Adolescent Family Life Program Business-As-Usual (BAU)

Data Collection and Coding Manual

This manual is for use by AFLP Business-As-Usual (BAU) Case Managers

Version 2.0, March 2016

Introduction

The Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health developed the Positive Youth Development (PYD) Intervention as an enhanced case management model for the Adolescent Family Life Program (AFLP). In mid-2014, the Office of Adolescent Health selected MCAH and the PYD intervention for a rigorous federal evaluation. To support this process, in December of 2014, MCAH revised the data collection forms and process of AFLP, adding content where necessary to fulfill federal reporting requirements and adjusting forms to minimize data collection burden, improve youth and program assessment, and maintain the integrity of the standardized PYD approach. Agencies participating in the Federal Evaluation are required to use the revised data collection procedures, including the PYD version of LodeStar.

In March 2016, we updated data collection forms and this manual to reflect changes and improvements recommended by local implementers. Many persons have used these forms and provided feedback for improvement between December 2014 and March 2016. We thank all of the Case Managers, Data Entry Staff and AFLP Supervisors who have contributed to this process. We are also grateful to the Branagh Information Group for their intensive and collaborative efforts to continually improve the data collection, entry and reporting for AFLP.

Purpose

This manual was constructed to assist Business-as-Usual Case Managers at agencies participating in the Federal Evaluation collect required data. This manual builds off of and replaces the LodeStar Forms Coding Manual for all AFLP BAU (Business–as–Usual) Case Managers associated with the Federal Evaluation. The manual should be used in conjunction with the LodeStar User's Manual for data entry.

Contacts

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AFLP BAU Data Collection

General Instructions

There are eleven data collection forms required for the AFLP BAU Program. Data from these forms will be entered into the LodeStar system and will continue to be managed by Branagh Information Group with monthly transmission to MCAH.

The eleven forms are:

- *Client Identification and Update Form*
- *Initial Youth–Program Fit Assessment (Screener)*
- *LodeStar Client Status Change Form*
- *Comprehensive Baseline Assessment (CBA)*
- *AFLP Acuity Scale*
- *Service Matrix Form*
- *Youth Outcome Assessment (YOA)*
- *LodeStar Client Contact Log*
- *Pregnancy Outcome Form*
- *Additional Child Matrix*
- *Education Form*

Note: For sites interested in tracking information that is no longer required as of the December 2014 data revision, there is an optional Legacy Form available which includes previously required items. Contact Branagh Information Group for more information.

The forms are to be completed for all agency clients receiving comprehensive case management under AFLP standards. Each form should be completed, checked for accuracy and entered into the computer by the end of the month when the data was collected. This ensures that the system statistical and management information reports will be accurate and up–to–date. A copy of each form should be kept in the client's folder for reference.

Submission of accurate and complete data in a timely manner is a critical responsibility of all AFLP staff. Ensure program processes support submission of data by the end of the month data was collection.

AFLP and Cal–Learn

MCAH is aware of the close partnership many AFLP agencies have with Cal–Learn. Throughout this manual we have attempted to include information relevant to Cal–Learn youth where that information may impact the delivery of AFLP. For other information about Cal–Learn data collection, including data collection unique to the Cal–Learn program, please see http://www.branaghgroup.com/LodeStar–manuals.html.

Filling out the Forms: Mandatory and Optional Items
All items on all forms must be filled in with one of the valid codes or entries shown on the form and explained in the coding instructions, with the following exceptions:

- Items marked by a circled star (✪) are optional and can be used at the discretion of each agency. If use is established, care should be taken to insure that all case managers and data entry staff use these items consistently in order to maximize the value of tracking these items.

- Items marked by a diamond (◆) are mandatory for Cal–Learn clients, and optional for use with program clients in other funding sources.

- Items for which *explicit* directions on the form or in the coding instructions indicate that an item or items should or may be left blank in a given situation.

Check all forms for completeness and accuracy. Incomplete entries will not be accepted in the LodeStar system, except as mentioned above.

Missing Data
Case managers are required to ask youth every question collected for the LodeStar system. With few exceptions, all data fields in LodeStar require an entry. All sensitive questions include a code to indicate if a youth declines to answer a question. With the exception of youth declinations, case managers should hold incomplete forms until data is collected. If the youth is no longer in the program or the case manager is otherwise unable to obtain the data, the code '9' can be used to indicate data is missing. NEVER submit a form with ALL 9s.

If a client becomes unavailable, you can hold off completing a form for up to 90 days while you try to get in touch with the client. Do the following if you still cannot contact the client after that time:

Terminate the client if they are in a voluntary program (e.g., AFLP) by submitting a **LODESTAR CLIENT STATUS CHANGE FORM**. Clients in these programs may not be counted as being case–managed unless they are actively participating. Clients who later return may then be re–activated by submitting another Status Change Form.

- For Cal–Learn clients, submit the particular form due (CBA, Pregnancy Outcome, YOA) indicating that the client is not participating in case management, using the Cal–Learn Case Management Participation question at the top of the form. Any answer to this question that indicates significant lack of participation (i.e., a 3, 4 or 5) will allow you to leave the rest of the form blank.

Transmitting Data to the State
An internet transmission containing all mandatory items from forms completed during the previous month is to be transmitted to Branagh Information Group by the 7th of the month for compilation and transmission to the State. Instructions for entering data into the computer and transmitting are found in the LodeStar User's Manual. Transmission by the 7th allows your automatic FFP verification information to be included in the first matching batch and results are available by the 15th.

Note that the MCAH reporting month is the month before the month when the transmission is made. If you are making the transmission in April, for example, the MCAH reporting month is March. This indicates when most of the activity being reported occurred.

Agencies under contract to MCAH may download and print PDF copies of all forms and these coding instructions from the AFLP SharePoint Site. Contact your MCAH program consultant for access to the AFLP SharePoint.

Creating a Unique Identifier

LodeStar ID Number
A nine–digit LodeStar ID Number assigned to each client upon the client's initial contact with your agency is the key data element that ties together all data associated with that client across all forms, funding sources, agencies and sites.

It is vital that each client case managed by your agency have a unique LodeStar ID Number that is never used by another client in your agency, even if you are case managing clients at more than one site or in more than one program.

Program Coordinators need to develop a scheme that will prevent duplicate ID numbers from being assigned within the agency. A recommended method for doing this is to use for new clients the five digits of your site's Location Number (formerly called provider number or agency number) as the first five digits of the Client ID number. This is the number assigned by Branagh Information Group to each computer system running LodeStar. For the last four digits, use numbers assigned sequentially to each new client. You may wish to maintain a logbook listing the four–digit sequential numbers and the names of the clients they are assigned to.

To insure that the original ID number remains with the client: If you are transferring a client to a different funding source, site or agency, provide the new funding source, site or agency with the Client ID Number you assigned. You may use LodeStar to generate a Transfer Sheet to facilitate client transfer. If a client is being transferred to you from a different funding source, site or agency, obtain the Client ID Number already assigned to them, and use that number for the client in your program.

Originally, the State recommended using Social Security numbers as the ID numbers. Since the HIPAA regulations came out this is no longer recommended and you are allowed to change the ID number of a client who is transferred to you with the Social Security number as their ID number.

Data Collection for the Index Child

Identifying the Index Child
Most LodeStar forms capture data about both the client and the Index Child. The Index Child is defined as follows:

- For clients who enter the program pregnant or (in the case of males) expecting, whether parenting or not, the first child born in the program is the Index Child.

- For clients who enter the program parenting and not pregnant or expecting, the youngest child at the time of enrollment is the Index Child.

If a youth exits the program for 6 months or more and then reenters, the Index Child, if still with the client, remains the same, even if the youth is pregnant or has given birth to another child who is now the youngest of the youth's children. If the original Index Child has died or the youth has lost custody of her/him, use the Additional Child Matrix screen in LodeStar to select the new Index Child or enter a current pregnancy as the new Index Child.

Recording Death or Custody Loss of an Index Child and a Change of Index Child
When a youth is no longer eligible for the program as a result of the permanent loss of custody or death of the Index child, submit a LodeStar Client Status Change Form indicating termination of case management (or ineligibility for Cal–Learn) with the appropriate reason.

If the client remains eligible and continues in the program, you must record a change of Index Child in LodeStar. If the client is pregnant or expecting, the new Index Child is the child of that pregnancy. If the client is parenting and not pregnant or expecting, the new Index Child is the youngest remaining child.

<u>To change the index child in LodeStar</u>: use the Change Index Child button on the Additional Child Matrix screen to select another child or enter a current pregnancy as the new Index Child. Use the print button on the screen to then print out the paper record and add to the client's file.

2016 AFLP (BAU) Data Collection Schematic for Federal Evaluation Sites

Referral

Site receives referral and enters client information into **Lodestar** *Client ID Form* status "Outreached" to a specific case manager code

Initial Youth-Program Fit Assessment (Screener)

Enrollment

At first face-to-face meeting case manager has client complete and sign the following forms:

⇒ *Consent Form with standardized consent language*

⇒ *Bill of Rights*

⇒ *Release of Information Form*

⇒ Additional Site Specific Forms

Lodestar: *Client Status Change Form* to change client status from "Outreached" to "Active" (if applicable)

Comprehensive Baseline Assessment (CBA)

CBA is completed within 90 days of signed consent—may be completed at same visit as consent signing.

Lodestar: *CBA, Acuity Scale, and Service Matrix Contact Log, and if applicable: Status Change, Client ID and Update Form.* Case manager notes "CBA" on *Client Contact Log* for CBA.

Individual Service Plan (ISP)

ISP is developed by client and case manager within 90 days of client signing Consent Form. Hereafter, the ISP is reviewed and revised every 90 days. Progress on goal completion is noted on ISP before creation of next ISP.

Lodestar: Input onto *Client ID Form* when first ISP is completed. Hereafter, Lodestar will generate a *Follow Up Due Report* every 90 days reminding case manager when the next ISP is due. Case manager notes "ISP" on *Client Contact Log* for each ISP created with client (every 90 days).

Program Exit

Clients remain in AFLP until they have reached their goals, no longer wish to participate, or reach their 19th birthday and have received 24 months of service. Waiver requests to the CDPH MCAH Program Consultant are required to extend service past the 19th birthday for clients who have been in the program for 24 months.

Lodestar: *Client Status Change Form*

Case Management Activities

⇒ Case manager has a minimum of **one** face-to-face contact with client monthly

⇒ Visit locations are determined by client and case manager; minimum of quarterly visits in the client's home

⇒ Case management focus with client is based on individual client needs and situation, including but not limited to: basic needs, education, career, health, parenting, healthy relationships, contraceptive use, and safer sex

⇒ Collateral Contacts specific to client are based on need and resource availability for service delivery; minimum requirement is collateral contact every quarter

Lodestar: All contacts with client and collaterals are noted on the *Client Contact Log*

Program Documentation

⇒ A chart note is completed for every client face-to -face contact

⇒ Every contact (phone, text, email) is noted in the client's chart per agency protocol

Lodestar: *Client Contact Log* (generated by Lodestar) is completed specific to every client contact. A hard copy is turned in for data entry to specific site designee at the end of every month for inputting into Lodestar. The Client Contact Log must be inputted and electronically submitted to Lodestar monthly.

Additional Form Schedule

Lodestar:

⇒ For each birth, the following forms are completed: *Pregnancy Outcome*;

⇒ Every 6 months following the program enrollment date, the following forms are completed: *Youth Outcome Assessment*; *Acuity Scale; Service Matrix.*

⇒ *Youth Outcome Assessment* form will be used as annual reassessment tool. *Case manager notes "CBA" on Client Contact Log when complete.*

⇒ When a client moves or changes their phone number, the *Client ID and Update Form* is completed

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AFLP BAU Data Collection Timing

All data collection for youth enrolled in AFLP is based on the timing that the youth becomes active in the program. The "active" date is determined by the date a youth signs consent to participate in the program and for most youth will be the date of their first face-to-face visit. In some cases it may change; to streamline these options a new field was created in LodeStar called the **Consent / Form Start Date**. From March 1, 2016 forward, all data collection forms will be due based on this date. The next section outlines how the Consent /Form Start Date is determined based on variations in enrollment and program type.

For youth assigned to a BAU Case Manager

1. For youth enrolling in AFLP BAU for <u>the first time</u>, the **active date** is date the youth signs consent to participate. The **Consent / Form Start Date** field in LodeStar <u>will automatically populate</u> with the active date. In this situation data collection is as follows:
   - Screener: due on or before active date
   - CBA: due within 90 days of active date
     - Service Matrix – due with CBA
     - Acuity – due with CBA
   - Individual Service Plan Contact Code (ISP): due every 90 days from active date.
   - YOA: due in 6 month intervals from active date
     - Service Matrix – due with YOA
     - Acuity – due with YOA

2. For a youth previously enrolled in BAU, who <u>exited for less than 6 months and re-enrolled</u>: the active date and **Consent / Form Start Date** <u>remain the same</u> as initial active date and data collection resumes based on this date (e.g., if you completed Screener, CBA, but not 6 month YOA the next required form would be a 6 or 12 month YOA (depending on the length of program exit)).

3. For a youth previously enrolled in BAU, who <u>exited for 6 months or more</u> and re-enrolled: the **Consent / Form Start Date** will be automatically set to the **new active date**. In this case, retain the original LodeStar ID, re-consent to the program and complete <u>data collection</u> as follows:
   - CBA: due within 90 days of active date
     - Service Matrix – due with CBA
     - Acuity – due with CBA
   - Individual Service Plan Contact Code (ISP): due every 90 days from active date.
   - YOA: due in 6 month intervals from active date
     - Service Matrix – due with YOA
     - Acuity – due with YOA

4. For a youth enrolled in AFLP before your conversion date, the **active date** is last date they were consented to the program (made active) that occurs without a period of non-enrollment greater than 6 months. In this situation, the **Consent / Form Start Date will be the active date** and will automatically populate; continue data collection as outlined below:
    - CBA: due within 90 days of active date (unless completed before the conversion date)
        - Service Matrix – due with CBA
        - Acuity – due with CBA
    2. Individual Service Plan Contact Code (ISP): due every 90 days from active date.
    - YOA: due in 6 month intervals from active date
        - Service Matrix – due with YOA
        - Acuity – due with YOA

In addition, for all youth enrolled in BAU

- Client ID and Update: used to document initial demographics and updates to youth contact information or actual graduation date.
- Status Change Form: used to document a change in youth enrollment status or case manager.
- Contact Log: used every month youth is active in program to document contacts.
- Pregnancy Outcome: completed and submitted for any pregnancy that resolves while the youth is enrolled in the program.
- Additional Child Matrix: used to document information about youth's non-index children born before AFLP enrollment and updates to all previously documented children.
- Acuity: completed after program exit for every youth.
- Education Form: used to document educational information whenever there is a significant change in the youth's school status between CBA and YOA data collection intervals. Do not fill out an Education form on the same day as a CBA or YOA.

AFLP BAU Data Collection Schedule

For newly enrolled youth. See page 10-12 for more information alternative data collection schedules.

Form	Timing
Client ID and Update	At first contact & as needed
Client Status Change	At first contact & as needed
Initial Youth–Program Fit Assessment (Screener)	At first contact
Comprehensive Baseline Assessment (CBA)	Within 90 days of active date
Youth Outcome Assessment (YOA)	Every 6 months after active date
AFLP Acuity Scale	Following the CBA and each YOA; after program exit
Service Matrix	Document at every visit; data entered at the same time as the CBA and each YOA
Contact Log	Monthly
Pregnancy Outcome	As needed
Additional Child Matrix	As needed
Education Form	As needed

CDPH/MCAH Standardized Consent Form and Language

Purpose

MCAH has developed a standardized consent form that must be presented to all youth upon enrollment into the Adolescent Family Life Program. The first page of the form outlines program services and client's rights and responsibilities. The second page outlines the release and exchange of information policy for AFLP, including the linking of AFLP data with birth certificate information for program evaluation purposes.

