

REQUEST FOR SUPPLEMENTAL INFORMATION (RSI)

California Home Visiting Program (CHVP)

August 5, 2020



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. Overview

In 2019, the State of California announced a significant investment of funds to support evidence-based home visiting. This funding has greatly expanded the state's capacity to reach vulnerable populations with evidence-based home visiting programs. However, California is diverse in population demographics, geographic features, and land use density, and has areas of the state with high need related to social problems regarding homelessness, housing costs, deep poverty and child care (particularly infant care).¹ These structural issues can be barriers to implementing evidence-based home visiting with fidelity. They may be profound enough in some places to potentially undercut the effectiveness of the programs, especially in rural/small county settings.¹

However, California's diversity also means the state can lead in terms of public health innovation. Harnessing local knowledge and expertise to address challenges to home visiting implementation can both provide services to families that might otherwise not have access and can contribute to the field's understanding of effective practices for home visiting. Overall, these contributions can enhance California's statewide home visiting infrastructure.

In the State Fiscal Year (SFY) 2019/2020 state budget, Governor Gavin Newsom provided \$23 million in new State General Funds (SGF) to the California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division, California Home Visiting Program (CHVP) for home visiting services. CDPH/CHVP engaged key stakeholders in the decision-making process to develop the plan for determining how the SGFs would be used, as well as the methodology for the allocation of those funds. The stakeholder team advised that \$16 million in SGF would go towards evidence-based home visiting programs and \$5 million for innovative home visiting projects.

The purpose of this Request for Supplemental Information (RSI) is to solicit applications from Local Health Jurisdictions (LHJs) for implementing home visiting as a primary intervention strategy for families from pregnancy through kindergarten entry, with focus on innovative practice to meet a local need; and for evaluating the innovation in order to assess continued or more wide-spread use.

CDPH/CHVP will consider applications in response to this RSI in two categories of innovative home visiting services:

Option 1. Evidence-informed model

Option 2. Evidence-based model implemented with an innovative approach or model-developer approved add-on component

These categories are defined below in the Project Requirements section.

The aim of this funding is to provide home visiting services to populations that may benefit from an innovation to maximize service utilization and promote positive outcomes and family success. The project funding will include an evaluation component to demonstrate the utility and effectiveness of the innovation.

B. *Authorizing Legislation*

Health and Safety Code Section 1232552 authorized CDPH to maintain a maternal and child health program in each county.² Health and Safety Code Section 1234913 established a voluntary nurse home visiting grant program for expectant and first-time mothers, children and families.³ Health and Safety Code Section 1234924 authorized CDPH to develop a grant application and award grants on a competitive basis to counties for startup, continuation, and expansion of the program.⁴

C. *CHVP History*

CHVP's goals are to promote maternal health and well-being, improve infant and child health and development, strengthen family functioning, and cultivate strong communities. CDPH launched CHVP in 2011 after receiving the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Formula (X10) Grant through the Health Resources and Services Administration (HRSA). CDPH/CHVP applies for this grant annually and has maintained CHVP funding since its 2011 inception, serving over 20 sites across California. In 2019, CDPH/CHVP received \$23 million in State General Funds to expand CHVP, including the \$5 million for this RSI. This was part of the Governor's initiative to focus on supporting families and early childhood development.

D. *Eligibility Criteria*

All 61 local health jurisdictions including consortiums with a designated lead fiscal agent are eligible to apply.

Applicants may only submit one application, either as an individual LHJ **or** as part of a consortium. If an applicant should apply for both, it will result in an automatic disqualification.

E. *Proposed Award Distribution*

State General Fund and Award Period

On an annual basis, up to \$5 million in SGF allocations will be awarded statewide through this RSI. The maximum award will be \$1 million per year. Agreements will be for the period beginning on the date of agreement execution through June 30, 2023.

CDPH/CHVP reserves the right to negotiate and determine the level of funding to be awarded.

Availability of funds is on-going but contingent upon appropriations in the California State Budget. CDPH/CHVP reserves the right to modify, reduce or rescind any LHJ awards if there are eliminations or reductions by the California State Budget.

F. Agreement Term

The term of the agreement is effective on the date of agreement execution through June 30, 2023. This agreement is contingent upon annual funding renewal in the state budget approval process.

G. RSI Key Action Dates

All applicants are advised of the following schedule below and must adhere to the required dates and times.

