

# State General Fund Innovation 3.0 Project

## Request for Supplemental Information

California Home Visiting Program  
Maternal, Child and Adolescent Health  
California Department of Public Health

### Part I. Project Description

#### Overview

The California Department of Public Health (CDPH) California Home Visiting Program (CHVP) is offering a small number of awards to local health jurisdictions (LHJs) to implement innovative home visiting or home visiting related programs or projects with a focus on meeting a locally identified challenge in providing relevant, responsive, well-integrated home visiting services to pregnant and parenting families in their communities.

For the purpose of this Request for Supplemental Information (RSI), an innovation is defined as a program, program component, or practice that meets a need not being addressed by existing CHVP funding for evidence-based home visiting (EBHV) models.

Eligibility is limited to local MCAH programs and funding will be awarded to successful applicants for the project period of July 1, 2026 to June 30, 2029. All 61 local health jurisdictions are eligible to apply. Please see below under *Funding Information: Eligibility* for more details.

Applications for the Innovation 3.0 RSI will be accepted for proposed projects in the following categories:

**Category 1.** Evidence-based home visiting (EBHV) models not otherwise funded by CDPH/CHVP

**Category 2.** LHJ developed/defined or evidence-informed home visiting models or case management programs

**Category 3.** Policy, systems, and environmental change (PSE) strategies

**Category 4.** Ancillary services and supports for home visiting programs administered through local MCAH departments

Please see below under *PART II: Project Categories and Requirements* for more information, definitions, and parameters.

## Background

Since 2019, California's investment in early childhood home visiting has greatly expanded the state's capacity to reach vulnerable and underserved populations with evidence-based and innovative home visiting programs. In 2020, the first CHVP State General Fund (SGF) Innovation Project (which later became known as the Innovation 1.0 Project) provided five million dollars annually to ten LHJ awardees to implement home visiting programs with a focus on an innovative practice to meet a locally identified need. This project sought to harness local knowledge and expertise to address challenges to home visiting implementation and support programs and projects that serve families who might otherwise not have access to these services. In 2023, the Innovation 2.0 Project provided 3.2 million dollars annually to six LHJ awardees to implement innovative early childhood home visiting programs focusing on local populations facing significant health and social disparities. This project sought to further contribute to the overall landscape of effective and responsive services to families facing the greatest inequities by establishing best practices and approaches that can be adopted by other LHJs.

CDPH/CHVP recognizes the importance of addressing systemic and social factors that impact the health of pregnant and newly parenting families. The values, needs, and expertise of impacted communities and those with lived experience is an essential pathway to advancing racial and other forms of equity, positioning communities to set their own priorities and define, develop, and disseminate evidence representative of their priorities. Knowledge developed and uplifted from these innovation projects is key to establishing and sustaining transformative relationships between community members and public health programs, shifting power structures to build upon existing community leadership and assets. While maintaining focus on the program's core values of promoting parental health and well-being, improving child health and development, building family resilience, and cultivating strong communities, the Innovation 3.0 Project aims to also improve the systems, structures and supports that contribute to effective and comprehensive home visiting program implementation and broaden the impact of home visiting in California.

The CHVP SGF Innovation Projects intend to establish best practices and successful approaches that can be shared with and adapted by other local MCAH programs. Innovation 3.0 awardees will have flexibility to create and implement a program or project that responds to a local or regional need and will be required to identify and report on relevant project metrics, as well as develop a comprehensive implementation guide that will provide sufficient information and documentation to support replication by other programs or LHJs. Awardees will also have an opportunity to implement an optional evaluation that aligns with the goals of the project. Please see below under *Reporting and Evaluation* for more information.

## Funding Information

### Eligibility

All 61 local health jurisdictions are eligible to apply, including those with Innovation 1.0 and/or 2.0 funding.

LHJs with current Innovation 1.0 funding are eligible to apply for:

- a new project or
- to continue with their current project, provided they demonstrate how the proposed 3.0 project is responsive to current sustainability plans. Proposals related to current projects should additionally include plans to do one of the following:
  - a. Introduce an additional component to the current 1.0 project
  - b. Expand the reach of the project
  - c. Fund administrative oversight or evaluation portions of the 1.0 project

LHJs with current Innovation 2.0 funding are eligible to apply to:

- Introduce an additional component to the current project, or
- Expand the reach of their current 2.0 project, while maintaining current scope of work objectives and deliverables

### Funding Source

California Home Visiting Program State General Funds

### Available Funding

- Total funding available: \$4,062,105 annually
- Maximum award: \$600,000 annually for individual LHJ applicants, \$800,000 annually for multi-LHJ consortia
- Anticipated funding term: July 1, 2026 to June 30, 2029

CDPH/CHVP reserves the right to determine the level of funding to be awarded. Availability of funds is ongoing 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. CDPH/CHVP additionally reserves the right, following award, to implement a corrective action plan and, if needed, to terminate the agreement if the agency does not fulfill the intent and requirements of this RSI.