As part of the initial client visit, or the next scheduled visit for currently enrolled clients, Case Managers shall provide a copy of this form for clients to read, complete and sign. It may be useful to review the information with the client verbally. Case managers shall also provide clients a copy of the form for their records. A youth may consent to program enrollment but decline data linkage. If this occurs, check the "Youth Declines" box on the second page (see Client ID and Update form, Table 1, for information on recording youth consent).

Consent forms are to be stored for 3 years from the date of client program completion or the end of the MCAH–AFLP contract term, whichever is later. Consent forms must be available to MCAH upon request. New consent forms for youth enrolled prior to the site conversion date should be completed by May 30, 2016.

Is it ok for minors to sign these forms without their parents? Pursuant to California Family Code Sections 6920 through 6929 minors are able to consent for services related to the prevention or treatment of pregnancy. Providers of such treatment may not be permitted to inform the parent or legal guardian without minor's consent (Cal. Family Code § 6925; Cal. Health & Safety Code §§ 123110(a), 123115(a); Cal. Civ. 56.10, 56.11). Participation in the Adolescent Family Life Program falls under these statutes. Thus, AFLP clients, including those who are minors, are able to provide consent for services covered in the standardized consent form.

What about access to children's birth records? A child's parent, including a minor parent, has the ability to obtain birth record data and authorize access to such data. MCAH has obtained a waiver from the California Committee for the Protection of Human Subjects for linking client's AFLP data with their children's birth certificate information to evaluate the AFLP. MCAH will not release any personal information about AFLP clients to complete this linkage.

What will MCAH do with this information? MCAH will link youth birth records with AFLP program records in order to monitor the program's impact on participants' future childbearing and birth outcomes. It is important that we connect records for all youth enrolled in AFLP so we can see the long–term benefits of the program.

Alternative Method for Providing Consent

We understand each agency may have its own consent forms. You may continue to use your own consent forms if you can incorporate the following language in your agency's forms. If your agency would like to do this, please provide your program consultant a copy of your consent form that includes the language below.

> **AFLP is Confidential**
>
> I authorize the Adolescent Family Life Program (AFLP) staff to release and exchange information about myself and my child(ren) for the purposes of case conferencing and providing appropriate services within AFLP and referrals to services outside AFLP. In addition, I authorize the California Department of Public Health to link my child(ren)'s birth certificate information with AFLP data for program evaluation purposes. I understand that the AFLP program will keep my, and my child(ren)'s, personal and health information confidential at all times.

LodeStar Client Identification and Update Form

Overview
This is the first form that is completed for a youth. It establishes a computer record for the youth and tracks basic identifying data such as LodeStar ID number, name, address, phone number, case manager ID code, and which program a client is entering. Complete this form pre–Phase, at the point of first contact. This form is also used to update youth's contact information (e.g., address, phone) when needed.

Data Collection and Coding Process
Complete this form when a youth is first identified as a potential participant in your program, whether through self– or other referral. All youth referred to the program should have a Client ID and Update Form in LodeStar regardless of their eventual status in the program (i.e., active, active or inactive waitlist, terminated). For information on creating a LodeStar ID see page 7. ***If the youth was a client prior to this referral, use the existing LodeStar ID.***

For AFLP Clients:
The Client Identification and Update Form should be submitted along with the **Youth–Program Fit Assessment (Screener)** within 15 days of initial contact with youth.

For Cal–Learn Clients:
Complete the Client Identification and Update form when a client is referred to your agency for Cal–Learn case management, even if the client is deferred due to lack of available case management. You may elect to fill out the optional Cal–Learn Orientation/Participation Form as well, in order to have the LodeStar software generate the CL–1 form (Orientation Notice), the CL–2 form (Notice of Program Requirements), the CL–3 form (Notice of Participation Problem) or the CL–4 form (Informing Notice).

Case Manager ID
If the client is Outreached or Waitlisted and the Case Manager who will work with the client is known enter that person's name and ID in the Case Manager's field. If the case manager is not yet known or assigned you may enter a pseudo case manager ID. If you need instruction on adding a pseudo case manager ID see page 24 of the LodeStar User's Manual.

Data from the Client Identification and Update form must be entered into the LodeStar system. For specific coding instructions for the Client Identification and Update form see **Table 1**. For information about how to enter this data into LodeStar, see the LodeStar User's Manual (starting on page 10).

Note: As of December 1, 2014, information about source of referral is now collected on the Youth–Program Fit Assessment. You do not need to enter this information in the Client ID and Update Form Free Code MCH# A.

Table 1: LodeStar Client Identification and Update Form

LODESTAR CLIENT IDENTIFICATION AND UPDATE FORM			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Funding Source	AFLP Cal–Learn Other (1–6)	Select the initial funding source for a new client.	***Required*** "Other" option: Your program can decide which program(s) are represented by #s 1–6 in your agency.
As Of (Date)	MM/DD/YY	At initial form completion: Enter the date of first contact with the youth. Subsequent form updates: Enter the date the information changed on the form.	***Required*** For Cal–Learn clients, the initial date will depend on how Cal–Learn is being implemented in your County. The most likely dates will be when the CL–1 or CL–2 forms were sent.
LodeStar ID	9–Digit Number	Enter the youth's nine digit ID. If your agency uses less than nine digits, enter the number with leading zeros to the left. ***If the youth has previously been enrolled in AFLP or Cal–Learn, use the LodeStar ID number initially assigned.***	***Required*** Each youth must have a unique number. Never re–assign an ID to another client.
Case Manager	ID Code and Name	Enter ID code and name of the case manager assigned to youth.	***Required***
Youth's Name	First Name Middle Initial Last Name	Enter youth's first, middle initial, and last name. Spell the name as you wish it to appear on all MIS screens and printouts.	***Required***
Youth DOB	MM/DD/YY	Enter the youth's date of birth.	***Required***
Youth Medi-Cal No.	15 Digit Medi-Cal Number	If known, enter the youth's Medi-Cal number.	
Child Medi-Cal No.	15 Digit Medi-Cal Number	If known, enter the index child's Medi-Cal number.	
Data Linkage Consent	1 – Yes, consent given 2 – No, youth declines 9 – Unknown	Indicate whether youth gave consent for data linkage. The '9' unknown value indicates the youth has not been presented the data linkage consent.	***Required***

LODESTAR CLIENT IDENTIFICATION AND UPDATE FORM			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Consent/Form Start Date	MM/DD/YY	Enter the date the youth signs the consent form to Participate in AFLP.	In most instances this field will auto-populate. In the event a youth transfers between Agencies/Counties this field will need to be manually updated.
Graduation Date	MM/DD/YY	***After*** the youth completes high school graduation or the GED, enter the graduation date. Update as needed.	If graduation date is entered on the Education form, the CBA or the YOA it will also show here. Note: LodeStar will not accept a graduation date more than 2 weeks in advance.
Mailing Address	Street address City Zip Code	Enter the youth's street address, city, and zip code.	
Home Address	Street address City Zip Code	Enter if home address is different from the mailing address.	
Phone	XXX–XXX–XXXX	Enter youth's phone number.	
Alternate Phone	XXX–XXX–XXXX	Enter if an alternate youth phone number is available.	
Gender	1 – Female 2 – Male	Enter youth's biological sex.	***Required***
Site	3 Digit Code	Site where youth is being case managed.	Site codes must be used consistently for all clients.
Minor Parent Services Eligibility	1 – Eligible, receiving 2 – Eligible, not receiving 3 – Not eligible 9 – Unknown	Indicate whether youth is eligible for Minor Parent Services as provided under AB908 guidelines.	***Required***
Is other biological parent being case managed by this agency?	1 – Yes 2 – No, but is eligible 3 – No, is not eligible 9 – Unknown	Indicate whether the other biological parent is being case managed by your agency.	***Required***
Cal–Learn Information			
Social Security Number	XXX–XX–XXXX	Enter youth's social security number	***For Cal–learn clients*** May be entered for AFLP and other clients

CWD Case No.	Case Number	Enter the youth's county case number	***For Cal–learn clients***
CWD Eligibility Worker	4 Digit ID Code and Name	The ID code and name of CWD Eligibility Worker assigned to youth.	***For Cal–learn clients***
AU Head *(if not client)*	First Middle Last Name	Enter the name of the Assistance Unit (AU) head, if the youth is not the head of the AU.	***For Cal–learn clients***
Free Codes/Optional Case Notes			
Free Codes #s A–I	User defined codes	Used for agency–specific purposes for information that is relatively permanent over time and which is collected only once on the Client ID and Update Form.	For example, client's WIC number.
Free Codes CL#s A–F (*Cal–Learn free codes*)	User defined codes Cal–Learn	Free codes that can be used to track agency–specific education items for Cal–Learn clients.	
Free Codes DSS#s A–F	DSS defined codes	These codes are reserved for future use by DSS.	DSS will advise how to fill them out if required.
Free Code MCH# A	Not Applicable; code is no longer in use.	This code is no longer used in AFLP. Referral information is collected on the Youth–Program Fit Assessment (see page 24 for more information).	No data needed in this field.
Free Codes MCH#s B–D	MCAH defined codes	Reserved for future MCAH use	MCAH will advise how to fill them out if required.
Optional Case Notes	Narrative text	Use this space to enter any information you are interested in keeping for this client. This information may then be entered into LodeStar.	Note: This information is for local use only. It is not transmitted to MCAH.

LodeStar Client Status Change Form

Overview
Use this form to track changes in funding source, transfers to a different site or agency, terminations, reinstatements, re–entries and other changes in youth status. This is an essential form that enables CDPH/MCAH to track youth across programs, sites and agencies. This form also provides the basis for tracking program enrollment and youth service levels.

Complete this form whenever there is a change in youth's status in the program.

Data Collection and Coding Process
Complete this form:

- When a client initially enrolls in AFLP
  - The initial status for **all new youth** should be entered with an outreached (or active waitlist if youth was previously enrolled in AFLP/CalLearn) status until the *Initial Youth–Program Fit Assessment (Screener)* is complete and program enrollment is determined (i.e., consents signed).
- When you transfer a client to a different funding source or to a new case manager
- When you transfer the client to a different "Location Number"
  - This is an agency, site or funding source that uses a different computer not networked to yours. You must enter the new Location Number and name on the form. A list of Location Numbers and names is provided in the Appendix.
- When case management terminates, with no transfer
- When the client re–enters the AFLP Program
- To record the ending data for Waivers

Table 2 provides information about each item on the Client Status Change Form.

Data from the Client Status Change Form must be entered into LodeStar. See information in the LodeStar User's Manual for information about how to enter this data into LodeStar, starting on page 19.

Table 2: Client Status Change Form

Client Status Change Form			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Funding Source	1 – AFLP 2 – Cal–Learn 3 – Other1 4 – Other2 5 – Sibling 6 – Other3 7 – Other4 8 – Other5 9 – Other6	Select the current funding source for client.	***Required*** "Other" option, enter values 3–9 when using additional other funding sources. Option 5 – Sibling is no longer used.
Client ID No.	9–Digit Number	Enter the Client Identification number assigned to this client. The number must be the same as that on the LodeStar Client Identification Form.	***Required***
Case Manager	ID Code and Name	Enter the ID Code and case manager's name.	***Required***
Client Name	First Name Middle Initial Last Name	Enter youth's first, middle and last names on the lines provided.	***Required***
Change Status and/or Transfer Client As Of __/__/__	MM/DD/YY	For all changes, enter the date in which the status change took effect. AFLP: the first status date should be the date of the first conversation with the youth (i.e., date screener was completed).	***Required***
New Status			
(1) Active *Newly enrolled (having signed consent form) or not/no longer Outreach, Waitlist, Exempt, Deferred, Ineligible or Terminated*	Select if applicable	Cal–Learn: Select "Active" option if a Cal–Learn client is newly enrolled or no longer Exempt, Deferred or Ineligible.	
AFLP Waiver End Date	MM/DD/YY	AFLP: Enter the date that the waiver ends for active clients, if applicable.	

Client Status Change Form			
Item	**Coding Options**	**Description/Instructions**	**Notes**
(2) AFLP/Sibling Case Management Terminate	1 – Self–sufficient, attained goals 2 – Client voluntarily exited 3 – No longer eligible 4 – Moved, no case management transfer 5 – Unable to locate/unresponsive 6 – Case management unavailable 7 – Death, index child 8 – Death, client 9 – Transfer to another funding source and/or location number 10 – Other 11 – Sibling became pregnant 77 – New case manager	AFLP: Select "Terminated" option and the reason for the client termination. If a youth is not actively participating in Case Management use the code 5. If a youth has a miscarriage which results in her/him being unable to continue with AFLP, use the code 3 If the youth has a new case manager, enter the code 77 and enter the new case manager's code. This will automatically make a new Active code with the new case manager.	If the client is transferring to Cal–Learn or to another AFLP Program Location, also complete the "Transfer" section.
(3) Wait–Listed AFLP	1 – Active wait list 2 – Inactive wait list	If a youth is eligible for and interested in AFLP but there is insufficient space on your case load, select the active wait list option. If it is determined that a youth who was previously on outreached or active waitlist status will not become active in the program then select the inactive wait list option.	Inactive waitlist clients will not show up on reports.
(4) Deferred Cal–Learn	1 – Needs services temporarily unavailable 2 – Case management not available 3 – Has special need that precludes teen's ability to participate 4 – Needs time to recover from childbirth	Cal–Learn: If applicable, select this option and the reason Cal–Learn client becomes deferred and the date the exemption / deferral should be reviewed. Enter date in MM/DD/YY format.	

Client Status Change Form			
Item	**Coding Options**	**Description/Instructions**	**Notes**
(5) Exempt Cal–learn	1 – Ill, injured, or physically unable to go to school 2 – Expelled and no other school can be arranged 3 – Cannot get child care or transportation 4 – CalWORKs–foster care payment is made on behalf of teen parent 5 – Support services unavailable (3 months or more)	Cal–Learn: If a Cal–Learn client becomes Exempt, select this option and then select the reason for the exemption.	Enter the date when the exemption should be reviewed in the item (4) above.
(6) Ineligible for Cal–Learn	1 – Turned 20 2 – Graduated high school or equivalent 3 – Child no longer in CalWORKs assistance unit 4 – No longer getting cash aid 5 – County transfer 6 – Erroneously referred to Cal–Learn 7 – Age 19, chose not to continue to participate in the Cal–Learn program 8 – Age 19, not eligible to volunteer to continue participating in the Cal–Learn program 9 – Other 77–New case manager	Select this option if the client is ineligible for Cal–Learn, then select the reason for ineligibility. Code 6 is for clients who should not have been referred, e.g. because they were too old or not receiving cash aid at the time. You can select the "Print Ineligibility Notice" to have LodeStar generate the notice of ineligibility. If the youth has a new case manager, enter the code 77 and enter the new case manager's code. This will automatically make a new Active code with the new case manager.	
(8) Outreached for AFLP	Select option if applicable	Select this option for initial contact with a youth, if they have never been in the program before. If they have previously been in AFLP or Cal–Learn, they may not be placed on Outreached status. Instead, use the Active Waitlist status.	If they are outreached and cannot then become active, youth should be moved to the inactive wait list with the same CM. Youth on inactive waitlist status will not show up on reports.