Event	Date and Applicable Times (PST)
RSI Release	August 5, 2020
LHJ Teleconference	August 12, 2020, 1:00 p.m.
Deadline to Email RSI Questions	August 14, 2020, 5:00 p.m.
Q&A Responses (emailed out)	August 21, 2020
Applications Due	September 16, 2020, 5:00 p.m.
Notice of Intent to Award (emailed out)	October 28, 2020
Allocation Execution	December 2, 2020
CHVP Awardee Orientation Call	January 15, 2021

CDPH/CHVP reserves the right to adjust any date and/or time as necessary and will notify LHJs through an email to the Local MCAH Director about any adjustments.

PART II. PROJECT REQUIREMENTS**A. Innovation Description**

For the purpose of this RSI, an innovation is defined as a process, product, strategy, program or practice that improves (or is expected to improve) significantly upon the outcomes reached with current evidence-based home visiting models and that has the potential to ultimately reach widespread effective usage.

CDPH/CHVP will consider applications in either one of two categories of innovative home visiting services described below:

Option 1. Evidence-informed model: An intervention can be considered to be evidence-informed if there is less rigorous or emerging evidence (systematic reviews, moderate- and low-quality research studies) or recommendations from credible, impartial experts

(evaluation/practitioner reports, expert opinion documents) that suggest that the intervention may be effective.

Option 2. Evidence-based model implemented with innovative approach or model-developer approved add-on component: An intervention can be considered to be evidence-based if it has been designated as such by the Home Visiting Evidence of Effectiveness Review⁵ carried out by Mathematica Policy Research and submitted to the US Department of Health and Human Services. An innovative approach implements the evidence-based home visiting model in a new or understudied setting or with a new or understudied population. Or, a model-developer approved add-on component can be implemented with the evidence-based model.

Applicants to Option 2 can choose to apply to fund an evidence-based home visiting program along with the innovative add-on or solely the add-on component.

Innovations proposed and/or implemented under this RSI must not compromise or conflict with the recipient's compliance with program requirements to ensure fidelity of implementation of evidence-based or evidence-informed home visiting service delivery models (see Fidelity to a Home Visiting Service Model and Model Enhancements requirements below for more information).

Innovations may represent evidence-informed models, new ideas or approaches, modifications of existing evidence-based/informed models (with approval when needed) for diverse populations, or approaches implemented to some degree but perhaps not fully developed, implemented to scale, or evaluated to maximize their promise. Examples of these include, but are not limited to: implementing home visiting in a family resource center or homeless shelter; a new or understudied local administrative structure such as a multi-county consortium; a community-based participatory approach; or administration through a local child care and development council; implementation with an understudied or underrepresented population, such as, but not limited to children and youth with special health needs (CYSHCN); material development for languages other than English or Spanish; or creating cultural congruence between home visitors and the diverse populations they serve.

Evidence-based models with a model developer-approved add-on component could include, but are not limited to, additional program content or support related to maternal mental health, infant mental health, or telehealth breastfeeding support.

B. Fidelity to a Home Visiting Model

Innovations proposed and/or implemented under this RSI must not compromise or conflict with the recipient's compliance with program requirements to ensure fidelity of implementation of evidence-based or evidence-informed home visiting service delivery models.

Fidelity is defined as a recipient's adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation

required by the model developer. Recipient changes to an evidence-based model that alter the core components related to program outcomes (otherwise known as “drift”) are not permissible, as they could impair fidelity and undermine the program’s effectiveness.

To be considered for this funding, applicants must secure written prior approval from the model developer(s) in order to ensure that any proposed innovation does not alter model core components and include the written approval with this application (Attachment 8). Letters from model developers must be unilateral. Letters providing conditional approval or stipulating additional, subsequent review, and approval of intervention methods by the model developer will not be allowed. Future model developer approval for translated materials will be allowed (applicants must comply with all copyrights).

C. *Evaluation*

All applications must include an evaluation component that emphasizes a process/implementation evaluation of the innovation to document and ensure effective implementation of the innovative practice. Process/implementation evaluations document whether a project has been implemented as intended and why or why not.⁶ They describe the services and activities that were implemented in a program and the policies and procedures that have been put in place.