## Part II. Project Categories and Requirements

### Categories of Funding

CDPH/CHVP has identified four categories of funding for this RSI. These categories provide a road map for proposed projects and encompass a range of focus areas to address the Innovation 3.0 Project aims. Applications may address one or more of the categories of eligibility, with clearly described activities for each. LHJs may apply to fund all or part of the proposed project or program. LHJs will be asked to explain plans to leverage other relevant funding mechanisms to support project implementation and sustainability.

#### Category 1. Evidence-based home visiting (EBHV) models not otherwise funded by CDPH/CHVP

CDPH/CHVP will consider applications for home visiting program models that are not currently funded by another CHVP funding source, i.e., SGF EBHV or Federal Maternal, Infant, Early Childhood Home Visiting (MIECHV), and are evidence-based, as defined and approved by the U.S. Department of Health and Human Services Home Visiting Evidence of Effectiveness (HomVEE). A list of designated models can be found at [HomVEE Model Search](#). CDPH/CHVP currently funds the following HomVEE approved models:

- [Family Connects International](#) (FCI)
- [Health Families America](#) (HFA)
- [Home Instruction for Parents of Preschool Youngsters](#) (HIPPY)
- [Nurse-Family Partnership](#) (NFP)
- [Parents as Teachers](#) (PAT)

Awardees in this category will need to identify a model-approved data system.

#### Category 2. LHJ developed/defined or evidence-informed home visiting models or case management programs

LHJ developed/defined and evidence-informed models are essential to building a more inclusive, equitable, and responsive early childhood system of care. Supporting their development, evaluation, and integration alongside national evidence-based models ensures that families receive services that are both effective and aligned with their unique needs.

For this RSI, CDPH/CHVP will consider programs, projects, or strategies as evidence-informed if they are supported by evidence as defined by the Association of Maternal and Child Health Program's (AMCHP) [Innovation Hub definitions](#). Applying AMCHP's broad definition to this CHVP funding supports an inclusive approach for submissions to fill gaps and address local community needs. AMCHP defines evidence as:

*“Anything that demonstrates a given activity has an intended impact for a specific community or population. Recognizing that public health occurs in*

*“real world” settings, what we consider evidence should not be limited to that which comes from controlled scientific research; it should also include and uplift evidence that is defined by impacted communities and represents the values, needs, and preferences of those with lived experience.”* (source: <https://amchp.org/innovation-hub>.)

Examples of proposed projects in this category may include programs or projects that serve a specific demographic or population not traditionally served or served well by EBHV models, such as:

- Grandparents
- Fathers
- Teen parents
- Foster families
- LGBTQ+ families
- Families experiencing homelessness
- Non-English or limited English-speaking families
- Black, Indigenous, and People of Color (BIPOC) families and communities
- Families with children or youth with special health care needs (CYSHCN)
- Families with older/school-aged children
- Kinship care
- Adoptive families
- Rural settings

Implementing LHJs may participate in any ongoing evaluation that is conducted by the model developer or other associated administrative entity that has a coordinating role, if requested or required by the model developer/administrative entity. Activities to participate in an existing evaluation can be included for up to 20% of the budget. Projects initially funded through Innovation 1.0 funding and are applying to continue the same project may allocate more than 20% of the budget towards evaluation.

Awardees in this category will need to identify or develop a data system.

### **Category 3. Policy, systems, and environmental change (PSE) strategies**

Effective home visiting programs play a vital role in promoting the health, development, and well-being of young children and their families. However, to maximize their impact, these services must be well-integrated within the broader early childhood system of care. PSE-level work focuses on strengthening these connections through strategic coordination, policy alignment, and cross-sector collaboration. Examples include:

- Improving care coordination for families with CYSHCN
- Jurisdiction-wide home visiting program coordination
- Multi-jurisdiction strategies to coordinate and improve continuity of care for families in home visiting programs
- Activities and strategies to increase parent/family engagement

- Activities and strategies to support coordination with local [Help Me Grow](#) efforts
- Activities and strategies to support care coordination to promote medical home
- Activities and strategies to increase collaboration with Managed Care Plans to improve coordination and promote coverage of home visiting services
- Activities and strategies to address social determinants of health and well-being
- Activities and strategies to improve parenting supports, such as accessible childcare/preschool and family friendly work policies

Awardees in this category will need to identify a data system or tracking process relevant to the specific project.

