an application non-responsive or to withdraw points:
  - a. If an applicant fails to meet application format/content or submission requirements including, but not limited to the labeling, packaging and/or timely and proper delivery of applications.
  - b. If an applicant submits an application that is materially incomplete or contains material defects, alterations or irregularities of any kind.
  - c. If an applicant supplies false, inaccurate or misleading information or falsely certifies program or fiscal compliance on any RFA response. CDPH/MCAH reserves the right to verify information supplied by the applicant.
  - d. If CDPH/MCAH determines, at any stage of the selection process or upon Agreement award, that the applicant is unwilling or unable to comply with the Contractual terms, conditions and exhibits cited in this RFA or the resulting Agreement.
  - e. If other irregularities occur in an application response that is not specifically addressed herein.

## **B. Second Stage**

### **1. Scoring System**

There will be two possible steps in the application scoring process:

1. All CA PREP applications will be scored first. The highest scoring LIAs will be awarded CA PREP funds.
2. Only I&E Program Option applications of LIAs awarded CA PREP funds in step 1 will be scored and awarded.

If all funding is not exhausted for the I&E Program, CDPH/MCAH reserves the right to adjust the funding amount for an I&E Program Option above the requested amount or the maximum award amount specified in this RFA.

Evaluation of the application(s) will be based on the quality and appropriateness of the responses and elements in the [Part IV, Program Narrative and Corresponding Attachments](#). Scores will be based on the application's adequacy, thoroughness, and the degree to which it complies with the RFA requirements, meets CDPH/MCAH's program needs, and demonstrates capacity to implement CA PREP and effectively serve the youth experiencing the greatest inequities in health and social outcomes in California. Points for each question will be based on the following point scoring system as described in Tables 7-14.

**Table 7: Point Scoring System for Responses worth 4 points**

Points	Interpretation	General Basis for Point Assignment
0	Missing	Response is missing entirely.
1	Inadequate	Response (i.e., content and/or explanation offered) does not meet CDPH/MCAH’s needs/requirements or expectations.
2	Adequate	Response meets CDPH/MCAH’s requirements/expectations but is not fully developed. Omission(s), flaw(s) or defect(s) are identified but deemed to be inconsequential and acceptable.
3	Fully Adequate	Response fully meets CDPH/MCAH’s needs/requirements or expectations. No omission(s), flaw(s) or defect(s) are identified.
4	Excellent or Outstanding	Response exceeds CDPH/MCAH’s needs/requirements or expectations. Applicant offers one or more enhancing feature, method or approach that will enable performance to exceed CDPH/MCAH’s basic expectations.

**Table 8: Point Scoring System for Responses worth 8 points**

Points	Interpretation	General Basis for Point Assignment
0	Missing	Response is missing entirely.
1-2	Inadequate	Response (i.e., content and/or explanation offered) does not adequately meet CDPH/MCAH’s needs/requirements or expectations.
3-4	Adequate	Response adequately meets CDPH/MCAH’s requirements/expectations but is not fully developed. Omission(s), flaw(s) or defect(s) are identified but deemed to be inconsequential and acceptable.
5-6	Fully Adequate	Response meets CDPH/MCAH’s needs/requirements or expectations. No omission(s), flaw(s) or defect(s), are identified.
7-8	Excellent or Outstanding	Response exceeds CDPH/MCAH’s needs/requirements or expectations. Applicant offers one or more enhancing feature, method or approach that will enable performance to exceed CDPH/MCAH’s basic expectations.