Client Status Change Form			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Transfer Client to a Different Funding Source and/or Location Number	Transfer within this location number Transfer to a different location number	Complete this section if you are transferring youth to a different funding source and/or location number. Select one of the two options listed.	A different location number is an agency, site or program that runs LodeStar on a different computer not networked (linked electronically) to yours or that does not run LodeStar.
Location Number	5–Digit Number	If funding source after transfer is AFLP or Cal–Learn, enter the new Location Number	A list of location numbers is found in the Appendix on page 117.
Agency or Site Name	Agency Or Site Name	Fill in the name of the agency or site to which you are transferring the youth.	When transferring youth to another AFLP provider make sure to reach out to that provider to provide the youth's LodeStar ID. You can select the "Print client transfer sheet" to generate a transfer sheet that provides the LodeStar ID and other essential information to the new agency or site.
Is Case Management Slot Assured?	Y – Yes N – No U – Unsure	Indicate whether a case management slot is available at the new agency or site.	
Funding Source After Transfer	1 – AFLP 2 – Cal–Learn 3 – Other1 4 – Other2 5 – Sibling (no longer used) 6 – Other3 7 – Other4 8 – Other5 9 – Other6 0 – None	Indicate the funding source after the transfer, regardless of whether you are transferring the client to a different funding source or whether you are transferring the client to a different location number or both.	"Other" option, enter values 3–9 when using additional other funding sources. Option 5 – Sibling is no longer used. Select "0 – None" if funding source after transfer is unknown.

Initial Youth Program–Fit Assessment (Screener)

Overview

Use this form to assess youth eligibility, program fit and to prioritize enrollment into AFLP as needed. This form is also used by CDPH/MCAH to track program referrals and initial youth characteristics. All youth referred to the program should have an Initial Youth Program–Fit Assessment completed regardless of their eventual status in the program (i.e., Active, Inactive or Active Waitlist, and Terminated).

Complete this form pre–Phase, at the point of first contact. Information for this form can be collected in conjunction with the Client ID and Update form (see page 15). The information can be collected face-to-face or via a phone contact.

Completion of this form requires a conversation with the youth. This form cannot be completed on the basis of a referral form alone. If you already have some or all of the information collected on this form (e.g., from a referral form, a countywide triage screening or similar process), confirm information with youth on this form.

Start with a brief description of the services AFLP offers then ask each of the questions on the form.

If a youth response to items 1, 2, 3, and/or 5 indicates that the youth is not eligible for AFLP, you do not need to ask question 11 on program engagement. For all other youth, question 11 is required.

All other questions should be asked regardless of the youth's eligibility. Information for non–eligible youth should be used to make appropriate referrals to needed services. Remind youth that the information is confidential to the extent allowable by law (follow your agencies mandated reporting process as needed).

Write the value that corresponds to each response option in the last column. Calculate a total score and use the guidelines provided on the form (and on page 27 of this manual) to determine youth eligibility and priority for AFLP program enrollment.

Agencies involved in the federal evaluation should provide a general description of AFLP that does not differ between the AFLP business–as–usual model and the AFLP PYD model.

Data from the Screener must be entered into LodeStar. **Table 3** provides information about each item on the Screener Form.

Table 3: Youth–Program Fit and Prioritization Assessment (Screener)

YOUTH–PROGRAM FIT AND PRIORITIZATION ASSESSMENT (SCREENER)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Date	MM/DD/YY	Enter date form was completed.	***Required***
Youth First Name	Name	Enter youth's first name.	***Required***
LodeStar ID	9–Digit Number	Enter the youth's LodeStar ID number.	***Required***
Case Manager	ID Code and Name	Enter the ID Code and case manager's name. See page 24 of the LodeStar User's Manual for instructions on creating a Pseudo Case Manager code if needed.	***Required***
Referral Source	1 – Self 2 – School 3 – Court 4 – Medical provider 5 – Social service provider 6 – Community outreach 7 – WIC 8 – Other 9 – Unknown	Select one of the listed options.	***Required***
Age Item #1	3 – 14 and under 2 – 15-16 1 – 17-18 0 – 19 and older	Select one of the listed options. Youth aged 19 and older are not eligible for AFLP services.	***Required***
Parenting Status *(Item #s 2 and 3)*	3 – Both 2 – Expecting 1 – Parenting 0 – Neither	Select one of the listed options. Youth who are neither expectant nor parenting are not eligible for AFLP services.	***Required***
Immediate Needs: Item #4 *Do you need any of the following now or think you may need it in the near future (2 weeks or less)?*	3 – 2 (Two) or more 2 – 1 (One) 1 – None; longer–term unmet needs expressed 0 – All needs met 8 – Declined 9 – Unknown	Select one of the listed options. Value 1 reflects youth who indicate they do not have any of the listed needs in the next 2 weeks but report one or more likely beyond that time period.	***Required*** Do not include values 8 and 9 in total score.
Immediate Needs List: Item #4	1 – Yes 2 – No 8 – NA	Provide a code for each immediate need listed: ___housing ___income ___utilities ___food ___health/prenatal care ___health insurance ___counseling or mental health services ___legal services for court or probation	***Required for each immediate need listed*** Response values are not included in total score

YOUTH–PROGRAM FIT AND PRIORITIZATION ASSESSMENT (SCREENER)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Immediate Needs: Item #5 *Are you eligible or do you currently receive…*	1 – None 0 – 1 or more 8 – Declined 9 – Unknown	Select one of the listed options. Youth enrolled in Cal Works (CalLearn) are not eligible for AFLP services. Agencies participating in the Federal Evaluation should refer to their MOU with Mathematica to determine youth eligibility if enrolled in NFP.	***Required*** Do not include values 8 and 9 in total score.
Program eligibility list Item #5	1 – Yes 2 – No 8 – NA	Provide a code for each program listed: ___Cal Works* ___Cal Fresh ___BIH ___WIC ___CA Home Visiting (HFA/NFP*)	***Required for each program listed.*** Response values are not included in total score
Home Environment: Item #6 *Do you feel safe in your home and with the people in your life?*	3 – No 0 – Yes 8 – Declined 9 – Unknown	Select one of the listed options.	***Required*** Do not include values 8 and 9 in total score.
Home Environment: Item #7 *Are you or anyone in your home using drugs or abusing alcohol?*	2 – Yes 0 – No 8 – Declined 9 – Unknown	Select one of the listed options.	***Required*** Do not include values 8 and 9 in total score.
Home Environment: Item #8 *Are you (or your child/any of your children) involved with Child Protective Services or Foster Care?*	3 – Yes 0 – No 8 – Declined 9 – Unknown	Select one of the listed options.	***Required*** Do not include values 8 and 9 in total score.
Education/Work Item #9 *Are you currently enrolled in school or working?*	1 – No 0 – Yes 8 – Declined 9 – Unknown	Select one of the listed options.	***Required*** Do not include values 8 and 9 in total score.
Social Support Item #10 *Do you have a supportive adult who is aware of what is happening in your life (knows you are pregnant)?*	1 – No 0 – Yes 8 – Declined 9 – Unknown	Select one of the listed options.	***Required*** Do not include values 8 and 9 in total score.
Total Score	0 to 20	The sum of the 0–3 values from items 1 - 10. ***Do not*** include the 8 and 9 values in the total score.	In LodeStar, the total score is generated automatically.

YOUTH–PROGRAM FIT AND PRIORITIZATION ASSESSMENT (SCREENER)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Engagement Item #11 *Are you willing to participate in case management, including regular face-to-face visits with an AFLP staff member? If not, we can still work together today to connect you with other services that can meet your immediate needs.*	1 – Yes 2 – Unsure 3 – No	Select one of the listed options. Do not ask this question if a youth is not eligible for AFLP services.	If youth scored 1 or 2, enroll based on need If youth scored a 3, refer to other services

Guidelines for Enrolling Youth into AFLP BAU Using the Youth-Program Fit and Prioritization Assessment

Step 1: Eligibility

Youth must be expectant or parenting and under age 19 to enroll. Youth receiving CalWORKs (CalLearn) should not be enrolled in AFLP. Sites participating in the Federal Evaluation should adhere to their Memorandum of Understanding (MOU) with Mathematica Policy Research regarding dual enrollment in Nurse Family Partnership (NFP).

If a youth is not eligible, update the youth's status to "Inactive waitlist". Refer youth to other needed services identified though screening. If a youth is eligible, go to Step 2, "Engagement".

Step 2: Engagement

If a youth is unwilling or unable to participate in case management, refer the youth to any needed services identified though screening. Update the youth's status to "Inactive waitlist" in LodeStar. If a youth is willing to participate, go to Step 3, "Total Sore".

Step 3: Total score

When there is insufficient space to serve all youth referred to your program, you may prioritize enrollment based on the total score, with higher scores receiving greater priority.

Comprehensive Baseline Assessment (CBA)

Overview

The purpose of this form is to identify youth needs, challenges, and strengths at program entry. This form is designed to systematically collect, record, and analyze youth information. The format draws from the HEADSSS method of gathering information from adolescents[1]. There are two types of questions on the CBA: ***required*** questions that are reported back to CDPH/MCAH via the LodeStar system and ***general*** questions designed to provide the case manager relevant information to assess the youth's needs, challenges, and strengths and to permit the case manager to accurately complete the Acuity Scale (see page 61).

Complete the CBA in Phase 1 of the intervention, within 2 months of program enrollment (i.e., date of initial visit and youth program consent). For most youth, this form will only be completed once. In the following instances, a new CBA is required.

- If a youth exits case management for more than 6 months, or;
- If the CBA was entered into LodeStar on a different computer system or network. For example, if a client transfers from another county (with separate LodeStar systems), each must have a CBA entered for the client.

Note: If a youth transfers from Cal–Learn to AFLP within your agency and a completed CBA was entered at the time the youth became active in Cal–Learn then another CBA is not needed. If the CBA was not completed at that time, one will be required upon enrollment into AFLP.

Note: The Youth Outcome Assessment (YOA; see next section) replaces the previously required annual CBA.

Data Collection and Coding Process

Complete this form using motivational interviewing techniques while fostering protective factors through your interaction with the youth. The case manager can also obtain information from other sources, as needed, with the appropriate consent.

The standardized CBA replaces the LodeStar intake form and additional outcomes form. **LodeStar-*Required*** questions are highlighted in gray. The CBA is due within 90 days of program enrollment.

A home visit is required to assess the youth's living environment as part of the initial assessment. The CBA consists of 2 parts. This form was designed so that program priorities and basic needs can be assessed in the first section, and other personal questions can be addressed in the second visit under Part II, after rapport has been established with the youth.

- Part I: Demographics, Basic Needs, Legal, Education & Employment, Family & Social Supports, Health, Reproductive Health
- Part II: Nutrition & Physical Activity; Behavioral Health; Youth Safety; Pregnancy, Labor, Birth and Postpartum; Child Profile

[1] HEADSSS is a flexible interview format method to assess risks that can be used for all adolescents. It provides a systematic approach to the adolescent interview progressing from the least threatening topics to the most personal and sensitive subjects. The acronym stands for: Home, Education/Employment, Activities, Drugs, Sexuality, Suicide, and Safety. H.E.A.D.S.S. – A Psychosocial Interview for Adolescents www.bcchildrens.ca/NR/rdonlyres/6E51B8A4-8B88-4D4F-A7D9-13CB9F46E1D6/11051/headss20assessment20guide1.pdf

There are many open–ended questions embedded in the CBA. You do not need to use the exact wording of the questions. See Appendix page 118, for answers to frequently asked questions about the comprehensive baseline assessment and youth outcome assessment including information about strategies for incorporating motivational interviewing techniques while conducting the CBA.

In some cases, a youth may exit the program prior to completing the entire CBA. In this case, record "Unknown" (usually code 9 or 99) for each item not completed prior to exit. Never enter a CBA with all "Unknown" codes.

As part of the initial assessment, case managers have the option of completing supplemental screenings, including depression and substance abuse screenings. For more information see the Teen Screen Primary Care Resource.

Data from the ***required*** sections of the CBA must be entered into LodeStar. **Table 4** provides information about each item on the CBA Form. **LodeStar-Required** items are highlighted in gray on the form and in Table 4.