The process/implementation evaluation must also be supplemented with short-term outputs or intermediate outcome measure(s) of the innovative practice. The evaluation must fall between 10 to 15 percent of the annual budget amount. The application may also include a more rigorous outcome evaluation, but it must stay within the 10 to 15 percent of the budget. Other funding could be used to augment the evaluation plan but this must be explained in the application. An outcome evaluation is used to measure a program’s results, or outcomes, in a way that determines whether the project produced the changes in child, family, and system-level outcomes that the project intended to achieve. Outcome evaluations test hypotheses (evaluation questions) concerning the intended changes.^{6, 7} More information on outcome evaluations can be found at <https://www.cdc.gov/eval/guide/step3/index.htm> or <https://www.jbassoc.com/wp-content/uploads/2018/03/Understanding-Process-Outcome-Evaluation.pdf>

The evaluation component will be scored on feasibility, appropriateness (fit of methods and questions), and soundness of the evaluation design. Evaluation goals must be congruent with the size and scope of the intervention. The outcome evaluation and measure(s) must be feasible; please be cautious that some outcomes of interest to the field of home visiting are likely beyond the scope of this funding due to sample size or other limitations. Evaluation designs that over-reach the scope of the intervention within the project period, and therefore are not feasible, will receive a lower score. Evaluation designs that assign eligible families out of home visiting, thus denying them access to services to create a control group, will not be considered.

Subcontractor Monitoring

If the proposed innovation project calls for activities to be completed by subcontractors, prime recipients must monitor subcontractor performance for compliance with state requirements, programmatic expectations, and fiscal requirements. Recipients must effectively manage subcontractors of state funding in an effort to guarantee success of the innovation project. Recipients will execute agreements with all subcontractors and must have a subcontractor monitoring plan in place. All agreements between subcontractors and LHJs shall be provided to CDPH/CHVP upon execution.

D. Reporting and Other Administrative Requirements

Awardees will comply with all reporting and administrative requirements as directed by CDPH/CHVP.

Reporting Requirements

Awardees shall complete progress reports including an evaluation component. Progress reports shall be received on or before the due date as outlined by CDPH/CHVP.

Meetings, Trainings, and Site Visits

Awardees shall attend all trainings, workshops, and conferences as directed by CDPH/CHVP.

Awardees shall participate in regular discussions and meetings as determined by CDPH/CHVP.

CDPH/CHVP may perform formal and/or informal site visits. The site visits may be conducted as part of project monitoring to ensure compliance and/or to provide technical assistance and support the continuous quality improvement process.

Material Development, Use, and Approval Process

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/CHVP before printing, production, distribution, or use.

All products, journal articles, public reports or publications that are developed using funds provided from CDPH/CHVP must acknowledge the support of CDPH/CHVP with a written statement printed on the materials. This statement must also be included on any curriculum, educational materials, programs, program documentation, video recordings, and/or other audio-visual materials resulting from the use of CDPH/CHVP allocation. The written statement/credit should include:

1. A statement identifying funding support on the title page of public reports or publications.
2. A statement identifying funding support of the first page of any journal articles.

Statement/credit: “This project is/was supported by funds received from the California Department of Public Health, California Home Visiting Program. All analyses, interpretations, and conclusions reached are those of the presenter/author and do not necessarily represent the official views of the California Department of Public Health or the State of California.”

For any changes to this credit language, awardees should contact their program consultant.

CDPH/CHVP will retain copyright ownership for any and all original materials produced with CDPH/CHVP agreement funding, including, but not limited to, brochures, additional model components, resource directories, protocols or guidelines, posters, or reports.

Committee for the Protection of Human Subjects

1. All evaluation projects that have human subjects, use confidential or personal information and plan to make generalizations from their findings to a larger population must comply with the standards set by the State of California Committee for the Protection of Human Subjects (CPHS). Awardees may use the CPHS Institutional Review Board if one is not available through the awardee's home institution. Evaluation projects that do not use human subjects, such as those examining an administrative structure, that are studying an innovative setting, and/or use routine monitoring of program data (such as most process and implementation evaluations) may not require CPHS approval. The awardee is responsible for securing exempt status or complying with CPHS requirements.
2. CPHS approval should be sought after the RSI awards are made.
3. Awardees shall comply with annual CPHS reporting.