**2. Score Sheet**

The below section describes the value of each question and rating factors to be used in the review. The total possible score is **88 points for CA PREP and 48 points for the optional I&E Program.**

**Part 1. CA PREP**

**Table 9: Background, Agency Experience, and Organizational Capacity (Maximum 28 points)**

Question Number	Rating Factors	Points Possible	Points Earned
A1	The extent to which the applicant describes local trends in adolescent birth rates, STI/HIV rates, and adolescent pregnancy prevention efforts, using citations where appropriate. The extent to which the applicant includes any relevant information on youth experiencing the greatest health inequities and social outcomes, and any other geographic and/or demographic factors, such as rurality or migration.	8	
A2	The extent to which the applicant describes the availability of sexual health education programming, sexual and reproductive health care, and other youth-serving resources and services in the applicant’s service area. The extent to which the applicant highlights gaps, and/or needs, along with the capacity of the organization to address them.	4	
A3	The extent to which the applicant describes their experience administering adolescent sexual health education programming, including implementation of EBPM/EIPMs. In addition, the extent to which the applicant describes experience related to providing sexual health prevention services to adolescents who face the greatest inequities; experience engaging youth, parents/caring adults, and/or communities; experience in program monitoring and data collection and reporting of performance measures; experience developing community linkages and/or participating in stakeholder groups; and experience in organizational capacity to fulfill program and administrative cooperative agreements. Applicant must clearly indicate how many years of experience in each area.	8	



Question Number	Rating Factors	Points Possible	Points Earned
<b>A4</b>	The extent to which the applicant describes their experience with engaging parents/caring adults in the community to support youth in their sexual health education and to build confidence in promoting open conversation, etc. Activities may include strategies for effective outreach to parents, innovative approaches to reach parents, a description of types of engagement, distribution of resources, topics covered and outcomes from the activities.	<b>4</b>	
<b>A5</b>	The extent to which the applicant describes their organizational capacity and structure as it relates to successfully meeting the sexual and reproductive health needs of youth in their local service area. The extent to which the applicant includes the organization’s ties to the community and other local youth-serving agencies as well as a clear organizational chart.	<b>4</b>	
<b>Total score for section</b>		<b>28</b>	

**Table 10: Implementation Plan (Maximum 36 points)**

Question Number	Rating Factors	Points Possible	Points Earned
<b>B1</b>	The extent to which the applicant describes their plan for implementation, including model selection and justification, target area and service population, and proposed strategies for reaching youth experiencing the greatest inequities in health and social outcomes. The extent to which the applicant describes how past experience will support the proposal, including lessons learned and best practices for recruitment, retention and ensuring quality implementation.	<b>8</b>	
<b>B2</b>	The extent to which the applicant describes the plans to serve primary service populations, program settings, proposed EBPM/EIPMs, estimated number of cohorts in a year, average cohort size and estimated number of youth to initiate program services in one year. (Table 1 in <a href="#">Attachment 3</a> )	<b>8</b>	
<b>B3</b>	The extent to which the applicant describes the cost per youth. If the cost per youth exceeds \$650, a justification must be provided. (Table 2 in <a href="#">Attachment 3</a> )	<b>8</b>	
<b>B4</b>	The extent to which the applicant describes the number and classification of proposed program staff positions, including project director, project coordinator, facilitator(s) and a youth advisor, if applicable. The extent to which the applicant addresses the proposed structure of supervision and staff support, and how staffing will support optimal delivery of CA PREP services.	<b>8</b>	
<b>B5</b>	The extent to which the applicant describes the plan for parent/caring adult engagement activities (e.g., curriculum preview to parents/caring adults as well as sharing resources or educating parents and care givers about topics such as adolescent development, healthy life skills, healthy relationships, consent and sexual communication, education and career success, and parent-child communication and youth rights and access to reproductive and sexual health services). The extent the application describes how past experience will support the proposed activities.	<b>4</b>	
<b>Total score for section</b>		<b>36</b>	

**Table 11: Plan for Community Outreach (Maximum 12 points)**

Question Number	Rating Factors	Points Possible	Points Earned
<b>C1</b>	The extent to which the applicant describes their past efforts regarding joining or forming/maintaining a LSC per the ASH Ed SOW, including the process of identifying stakeholders and partners, coalition goals, activities conducted, and efforts to engage communities in the applicant’s local service area.	<b>4</b>	
<b>C2</b>	The extent to which the applicant describes their plan for community outreach during FY 2022-25, including activities conducted by the applicant, as well as by the LSC. The Local Stakeholder Coalition or Collaborative Roster ( <a href="#">Attachment 5</a> ) and three letters of support. Letters of support from the following entities are required: one or more Local Family PACT providers); the local Maternal, Child and Adolescent Health Director or his/her public health designee; a representative from a current or potential CA PREP service delivery site; addressing willingness to support CA PREP implementation, including evaluation requirements, if applicable. ( <a href="#">Attachment 7</a> )	<b>8</b>	
<b>Total score for section</b>		<b>12</b>	