Table 4: Comprehensive Baseline Assessment

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Cal–Learn Case Management Participation	1 – Usually available to meet with case manager 2 – Sporadic participation 3 – None, unable to locate/contact 4 – Client refuses case management, does not turn in report cards 5 – Client declines case management, but turns in report cards 8 – Not applicable (not Cal–Learn)	Cal–Learn: Select one of the options listed.	***Required*** If you select options 3 to 5, you need not complete this form. In LodeStar this field defaults to 8 – Not applicable for all non–Cal Learn funding sources .
LodeStar ID	9–digit number	Enter LodeStar ID number.	***Required***
Case Manager	ID Code and Name	Enter ID Code and name of case manager.	***Required***
Completion Date	MM/DD/YYYY	Enter the date part 1 of the form was completed. If part 1 and part 2 are completed on the same day enter the same date in both fields.	***Required*** Enter into LodeStar
DEMOGRAPHICS			
Youth Name	First Name Middle Initial Last Name	Enter youth's name.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Parent or Legal Guardian Contact Information	– Mother's name and phone number – Father's name and phone number – Legal guardian's name and phone number	Enter information about youth's parent(s) or legal guardian, if applicable. Document the nature of the youth's relationship to his / her parents / guardians.	
Marital Status	1 – Single (never married; not cohabiting) 2 – Married 3 – Divorced / separated/widowed 4 – Cohabiting (never married, divorced, separated or widowed, but currently living with someone like being married) 9 – Unknown	Select one of the options listed. If a youth is living with a romantic partner (including the index child's other parent) then select option 4 – cohabiting. This is true even if the couple is living with other people (e.g., youth's or partner's parents).	***Required*** Enter into LodeStar
Race/Ethnicity	Narrative text	Document youth's self–reported race / ethnicity.	
Race/Ethnicity Code	Race/Ethnicity Code (3 digits)	Show sheet titled "Race Ethnicity Codes" to youth and ask youth to determine which codes is the best representation of his / her race/ethnicity.	***Required*** Enter into LodeStar
Hispanic	1 – Yes 2 – No 3 – Undeclared 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Primary Language	Narrative text	Document the language the youth self–reports to use most often.	
Language Code	Language Code from "Language Codes" sheet (3 digits) *Common codes:* *100 – English* *101 – Spanish* *123 – Hmong*	Show sheet titled "Language Codes" to youth. Enter code that best represent youth's the language she or he uses most often.	***Required*** Enter into LodeStar
English Proficiency	1 – Full 2 – Limited 3 – Non–English speaking 9 – Unknown	Select one of the options listed. Limited English Proficiency is defined as: Those who do not speak English as their primary language and who have a limited ability to read, speak or understand English.	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Dependent of Court (e.g., CPS, Foster Care)	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
On probation?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Are you/your partner currently pregnant?	1 – Yes 2 – No 3 – Declined 4 – Unknown	Select from one of the options listed.	***Required*** Enter into LodeStar
How many children have you given birth to or fathered?	___Enter exact number for 0 to 7 children 8 – 8 or more children 9 – Unknown	If the number of children is between 0 and 7, enter the exact number. If 8 or more children, enter 8. If unknown or youth declines to answer, enter 9	***Required*** Enter into LodeStar
Index Child: Full Name	Name	If applicable and known, enter full name of index child.	***Required*** Enter into LodeStar Leave blank if child not yet born.
Index Child: DOB/DOD/EDC	MM/DD/YY	As applicable, enter the child's date of birth (DOB), date of death (DOD) or expected date of delivery (i.e., due date; EDC) of index child. All clients should have a response value in this field.	***Required*** Enter into LodeStar
Index Child: Sex	1 – Female 2 – Male	Indicate biological sex of index child.	***Required*** Enter into LodeStar Leave blank if child is not yet born.
Index Child: Birth weight (lbs., oz)	___Birth Weight (lbs., oz.) 88 – Child Not Born 99 – Unknown	Enter birth weight (pounds and ounces) of index child.	***Required*** Enter into LodeStar
Index Child: Other Biological Parent Name	Name of Other Biological Parent	Enter the name of the other biological parent of the first (index) child.	
Index Child: Legal Custodial Parent Name	Name of Legal Custodial Parent	Enter the name of the first (index) child's custodial parent if different from MOB/FOB.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
2nd Child Listed: Full Name	Name	Enter full name of second child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
2nd Child Listed: DOB/DOD/EDC	MM/DD/YY	As applicable, enter the child's date of birth (DOB), date of death (DOD) or expected date of delivery (i.e., due date; EDC) of second child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
2nd Child Listed: Sex	1 – Female 2 – Male	Indicate biological sex of second child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
2nd Child Listed: Birth Weight (lbs., oz.)	___Birth Weight (lbs., oz.) 88 – Child Not Born 99 – Unknown	Enter birth weight (pounds and ounces) of second child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
2nd Child Listed: Other Biological Parent Name	Name of Other Biological Parent	Enter the name of the other biological parent of the second child listed.	
2nd Child Listed: Legal Custodial Parent Name	Name of Legal Custodial Parent	Enter the name of the second child's custodial parent if different from MOB/FOB.	
3rd Child Listed: Full Name	Name	Enter full name of third child listed.	***Required*** Enter into LodeStar Leave blank if there is no third child.
3rd Child Listed: DOB/DOD/EDC	MM/DD/YY	As applicable, enter the child's date of birth (DOB), date of death (DOD) or expected date of delivery (i.e., due date; EDC) of third child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
3rd Child Listed: Sex	1 – Female 2 – Male	Indicate the biological sex of third child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
3rd Child Listed: Birth Weight (lbs., oz.)	___Birth Weight (lbs., oz.) 88 – Child Not Born 99 – Unknown	Enter birth weight (pounds and ounces) of third child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
3rd Child Listed: Other Biological Parent Name	Name of Other Biological Parent	Enter the name of the other biological parent of the third child listed.	
3rd Child Listed: Legal Custodial Parent Name	Name of Legal Custodial Parent	Enter the name of the third child's custodial parent if different from MOB/FOB.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
4th Child Listed: Full Name	Name	Enter full name of fourth child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
4th Child Listed: DOB/DOD/EDC	MM/DD/YY	As applicable, enter the child's date of birth (DOB), date of death (DOD) or expected date of delivery (i.e., due date; EDC) of fourth child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
4th Child Listed: Sex	1 – Female 2 – Male	Select biological sex of fourth child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
4th Child Listed: Birth Weight (lbs., oz.)	___Birth Weight (lbs., oz.) 88 – Child Not Born 99 – Unknown	Enter birth weight (pounds and ounces) of fourth child listed.	***Required*** Enter into LodeStar Leave blank if no child is listed.
4th Child Listed: Other Biological Parent Name	Name of Other Biological Parent	Enter the name of the other biological parent of the fourth child.	
4th Child Listed: Legal Custodial Parent Name	Name of Legal Custodial Parent	Enter the name of the fourth child's custodial parent if different from MOB/FOB.	
Tell me a little about your home life:			
Who lives with you?	Narrative text	Include information as relevant for assessment process.	
What are your current living arrangements?	Narrative text	Include information as relevant for assessment process.	
Lives With	For **each category** in this section, enter one of the following responses: 1 – Yes 2 – No 9 – Unknown	For each category in the list below, enter a code to indicate if the youth lives with one or more persons in the category: • Youth's children (do not count unborn children) • Index child's other parent (ICOP) • Youth's partner (if not ICOP) • Youth's parent(s) • ICOP/partner's parent(s) • Other related adults • Other unrelated adults	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Living Situation	For **each item** in this section, enter one of the following responses: 1 – Yes 2 – No 9 – Unknown	For each category in the list below, enter a code to indicate if the youth lives in an out of home placement: • **Foster care or group home** Youth is not living with any family members (or ICOP family members) and is placed in an alternative living situation by the State, County or Tribe. • **Homeless** Youth does not have a permanent residence. May be staying with friends, relatives, couch–surfing or living in a shelter or on the street. • **Other** Youth is living in another type of out–of–home placement (e.g., maternity home).	***Required*** Enter into LodeStar
Do you feel safe in your home?	1 – Always 2 – Never 3 – Sometimes 8 – N/A or Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
How many times have you moved in the last 12 months?	0 – None ___ Enter exact # if between 1 and 7 months 8 – 8 or more months 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Have you run away from home or your prior living situation?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Are you happy with your current living situation?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
BASIC NEEDS			
Household Income	Adequate Inadequate Needs CalWORKs	Select the options that apply and include additional information as relevant for assessment process.	
Housing	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Food	Adequate Inadequate Needs: WIC Needs: CalFresh	Select the options that apply and include additional information as relevant for assessment process.	
Utilities	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Clothing/ Personal Hygiene/ School Supplies	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Transportation	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Baby/ Child Supplies	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
LEGAL			
Do you have any legal issues or concerns?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Are you legally emancipated or currently in foster care/ward of court?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Do you have any legal questions related to immigration, work status, or children's naturalization rights?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Are you (or your children) currently involved in any Child Protective Services (CPS) cases?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Do you have any concerns or legal issues with paternity, custody, foster care or adoption?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Have you ever been in jail, juvenile hall, prison?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Are you currently on probation, parole, have any restraining orders against you or others?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Are you currently, or have you ever been in the past, associated with a gang?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
If youth responded yes to any of the above, use this space to describe	Narrative text	Include information as relevant for assessment process.	
EDUCATION AND EMPLOYMENT			
Are you currently enrolled in school? If yes, what type of school do you attend? If no, what is preventing you from attending?	Narrative text	Include information as relevant for assessment process.	
Youth enrolled in:	1 – Traditional K–12 education 2 – Continuation, alternative school, court or community school (K–12) 3 – Adult education program (youth 18+) 4 – Institute of higher education (technical, vocational, community college, four–year college) 5 – Youth not currently enrolled, intends to go back 6 – Youth not currently enrolled, does not intend to go back 9 – Unknown	Select one of the options listed. If the youth refuses to attend school (even if enrolled), has "dropped out," or has completed all the education they would like to complete and does not plan to obtain more (e.g., graduated from high school and is not actively pursuing additional education), select option 6. If a youth is not currently enrolled in a school but is actively working to re–enroll, select option 5. If a youth is enrolled in school, but is *temporarily* (e.g., for birth of baby) not attending, select the option that corresponds to the type of school enrolled in.	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
What was the last grade you successfully completed in school?	Enter last grade completed or 99 for unknown. (2 digits)	Enter the last grade the youth successfully **completed** in school K–12. For grades 1 through 9, enter the grade preceded by a 0; for grades 10–12 enter the grade. If youth completed grade 12, enter date of graduation in required field.	***Required*** Enter into LodeStar
Have you earned a high school diploma, or completed your GED or California Proficiency Exam?	1 – Yes, HS diploma 2 – Yes, GED/CHSPE 3 – No 9 – Unknown	Select one of the options listed. If option 1 or 2 is selected, enter date of graduation in required field.	***Required*** Enter into LodeStar
Date of completion (Graduation Date) *(if yes to above)*	MM/DD/YY	Enter the date youth obtained diploma, GED, or passed the California proficiency exam.	***Required if last grade completed = 12, or high school graduation status = 1 or 2.*** Enter into LodeStar LodeStar will not accept a graduation date more than 2 weeks in advance.
Have you been accepted into an institution of higher education?	1 – Yes 2 – No 3 – NA (youth has not applied and is attending K–12 school) 9–Unknown	Indicate whether the youth has applied and been *accepted* into an Institute of higher education (including technical, vocational, community college or a four–year college). Ask this question of all youth. For youth who have not applied and are in grades K – 12, enter NA.	***Required*** Enter into LodeStar
Name of Current School	School name	Enter name of current school	
Name of Current School District	School district	Enter name of current school district.	
Completed Credits/Status of Progress?	Number of credits	Indicate number of credits completed and additional information as relevant for assessment process.	
Enrolled in program for expectant/ parenting youth?	1 – Yes 2 – No 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Do you have an IEP?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Yes (the youth has an IEP), for …	Speech/Language Hearing Vision Emotional disturbance Intellectual disability Autism Learning disability Orthopedic Traumatic brain injury Other	Select one of the options listed and include additional information as relevant for assessment process.	
Do you have a learning disability?	1 – Known 2 – Suspected 3 – None 9 – Unknown	Indicate whether youth has any type of learning disability, e.g., dyslexia or other visual or auditory processing disorder, ADD, ADHD.	***Required*** Enter into LodeStar
What is your current educational goal?	1 – High school diploma 2 – GED/CHSPE 4 – Post–secondary school 5 – None 9 – Unknown	Enter the 1 digit code that best describes youth's current educational goal. If the youth has no stated intention of going beyond their current level of education, enter "5–None at this time," regardless of the current level achieved.	***Required*** Enter into LodeStar
Are you currently working?	1 – Does not work 2 – Seeking employment 3 – Working 4 – In job training 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
If looking for work, what are your interests/skills?	Narrative text	Include information as relevant for assessment process.	
What are your current and future career goals?	Narrative text	Include information as relevant for assessment process.	
FAMILY AND SOCIAL SUPPORTS ***Support system*** Tell me about the important people in your life			
Who do you turn to for support?	Narrative text	Include information as relevant for assessment process.	
Who helps you with money or transportation when you need it?	Narrative text	Include information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Who do you talk to when you are upset?	Narrative text	Include information as relevant for assessment process.	
What are their feelings about you being a parent?	Narrative text	Include information as relevant for assessment process.	
Do you have a nurse, case manager, or social worker from another agency?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Do you participate in other programs such as youth support groups?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Important relationships Family			
Who do you consider to be part of your family? What is your relationship with them like?	Narrative text	Include information as relevant for assessment process.	
Do you feel safe with all of your family?	1 – Always 2 – Never 3 – Sometimes 8 – N/A or Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Index Child's Other Biological Parent			
Tell me about the father/mother of your baby/index child. What is he or she like?	Narrative text	Include information as relevant for assessment process.	
What is your relationship with him/her like?	Narrative text	Include information as relevant for assessment process.	
How often does your child see the other parent?	Narrative text	Include information as relevant for assessment process.	
Name *(Other biological parent of index child)*	Name Other biological parent	Enter the name of the other biological parent of the index child.	
Age *(Other biological parent of index child)*	Age Other biological parent	Enter the age of the other biological parent of the index child.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Relationship Length *(Other biological parent of index child)*	Relationship length Other biological parent	Enter the relationship length with the other biological parent of the index child.	
Total # of Children *(Other biological parent of index child)*	Number of children Other biological parent	Enter the total number of children of the Index Child's Other Biological Parent, including children to people other than AFLP youth.	
Is he/she enrolled in:	AFLP Cal–Learn	Indicate, if applicable, whether the other biological parent is enrolled in AFLP or Cal–Learn. If yes, note the agency name.	
Eligible for Services?	No Yes	Indicate if the other biological parent is eligible for services.	
Do you feel safe with index child's other parent?	1 – Always 2 – Never 3 – Sometimes 8 – N/A or Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
In the last 4 weeks, has the father of your child (or have you) provided <u>emotional/social</u> support to you (or the mother of your child)?	1 – Never 2 – Sometimes 3 – Most of the time 9 – Unknown	Select one of the options listed. Emotional / Social Support includes things like: help with chores, going to doctors apt, transportation	***Required*** Enter into LodeStar
In the last 4 weeks, has the father of your child (or have you) provided <u>financial support</u> to you (or the mother of your child)?	1 – Never 2 – Sometimes 3 – Most of the time 9 – Unknown	Select one of the options listed. Financial Support includes things like: money, child support, buying clothes, diapers, other supplies	***Required*** Enter into LodeStar
HEALTH			
How would you describe your health?	Good Okay Poor	Select one of the options listed and include additional information as relevant for assessment process.	
Do you have any chronic medical conditions you are currently being treated for?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Do you currently have health insurance? What type of insurance do you have?	1 – Medi-Cal 3 – Other public 4 – Private 5 – None 9 – Unknown	Select one of the options listed. If Medi-Cal (#1) is selected, you may record the Medi-Cal number for FFP matching in the space provided.	***Required*** Enter into LodeStar
When was the last time you went to the doctor?	Narrative text	Include information as relevant for assessment process.	
When was the last time you had a physical or well–wo/man exam?	Narrative text	Include information as relevant for assessment process.	
Have you had a health exam in the past 12 months?	1 – Yes 2 – No 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Are all of your immunizations up to date?	1 – Up to date 2 – Not up to date/medical circumstances 3 – Not up to date/other reasons 9 – Unknown	Select one of the options listed. Refer to current CDC IA schedule for adolescents.	***Required*** Enter into LodeStar
Immunization status verified by:	IZ record Youth School record Not available	Select one of the options listed and include additional information as relevant for assessment process.	
Have you been to the dentist in the past 6 months?	1 – Yes 2 – No, too expensive 3 – No, couldn't find provider 4 – No, didn't need to go 5 – No, other reason 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Have you ever been told you have a disability? If so, what type of disability do you have?	No Yes Narrative text	Select one of the options listed and include additional information as relevant for assessment process.	
Are you taking any medications, including vitamins, daily folic acid, iron supplements, home or cultural remedies?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Have you ever been hospitalized?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Have you been to the emergency room?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
REPRODUCTIVE HEALTH			
Current Partner **Ask questions in this section if youth has a current relationship partner that is not the FOB/MOB.** **If not, record relevant N/A codes for each LodeStar-Required item.** Tell me about your current relationship partner:			
Name (Current Partner)	Name Current partner	Enter the name of the youth's current partner.	
Age (Current Partner)	Age Current partner	Enter the age of the youth's current partner.	
Relationship Length (Current Partner)	Length of relationship Current partner	Enter the relationship length of youth's current relationship.	
Total # Children (Current Partner)	Number of children Current partner	Enter the total number of children of the partner, including children with people other than AFLP youth.	
Describe your current relationship and type of contact	Narrative text	Include information as relevant for assessment process.	
If expecting, what are his/her feelings/ concerns about this pregnancy?	Narrative text	Include information as relevant for assessment process.	
Is he/she in:	School Working	Select all options that apply and include additional information as relevant for assessment process.	
Is he/she involved in a gang or have legal issues?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Do you feel safe with your current partner?	1 – Always 2 – Never 3 – Sometimes 8 – N/A (no partner or current partner is FOB/MOB) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Sexual Health – Ask these questions of all youth			
Are you currently sexually active?	1 – Active, 1 partner 2 – Active, 2+ partners 3 – Not currently sexually active 5 – Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Do you feel comfortable talking with your partner(s) about contraception and safe sexual activity?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Previous STD/HIV test?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Partner STD/HIV test?	No Yes Unknown	Select one of the options listed and include additional information as relevant for assessment process.	
If yes to above, have you had any risk factors since the last STD screening?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Current or past STD?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
If youth or partner had an STD, indicate if treatment occurred:	You treated Your partner treated	Select all options that apply and include additional information as relevant for assessment process.	
If treatment for STD occurred, indicate retreatment status	You been re–tested since completion of treatment Your partner been re–tested since completion of treatment	Select all options that apply and include additional information as relevant for assessment process.	
Pregnancy History – Ask these questions of all youth			
How many times have you been pregnant / expecting (including current)	Total # of pregnancies	Indicate total number of pregnancies.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Did you have any medical problems / complications with previous pregnancies?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
How did you feel about previous pregnancy outcomes?	Narrative text	Include information as relevant for assessment process.	
How did your partner feel?	Narrative text	Include information as relevant for assessment process.	
Family Planning / Contraceptive Use – Ask these questions of all youth			
When you are sexually active, how do you protect yourself from STIs, HIV and pregnancy?	Narrative text	Include information as relevant for assessment process.	
What type(s) of protection or contraceptives do you use?	Narrative text	Include information as relevant for assessment process.	
Are you currently using any long acting reversible contraceptive, like the IUD, Implanon or other implant or injections?	Narrative text	Include information as relevant for assessment process.	
How frequently do you use this method(s) when engaging in sexual activity?	Narrative text	Include information as relevant for assessment process.	
Contraceptive/STI protection use during sexual activity in the last 6 months	1 – Never uses 2 – Sometimes uses 3 – Always uses 4 – No sexual activity in past 6 months 5 – Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Contraceptive Type	01 – Cervical cap (Fem Cap) 02 – Condoms 03 – Contraceptive injections (Depo) 04 – Diaphragm 05 – Spermicide 06 – IUD 07 – Contraceptive implant (Implanon) 08 – Pill (or other oral contraceptive) 09 – Rhythm (Cyclebeads) 10 – Sponge 11 – Withdrawal 13 – Patch 14 – Vaginal Ring (Nuva Ring) 15 – Female condom 33 – Emergency contraception (Plan B) 44 – Sterilization 77 – Other: Specify 88 – Not applicable (does not use) 99 – Unknown	Select up to 3 of the options listed. At least one option must be recorded.	***Required*** Enter into LodeStar
How is this (are these) methods working or not working for you?	Narrative text	Include information as relevant for assessment process.	
Is your partner(s) supportive of your contraceptive plan? Is your family supportive?	Narrative text	Include information as relevant for assessment process.	
Do you want to change your contraception method now (or after the baby is born, if pregnant)?	Narrative text	Include information as relevant for assessment process.	
Are you aware of Emergency Contraception (Plan B)?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Reproductive Coercion – Provide Safety Card			
Has either your current partner or anyone else ever hid or messed with your birth control, tried to force or pressure you to become pregnant/get them pregnant, or made you have sex without a condom or birth control so that you would get pregnant/father a child?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
CBA PART II			
Completion Date	MM/DD/YYYY	Enter the date part 2 of the form was completed. If part 1 and part 2 are completed on the same day enter the same date in both fields.	***Required*** Enter into LodeStar
LodeStar ID	9–digit number	Enter LodeStar ID number.	***Required***
NUTRITION AND PHYSICAL ACTIVITY ***Nutrition***			
What is your current diet like in a typical day?	Narrative text	Include information as relevant for assessment process.	
Do you have any questions/concerns about nutrition?	Narrative text	Include information as relevant for assessment process.	
Weight / Body Image			
How comfortable are you with your body (size, shape, weight)?	Narrative text	Include information as relevant for assessment process.	
Current or past: Dieting/skipping meals/diet pills/laxatives /compulsive overeating/ compulsive exercising/ vomiting after meals, eating disorders/diagnosis?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Physical Activity			
Do you exercise?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
In how many of the past seven days did you do any physical activity (for at least 20 minutes) that made you sweat and breathe hard?	___Exact # (0–7 days) 8 – NA / incapacitated 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
MENTAL HEALTH *Have teen complete PHQ–9, PHQ–9 Modified for Teens (~ 10 min), or EPDS screening tool*			
How do you generally handle things when you're upset (angry, sad, stressed, worried)?	Narrative text	Include information as relevant for assessment process.	
Have you ever been in counseling, therapy or seen a psychiatrist?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Are you currently seeing a therapist, counselor, or psychiatrist?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Have you ever cut on or injured yourself on purpose to relieve pain or stress? When was the last time this occurred?	1 – Yes 2 – No 3 – Declined 9 – Unknown	Select one of the options listed. Report **intentional, self–inflicted injury** in the **last 6 months.**	***Required*** Enter into LodeStar
During the past 6 months, did you ever feel so sad or hopeless every day for two weeks or more in a row that you stopped doing some usual activities?	1 – Yes 2 – No 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar Note any depression during pregnancy or "baby blues" beyond two weeks.
Has there been a time when you have had serious thoughts of ending your life?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
If yes to above, Did you ever try to end your life?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Did you get help?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Do you feel safe now?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	Complete safety plan per agency protocol if there is a concern about suicide risk.
Did you ever live with someone who was depressed or mentally ill, or with someone who attempted suicide? If yes, at what age?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Select one of the options listed. Report **Lived with Depressed** / Mental ill / Suicidal **before age 13:**	***Required*** Enter into LodeStar
Does anyone in your family have any other significant family medical history?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
BEHAVIORAL HEALTH			
Have you ever, or do you currently smoke cigarettes (including electronic cigarettes)?	1 – Never smoked 2 – Stopped smoking 3 – Smokes less than 1 pack a day 4 – Smokes 1 pack or more a day 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
During the past 12 months, did you drink any alcohol (more than a few sips), smoke any marijuana or hashish, or use anything else to get high?	1 – Yes 2 – No 9 – Unknown	Select one of the options listed. If a youth answers "Yes" to this item, ask the next set of items from the CRAFTT SCREENER[2]	***Required*** Enter into LodeStar
Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	

