

Local Activities of AFLP

Introduction The State Maternal, Child, and Adolescent Health (MCAH) Division funds the local agency to conduct an AFLP that serves the needs of expectant and parenting youth. The local activities of AFLP agencies are predicated upon the individual case management needs of the expectant and parenting youth served by the local agency and the intervention structure of the program. These activities and the overall administrative functions of each agency are maintained through adherence to the AFLP Policies and Procedures (P&P) and Scope of Work (SOW). The assigned Program Consultant (PC) from MCAH will provide technical assistance to local AFLP providers.

Policy Each agency will adhere to AFLP P&P and SOW and will maintain local policies and procedures for implementing the AFLP in accordance with the AFLP P&P and SOW.

Priority Populations AFLP Only agencies will establish weighted risk factors to determine acuity and prioritize clients for entry into AFLP. Risk factors must be weighted and prioritized based on local needs and must include, but are not limited to, the following:

- Age (15 years or younger)
- African American
- Chronic health conditions (diabetes, asthma, eating disorders, etc.)
- Currently parenting
- Pregnancy
- Sexually active
- Lack of parental involvement
- Unsafe/unstable home environment
- Inadequate housing
- Substance abuse/use
- Mental health issues
- Physical risk/harm to self or others
- Problem behavior
- Academic failure
- No prenatal care or late entry into prenatal care
- Juvenile justice involvement
- Gang involvement
- Court ordered participation
- Lack of support system

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- Language barrier
- Lack of other community resources to meet client needs

All AFLP BAU and AFLP PYD agencies will use a standardized process for assessing eligibility and risk, and prioritizing clients for entry into AFLP. This process includes the use of the AFLP Youth-Program Fit Assessment, referred to as the “Screener”.

System of Care

The role of local AFLP agencies is to address teen pregnancy prevention in their community through collaborative efforts with State MCAH Division and other state and local agencies. Each agency will work with State MCAH Division and other state and local agencies to develop a coordinated system of care focusing on adolescent health and pregnancy prevention.

A coordinated system of care includes the definition, development, integration, and coordination of all systems of care that support and assist AFLP clients and their families.

The agency will coordinate a seamless system of care between AFLP, the local MCAH program, MCAH Adolescent Sexual Health and Pregnancy Prevention Programs, Women Infant and Children Nutrition Services (WIC), Family PACT providers, Comprehensive Perinatal Service Program (CPSP), and other programs focusing on adolescent health and pregnancy prevention.

Local Provider Network Development

Each AFLP will assess local needs, and develop and maintain a collaborative service network of local providers. The purpose of the collaborative will be to assure the delivery of comprehensive, teen friendly, culturally appropriate, supportive and necessary services are available for clients in order to facilitate the AFLP goal of improving linkages and creating networks for expectant and parenting youth. Priority providers include but are not limited to Family PACT, WIC, Child Care, Child Development Services (including Head Start), CPSP, Primary Preventive Care, and Well-Child Care.

Agreement Requirements

Formal and informal agreements (such as memorandums of understanding, letters of support, etc.) should be developed to document collaborative relationships and include the following:

- Services to be provided
- Responsibilities of the agencies involved
- Effective dates of the intra-agency (IA) and/or memorandum of understanding (MOU)

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- Titles or position of staff responsible for carrying out the services
- Provision for periodic review and update
- Signatures of agency administrators from participating agencies

Copies of the agreement(s) shall be retained in agency files.

Months of Service (MOS)

As of July 2015, MCAH has eliminated the requirement for Months of Service (also referred to as "Client Slots"). MOS is no longer used to determine or negotiate allocations for any AFLP sites. AFLP Only and AFLP Business as Usual (BAU) sites are expected to continue as usual with caseloads between 40 and 50 clients per one full-time equivalent (FTE) AFLP case manager. PYD sites are expected to maintain caseloads between 20 and 25 clients per one FTE PYD case manager.