**Table 12: Plan for Clinical Linkages (Maximum 8 points)**

Question Number	Rating Factors	Points Possible	Points Earned
<b>D1</b>	The extent to which the applicant describes their relationship and history (i.e., in the past five years) of partnering with local Family PACT and other youth-friendly sexual and reproductive health service providers and explain the applicant’s plan for creating links between CA PREP implementation and access to Family PACT services.	<b>4</b>	
<b>D2</b>	The extent to which the applicant describes any additional activities to promote use and awareness of youth-friendly sexual and reproductive health services in their community.	<b>4</b>	
<b>Total score for section</b>		<b>8</b>	

**Table 13: Budget Detail and Justification (Maximum 4 points)**

Question Number	Rating Factors	Points Possible	Points Earned
E1	The extent to which the applicant successfully completes <a href="#">Attachment 6</a> , Budget Template for each Contract year (three templates). including a clear justification in the template.	4	
<b>Total score for section</b>		<b>4</b>	

**Part 2. I&E Program (Optional)**

**Table 14: Application for one I&E Program Option (Maximum 48 points)**

Question Number	Rating Factors	Points Possible	Points Earned
1	The extent to which the applicant describes the I&E Program Option they are proposing, including service population characteristics, program delivery setting and an estimate of the number of participants their project will serve annually.	8	
2	The extent to which the applicant describes the need in their community for the proposed I&E Program Option, using citations when appropriate.	8	
3	The extent to which the applicant describes how the proposed I&E Program Option will follow each of the four I&E Program Guidelines: <ul style="list-style-type: none"> <li>a. EBPM/EIPM Selection, if required</li> <li>b. Participant Engagement &amp; Education Strategy</li> <li>c. Centering Youth with the Greatest Inequities</li> <li>d. Integration with Local Stakeholder Coalition</li> </ul>	8	
4	The extent to which the applicant describes key partners, existing or new, that will support the proposed I&E Program Option and how the applicant plans to engage with them.	8	

Question Number	Rating Factors	Points Possible	Points Earned
5	The extent to which the applicant describes their capacity to implement the proposed I&E Program Option or plan to implement the option. The extent to which the applicant includes strategies for workforce development and support of key staff, including building knowledge and capacity, as well as any relevant experience with using a Results Based Accountability framework and/or participating in learning collaboratives.	8	
6	The extent to which the applicant describes their annual project budget and staffing structure to align with the project plan based on the option chosen, up to \$200,000 per year, and other anticipated costs.	8	
<b>Total score</b>		<b>48</b>	

**PART VI. AWARD ADMINISTRATION INFORMATION**

**A. Notice of Awards**

Upon successful completion of the review process, CDPH/MCAH will post a Notice of Intent to Award funds at [www.cdph.ca.gov/AshEd](http://www.cdph.ca.gov/AshEd). Note: the term of the resulting cooperative agreements is expected to be 36 months and is anticipated to be effective from July 1, 2022 through June 30, 2025, contingent on availability of state and federal funds. The agreement term may change if CDPH/MCAH cannot execute the agreement in a timely manner due to unforeseen delays. The resulting Agreement will be of no force or effect until signed by both parties and approved by CDPH or the Department of General Services (DGS), whichever is applicable. The applicant is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered.

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

After any disputes are resolved, CDPH/MCAH will formally notify the successful Applicants individually in writing.