[2] The CRAFFT is a behavioral health screening tool for use with individuals under the age of 21. It consists of a series of 3 leading questions (combined for the single AFLP PYD LodeStar Required item) and 6 follow-up questions developed to screen adolescents for high risk alcohol and drug use. CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions. http://www.ceasar-boston.org/CRAFFT/

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Do you ever use alcohol or drugs while you are by yourself or alone?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Do you ever forget things you did while using alcohol or drugs?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Does your family or do your friends ever tell you that you should cut down on your drinking or drug use?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Have you ever gotten into trouble while you were using alcohol or drugs?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Have you, your family, or partner been in treatment/recovery / incarcerated for drug or alcohol use?	You Family Partner	Select all options that apply and include additional information as relevant for assessment process.	
If pregnant, have you ever used drugs/alcohol during this pregnancy?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Describe youth's current drug/alcohol use, if any, and describe any relevant history related to substance use.	Narrative text	Include information as relevant for assessment process.	
Have you ever lived with anyone who was a problem drinker or alcoholic, or who used street drugs? If yes, at what ages?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Select one of the options listed. Report if **Lived with problem drinker** / alcoholic / drug user **before age 13.**	***Required*** Enter into LodeStar
Do you currently live with anyone who is a problem drinker or alcoholic or who uses street drugs?	1 – Yes 2 – No	Select one of the options listed and include additional information as relevant for assessment process.	
Does anyone living in your home smoke tobacco?	1 – Yes 2 – No	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
YOUTH SAFETY			
Have you ever often or very often felt that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other? If yes, at what age(s)?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Emotional Neglect** occurred **before age 13** by selecting one of the options listed.	***Required*** Enter into LodeStar
Have you ever often or very often felt that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it? If yes, at what age(s)?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Physical Neglect** occurred **before age 13** by selecting one of the options listed.	***Required*** Enter into LodeStar
Was a biological parent ever lost to you through divorce, abandonment or other reason? If yes, at what age(s)?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Parental Loss** occurred **before age 13** by selecting one of the options listed.	***Required*** Enter into LodeStar
Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife? If yes, at what age(s)?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Witness to Domestic Violence** occurred **before age 13** by selecting one of the options listed.	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Did anyone in your household ever to go prison? If yes, at what age(s)?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Criminogenic Environment** occurred **before age 13** by selecting one of the options listed.	***Required*** Enter into LodeStar
Did a parent or other adult in your household often or very often swear at you, insult you, put you down, humiliate you or act in a way that you thought you might be physically hurt? If yes, at what age(s)?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Emotional Abuse** occurred **before age 13** by selecting one of the options listed. Report if there is **Emotional Abuse by anyone in youth's life now** by selecting one of the options listed.	***Required*** Enter into LodeStar
Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured? If yes, at what age(s)?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Physical Abuse** occurred **before age 13** by selecting one of the options listed. Report if there is **Physical Abuse by anyone in youth's life now** by selecting one of the options listed.	***Required*** Enter into LodeStar
Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you? If yes, at what age(s)?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Sexual Abuse** occurred **before age 13** by selecting one of the options listed. Report if there is **Sexual Abuse by anyone in youth's life now** by selecting one of the options listed.	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
PREGNANCY, LABOR, BIRTH AND POSTPARTUM **Ask questions in this section if youth are expecting or gave birth within the past 3 months.** **If not, record relevant N/A codes for each LodeStar-Required item.** ***Pregnancy*** (for youth who are currently expecting)			
Tell me about your/your partner's current pregnancy. Right before you (she) got pregnant, how did you feel about getting pregnant?	Narrative text	Include information as relevant for assessment process.	
Pregnancy Intention	1 – Wanted to get pregnant when did 2 – Wanted to get pregnant later 3 – Did not want to be pregnant at all 4 – Wasn't sure of pregnancy intention 8 – N/A (not expecting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
How did you feel when you learned you were expecting?	1 – Happy 2 – Upset 3 – Both happy and upset 4 – Wasn't sure how I felt 8 – N/A (not expecting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Who knows you/your partner are expecting?	Narrative text	Include information as relevant for assessment process.	
What is your EDC (Due date)?	MM/DD/YY	Enter due date if applicable.	
When did you begin prenatal care?	MM/DD/YY	Enter date if applicable.	
Trimester	1 – First (1–13 weeks) 2 – Second (14–26 weeks) 3 – Third (27+ weeks) 4 – Not pregnant (already parenting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Do you have a plan for your delivery (location, people present, customs)?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
What are your plans for feeding your baby when he/she is born? Have you considered whether you will breastfeed? Or use formula? (Breastfeeding Plan)	1 – Plans to exclusively breastfeed 2 – Plans to exclusively formula feed 3 – Plans to breast and formula feed 4 – Undecided 8 – N/A (not pregnant/ expecting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Ask the following questions to Pregnant Female Youth ONLY			
Do you crave or eat nonfood items like dirt, clay, ice, laundry starch, paint chips, etc.?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Have you had any of the following pregnancy concerns/issues?	– None – Gestational diabetes (diagnosed) – Hypertension/ preeclampsia (diagnosed) – Nausea – Abdominal cramping – Vaginal bleeding/ discharge – Headaches – Excessive tiredness – Other	Select one of the options listed and include additional information as relevant for assessment process.	
Postpartum Health Assessment (Ask the following to female youth who gave birth in last 3 months)			
Delivery Date	MM/DD/YY	Enter delivery date, if applicable	
Type of Birth	– Vaginal – Episiotomy – C–Section – Complications – Special wound care/follow up needed	Select all options that apply and include additional information as relevant for assessment process.	
Your experience/ feelings about birth	Narrative text	Include information as relevant for assessment process.	
Did you attend your scheduled postpartum exam?	No Yes	Select one of the options listed and include additional information as relevant for assessment process. If yes, enter date.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Have you experienced any of the following warning signs/ concerns?	– Abdominal cramping – Excessive tiredness – Fever/chills – Vaginal bleeding or discharge – Issues with suture line/ episiotomy – Extreme weight gain/loss – Postpartum blues/depression – Other	Select all options that apply and include additional information as relevant for assessment process.	
Do you have any other health concerns since your last doctor visit?	Narrative text	Include information as relevant for assessment process.	
CHILD PROFILE INDEX CHILD **Ask questions in this section if the Index Child is born.** **If not, record relevant N/A codes for each LodeStar-Required item.**			
Index Child's Name	Name Index child	Enter the name of the index child	
Health			
How would you describe your child's health?	Good Okay Poor	Select one of the options listed and include additional information as relevant for assessment process.	
Do you currently have health insurance for your child? What type of insurance do you have?	1 – Medi-Cal 3 – Other public 4 – Private 5 – None 8 – N/A (youth expecting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Does your child have a Primary Care Provider?	Narrative text	Include information as relevant for assessment process.	*Complete "Release of Information" form if applicable*
Up–to–date Well–Child Visit?	No Yes	Select one of the options listed and include additional information as relevant for assessment process. If yes, enter next visit date. (MM/DD/YY)	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Does your child have any medical conditions needing treatment for (e.g., asthma, vision problems)?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Is your child currently taking any medications?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Has your child ever been hospitalized (beyond when she/he was born)?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Has he/she been to the emergency room?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Is your child up–to–date on his/her immunizations?	1 – Up to date for age 2 – Not up to date, medical circumstances 3 – Not up to date, other reasons 8 – N/A (youth pregnant, expecting) 9 – Unknown	Select one of the options listed. Refer to current CDC IA schedule for children.	***Required*** Enter into LodeStar
Dental Care (for child over 1 year old)	No Yes NA	Select one of the options listed and include additional information as relevant for assessment process.	
Do you place your infant on her/his back to sleep?	No Yes NA	Select one of the options listed and include additional information as relevant for assessment process.	
How often does your child ride in a car seat in a car?	1 – Never 2 – Sometimes 3 – Most of the time 4 – Always	Select one of the options listed and include additional information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Development (Recommend ASQ-3 for developmental screening)			
Has a doctor or other health care provider had you fill out a questionnaire about specific concerns or observations you may have about your child's development, communication, or social behaviors?	No Yes	Select one of the options listed and include additional information as relevant for assessment process. If yes, enter date.	
Is your child meeting developmental milestones?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Is your child receiving services to address developmental delays?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Thinking about your child's behavior during the last month (for children ages 6 months to 5 years)… Is he/she affectionate and tender with you?	1 – Never 2 – Rarely 3 – Sometimes 4 – Usually 5 – Always 8 – N/A (youth expecting; child not in age range) 9 – Unknown	Select one of the options listed.	***Required*** for children ages 6 months to 5 years Enter into LodeStar
Does he/she bounce back quickly when things do not go his/her way?	1 – Never 2 – Rarely 3 – Sometimes 4 – Usually 5 – Always 8 – N/A (youth expecting/child not in age range) 9 – Unknown	Select one of the options listed.	***Required*** for children ages 6 months to 5 years Enter into LodeStar
Does he/she show interest and curiosity in learning new things?	1 – Never 2 – Rarely 3 – Sometimes 4 – Usually 5 – Always 8 – N/A (youth expecting/child not in age range) 9 – Unknown	Select one of the options listed.	***Required*** for children ages 6 months to 5 years Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Does he/she smile and laugh a lot?	1 – Never 2 – Rarely 3 – Sometimes 4 – Usually 5 – Always 8 – N/A (youth expecting/child not in age range) 9 – Unknown	Select one of the options listed.	***Required*** for children ages 6 months to 5 years Enter into LodeStar
Do you have any concerns about your child's physical safety?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Do you have any concerns about your child's emotional safety?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Nutrition			
Do you have any questions or concerns about the way your child is eating, eliminating, sleeping or gaining/ maintaining weight?	Narrative text	Include information as relevant for assessment process.	
Breastfeeding (Ask the following questions to Female Youth Only)			
Did you ever breastfeed or pump milk to feed your child after delivery?	1 – Yes 2 – No 8 – N/A (expecting/male) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
For children less than 1 year old: Are you still breastfeeding or pumping milk to feed him/her?	1 – Yes 2 – No 8 – N/A 9 – Unknown	Select one of the options listed. If the youth is male, enter NA.	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
If no, how old was your baby when you stopped feeding him/her breast milk	___# Days ___# Weeks ___# Months 888 – N/A (never/still breastfeeding/male/ expecting 999 – Unknown	Enter the number of days, **OR** weeks, **OR** months. Otherwise choose one of the other two options. If the youth never breastfed, is still breastfeeding, is male, or is expecting enter code 888. If a youth is unsure of the exact age of the child when she/he stopped breastfeeding report the youth's best estimate.	***Required*** Enter into LodeStar
How old was your baby when he or she was first fed formula?	___# Days ___# Weeks ___# Months 888 – N/A (never/still breastfeeding/male/ expecting 999 – Unknown	Enter the number of days, **OR** weeks, **OR** months. Otherwise choose one of the other two options. If the youth never fed her child formula, is still exclusively breastfeeding, is male, or is expecting enter code 888. If a youth is unsure of the exact age of the child when she/he first had formula report the youth's best estimate.	***Required*** Enter into LodeStar
How old was your baby the first time he/she ate or drank liquids other than breast milk or formula?	___# Days ___# Weeks ___# Months 888 – N/A (never/still breastfeeding/male/ expecting 999 – Unknown	Enter the number of days, **OR** weeks, **OR** months. Otherwise choose one of the other two options. If the youth never gave her child other liquids, is still exclusively breastfeeding, is male, or is expecting enter code 888. If a youth is unsure of the exact age of the child when she/he first had other liquids report the youth's best estimate.	***Required*** Enter into LodeStar