PART III. APPLICATION SUBMISSION PROCESS

A. *Instructions for Preparation and Submission of Applications*

General Instructions

1. Complete an application following the instructions provided in this RSI document and any clarifications or addenda issued by CDPH/CHVP, including the Question and Answer notice that will be issued subsequent to the RSI release.
2. Applicants are responsible for reading, reviewing, and complying with all the preparation and submission requirements.
3. Request a response in writing for any questions or clarifications of the instructions, agreement, or requirements, before submitting an application.
4. Arrange for the timely electronic delivery of the application package by the due date.

Formatting Requirements

Format the document using single spacing, sequential page numbers, one-inch margins, and Arial 12-point font. Applicant name should be printed in the header of each page of the application. The total size of all uploaded documents, including all attachments, may not exceed 40 pages when printed by CDPH/CHVP. Any pages after page 40 will not be included in the application for review.

Submission Content

Each application submission must include the following attachments:

1. Application Cover Sheet (Attachment 1; template attached)
2. Application Checklist (Attachment 2; template attached)
3. Project Narrative and Corresponding Attachments
 - Project Narrative
 - Need and Innovation Selection (30% of total score)
 - Implementation Plan (40% of total score)
 - Evaluation of the Innovation (20% of total score)
 - Corresponding Attachments
 - Budget Detail and Justification (Attachment 3; template attached) (10% of total score)
 - Timeline (Attachment 4; scored with Implementation Plan)
 - Logic Model (Attachment 5; scored with Implementation Plan)
 - Organizational Chart(s) (Attachment 6; scored with Implementation Plan)
 - Two Letters of Support (Attachment 7; scored with Implementation Plan)
 - Approval Letter from Model Developer – If Applicable (Attachment 8; unscored requirement)
 - Abstract (Attachment 9; unscored requirement)

Note: Electronic signatures are allowed for the RSI submission.

Submission Process

1. The RSI application should be delivered electronically. If a county is unable to deliver the application electronically, a special exception may be granted. Information on delivery of the RSI application is specified in the following RSI Delivery Methods section.

2. Name all required documents as listed above and place in a zip file in the order above.

Applicant Costs

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

B. RSI Delivery Methods

Submit your responses via email to CA-MCAH-HomeVisiting@cdph.ca.gov as an attached zip file no later than **5:00 p.m. on Wednesday, September 16, 2020**. Please use the following as the "Subject" line of your email: "LHJ Name CHVP SGF Innovation RSI"; example: Sacramento CHVP SGF Innovation RSI". Please ensure your application and all attachments do not include personal health information or personal information that could result in a breach of confidentiality.

For alternative accommodations to submit your application, please send an e-mail to CA-MCAH-HomeVisiting@cdph.ca.gov no later than **Thursday, September 10, 2020 at 5:00 p.m.** and write "RSI Delivery Method" in the subject line.

C. RSI Questions

CDPH/CHVP will accept questions related to the RSI up until **5:00 p.m. on Friday, August 14, 2020**, which is outlined in the RSI Key Action Dates section. Questions may include but are not limited to the services to be provided for the RSI and/or its accompanying materials, instructions, or requirements. All questions should include the name of the organization and the name of the individual submitting the question. Please submit a topic and reference the application page number or attachment/appendix number, if applicable, to the question. Send your questions to CA-MCAH-HomeVisiting@cdph.ca.gov and write "RSI Question" in the subject line. Applicants must adhere to the due dates in the RSI Key Action Dates section.

D. Voluntary RSI Informational Teleconference

CDPH/CHVP will conduct a voluntary RSI Teleconference on **Wednesday, August 12, 2020 at 1:00 p.m.** Information about registering for the teleconference will be emailed to all MCAH Directors. All applicants are strongly encouraged to participate.

CDPH/CHVP staff will review the RSI application process, offer an overview of the CHVP Innovation project, and provide the opportunity for participants to ask questions.

Questions and answers will be distributed via email by the due date listed in the RSI Key Action Dates. CDPH/CHVP reserves the right to seek clarification of any inquiry received, and to answer only questions considered relevant to this RSI. At its discretion, CDPH/CHVP may consolidate and/or paraphrase similar or related inquiries.

PART IV. PROJECT NARRATIVE AND CORRESPONDING ATTACHMENTS

In this section, please address the requested information and provide a narrative describing the proposed innovation project. The requested information follows the Stages of Implementation Framework (exploration, installation, initial implementation, and full implementation).^{8, 9}

Applicants must follow the project narrative instructions as described below. Please ensure that responses are complete, concise, follow the instructions provided, and respond directly to the information requested.