**B. Dispute Process**

1. Only those Applicants who were not selected as an LIA may file a dispute. Disputes are limited to the grounds that CDPH/MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the content of the review committee’s evaluation are not grounds for dispute. Applicants

may not dispute solely based on 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 CDPH/MCAH has improperly applied in making its award decision(s), the legal authority or other basis for the Applicant's position, and the remedy sought.
3. Disputes must be submitted no later than the date listed in [Part I. K, RFA Key Action Dates](#). Disputes received after this submittal deadline will not be accepted.
4. Submit a written dispute signed by an authorized representative of the organization via email to [ASH\\_ED\\_RFA@cdph.ca.gov](mailto:ASH_ED_RFA@cdph.ca.gov). It is the Applicant's responsibility to ensure that a confirmation email from CDPH/MCAH is received, indicating receipt by CDPH/MCAH, prior to the deadline. Disputes will only be considered if they follow the required process.
5. 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 CDPH/MCAH Division Chief or their designee shall be final and there will be no further administrative appeal. Applicant will be notified of the decisions regarding their dispute in writing within 15 business days of the receipt of the written dispute letter.

### ***C. Disposition of Applications***

1. All materials submitted in response to this RFA will become the property of CDPH/MCAH and, as such, are subject to the Public Records Act (PRA) (Government Code, Section 6250 et seq.). CDPH/MCAH will disregard any language purporting to render all or portions of any application confidential.
2. 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 (e.g., review checklists, scoring sheets, letters of intent, etc.) will be regarded as public records under the CA PRA (Government Code Section 6250 et seq.) and subject to review by the public. However, Applicant correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Award Notices are issued and/or posted.

### ***D. Inspecting or Obtaining Copies of Applications***

Persons wishing to view or inspect any application or award related materials must follow the [Department of General Services process to request public records](#).

### ***E. CDPH/MCAH Rights***

1. CDPH/MCAH reserves the right to do the following, up to the application submission deadline:
  - a. Modify any date in the RFA.

- b. Issue clarification notices, addenda, additional RFA instructions, forms, etc.
  - c. Waive any RFA requirement or instruction for all Applicants if CDPH/MCAH determines that a requirement or instruction was unnecessary, erroneous, or unreasonable.
  - d. Allow Applicants to submit questions about RFA changes, corrections or addenda.
    - i. Note: Any RFA changes or updates will be posted at [www.cdph.ca.gov/AshEd](http://www.cdph.ca.gov/AshEd).
2. CDPH/MCAH reserves the right to take any of the actions described below:
    - a. Offer Agreement modifications or amendments to LIAs 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.
    - c. Deem an application non-responsive if an Applicant declines to accept the terms and conditions outlined in this document and its exhibits or if an Applicant submits alternate Contract/exhibit language that CDPH/MCAH considers a counter option.
  3. CDPH/MCAH reserves the right to remedy errors caused by:
    - a. CDPH/MCAH office equipment malfunctions;
    - b. Natural disasters (e.g., floods, fires, earthquakes).
  4. The issuance of this RFA does not constitute a commitment by CDPH/MCAH to make an award. CDPH/MCAH reserves the right to reject all applications and to cancel this RFA if CDPH/MCAH determines it is in the best interest of the state to do so.

#### ***F. Agreement Amendments after Award***

CDPH/MCAH reserves the right to amend any Agreement resulting from this RFA. Amendments may include, but are not limited to, term extensions, ASH Ed SOW modifications, budget or funding alterations.

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

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

#### ***H. Federal Certification Clauses***

The [Contractor Certification Clauses](#) can be found at [www.dgs.ca.gov/OLS/Resources](http://www.dgs.ca.gov/OLS/Resources) under Standard Contract Language for Non-IT Services.

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

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency.

2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or Agreement under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2 of this certification.
4. Have not, within a three-year period preceding this application/proposal, had one or more public transactions (Federal, State or local) terminated for cause or default.
5. 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.
6. 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.
7. If the Applicant is unable to certify to any of the statements in this certification, the Applicant shall submit an explanation to the program funding this cooperative agreement.