#### **Category 4. Ancillary services and supports for home visiting programs administered through local MCAH departments**

This includes participant care navigation, wrap-around services, and EBHV model-approved add-ons and enhancements. These ancillary services can play a crucial role in the effective implementation of home visiting programs. They provide comprehensive and holistic support to families, addressing a wide range of needs that go beyond the immediate scope of home visiting. Examples include:

- Costs related to the administration, support, or integration of doulas into home visiting programs
- Costs related to the administration, support, or integration of mental health services and programs into home visiting programs, including the provision of mental health services or mental health direct service programs
- EBHV model-approved add-ons, alternatives, or enhancements to better meet the complex and varied needs of families
- Activities and strategies to improve services to a specific demographic or population not traditionally served or served well by EBHV models, such as:
  - Grandparents
  - Foster families
  - Fathers
  - Teen parents
  - LGBTQ + families
  - Families experiencing homelessness
  - Non-English or limited English-speaking families
  - Black, Indigenous, and People of Color (BIPOC) families and communities
  - Families with CYSHCN
  - Families with older/school-aged children
  - Kinship care
  - Adoptive families
  - Rural settings

Awardees in this category will need to identify a data system or tracking process relevant to the specific project.

## Reporting and Evaluation

Awardees will be asked to use equity-centered approaches when developing or revising any aspects of the project and when conducting monitoring and quality improvement activities for the program. These approaches are based around power sharing and meaningfully involving program participants or intended participants (see *Resources* section below).

### Project Evaluation

CDPH/CHVP does not have specific process or outcome evaluation requirements, but certain approaches have evaluation options.

- The LHJ may lead an optional evaluation that can be included for up to 20% of the budget, if conducting an evaluation fits the goals of an LHJ's proposed project and the LHJ has the capacity to do an evaluation. The reporting requirement for an evaluation will be a short narrative status update of the evaluation project in the program status report. There will not be a required separate evaluation report and separate evaluation guidance will not be provided by CDPH/CHVP.
- If the project is continuing from SGF Innovation 1.0 and allocating more than 20% of their budget toward evaluation (as mentioned in Category 2) the reporting requirement is to annually submit to CHVP a copy of an evaluation report submitted by the implementing organization to other funders, community partners, or evaluation partners. If there is no other existing evaluation report, the awardee will continue to follow SGF Innovation 1.0 evaluation final report guidance.

Even if your project does not include an evaluation component, thinking broadly and inclusively about what knowledge and evidence your project will create, and how it will be created, is one way to center health equity into your project.

### Project Monitoring

Awardees in all categories will be required to submit an implementation monitoring plan, report to CDPH/CHVP on project-specific metrics and identify or develop a data system/process relevant to the project parameters.

If implementing a project that involves an evidence-based or existing evidence-informed home visiting program (Categories 1 and 2), awardees will be required to follow all model-specified reporting guidance, including all data reporting and the development of an implementation monitoring plan, if one is required by the model developer. If there is a required monitoring plan, awardees will be asked to submit it to CDPH/CHVP within 60 days of Application Funding Agreement (AFA) approval. If the model does not have a required monitoring plan, or if the application is for an LHJ developed/defined model or program, the awardee will be asked to develop a monitoring plan and submit it within six months of AFA approval. Awardees will be asked to report on implementation metrics identified in the plan as part of the annual Innovation 3.0 Status Report. Awardees will need to identify a data system.



If implementing a project focusing on PSE strategies or services and supports for MCAH-administered programs (Categories 3 and 4), awardees will be asked to develop a monitoring plan and submit it within six months of AFA approval. Awardees will be asked to report on implementation metrics identified in the plan as part of the annual Innovation 3.0 Status Report. Awardees will need to identify a data system or tracking process relevant to the specific project.

## Annual Reporting Requirements

Awardees will be required to complete annual status reports as directed by CDPH/CHVP. Reporting parameters will include a narrative of programmatic implementation, progress, and monitoring activities. Details will be provided to awardees by CDPH/CHVP during project orientation. Required monitoring will include:

- Caseload report - as applicable (form provided by CDPH/CHVP)
- Staffing report (form provided by CDPH/CHVP)
- Narrative status updates of project implementation monitoring plan activities and metrics, including evaluation results (if applicable)
- Annual scope of work/workplan outlining project objectives, activities, and deliverables

## Information Sharing and Project Dissemination

**Annual Project Presentations:** Awardees will be required to participate in annual presentations, coordinated by CDPH/CHVP, to provide project updates, successes, and lessons learned to local- and state-level program partners and peers.

**Innovation Project Implementation Manual:** Prior to the end of the project period, awardees will be required, as directed by CDPH/CHVP, to develop an implementation guide to serve as a practical, shareable resource that other programs or LHJs can use to guide their work if they are interested in replicating the project.