Please note that a more thorough and detailed description of the project may be required in the scope of work for LHJ awardees.

A. *Project Narrative*

Need and Innovation Selection (30 percent of total score)

Please respond to each component listed under the following numbered sections of the Need and Innovation Selection.

1. Needs Assessment

For the following components, please use the data or information that you think best describes your local need. This RSI does not specify required data elements, but provides examples below.

- a. Describe the characteristics and needs of women, infants, children, and families in the service area. Use data and information from your LHJ.

Examples of data and information that may be useful to include:

- Total number of Medi-Cal births, children ages 0-3, and/or children ages 3-5.
- Health statistics for women of childbearing age, children ages 0-3, and/or children ages 3-5.
- Qualitative or quantitative data, or stakeholder/community commentary about local circumstances which contribute to an unmet need in your LHJ, such as distances traveled for services needed by CYSHCN that could be ameliorated by home-based services, descriptions of homeless families or barriers to transitioning out of homelessness, descriptions of families needing substance abuse treatment or barriers to receiving treatment, or challenges with clinic-based mental health, behavioral health or substance use service models that can be addressed with home-based services.
- b. Describe the current landscape of services and unmet need for home visiting in your LHJ.

Examples of data and information that may be useful include:

- Current or pending implementation of home visiting in your LHJ from any funding source and number of families served.
- Presence of, and/or number of families served by, other programs in your LHJ that address perinatal health or early childhood such as: Head Start, Perinatal Equity Initiative, Black Infant Health, or Adolescent Family Life Program.
- c. Present your conclusion regarding the gap in services you have identified from assessing your local need and landscape of services.

2. Innovation Selection

- a. Describe the proposed home visiting innovation, either the implementation of an evidence-informed model (Option 1), or the innovative approach or add-on to an evidence-based model (Option 2). Briefly describe the evidence that supports your evidence-based or evidence-informed model. See definitions in the **Innovation Description** section in **Part II**.
- b. Why has your LHJ selected this particular innovation? Explain how this innovation will address the gap specified in the Needs Assessment section.
- c. Describe your experience implementing the proposed innovation and/or other home visiting programs or services for the target population and how that experience will support effective implementation of the proposed project.

3. Target population

- a. Discuss the population that will be served through the proposed innovation project. Explain why this population was chosen.

4. Reach

- a. Estimate how many families will be served with the requested funding.

5. Setting

- a. Describe the setting in which the home visiting services will be provided. If not in the traditional home setting, explain how services may differ or be modified by the proposed setting.

Implementation Plan (40 percent of total score)

Please respond to each component listed under the following numbered sections of the Implementation Plan.

Please note: If the LHJ will be subcontracting the proposed innovation project, please include information about how the following plan will be carried out by the subcontractor.

Clearly delineate between activities to be conducted by the LHJ versus those conducted by the subcontractor.

1. Installation of the Proposed Innovation Project

- a. The plan to hire, train, and equip staff for the project.
- b. Provide a timeline of the proposed innovation project (Attachment 4); please refer to the **Corresponding Attachments** section below for additional information.

2. Implementation of the Proposed Innovation Project

During the initial implementation stage, service delivery of the new program model or practice is put into place and made available to participants. Full implementation builds-on these activities, but with focus on maintaining/sustaining the intervention. The following questions ask you to describe the leadership, organizational, and competency supports you will need as you implement your project:

- a. Who will lead the proposed project? Describe their experience and role(s) in ensuring the successful implementation of the project.
- b. Explain how the organizational structure of the agency will support the home visiting innovation. Provide a copy of the organization chart(s) of the agency structure, including subcontracts or multiple sites, if applicable (Attachment 6); please refer to the **Corresponding Attachments** section below for additional information.
- c. Discuss the way in which you will engage with other government agencies and/or community organizations to coordinate and collaborate on the proposed project, both to support the home visiting infrastructure in general, and to support the specific proposed innovation and target population. Provide two letters of support from applicable key partners (Attachment 7); please refer to the **Corresponding Attachments** section below for additional information.
- d. What is your plan for ongoing training/coaching and supervision of staff?
- e. How will program data be collected? For example, will your project use an existing Management Information System (MIS)?
- f. How will you use evaluative feedback loops to support program implementation? How will the data be collected for CQI or other real time feedback loops? (Note: If the same data collection approach will also be used for the evaluation, discuss the evaluation activities in the **Evaluation** section in **Part II**).
- g. What fidelity measures or standards will be used for the innovation project? Please include fidelity measures or standards that fit your project. Examples of common home visiting measures include staff/supervisor ratios,

participant/home visitor ratios, home visit completion rates, caseload, and participant attrition/retention rates.