### ***I. Contractual Terms and Conditions***

Each funded Applicant must enter into a written Agreement that may contain portions of the Applicant's application (e.g., Budget, Combined ASH Ed SOW). If an inconsistency or conflict arises between the terms and conditions appearing in the final Agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final Agreement.

## **PART VII. ADMINISTRATIVE REQUIREMENTS**

This section outlines CA PREP and I&E Program administrative requirements. LIAs must be familiar with these requirements prior to entering into an agreement with the CDPH/MCAH and meet the requirements throughout the agreement term. The Agreement will include all administrative and program requirements.

### ***A. Standard Payroll and Fiscal Documents***

LIAs shall maintain adequate employee time recording documents (e.g., timesheets, timecards, and payroll schedules) and fiscal documents based on [Generally Accepted Accounting Principles \(GAAP\) or practices and Code of Federal Regulations.](#)



<https://fasab.gov/accounting-standards/>. It is the responsibility of the LIA to adhere to these regulations.

## **B. Use of Funds**

Funds from this Cooperative Agreement are restricted to the support of CA PREP and I&E Program activities only.

### **1. Allowed Activities**

Funds may be used to pay for salaries and benefits of CA PREP and I&E Program staff, meeting expenses, travel for program and training purposes, EBPM/EIPMs and standardized APS curricula, outreach materials, postage, supplies, rent, equipment, software, and communication expenses.

Funds may be used for incentives for CA PREP and I&E Program participants with limitations. Limitations include:

- a. Gift certificates/cards are allowed if their use supports the CA PREP and the I&E Program. An agreement with the vendor must be made indicating that any unredeemed value will be returned to the LIA within an agreed upon and reasonable timeframe. Gift certificates/cards must only be distributed to CA PREP and I&E Program participants on a one-time basis with a total value not to exceed \$20 per participant per year. The use of gift cards for the following products is prohibited: tobacco, alcohol, cannabis, firearms and lottery tickets or any related items to those listed. To ensure that gift cards are not used for the prohibited items, LIAs must either: 1) purchase and distribute restricted gift cards, or 2) obtain signed assurances from program participants that they will not use the gift cards for the purchase of prohibited items.
- b. Electronic Program Incentives – This would include e-gift cards to replace physical gift cards. All restrictions related to program incentives still apply.
- c. Food is allowed but must be a reasonable expense for CA PREP and I&E participants. For example, a reasonable expense would be considered refreshments at a cost of no more than \$2 - \$5 per participant per day of implementation (regardless of number of sessions held on that day).
- d. Additional educational activities are allowed but must be a reasonable one-time expense for CA PREP and I&E participants with a total value not to exceed \$20 per participant per year.
- e. Cash is not an allowable incentive.

## 2. *Disallowed Activities*

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

- a. Support of religious activities, including but not limited to, religious instruction, worship, prayer, or proselytizing
- b. Purchase or improvement of land, or building alterations, renovations or construction
- c. Fundraising activities
- d. Political education or lobbying
- e. Supplanting or replacing current public or private funding
- f. Supplanting usual activities of any organization involved with CA PREP and I&E Program
- g. Reimbursement of costs incurred prior to effective date of the Agreement
- h. Reimbursement in support of planning efforts and other activities associated with the development and submission of the ASH Ed RFA application
- i. Reimbursement of costs currently covered by another CDPH/MCAH grant or Cooperative Agreement
- j. Reimbursement of costs that are not consistent or allowable according to local, State and/or Federal guidelines and regulations
- k. Provision of direct medical care
- l. Reimbursement of professional licensure
- m. Reimbursement of malpractice insurance
- n. Purchase "S.W.A.G.," or "Stuff We All Get" (Refer to [S.W.A.G. 2-18-11 Memo](#))

## **C. *Deliverables***

Cooperative Agreements awarded as a result of this RFA must be completed in accordance with details outlined in the SOW and in the Cooperative Agreement. Deliverables must be approved by CDPH/MCAH before a Cooperative Agreement payment will be authorized. Payments may be adjusted for incomplete and/or unapproved deliverables and CDPH/MCAH may withhold payment for failure to complete deliverables and/or non-compliance with Cooperative Agreement requirements.