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
If you are no longer breastfeeding (never breastfed), what is the primary reason you stopped?	01 – Couldn't get enough info/help 02 – Didn't make enough milk 03 – BF was too painful 04 – Felt baby preferred formula 05 – Formula was easier 06 – Wanted partner to be able to feed baby too 07 – A doctor/nurse/ midwife said to stop 08 – Youth's boyfriend and/or the FOB didn't want her to BF 09 – Youth's friends/family didn't want her to BF 10 – Youth needed to go back to work/school 11 – Youth was embarrassed about BF 12 – Youth thought baby was too old 88 – N/A 99 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Parenting			
Describe how and how often you play with your baby or child?	Narrative text	Include information as relevant for assessment process.	
What do you do when your baby or child… Cries a lot?	Narrative text	Include information as relevant for assessment process.	
Has a tantrum or is not behaving well, experiences sleep issues?	Narrative text	Include information as relevant for assessment process.	
What do you like best and least about being a parent?	Narrative text	Include information as relevant for assessment process.	

COMPREHENSIVE BASELINE ASSESSMENT			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Child Care			
Are you currently using child care? If yes, are you satisfied with the availability and quality of care provided? If no, reason not used?	01 – Index child not born yet 02 – Medical reasons 03 – Not safe 04 – Enrollment barrier 05 – Transportation barrier 06 – Not affordable 07 – Not available 08 – Family/cultural barrier 09 – Youth not enrolled in school 10 – Not needed/wanted 11 – Other 12 – More needed 13 – Satisfied 14 – Not satisfied 99 – Unknown	Select one of the options listed. Response options 01 – 11 refer to barriers to child care usage for youth who are not using child care. Response options 12 – 14 refer to satisfaction with childcare if it is used.	***Required*** Enter into LodeStar
How is child care paid?	1 – School 2 – Cal–Learn 3 – Free 4 – Self–pay 5 – Other 8 – None, not used 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Who provides child care?	01 – On–site school–based day care 02 – Large licensed family daycare (8>) 03 – Small licensed family daycare (<9) 04 – Child care center 05 – Youth's home, unlicensed relative 06 – Youth's home, unlicensed non–relative 07 – Other home, unlicensed relative 08 – Other home, unlicensed non–relative 09 – Other 10 – N/A 99 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Use this space for general comments and follow-up needed	Narrative text	Include information as relevant for assessment process; document needed follow-up	
Case Manager / Supervisor Signatures	Sign and Date	The Case Manager should sign and date each CBA.	Include a supervisory signature if CBA reviewed.

AFLP Acuity Scale

Overview
The goal of the Acuity Scale is identify, document and track change in youth strengths and needs over the duration of the program. This form is a consolidated rating of the case manger's current knowledge of youth strengths and needs across various domains. That means case managers do not ask youth to respond to the questions on this form, but rather complete the rating based on her or his accumulated knowledge of the youth.

The Acuity Scale is completed following the CBA, each YOA, and after program exit. It is important that the Acuity Scale is completed after the CBA and each YOA, even if the timing of data collection on these forms are delayed, so case managers can work from the most current and comprehensive knowledge about the youth.

Data Collection Process
Complete the initial Acuity following the completion of the Comprehensive Baseline Assessment (CBA). All of the information needed to complete the scale is included in the CBA. Subsequent Acuity Scales are completed at 6–month intervals from the program enrollment date, following the youth outcome assessment (YOA). Complete a final Acuity scale after the youth's last visit. If a youth exits the program unexpectedly (e.g., moves), complete the final Acuity scale based the last contact with the youth. Do not complete this form in the presence of the youth.

There are 11 categories on the Acuity Scale: (1)basic needs; (2) health insurance and preventive care; (3) youth emotional, developmental and mental health; (4) youth medical health; (5) child(ren)'s health; (6) substance abuse; (7) youth and child(ren)'s safety; (8) youth legal issues and concerns; (9) sexual health; (10) accountability and self–reliance; and (11) life engagement.

Provide a score that corresponds to the highest level of need/risk in each of the 11 categories. The score should reflect the case manager's current, cumulative knowledge of youth's life based on self–report, standardized screening and assessments (e.g., mental health / drug and alcohol screenings), collateral contact information, and professional assessment. The Acuity scores range from 1 (low need) to 4 (high need).

Use the Recording Template on the second page of the Acuity Scale to record the youth's name, date of birth and LodeStar ID, the date acuity was assessed, the number of months in program, and the value (1 – 4) for each category of acuity. Each case manager working with the youth should sign and record his/her initials once in the space provided at the bottom of the form. Case managers completing each assessment should record initials for that period in the last row of grid. Sum the total of the 11 category scores to create a total score. Record the total score and enter an Acuity Rating based on the total score as follows:

***Acuity Rating: Low** 19 and under **Medium** 20–26 **High** 27 and over

Maintain a copy of the Recording template in the youth's chart.

Data from the Acuity Scale must be entered into LodeStar. **Table 5** provides information about each item on the Acuity Scale form.

Table 5: Acuity Scale

ACUITY SCALE (ALL ITEMS REQUIRED)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Data for the Acuity Scale is recorded on the second page of the form (Recording Template).			
Completion Date	MM/DD/YY	Enter date when form was completed for each reporting period in corresponding column.	***Required*** Enter into LodeStar
Basic Needs	1 – All needs are met: stable	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Lacking one basic need		
	3 – Lacking 2 basic needs, occasionally requires emergency assistance		
	4 – Lacking 3 or more basic needs, routinely requires emergency assistance		
Health Insurance/ Preventative Care	1 – Consistent health coverage for self and child(ren). Regular preventative care (well–baby; annual physical; IZs)	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – In the process of obtaining coverage. Occasional lapse in coverage or inconsistent preventative care services		
	3 – Assistance/advocacy needed to obtain coverage; frequent lapses in coverage; >1 year since youth or child's last well visit		
	4 – Immediate need for coverage; ineligible for coverage; not receiving preventative care; uses ER for primary care		
Youth Emotional/ Developmental/ Mental Health	1 – No presenting symptoms or history of mental illness, developmental delay, or emotional concerns	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Temporary emotional stress, grieving a loss, "baby blues," or adjusting to new situation		
	3 – Minimal developmental delay; mild depression or anxiety; learning disability; need for counseling referral		
	4 – Documented developmental delay; psychiatric diagnosis or history; danger to self/others; needs mental health services		
Youth Medical Health	1 – No medical conditions in need of management (e.g., diabetes, asthma, pregnancy), or 0– 1 poor health habits (i.e., smoking, poor diet, sleep difficulties, lack of exercise)	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – 1 known medical condition well–managed (including pregnancy/prenatal care); or 2 health risk behaviors or poor health habits		
	3 – 1 medical condition inconsistently–managed; or 2+ conditions well–managed; or 3 health risk behaviors/poor health habits		
	4 – 2 or more medical conditions unresolved; inconsistently or poorly–managed ; 4+ health risk behaviors or habits		

ACUITY SCALE (ALL ITEMS REQUIRED)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Child(ren) Health	1 – No presenting symptoms or history of mental illness, developmental delay or emotional /behavioral concerns; no known medical conditions in need of management; 1 or no poor health outcomes (diet, weight, exercise, immunization)	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Minimal behavior problems; temporary adjustment issues; 1 known medical condition well–managed; 2 poor health outcomes		
	3 – Minimal developmental delay; moderate behavioral problems; learning disability; need for counseling referral; 1 medical condition inconsistently–managed; 2+ conditions well–managed; 3 poor health outcomes		
	4 – Documented developmental delay; psychiatric diagnosis or history; suicide, PTSD, danger to self/others; need for mental health services; 2+ medical conditions unresolved or poorly–managed; 2+ inconsistently–managed; 4+ poor health outcomes		
Substance Abuse	1 – None noted; none in household	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Youth secure in recovery, attending AA; no users in household		
	3 – Youth in treatment or < 1year in recovery; user in household; partner uses; drug use or alcohol abuse by youth suspected		
	4 – Youth and or partner actively using illicit drugs or abusing alcohol		
Youth and Child Safety	1 – No family / community violence, no past or current gang involvement, feels safe at home, with partner and in community	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Past violent relationship(s), activities, history of non–self–intentional injuries, gang participation in past, feels unsafe in community		
	3 – Potential violent home environment (drugs, weapons, past CPS); youth or child(ren) in ER for non–self–inflicted intentional injury		
	4 – Youth/child hospitalized from abuse; CPS care; restraining order; youth fears for safety/is in danger; violent partner		
Youth Legal Issues / Concerns	1 – No legal issues/ all documents in place	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Planned legal processes initiated and near completion (i.e. custody, TRO, legal residency), minimal assistance needed		
	3 – Undocumented, unresolved custody issues, civil matters, legal concerns identified and process initiated, assistance needed		
	4 – On probation or parole, pending or current incarceration, criminal court date pending		

ACUITY SCALE (ALL ITEMS REQUIRED)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Sexual Health	1 – Consistent contraception use, family planning goals, partner(s) supportive of family planning methods, STI protection	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Youth mostly uses contraception, relationship partner unaware or unsupportive of family planning goals		
	3 – Youth occasionally uses contraception, no family planning goal, relationship partner unsupportive of family planning goals		
	4 – Youth rarely/never uses contraception; partner actively interfering with family planning goals		
Accountability/ Self–Reliance	1 – Consistently, independently accesses and works cooperatively with health care providers and resources, follows through with appointments and recommendations, and school and work assignments	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Frequently follows through, minimal assistance/advocacy needed		
	3 – Occasionally follows through, coordination needed for multiple medical providers or resources, barriers to care and services exist		
	4 – Rarely–never follows through, poor cooperation with providers, frequent change in providers, frequent need for assistance		
Life Engagement	1 – In school / working/ providing full–time care to child(ren), family; youth has clear purpose and engagement in life	Select the option that best represents the youth's highest level of need in this category.	***Required*** Enter into LodeStar
	2 – Experiences minor to moderate challenges to school progress/ maintaining steady employment or meeting life goals		
	3 – Experiences substantial challenges to maintaining school progress/maintaining steady employment or meeting life goals		
	4 – Not currently attending school, work, or caring for child(ren) or other family member; lack purpose and engagement in life		
Total Score	Sum of scale responses	Sum and enter the total score	Auto Generated
Acuity	Low - 19 and under Medium - 20-26 High - 27 and over	Select the Acuity Rating that corresponds to the total score	
Case Manager Initials	Initials	Record the initials of the case manager who completed the Acuity Rating for each reporting period.	***Required***
Case Manager	Case Manager Signature and Initials	Each case manager who works with the youth should sign and initial	***Required***
Youth-Name	Name	Enter first name of youth	**Required**
LodeStar ID	9–digit number	Enter LodeStar ID number	***Required***

Service Matrix Form

Overview

Use this form to record information on referrals made for the youth and the Index Child. Case Managers are required to track referrals made at every visit, including the outcome of any previous referrals made and submit the service matrix form with the CBA and each YOA.

Data Collection and Coding Process

When completing the Service Matrix associated with the CBA, select the code that matches the situation just prior to program entry. Do not include referrals you made at the first or any subsequent visits in the first Service Matrix submitted.

During case management, document all referrals you made and track the status of each referral at each face-to-face visit as applicable. To aid in the regular documentation of referrals listed on the Service Matrix Form, MCAH has developed an optional Service Matrix Tracking Sheet (See Appendix, page 115). On the tracking sheet, you can document the pre-enrollment referral status, and any changes or updates made during each visit. A separate page is provided for Youth and Index Child referrals. When you complete one tracking sheet, you can transfer the last recorded status to a new sheet and continue documenting across visits.

At the next (and any subsequent) Reporting Periods, select the most up-to-date code on the Tracking Sheet (or other tracking mechanism). If there has been no change in the status of a referral since the last Reporting Period, use the same code as that was used at the last reporting period.

If you want to track additional services not listed, each agency may define and use the five free codes (#s U through Y) at the bottom of the form. The sixth free code for youth (#Z) has been designated by MCAH to capture information about referrals that support coercion resistant birth control (e.g., family planning; counseling).

Data from the Service Matrix Form must be entered into LodeStar. **Table 6** provides information about each item on the Service Matrix Form.

Table 6: Service Matrix

SERVICE MATRIX			
Question	**Coding Options**	**Description / Instructions**	**Notes**
Reporting period	01 – CBA 06 – 6mo YOA 12 – 12mo YOA Continue in multiples of 6.	Enter the appropriate reporting period as a 2 – digit code.	***Required***
Date of Reporting Period	MM/DD/YY	Enter date form was completed.	***Required***
LodeStar ID	9–digit number	Enter LodeStar ID number	***Required***
Youth Name	Name	Enter the name of the youth.	***Required***
Case Manager	ID Code and Name	Enter the ID Code and case manager's name.	***Required***

SERVICE MATRIX		
Coding Options		***Notes***
Select one of the following codes for each item of the Service Matrix listed in this table, including optional Freecodes #U through #Y (or #Z for Index Child). X – Youth/Index child refused service 0 – Receiving services 1 – Has been referred 2 – Referred but did not followed through 3 – Referred but service not accessible 4 – Needs service but has not yet been referred 5 – Not referred, service is not available 6 – Not referred, service not needed 7 – Not eligible for service 8 – Has completed receiving service 9 – Unknown		***Required*** **Unless indicated, there should be one code for the youth and one code for the index child.** **If the Index Child is not yet born, enter code 6 for Index Child services.**
Referral Type	**Referral provided**	**Instructions**
Counseling Health Medical	Abuse victim counseling (for emotional, sexual or physical abuse of youth or child).	Enter code for youth and index child
	Adoption counseling	Enter code for youth only
	California Children's Services (CCS)	Enter code for youth and index child
	Child development intervention (for assessment, therapy, rehabilitation, and specialist intervention).	Enter code for index child only
	CPS intervention	Enter code for youth and index child
	Domestic violence intervention (for rape crisis treatment, police, anger abatement, conflict solution).	Enter code for youth only
	Family planning	Enter code for youth only
	Medi-Cal	Enter code for youth and index child
	Mental health counseling	Enter code for youth and index child
	Prenatal care	Enter code for youth only
	Primary preventive health care	Enter code for youth and index child
	Public health nurse home visits	Enter code for youth and index child
	Substance abuse treatment (e.g., counseling, comprehensive treatment).	Enter code for youth and index child
	WIC	Enter code for youth and index child
Financial Employment Education	CalWORKs	Enter code for youth only
	Education	Enter code for youth and index child
	Employment	Enter code for youth only
	ESL	Enter code for youth only
	Food stamps	Enter code for youth and index child
	Head Start	Enter code for index child only
	Job/vocational counseling or training	Enter code for youth only
	Parenting education	Enter code for youth only
	Special education	Enter code for youth and index child
	Other government financial benefits or assistance	Enter code for youth and index child

SERVICE MATRIX		
Referral Type	**Referral provided**	**Instructions**
Other Services	Child day care	Enter code for index child only
	Document acquisition	Enter code for youth and index child
	Emergency food/shelter/clothing	Enter code for youth and index child
	Housing	Enter code for youth only
	Legal services	Enter code for youth and index child
	Regional Center	Enter code for youth and index child
	Transportation	Enter code for youth only
	Social/cultural activities	Enter code for youth only
	Social skills building	Enter code for youth only
Freecode #Z	Coercion resistant birth control	Enter code for youth only

Youth Outcome Assessment (YOA)

Overview
The purpose of this form is to re–assess youth's needs, challenges, and strengths at 6–month intervals. This form is a companion form to the CBA in that it follows the CBA format and content, and is also designed to systematically collect, record, and analyze youth information. The YOA does not include items from the CBA that were focused on youth's pre-enrollment history.