- h. Provide a logic model for your innovation project (Attachment 5); please refer to the **Corresponding Attachments** section below for additional information.

Evaluation of the Innovation (20 percent of total score)

This RSI requires an evaluation component that includes 1) a process/implementation evaluation of the innovation and 2) an evaluation of the program outcomes, which may include only short-term or intermediate outcome measure(s) of the innovative practice depending on the size and stage of implementation of the intervention proposed.

1. Process/Implementation Evaluation Plan

Please describe the plan to evaluate the process/implementation of the proposed innovation. This part of the evaluation may address issues concerning participants, staff, project implementation practices, organization/agency structure or practices, community factors, or multiple levels (e.g. staff and agency practices), as relevant to the proposed innovation.

2. Outcome Evaluation Plan

Please describe the plan to evaluate the outcomes that may be impacted by the proposed innovation. This part of the evaluation should address changes for innovation beneficiaries and, depending on the intervention goals and stage of development of the intervention, may be restricted to only intermediate outcomes such as changes in knowledge, skills, attitudes and/or behaviors.

For both 1) the process/implementation evaluation and 2) the outcomes evaluation, please provide the following information. Provide this information separately for the two different types of evaluation:

- a. Define the evaluation question(s).
- b. Specify the evaluation design.
- c. Describe data collection methods. If the data will be collected through the data system described in item 6 in the Implementation section above, please restate any information pertinent to the evaluation.
- d. Describe assessment tools and instruments to be used, if any. If this draws from fidelity measures described as routine program supports in item 7 in the preceding Implementation Plan section, please restate any information pertinent to the evaluation.
- e. As appropriate to the proposed methods, describe the number of estimated participants and/or sample size(s), sampling plan, and power calculation.
- f. Describe the analytic methods or analysis plan.

- g. Describe how will you apply and disseminate the findings.

Please include enough detail that a reviewer can assess the feasibility, appropriateness (fit of questions and methods), and soundness of the design.

B. Corresponding Attachments

1. Budget Detail and Justification (10 percent of total score)

Each applicant is to submit a fiscal year 2019-2020 completed budget template (Attachment 3).

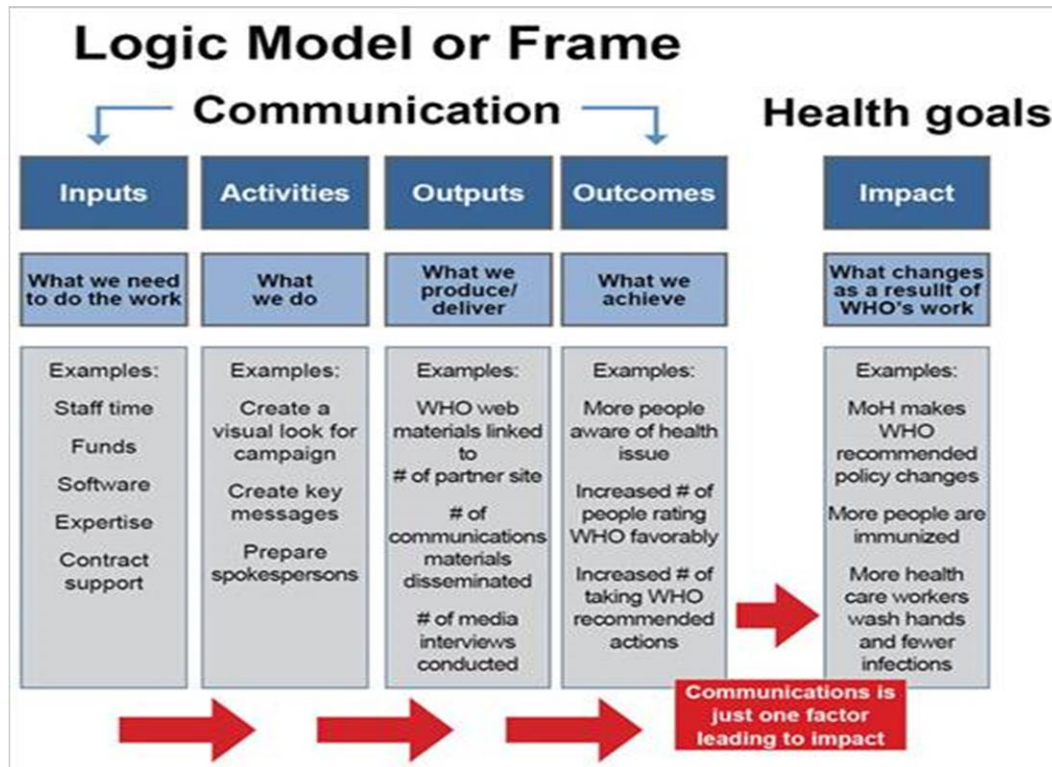
2. Timeline (Scored with Implementation Plan)