## **D. *Quarterly Invoices***

Applicants shall maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with GAAP or practices within the terms of the Cooperative Agreement. CDPH/MCAH has the right to request documentation at any time to determine an agency's allowable expenses. Applicants must retain documentation for three years after the final invoice of the last agreement year. Refer to Retention requirements for records [§ 200.334 Retention requirements for records](#). LIAs will submit invoices quarterly and no later than the date listed at the following link: [Quarterly Invoice Deadlines](#).

### ***E. Interpretation of Contact/Captions/Word Usage***

Unless the context of this CA PREP and I&E Program agreement 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.

### ***F. Contract Terms and Conditions***

#### ***Exhibits***

1. LIAs shall enter into an Agreement that will contain standard Agreement provisions and exhibits. CDPH/MCAH reserves the right to update and replace any form or exhibit.
2. An LIA’s unwillingness or inability to agree to the terms and conditions of the Agreement may cause the CDPH/MCAH to deem an LIA non-responsive and ineligible. CDPH/MCAH will not accept alterations to the Agreement language.
3. Prior to and during Cooperative Agreement negotiations, LIAs may be required to submit additional information to meet the CDPH/MCAH requirements.

### ***G. Additional Requirements***

1. Software is necessary and used toward fulfilling the terms of the Agreement. Examples of software include: Software license fees and software upgrades. Applicant must possess current software to allow for easy flow of communication between the Applicant and CDPH/MCAH. All software purchased with CDPH/MCAH funds must meet or exceed the standards established by CDPH/MCAH. CDPH/MCAH requires the use of the internet, 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 Agreement period.
2. LIAs must obtain prior approval from CDPH/MCAH to participate in data collection or research studies using CA PREP and I&E Program data for purposes other than the requirements of the Agreement.
3. LIAs must begin CA PREP and I&E Program activities immediately upon Agreement execution. During the entire Contract term, LIAs are expected to continue CA PREP and I&E Program services in accordance with the Agreement.
4. LIAs shall be able to cover at least ninety (90) days’ worth of CA PREP and I&E Program expenses prior to reimbursement by the State.
5. LIAs must comply with the terms and conditions with regard to CDPH/MCAH intellectual property rights. Refer to [Appendix 7, Exhibit D, 6](#) for details.
6. LIAs will not be permitted to use abstinence-only, abstinence only-until-marriage

or fear-based instructions, activities and/or curricula.

#### **H. Subcontractor Agreements**

CDPH/MCAH requires LIAs to provide CA PREP and I&E Program services directly to the public. The use of subcontractors, consultants, or any other non-employee for CA PREP and I&E Program services is not permitted.

### **PART VIII. Contract Budget & Justification**

CDPH/MCAH posted this Cooperative Agreement RFA to solicit applications to fund the implementation of CA PREP and I&E Program.

CDPH/MCAH will be requiring a standard five (5) line budget. In order to facilitate continued availability of Federal funds, CDPH/MCAH is implementing an accountability process for the contract that requires that deliverables be completed in accordance with details and due dates outlined in the final SOW. Submitted deliverables must be approved by the CDPH/MCAH before a contract payment will be authorized. Payments may be adjusted for incomplete and/or unapproved deliverables.

Applicants must submit a budget for the term within the Contract:

#### **Contract Budget Terms**

Cooperative agreements will be awarded for three (3) state fiscal years, beginning July 1, 2022 and ending June 30, 2025.

#### **A. Budget Template**

The CA PREP and I&E Program Applicant Budget Template ([Attachment 6](#)) contains the worksheets.

The Budget Development Guide tab will provide additional instructions on budget completion.

#### **B. Required Budget Detail**

The tan highlighted lines on each FY tab shall be used to enter specific cost breakdowns and/or descriptions for each new budget line item.

Use whole dollars only when entering costs into the budget templates. Round fractional dollar amounts or cents to the nearest whole dollar amount.