- The standardized YOA replaces the LodeStar follow–up form and additional outcomes forms and the annual CBA; **LodeStar-*Required*** questions are highlighted in gray.

- The YOA is designed to be completed in a single visit.

- A home visit is not required as part of the YOA; however, a home visit may be useful to assess the youth's living environment.

Complete this form every 6 months following the date of program enrollment, regardless of the youth's status in the Phases.

Data Collection and Coding Process
Complete this form using motivational interviewing techniques, while fostering protective factors through your interaction with the youth. The case manager can also obtain information from other sources, as needed, with the appropriate consent.

The YOA consists of assessment with various sections including: Demographics, Basic Needs, Legal, Education and Employment, Family & Social Supports, Health, Reproductive Health, Nutrition & Physical Activity; Behavioral Health; Safety/Violence/Abuse; Pregnancy, Labor, Birth and Postpartum; Child Profile.

As part of this assessment, the case manager has the option of completing supplemental screenings, including: depression and substance abuse screenings. For more information see the Teen Screen Primary Care Resource.

There are several open–ended questions embedded in the YOA. You do not need to use the exact wording of the questions. See Appendix page 118, for answers to frequently asked questions about the comprehensive baseline assessment and youth outcome assessment including information about strategies for incorporating motivational interviewing techniques while conducting the YOA.

Data from the ***required*** sections of the YOA must be entered into LodeStar. **Table 7** provides information about each item on the YOA Form.

Table 7: Youth Outcome Assessment (YOA)

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Cal–Learn Case Management Participation	1 – Usually available to meet with case manager 2 – Sporadic participation 3 – None, unable to locate/contact 4 – Client refuses case management, does not turn in report cards 5 – Client declines case management, but turns in report cards 8 – Not applicable (not Cal–Learn)	Cal–Learn: Select one of the options listed.	***Required*** If you select options 3 to 5, you need not complete this form. In LodeStar this field defaults to 8 – Not applicable for all non–Cal Learn funding sources .
LodeStar ID	9–digit number	Enter LodeStar ID number.	***Required***
Case Manager	ID Code and Name	Enter ID Code and name of case manager.	***Required***
Completion Date	MM/DD/YYYY	Enter the date the form was completed.	***Required*** Enter into LodeStar
DEMOGRAPHICS			
Youth Name	First Name Middle Initial Last Name	Enter youth's name.	
Marital Status	1 – Single (never married; not cohabiting) 2 – Married 3 – Divorced / separated/widowed 4 – Cohabiting (never married, divorced, separated or widowed, but currently living with someone like being married) 9 – Unknown	Select one of the options listed. If a youth is living with a romantic partner (including the index child's other parent) then select option 4 – cohabiting. This is true even if the couple is living with other people (e.g., youth's or partner's parents).	***Required*** Enter into LodeStar
Are you/your partner currently pregnant?	1 – Yes 2 – No 3 – Declined 4 – Unknown	Select from one of the options listed.	***Required*** Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
How many children have you given birth to or fathered?	___Enter exact number for 0 to 7 children 8 – 8 or more children 9 – Unknown	If the number of children is between 0 and 7, enter the exact number. If 8 or more children, enter 8. If unknown or youth declines to answer, enter 9	***Required*** Enter into LodeStar
Tell me a little about your home life:			
Who lives with you?	Narrative text	Include information as relevant for assessment process.	
What are your current living arrangements?	Narrative text	Include information as relevant for assessment process.	
Lives With	For **each category** in this section, enter one of the following responses: 1 – Yes 2 – No 9 – Unknown	For each category in the list below, enter a code to indicate if the youth lives with one or more persons in the category: • Youth's children (do not count unborn children) • Index child's other parent (ICOP) • Youth's partner (if not ICOP) • Youth's parent(s) • ICOP/partner's parent(s) • Other related adults • Other unrelated adults	***Required*** Enter into LodeStar
Living Situation	For **each item** in this section, enter one of the following responses: 1 – Yes 2 – No 9 – Unknown	For each category in the list below, enter a code to indicate if the youth lives in an out of home placement: • **Foster care or group home** Youth is not living with any family members (or ICOP family members) and is placed in an alternative living situation by the State, County or Tribe. • **Homeless** Youth does not have a permanent residence. May be staying with friends, relatives, couch–surfing or living in a shelter or on the street. • **Other** Youth is living in another type of out–of–home placement (e.g., maternity home).	***Required*** Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Do you feel safe in your home?	1 – Always 2 – Never 3 – Sometimes 8 – N/A or Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
How many times have you moved in the last 6 months?	0 – None ___ Enter exact # if between 1 and 7 months 8 – 8 or more months 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
BASIC NEEDS			
Household Income	Adequate Inadequate Needs CalWORKs	Select the options that apply and include additional information as relevant for assessment process.	
Housing	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Food	Adequate Inadequate Needs: WIC Needs: CalFresh	Select the options that apply and include additional information as relevant for assessment process.	
Utilities	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Clothing/ Personal Hygiene/ School Supplies	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Transportation	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Baby/ Child Supplies	Adequate Inadequate Needs: _____	Select the options that apply and include additional information as relevant for assessment process.	
Legal	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
EDUCATION AND EMPLOYMENT			
Are you currently enrolled in school? If yes, what type of school do you attend? If no, what is preventing you from attending?	Narrative text	Include information as relevant for assessment process.	
Youth enrolled in:	1 – Traditional K–12 education 2 – Continuation, alternative school, court or community school (K–12) 3 – Adult education program (youth 18+) 4 – Institute of higher education (technical, vocational, community college, four–year college) 5 – Youth not currently enrolled, intends to go back 6 – Youth not currently enrolled, does not intend to go back 9 – Unknown	Select one of the options listed. If the youth refuses to attend school (even if enrolled), has "dropped out," or has completed all the education they would like to complete and does not plan to obtain more (e.g., graduated from high school and is not actively pursuing additional education), select option 6. If a youth is not currently enrolled in a school but is actively working to re–enroll, select option 5. If a youth is enrolled in school, but is *temporarily* (e.g., for birth of baby) not attending, select the option that corresponds to the type of school enrolled in.	***Required*** Enter into LodeStar
What was the last grade you successfully completed in school?	Enter last grade completed or 99 for unknown. (2 digits)	Enter the last grade the youth successfully **completed** in school K–12. For grades 1 through 9, enter the grade preceded by a 0; for grades 10–12 enter the grade. If youth completed grade 12, enter date of graduation in required field.	***Required*** Enter into LodeStar
Have you earned a high school diploma, or completed your GED or California Proficiency Exam?	1 – Yes, HS diploma 2 – Yes, GED/CHSPE 3 – No 9 – Unknown	Select one of the options listed. If option 1 or 2 is selected, enter date of graduation in required field.	***Required*** Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Date of completion (Graduation Date) *(if yes to above)*	MM/DD/YY	Enter the date youth obtained diploma, GED, or passed the California proficiency exam.	***Required if last grade completed = 12, or high school graduation status = 1 or 2.*** Enter into LodeStar LodeStar will not accept a graduation date more than 2 weeks in advance.
Have you been accepted into an institution of higher education?	1 – Yes 2 – No 3 – NA (youth has not applied and is attending K–12 school) 9–Unknown	Indicate whether the youth has applied and been *accepted* into an Institute of higher education (including technical, vocational, community college or a four–year college). Ask this question of all youth. For youth who have not applied and are in grades K – 12, enter NA.	***Required*** Enter into LodeStar
Name of Current School	School name	Enter name of current school	
Name of Current School District	School district	Enter name of current school district.	
Completed Credits/Status of Progress?	Number of credits	Indicate number of credits completed and additional information as relevant for assessment process.	
Enrolled in program for expectant/ parenting youth?	1 – Yes 2 – No 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Do you have an IEP?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Do you have a learning disability?	1 – Known 2 – Suspected 3 – None 9 – Unknown	Indicate whether youth has any type of learning disability, e.g., dyslexia or other visual or auditory processing disorder, ADD, ADHD.	***Required*** Enter into LodeStar
What is your current educational goal?	1 – High school diploma 2 – GED/CHSPE 4 – Post–secondary school 5 – None 9 – Unknown	Enter the 1 digit code that best describes youth's current educational goal. If the youth has no stated intention of going beyond their current level of education, enter "5–None at this time," regardless of the current level achieved.	***Required*** Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Are you currently working?	1 – Does not work 2 – Seeking employment 3 – Working 4 – In job training 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
FAMILY AND SOCIAL SUPPORTS ***Support system***			
Any changes to your support system?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Do you feel safe with all of your family?	1 – Always 2 – Never 3 – Sometimes 8 – N/A or Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Do you feel safe with index child's other parent?	1 – Always 2 – Never 3 – Sometimes 8 – N/A or Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
In the last 4 weeks, has the father of your child (or have you) provided emotional/social support to you (or the mother of your child)?	1 – Never 2 – Sometimes 3 – Most of the time 9 – Unknown	Select one of the options listed. Emotional / Social Support includes things like: help with chores, going to doctors apt, transportation	***Required*** Enter into LodeStar
In the last 4 weeks, has the father of your child (or have you) provided financial support to you (or the mother of your child)?	1 – Never 2 – Sometimes 3 – Most of the time 9 – Unknown	Select one of the options listed. Financial Support includes things like: money, child support, buying clothes, diapers, other supplies	***Required*** Enter into LodeStar
HEALTH			
How would you describe your health?	Good Okay Poor	Select one of the options listed and include additional information as relevant for assessment process.	
Document any changes to youth's health / health care that occurred in the past 6 months.	Narrative text	Include information as relevant for assessment process.	

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
What type of insurance do you have?	1 – Medi-Cal 3 – Other public 4 – Private 5 – None 9 – Unknown	Select one of the options listed. If Medi-Cal (#1) is selected, you may record the Medi-Cal number for FFP matching in the space provided.	***Required*** Enter into LodeStar
Have you had a health exam in the past 6 months?	1 – Yes 2 – No 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Are all of your immunizations up to date?	1 – Up to date 2 – Not up to date/medical circumstances 3 – Not up to date/other reasons 9 – Unknown	Select one of the options listed. Refer to current CDC IA schedule for adolescents.	***Required*** Enter into LodeStar
Immunization status verified by:	IZ record Youth School record Not available	Select one of the options listed and include additional information as relevant for assessment process.	
Have you been to the dentist in the past 6 months?	1 – Yes 2 – No, too expensive 3 – No, couldn't find provider 4 – No, didn't need to go 5 – No, other reason 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
REPRODUCTIVE HEALTH			
Current Partner **Ask questions in this section if youth has a current relationship partner that is not the FOB/MOB.** **If not, record relevant N/A codes for each LodeStar-Required item.** Tell me about your current relationship partner:			
Name (Current Partner)	Name Current partner	Enter the name of the youth's current partner.	
Age (Current Partner)	Age Current partner	Enter the age of the youth's current partner.	
Relationship Length (Current Partner)	Length of relationship Current partner	Enter the relationship length of youth's current relationship.	
Total # Children (Current Partner)	Number of children Current partner	Enter the total number of children of the partner, including children with people other than AFLP youth.	

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Describe your current relationship and type of contact	Narrative text	Include information as relevant for assessment process.	
If expecting, what are his/her feelings/ concerns about this pregnancy?	Narrative text	Include information as relevant for assessment process.	
Do you feel safe with your current partner?	1 – Always 2 – Never 3 – Sometimes 8 – N/A (no partner or current partner is FOB/MOB) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Sexual Health – Ask these questions of all youth			
Are you currently sexually active?	1 – Active, 1 partner 2 – Active, 2+ partners 3 – Not currently sexually active 5 – Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Do you feel comfortable talking with your partner(s) about contraception and safe sexual activity?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Document any STI testing, diagnosis or concerns in the past 6 months.	Narrative text	Include information as relevant for assessment process.	
Family Planning / Contraceptive Use – Ask these questions of all youth			
Document contraceptive / STI protection method and frequency of use during sexual activity in last 6 months	Narrative text	Include information as relevant for assessment process.	
Contraceptive/STI protection use during sexual activity in the last 6 months	1 – Never uses 2 – Sometimes uses 3 – Always uses 4 – No sexual activity in past 6 months 5 – Declined 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Contraceptive Type	01 – Cervical cap (Fem Cap) 02 – Condoms 03 – Contraceptive injections (Depo) 04 – Diaphragm 05 – Spermicide 06 – IUD 07 – Contraceptive implant (Implanon) 08 – Pill (or other oral contraceptive) 09 – Rhythm (Cyclebeads) 10 – Sponge 11 – Withdrawal 13 – Patch 14 – Vaginal Ring (Nuva Ring) 15 – Female condom 33 – Emergency contraception (Plan B) 44 – Sterilization 77 – Other: Specify 88 – Not applicable (does not use) 99 – Unknown	Select up to 3 of the options listed. At least one option must be recorded.	***Required*** Enter into LodeStar
How is this (are these) methods working or not working for you?	Narrative text	Include information as relevant for assessment process.	
Is your partner(s) supportive of your contraceptive plan? Is your family supportive?	Narrative text	Include information as relevant for assessment process.	
Do you want to change your contraception method now (or after the baby is born, if pregnant)?	Narrative text	Include information as relevant for assessment process.	
Are you aware of Emergency Contraception (Plan B)?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Reproductive Coercion – Provide Safety Card			
Has either your current partner or anyone else ever hid or messed with your birth control, tried to force or pressure you to become pregnant/get them pregnant, or made you have sex without a condom or birth control so that you would get pregnant/father a child?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
NUTRITION AND PHYSICAL ACTIVITY			
Do you have any questions/concerns about your diet, weight, body, or physical activity?	Narrative text	Include information as relevant for assessment process.	
In how many of the past seven days did you do any physical activity (for at least 20 minutes) that made you sweat and breathe hard?	___Exact # (0–7 days) 8 – NA / incapacitated 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
MENTAL HEALTH *Have teen complete PHQ–9, PHQ–9 Modified for Teens (~ 10 min), or EPDS screening tool*			
Are you currently seeing a therapist, counselor, or psychiatrist?	No Yes	Select one of the options listed and include additional information as relevant for assessment process.	
Have you ever cut on or injured yourself on purpose to relieve pain or stress? When was the last time this occurred?	1 – Yes 2 – No 3 – Declined 9 – Unknown	Select one of the options listed. Report **intentional, self–inflicted injury** in the **last 6 months.**	***Required*** Enter into LodeStar
During the past 6 months, did you ever feel so sad or hopeless every day for two weeks or more in a row that you stopped doing some usual activities?	1 – Yes 2 – No 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar Note any depression during pregnancy or “baby blues” beyond two weeks.

