

## Overview and Program Background

**Introduction** The AFLP Policies and Procedures (P&P) are to be followed for all programmatic and budgetary issues pertaining to AFLP in conjunction with the Scope of Work. This manual is subject to revision throughout the fiscal year. AFLP providers will be notified in writing, by means of an AFLP Policy Letter, if there are any changes to the P&P during the fiscal year. It is the responsibility of each agency to revise their current operating practices to comply with revisions in these policy letters until the policy can be incorporated into the updated edition of the P&P Manual. The P&P Manual is available on the Maternal, Child, and Adolescent Health (MCAH) Division web site under the heading for the current fiscal year. The MCAH Division web address for AFLP is: [www.cdph.ca.gov/aflp](http://www.cdph.ca.gov/aflp)

### The Purpose of AFLP

The purpose of AFLP is to address the social, medical, educational, and economic needs of expectant and parenting adolescents by (1) establishing local networks to provide necessary services to expectant and parenting youth and their children, and (2) providing case management services focused on achieving the following goals:

- Improving the health of expectant and parenting youth, thus supporting the health of the baby
- Improving graduation rates for expectant and parenting youth
- Reducing repeat pregnancies for expectant and parenting youth, and
- Improving linkages and create networks for expectant and parenting youth

To positively impact the goals, AFLP emphasizes youth-centered, and culturally, linguistically and developmentally appropriate case management.

## Program Overview

**Background** Over the last forty-four years in California, there has been increasing recognition of the importance of adolescent health and well-being, both to the youth and their families, as well as for the overall social and economic health of the state.

The MCAH Division of the California Department of Public Health has been overseeing the Adolescent Family Life Program (AFLP) since its establishment in 1985. The program seeks to promote the health and well-being of expectant and parenting teens (EPTs), increase the self-sufficiency of young families, improve birth and educational outcomes and, through these, achieve long-term cost savings of public funds. AFLP uses a comprehensive case management model to assess and address the needs and resources of EPTs and their children.

In September 2010, MCAH received a Pregnancy Assistance Fund (PAF) grant from the U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) to develop and implement an evidence-informed intervention and conduct formative evaluation. This intervention, known as AFLP Positive Youth Development (PYD), was initially piloted by 11 sites. Through a second federal OAH PAF grant awarded in July 2013, AFLP PYD was expanded to additional sites across the state. As part of this grant, MCAH was selected by OAH to participate in a rigorous federal implementation and outcome evaluation of the AFLP PYD intervention.

**Service Models** As a result of the OAH grants and the federal evaluation, AFLP agencies (and staff) are clustered into 3 distinct service models:

1. Agencies designated as “AFLP Only” provide standard AFLP services and have no change in their reporting requirements, until after February 1, 2016
2. Agencies designated as “Business-As-Usual (BAU)” provide standard AFLP services. Starting in SFY 2015-16, changes relate only to data collection and reporting requirements to fulfill local and federal monitoring and evaluation efforts. Policies and procedures designated to BAU agencies also apply to BAU staff in agencies implementing both BAU and PYD as part of federal evaluation efforts
3. Agencies designated as “Positive Youth Development (PYD)” provide the PYD intervention and fulfill reporting requirements for local and/or federal monitoring and evaluation efforts. Policies and procedures designated to PYD agencies also apply to PYD staff in agencies implementing both BAU and

PYD as part of federal evaluation efforts

## **Mandates & Statutes**

### **History**

In 1982, the MCAH Division of the California Department of Public Health (CDPH) established a federal pilot demonstration project known as AFLP. In 1988, at the conclusion of this successful demonstration project, sections 124175-124200 were added to the Health and Safety Code providing statutory authority for AFLP and MCAH expanded the program.

### Overview and Program Background

#### Statutes & Budget Acts

The following statutes and Budget Acts apply to AFLP:

- In 1985, AFLP commenced as an administrative initiative in the Governor's Budget, identifying Title V MCH Block Grant funding to 27 providers
- In 1988, legislation provided permanent statutory authority for AFLP (California Health and Safety Code Sections 124175-124200)
- In 1991, two million State General Fund (SGF) dollars were added to expand services to five additional agencies
- In 1993, legislation authorized the Cal-Learn Program in the State Department of Social Services to adopt AFLP Standards (Section 36, Article 3.5, commencing with Section 11331 of the California Welfare and Institutions Code)
- In 1996, Assembly Bill 107, Chapter 282 in Section 12 of Article IV of the Constitution of the State of California, established the Budget Act 1996/1997. This legislation augmented AFLP by ten million dollars in SGF, added 12 new agencies to the Program, and established the Adolescent Sibling Pregnancy Prevention Program (ASPPP), which provides services for the non-pregnant/non-parenting siblings of AFLP and Cal-Learn participants at high risk for pregnancy
- In 2000, Governor Gray Davis authorized an additional three million dollars in SGF for AFLP and ASPPP services
- In February 2006, funding for ASPPP was eliminated due to budgetary reductions
- In June 2009, SGF for AFLP were eliminated due to budgetary reduction

#### Sexual Health Education Accountability Act

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs that are funded or administered, directly or indirectly, by the State, to be comprehensive (i.e., to provide information about contraception and abstinence), medically accurate and objective, age-appropriate, bias-free and appropriate and accessible to all students.