### C. Budget Line Items

As part of this RFA, CDPH/MCAH will be requiring a standard five (5) line budget: (1) Personnel and Fringe Benefits, (2) Operating Expenses, (3) Capital Expenditures, (4) Other Costs, and (5) Indirect Costs. Details, including required components, of the proposed budget are described below.

#### 1. Personnel & Fringe Benefits

##### a. Personnel Costs

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

- the annual salary rate or range for each position/classification; and/or
- how salary rates or ranges were determined. Applicants may attach additional pages if necessary to fully explain budget costs

*Note: LIA staff salaries (paid for with CA PREP and I&E Program funds) shall not exceed the [federal salary cap](#) or rates paid to State Civil Service personnel performing comparable work. CDPH/MCAH 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 the [California Department of Human Resources](#) website.*

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

For each funded position title or classification performing CA PREP and I&E Program activities, do not combine multiple staff on the same line. LIAs cannot combine I&E Program and CA PREP funds. Each position must be on a separate line.

The FTE or annual percentage of time for each position should be expressed as follows:

Full time [40 hours a week] = 1.0, 3/4 time = 0.75, 1/2 time = 0.50, 1/4 time = 0.25.

##### b. Fringe Benefits

Display fringe benefit costs using an average fringe benefit rate. Only personnel

who are employed by the organization and are working with CA PREP and I&E Program are to be included. Typical fringe benefit costs can include employer-paid social security, worker's compensation insurance, unemployment insurance, health, dental, vision and/or life insurance, disability insurance, pension plan/retirement benefits, etc. Accrued vacation and severance pay paid to employees upon termination is not an allowed fringe benefit.

CDPH/MCAH reserves the right to request additional information on how fringe benefits were calculated.

## 2. *Operating Expenses*

### a. General Expense

This category includes all general costs of the operation of the CA PREP and I&E Program. Examples of such expenses are office supplies, telephone, postage, photocopying of program materials and other consumable operating supplies.

### b. Travel

Indicate the total cost for travel and per diem. Include costs for expenses such as airfare, car rental, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging, and meal expenses, etc. Travel costs should be per guidelines set forth at [CalHR - Travel Reimbursements](#). The agency shall utilize the lowest available cost method of travel.

Indicate the total cost for travel expenses for program. The money 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 staff activities, such as travel to attend conferences and trainings.

### c. Training

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

- (i) Required: All new CA PREP and I&E Program facilitators are required to attend at least one (1) in-person EBPM/EIPM training, 2-3 days. Project Directors/Coordinators and other staff are strongly encouraged to attend at least one (1) EBPM/EIPM training as well. (If implementing more than one program model, budget accordingly.) Depending on circumstances this training may be held virtually.
- (ii) Required annually: One in-person meeting, 2-3 days, for all CA PREP and I&E Program staff. Depending on circumstances this training may be held virtually.
- (iii) Optional: Trainings to build staff capacity (e.g., the California Family Health Council's Family Planning Health Worker Course, trainings to implement

healthy relationships curricula, etc.).

For budget planning purposes, assume trainings and meetings will be held in Sacramento, the Bay Area or Southern California and will have a registration cost of approximately \$150.00 per training/meeting and does not include travel costs.

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

d. Space Rent/Lease

Includes the cost of renting or leasing office space and also include utilities, janitorial, security, property taxes, and insurance. Applicants shall designate the total square feet and the cost per square foot. Under state standards, it is permissible to reimburse up to a maximum of 200 square feet of office space per FTE: (Total staff FTEs) x (up to 200 sq. ft.) x (up to \$3.00 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 Other Costs section).*

e. Audit Costs

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 (See [Appendix 6](#), Exhibit C, GTC 04/2017, Audit). Refer to the [Department of General Services Standard Contract Language](#) at [www.dgs.ca.gov/OLS](http://www.dgs.ca.gov/OLS) under Standard Contract Language for Non-IT Services.

f. Communication/Software

CDPH/MCAH requires the use of the internet, electronic mail, scanning equipment, telephones, and computers with Adobe Acrobat Professional XI and the Microsoft Office Suite 2016 (Outlook, Word, Excel, Access, and PowerPoint). Additional technology may be required during the agreement period. Examples of software include software license fees, software upgrades, etc.