Provide a timeline for the full project period, including installation, implementation and evaluation of the proposed innovation (Attachment 4).

3. Logic Model (Scored with Implementation Plan)

Submit a logic model for your innovation project (Attachment 5). Logic models can vary depending on the scope and nature of a project, please see guidance below related to logic models.

A logic model is a graphic depiction (road map) that presents the shared relationships among the resources, activities, outputs, and outcomes/impacts for your project. It depicts the relationship between your project's activities and its intended effects, in an implicit 'if-then' relationship among the project elements, i.e., if I do this activity, then I expect this outcome. Among other things, a logic model helps clarify the boundary between 'what' the project is doing and 'so what'—the changes that are intended to result from strong implementation of the "what."¹⁰



World Health Organization. Evaluate Complex Campaigns. World Health Organization. <https://www.who.int/about/communications/evaluation/campaigns-evaluation>. Accessed June 30, 2020.¹¹

4. Organizational Chart (Scored with Implementation Plan)

Provide a copy of the organization chart(s) of the agency structure, including subcontracts or multiple sites, if applicable (Attachment 6).

5. Letters of Support (Scored with Implementation Plan)

Provide two (2) letters of support from applicable key partners (Attachment 7); additional letters of support will not be considered. Each letter of support should indicate not only unconditional support of the applying organization and the application itself, but also describe how the signee intends to support the effort of the applying organization, should they be selected.

6. Approval Letter from Model Developer – If Applicable (Unscored Requirement)

If applicable, provide written prior approval from the model developer(s) to ensure that your proposed innovation does not alter model core components and include the written approval as an attachment to this application (Attachment 8). Letters from model developers must be unilateral. Letters providing conditional approval or stipulating additional, subsequent review, and approval of intervention methods by the model developer will not be allowed. Future model developer approval for translated

materials will be allowed (applicants must comply with all copyrights). Please see the Fidelity to a Home Visiting Model section for additional information.

7. Abstract (Unscored Requirement)

Please provide a summary of the application in the form of an abstract (Attachment 9). The abstract should be clear, concise, and stand independently of the application.

Include the following information at the top of the abstract:

1. Project Title
2. Applicant Name
3. Address
4. Project Director's Name
5. Phone and Fax Numbers
6. Email Address
7. Website Address (if applicable)

The project abstract should be one-page, single-spaced, and include the following sections:

Annotation

Provide a three-to-five sentence description of your project that identifies the innovative evidence-informed model or, innovative approach or add-on to an evidence-based model, to be implemented for the project.

Purpose

Describe the purpose of the project, including how the proposed innovation will fill a gap in an unmet need(s) for home visiting services in the LHJ.

Goal(s) and Objectives

Identify the major goal(s) and objectives for the project. State the goal(s) in a sentence and present the objectives in a numbered list.

Implementation Plan

Designate the major activities to be employed to attain the goal(s) and objectives.

Evaluation

Briefly explain the plan to evaluate the proposed innovation.

PART V. REVIEW AND SELECTION

The application will be reviewed and scored in accordance with the Review Criteria outlined in this section.

Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring weights.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review. Criterion 1 will be considered first; all applications receiving a pass score on Criterion 1 will be considered for Criteria 2-5 and will receive a score. Applicants who receive a fail on Criterion 1 will be automatically disqualified and will not receive a final score.