## Subcontractor Monitoring

If the proposed project calls for activities to be completed by subcontractors, 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 must be provided to CDPH/CHVP upon execution.

## Acknowledgement of Limited-Term Funding

By submitting an application for this RSI, LHJs acknowledge that this is a limited-term funding, and sustainability plans should be developed accordingly.



## PART III. Instructions for Completing the Request for Supplement Information

Applicants must complete the attached RSI Application form to be considered for funds. CDPH/CHVP reserves the right to seek clarification on any aspect of the application or proposed project in order to make funding decisions.

Only one application will be accepted from each LHJ. If multiple applications are received from one LHJ, CDPH/CHVP will reach out to each submitter to identify which application they wish to have reviewed and scored. The other(s) will be disqualified and not reviewed or scored.

### Due Date

Applications are due **no later than 5:00 p.m. PST on Wednesday, October 22, 2025**. Submit your response by attaching the completed Application in PDF form to an email and sending it to [CHVPINNV@cdph.ca.gov](mailto:CHVPINNV@cdph.ca.gov). **If you do not receive a confirmation email within two business days, please follow up to ensure your emailed application was received.**

CDPH/ CHVP strongly encourages all LHJs to submit their applications as early as possible to avoid late submissions.

### Technical Assistance

CDPH/CHVP will host a voluntary technical assistance webinar related to the RSI on Monday, September 15, 2025 at 2:00 p.m. Questions related to the RSI will be accepted until 5:00 p.m. on Wednesday September 24, 2025. Send all questions to [CHVPINNV@cdph.ca.gov](mailto:CHVPINNV@cdph.ca.gov) with the subject line "CHVP Innovation RSI 3.0 Question". Questions will be answered via an email to all local MCAH Directors and Coordinators by Wednesday October 1, 2025.

### Important Dates

Event	Date and Applicable Times (PST)
RSI Released	September 10, 2025
RSI Informational Webinar	September 15, 2025
Deadline to Email RSI Questions	September 24, 2025
Q&A Released	October 1, 2025
Submissions Due	October 22, 2025 <b>by 5:00 p.m. PST</b>
Notice of Intent to Award sent via email	Date TBD, December, 2025
Final Notice of Award sent via email	Date TBD, January, 2026
Awardee Orientation Call	Date TBD, 2026

CDPH/MCAH reserves the right to modify any date or deadline appearing in this RSI and/or issue clarification related to the RSI instructions and will notify LHJs through an email to the Local MCAH Directors about any adjustments.

## **Review Process**

Applicants must be local MCAH programs. While subcontractors and other entities within the LHJ can participate in project implementation and evaluation, the local MCAH program must apply for and administer the funds.

Assessment of the application will be based on the completeness of all required elements contained in the application, along with the quality and appropriateness of the responses. Scores will be based on the application's adequacy, thoroughness, and degree to which it complies with the RSI requirements, as well as the innovative nature of the proposed project and relevance to the needs of California's MCAH populations.

CDPH/CHVP may deem an application ineligible if:

- The applicant or application does not meet all eligibility requirements;
- The application is materially incomplete or contains material defects, alterations, or irregularities of any kind;
- The applicant provides false, inaccurate, or misleading information; and/or
- CDPH/CHVP determines at any stage of the selection process or upon award that the applicant is unwilling or unable to comply with the contractual terms, conditions, and exhibits outlined in the RSI or the resulting agreement.

Upon successful completion of the review process, CDPH/CHVP will distribute the Notice of Intent to Award results via email and post the Final Award Announcement to the CDPH/CHVP webpage.

Applicants may request a copy of their review results by emailing [CHVPINNV@cdph.ca.gov](mailto:CHVPINNV@cdph.ca.gov).

**Thank you for your consideration and interest in improving support for California families through the SGF Innovation 3.0 Request for Supplemental Information.**

## Resources

Association of Maternal & Child Health Programs (AMCHP) Innovation Hub

<https://amchp.org/innovation-hub>

US Department of Health and Human Services Home Visiting Evidence of Effectiveness

(Homvee) <https://homvee.acf.gov>

Davies-Balch, S. *Operational Guidance for Power-Sharing with Black Girls, Women, Birthing Persons, and Mothers*. BLACK Wellness & Prosperity Center. 2021.

<https://www.blackwpc.org/operational-guidance-for-power-sharing-with-black-girls-women-birthing-persons-and-mothers>

*Why Am I Always Being Researched – A Guidebook for Community Organizations, Researchers, and Funders to Help Us Get From Insufficient Understanding to More Authentic Truth*. Chicago Beyond Equity Series, Volume One. 2019.

<https://chicagobeyond.org/researchequity>