- (i) LIAs shall possess current technology to allow for easy flow of communication between the LIAs and CDPH/MCAH such as sending emails with attachments. LIA must have the ability to access, print, input data, and download information, such as files from the CDPH/MCAH website and SharePoint.

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

g. **Equipment**

Rented equipment shall be budgeted separately in line item three, "Operating Costs." Lease- purchase agreements or options are prohibited.

Minor Equipment is defined as a tangible or intangible item with a base unit (and needed peripherals to operate the unit) cost of less than \$5,000 and a life expectancy of one (1) year or more that is purchased or reimbursed with Agreement funds.

Examples of equipment under \$5,000 include computers, printers, etc. (See [Appendix 7](#), Exhibit D, Provision, 1.a.2 Procurement Rules).

3. **Capital Expense**

Unless waived or otherwise stipulated in writing by CDPH, prior written authorization from the appropriate CDPH program contract manager is required before the LIA can be reimbursed for any purchase exceeding \$5,000 or more for capital expenses related to such purchases.

4. **Other Costs**

Costs that are associated with project participants.

Participant Travel/Transportation: Costs directly related to transporting program clients (e.g., bus passes/tokens).

Itemize each additional expense line item making up the "Other Costs" and explain why each expense is necessary. Also, explain how the value of each expense was determined. If you offer any services or deliverables on a lump sum or fixed-price basis, please explain how you determined the price or cost.

- (i) Indicate any direct program expenses that do not clearly fit into the other budget line items. Such costs may include, but are not limited to, costs for items unique to outreach and program development.
- (ii) If any service, product, or deliverable will be provided on a fixed price or lump sum basis, name the items and/or deliverable and indicate "fixed price" or "lump sum" next to the item along with the price or fee.
- (iii) If applicable, enter \$0.

Participant Training: Registration/tuition and material costs directly related to participants.

5. **Indirect Costs**

Indirect costs include costs that accrue in the normal course of business that can only be partially attributable to performance of an agreement (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.).

- (i) These are costs that a business would accrue even if they were not performing services for the State under an agreement.
- (ii) Specify Indirect cost up to 15% of the total personnel including benefits, if not applicable enter \$0. Counties can use their [approved indirect cost rate](#).
- (iii) Applicants may include any other information that will assist CDPH/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 agreement is to fund a disproportionately high portion of the organization's indirect (overhead) costs, please provide a justification for the proposed allocation method.

**PART IX. Acronyms****Table 15: List of Acronyms**

<b>Acronym</b>	<b>Definition</b>
ABR	Adolescent Birth Rate
APS	Adulthood Preparation Subjects
ASH Ed	Adolescent Sexual Health Education
ASHWG	Adolescent Sexual Health Workgroup
CASHNI	California Adolescent Sexual Health Needs Index
CDPH/MCAH	California Department of Public Health Maternal, Child and Adolescent Health
CA PREP	California Personal Responsibility Education Program
CHYA	California Healthy Youth Act
CQI	Continuous Quality Improvement
DGS	Department of General Services
EBPM	Evidence-Based Program Model
EIPM	Evidence-Informed Program Model
FFP	Federal Financial Participation
FTE	Full Time Employee
FYSB	Family and Youth Services Bureau
GAAP	Generally Accepted Accounting Principles
HHS	US Department of Health and Human Services
HIV/AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
I&E	Information & Education Program
LARC	Long-Acting Reversible Contraception
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Queer/Questioning
LIA	Local Implementing Agency
LSC	Local Stakeholder Coalition
MSSA	Medical Service Study Area
OFFP	Office of Family Planning
PRA	Public Records Act
PYD	Positive Youth Development
RFA	Request for Application
SGF	State General Funds
SHEAA	Sexual Health Education Accountability Act
SOW	Scope of Work
STI	Sexually Transmitted Infection

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