The CDPH/CHVP SGF Innovation Project has five review criteria:

A. *Criterion 1: Preliminary Review (Pass/Fail)*

Ensures the applicant has submitted a complete application, is eligible, and has complied with all requirements listed in the RSI. Criterion 1 is scored by pass/fail. Any missing or incomplete attachments or sections may result in a fail/disqualification and may not be reviewed further. The total size of all uploaded documents, including all attachments, may not exceed 40 pages when printed by CDPH/CHVP. Any pages after page 40 will not be included in the application for review.

In determining compliance with requirements and completeness of application, the following factors will be considered:

- The applicant is eligible, as stated in Eligibility Criteria section for this RSI.
- The application Project Narrative and all corresponding attachments are present and complete.
- All format/content and/or submission requirements have been met.
- The applicant has submitted sufficient proof of evidence for the selected option.

B. *Criterion 2: Need and Innovation Selection (30 Percent of Total Score)*

The extent to which the proposal responds to the requirements listed in the Need and Innovation sections. The extent to which the application demonstrates the need for the proposed innovation, justifying the purpose, goal, and priorities of the proposed project.

In determining the need, the following factors will be considered in the narrative and corresponding attachments:

- Needs Assessment: The extent to which the applicant clearly demonstrates the local need for services, describes the current landscape, and articulates the identified gap in services (under-served communities, health disparities, vulnerable populations, etc.).

- Innovation Selection: The extent to which the applicant describes the proposed innovation, why this particular innovation was chosen, and how this project will address identified gaps in services.
- Target Population: The extent to which the applicant describes the population that will be served through the proposed innovation project.
- Reach: The extent to which the applicant describes the number of families/participants that the proposed innovation project will serve.
- Setting: The extent to which the applicant describes the setting in which the services will be provided.

C. Criterion 3: Installation and Implementation (40 Percent of Total Score)

The extent to which the proposed innovation project responds to the requirements listed in the Installation and Implementation of the Proposed Innovation Project sections. The extent to which the staff, organizational structure, key partners, tools, and corresponding activities described in the application are capable of addressing the identified need and RSI priority areas.

In determining these aspects of the project, the following factors will be considered:

- How staff will be hired, trained, and equipped to address the proposed innovation.
- How innovation data will be collected, tracked and utilized for CQI and monitoring for fidelity.
- The role and participation of applicable key partners.
- How the organizational structure and leadership will support the proposed innovation.
- How fidelity measures or standards will be utilized for the proposed innovation.

D. Criterion 4: Evaluation of the Innovation (20 Percent of Total Score)

The extent to which the proposal responds to the requirements listed in the Evaluation of the Innovation section. The extent to which the applicant demonstrates the utility, feasibility, and appropriateness of the evaluation question(s), goals, and methods proposed to evaluate the innovation and the plan to disseminate the findings.

In determining this aspect of the project, the following factors will be considered:

- The appropriateness and utility of the evaluation questions.
- The inclusion of both process and outcome measures.
- The fit of the goals to the size and scope of the innovation.
- The soundness and feasibility of the evaluation design and methodology.
- The suitability of the plan to apply and disseminate findings.
- The degree to which the evaluation timeline corresponds with the evaluation plan.

E. Criterion 5: Budget Detail and Justification (10 Percent of Total Score)

The extent to which the proposal responds to the requirements listed in the Budget Detail and Justification instructions. The reasonableness of the proposed budget for the first

year of the project period in relation to the objectives, the complexity of the evaluation activities, and the anticipated results.

In determining these aspects of the project, the following factors will be considered:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable.
- The extent to which the budget demonstrates key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which the budget provided is reasonable, allowable, and allocable based on the proposed activities.

PART VI. AWARD ADMINISTRATION INFORMATION

A. Notice of Awards

Upon successful completion of the review process, CDPH/CHVP will distribute the final award results via email.

Applicants may request a copy of their review results by emailing CA-MCAH-HomeVisiting@cdph.ca.gov.

B. Disposition of Applications

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

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

**Thank you for responding to the California Home Visiting Program
Request for Supplemental Information.**

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PART VII. REFERENCES

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10. Centers for Disease Control and Prevention. *Program Performance and Evaluation Office. Program Evaluation Framework Checklist for Step 2.* Centers for Disease Control and Prevention. <https://www.cdc.gov/eval/steps/step2/index.htm>. Last reviewed December 12, 2018. Accessed June 30, 2020.
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