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
YOUTH SAFETY			
Is there anyone in your life now that swears at you, insults you, puts you down, humiliates you or acts in a way that you think you may be physically hurt?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Emotional Abuse** occurred **before age 13** by selecting one of the options listed. Report if there is **Emotional Abuse by anyone in youth's life now** by selecting one of the options listed.	***Required*** Enter into LodeStar
Is there anyone in your life now that often or very often pushes, grabs, slaps, or throws things at you? Or hits you so hard that you have marks or are injured?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Physical Abuse** occurred **before age 13** by selecting one of the options listed. Report if there is **Physical Abuse by anyone in youth's life now** by selecting one of the options listed.	***Required*** Enter into LodeStar
Is there anyone in your life now that touches you or has you touch them in a sexual way that you do not want? Or anyone who has attempted or actually has oral, anal, or vaginal intercourse with you without your consent?	1 – Yes 2 – No 8 – Declined 9 – Unknown	Report if **Sexual Abuse** occurred **before age 13** by selecting one of the options listed. Report if there is **Sexual Abuse by anyone in youth's life now** by selecting one of the options listed.	***Required*** Enter into LodeStar
BEHAVIORAL HEALTH			
Have you ever, or do you currently smoke cigarettes (including electronic cigarettes)?	1 – Never smoked 2 – Stopped smoking 3 – Smokes less than 1 pack a day 4 – Smokes 1 pack or more a day 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
During the past 12 months, did you drink any alcohol (more than a few sips), smoke any marijuana or hashish, or use anything else to get high?	1 – Yes 2 – No 9 – Unknown	Select one of the options listed. If a youth answers "Yes" to this item, ask the next set of items from the CRAFTT SCREENER[3]	***Required*** Enter into LodeStar

[3] The CRAFFT is a behavioral health screening tool for use with individuals under the age of 21. It consists of a series of 3 leading questions (combined for the single AFLP PYD LodeStar Required item) and 6 follow-up questions developed to screen adolescents for high risk alcohol and drug use. CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions. http://www.ceasar-boston.org/CRAFFT/

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Do you ever use alcohol or drugs while you are by yourself or alone?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Do you ever forget things you did while using alcohol or drugs?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Does your family or do your friends ever tell you that you should cut down on your drinking or drug use?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
Have you ever gotten into trouble while you were using alcohol or drugs?	CRAFTT SCREENER Narrative text	Include information as relevant for assessment process.	
PREGNANCY, LABOR, BIRTH AND POSTPARTUM **Ask questions in this section if youth are experiencing a new pregnancy since the last CBA/YOA.** **If not, record relevant N/A codes for each LodeStar-Required item.** ***Pregnancy***			
Tell me about your/your partner's current pregnancy. Right before you (she) got pregnant, how did you feel about getting pregnant?	Narrative text	Include information as relevant for assessment process.	
Pregnancy Intention	1 – Wanted to get pregnant when did 2 – Wanted to get pregnant later 3 – Did not want to be pregnant at all 4 – Wasn't sure of pregnancy intention 8 – N/A (not expecting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
How did you feel when you learned you were expecting?	1 – Happy 2 – Upset 3 – Both happy and upset 4 – Wasn't sure how I felt 8 – N/A (not expecting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Who knows you/your partner are expecting?	Narrative text	Include information as relevant for assessment process.	
Do you have a plan for your delivery (location, people present, customs)?	Narrative text	Include information as relevant for assessment process.	
What is your EDC (Due date)?	MM/DD/YY	Enter due date if applicable.	
When did you begin prenatal care?	MM/DD/YY	Enter date if applicable.	
Trimester	1 – First (1–13 weeks) 2 – Second (14–26 weeks) 3 – Third (27+ weeks) 4 – Not pregnant (already parenting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
What are your plans for feeding your baby when he/she is born? Have you considered whether you will breastfeed? Or use formula? (Breastfeeding Plan)	1 – Plans to exclusively breastfeed 2 – Plans to exclusively formula feed 3 – Plans to breast and formula feed 4 – Undecided 8 – N/A (not pregnant/ expecting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
CHILD PROFILE INDEX CHILD **Ask questions in this section if the Index Child is born.** **If not, record relevant N/A codes for each LodeStar-Required item.**			
Index Child's Name	Name Index child	Enter the name of the index child	
Health			
How would you describe your child's health?	Good Okay Poor	Select one of the options listed and include additional information as relevant for assessment process.	

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Do you currently have health insurance for your child? What type of insurance do you have?	1 – Medi-Cal 3 – Other public 4 – Private 5 – None 8 – N/A (youth expecting) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Does your child have a Primary Care Provider?	Narrative text	Include information as relevant for assessment process.	*Complete "Release of Information" form if applicable*
Up–to–date Well–Child Visit?	No Yes	Select one of the options listed and include additional information as relevant for assessment process. If yes, enter next visit date. (MM/DD/YY)	
Document any changes in index child's health and health care needs.	Narrative text	Include information as relevant for assessment process.	
Is your child up–to–date on his/her immunizations?	1 – Up to date for age 2 – Not up to date, medical circumstances 3 – Not up to date, other reasons 8 – N/A (youth pregnant, expecting) 9 – Unknown	Select one of the options listed. Refer to current CDC IA schedule for children.	***Required*** Enter into LodeStar
Dental Care (for child over 1 year old)	No Yes NA	Select one of the options listed and include additional information as relevant for assessment process.	
Do you place your infant on her/his back to sleep?	No Yes NA	Select one of the options listed and include additional information as relevant for assessment process.	
How often does your child ride in a car seat in a car?	1 – Never 2 – Sometimes 3 – Most of the time 4 – Always	Select one of the options listed and include additional information as relevant for assessment process.	

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Development (Recommend ASQ-3 for developmental screening)			
Has a doctor or other health care provider had you fill out a questionnaire about specific concerns or observations you may have about your child's development, communication, or social behaviors?	No Yes	Select one of the options listed and include additional information as relevant for assessment process. If yes, enter date.	
Is your child meeting developmental milestones or receiving services to address developmental delays	No Yes Unsure / Needs Screening Unsure / Unknown	Select one of the options listed and include additional information as relevant for assessment process.	
Thinking about your child's behavior during the last month (for children ages 6 months to 5 years)… Is he/she affectionate and tender with you?	1 – Never 2 – Rarely 3 – Sometimes 4 – Usually 5 – Always 8 – N/A (youth expecting; child not in age range) 9 – Unknown	Select one of the options listed.	***Required*** for children ages 6 months to 5 years Enter into LodeStar
Does he/she bounce back quickly when things do not go his/her way?	1 – Never 2 – Rarely 3 – Sometimes 4 – Usually 5 – Always 8 – N/A (youth expecting/child not in age range) 9 – Unknown	Select one of the options listed.	***Required*** for children ages 6 months to 5 years Enter into LodeStar
Does he/she show interest and curiosity in learning new things?	1 – Never 2 – Rarely 3 – Sometimes 4 – Usually 5 – Always 8 – N/A (youth expecting/child not in age range) 9 – Unknown	Select one of the options listed.	***Required*** for children ages 6 months to 5 years Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Does he/she smile and laugh a lot?	1 – Never 2 – Rarely 3 – Sometimes 4 – Usually 5 – Always 8 – N/A (youth expecting/child not in age range) 9 – Unknown	Select one of the options listed.	***Required*** for children ages 6 months to 5 years Enter into LodeStar
Safety			
Have there been any abuse/neglect (CPS) reports for the index child in the last 6 months:	1 – Yes, initial complaint 2 – Yes, subsequent complaint 3 – No 4 – Declined 8 – N/A (youth expecting) 9 – Unknown	Select one of the options listed and include additional information as relevant for assessment process.	***Required*** Enter into LodeStar
Number of times in last 6 months index child was: …Hospitalized	___Exact # 0-6 7 – 7 or more 8 – N/A 9 – Unknown	Select one of the options listed and include additional information as relevant for assessment process.	***Required*** Enter into LodeStar
…In ER	___Exact # 0-6 7 – 7 or more 8 – N/A 9 – Unknown	Select one of the options listed and include additional information as relevant for assessment process.	***Required*** Enter into LodeStar
Nutrition			
Do you have any questions or concerns about the way your child is eating, eliminating, sleeping or gaining/ maintaining weight?	Narrative text	Include information as relevant for assessment process.	
Breastfeeding (Ask the following questions to Female Youth Only)			
Did you ever breastfeed or pump milk to feed your child after delivery?	1 – Yes 2 – No 8 – N/A (expecting/male) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
For children less than 1 year old: Are you still breastfeeding or pumping milk to feed him/her?	1 – Yes 2 – No 8 – N/A 9 – Unknown	Select one of the options listed. If the youth is male, enter NA.	***Required*** Enter into LodeStar
If no, how old was your baby when you stopped feeding him/her breast milk	___# Days ___# Weeks ___# Months 888 – N/A (never/still breastfeeding/male/ expecting 999 – Unknown	Enter the number of days, **OR** weeks, **OR** months. Otherwise choose one of the other two options. If the youth never breastfed, is still breastfeeding, is male, or is expecting enter code 888. If a youth is unsure of the exact age of the child when she/he stopped breastfeeding report the youth's best estimate.	***Required*** Enter into LodeStar
How old was your baby when he or she was first fed formula?	___# Days ___# Weeks ___# Months 888 – N/A (never/still breastfeeding/male/ expecting 999 – Unknown	Enter the number of days, **OR** weeks, **OR** months. Otherwise choose one of the other two options. If the youth never fed her child formula, is still exclusively breastfeeding, is male, or is expecting enter code 888. If a youth is unsure of the exact age of the child when she/he first had formula report the youth's best estimate.	***Required*** Enter into LodeStar
How old was your baby the first time he/she ate or drank liquids other than breast milk or formula?	___# Days ___# Weeks ___# Months 888 – N/A (never/still breastfeeding/male/ expecting 999 – Unknown	Enter the number of days, **OR** weeks, **OR** months. Otherwise choose one of the other two options. If the youth never gave her child other liquids, is still exclusively breastfeeding, is male, or is expecting enter code 888. If a youth is unsure of the exact age of the child when she/he first had other liquids report the youth's best estimate.	***Required*** Enter into LodeStar

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
If you are no longer breastfeeding (never breastfed), what is the primary reason you stopped?	01 – Couldn't get enough info/help 02 – Didn't make enough milk 03 – BF was too painful 04 – Felt baby preferred formula 05 – Formula was easier 06 – Wanted partner to be able to feed baby too 07 – A doctor/nurse/ midwife said to stop 08 – Youth's boyfriend and/or the FOB didn't want her to BF 09 – Youth's friends/family didn't want her to BF 10 – Youth needed to go back to work/school 11 – Youth was embarrassed about BF 12 – Youth thought baby was too old 88 – N/A 99 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Parenting			
Describe how and how often you play with your baby or child?	Narrative text	Include information as relevant for assessment process.	
What do you do when your baby or child… Cries a lot?	Narrative text	Include information as relevant for assessment process.	
Has a tantrum or is not behaving well, experiences sleep issues?	Narrative text	Include information as relevant for assessment process.	
What do you like best and least about being a parent?	Narrative text	Include information as relevant for assessment process.	

YOUTH OUTCOME ASSESSMENT (YOA)			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Child Care			
Are you currently using child care? If yes, are you satisfied with the availability and quality of care provided? If no, reason not used?	01 – Index child not born yet 02 – Medical reasons 03 – Not safe 04 – Enrollment barrier 05 – Transportation barrier 06 – Not affordable 07 – Not available 08 – Family/cultural barrier 09 – Youth not enrolled in school 10 – Not needed/wanted 11 – Other 12 – More needed 13 – Satisfied 14 – Not satisfied 99 – Unknown	Select one of the options listed. Response options 01 – 11 refer to barriers to child care usage for youth who are not using child care. Response options 12 – 14 refer to satisfaction with childcare if it is used.	***Required*** Enter into LodeStar
How is child care paid?	1 – School 2 – Cal–Learn 3 – Free 4 – Self–pay 5 – Other 8 – None, not used 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Who provides child care?	01 – On–site school–based day care 02 – Large licensed family daycare (8>) 03 – Small licensed family daycare (<9) 04 – Child care center 05 – Youth's home, unlicensed relative 06 – Youth's home, unlicensed non–relative 07 – Other home, unlicensed relative 08 – Other home, unlicensed non–relative 09 – Other 10 – N/A 99 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Use this space for general comments and follow-up needed	Narrative text	Include information as relevant for assessment process; document needed follow-up	
Case Manager / Supervisor Signatures	Sign and Date	The Case Manager should sign and date each CBA.	Include a supervisory signature if CBA reviewed.

LodeStar Client Contact Log

Overview: Mandatory form to record each contact a case manager has with or for a client in the month.

Data Collection and Coding Process

Print a blank log each month. The LodeStar Client Contact Log is produced from the Clients list in the Reports Screen in LodeStar. The blank log includes space to record contacts for each client assigned to a given case manager. Print a blank log prior to the beginning of each month for each case manager. If your agency serves many youth and has a designated data entry person, you may want to print blank logs at the beginning of the month and again in the middle of the month. Entering data recorded from the first half of the month will reduce burden on data entry staff to enter all contact log information at the end of the month before the data transmission date.

The last recorded face–to–face contact is shown at the bottom of each client box on the blank contact log. It will show the type code, date and, case manager ID. For example, "100 in 3/2015 by AB20", means the last face–to–face contact was a home visit in March 2015 by Case Manager AB20.

If a new client has not been entered into the LodeStar system when the Client Contact Log is produced, the case manager should write in the name and ID # of the client at the bottom of the list and record contacts as usual.

A sample blank log is shown below:

Fake Agency

Lodestar Client Contact Log

Report Data: All Agency Clients - Dates 02/02/2016 to 02/02/2016
Sorted By Case Mgr / Client Name

Contacts for the month of: February, 2016

Type Code Legend:	ISP - Individual Service Plan	Time Legend:
100 - Home Visit	RAI - Relationship Abuse Information	Missed = 0
200 - Office Visit	NP3 - reason 3 Cal-Learn Non-Participatory	1-15 min = 0.25
300 - Field Visit	NP4 - reason 4 Cal-Learn Non-Participatory	16-30 min = 0.5
400 - Group Meeting	NP5 - reason 5 Cal-Learn Non-Participatory	31-45 min = 0.75
500 - Telephone Contact		46-60 min = 1.0
600 - Collateral Facilitation		61-75 min = 1.25
700 - Correspondence Sent	PYD Code Legend:	eg:
800, 900 & A00 - User Defined	IMC - ISP:My Care Plan	2hrs 23min = 2.5

Case Manager: FM2 - Feich Manager **Month of: February, 2016**

Client Name / DOB / Status / Last 100, 200 or 300 Contact	Client ID	Date	Type	Time	Date	Type	Time	Date	Type	Time	Date	Type	Time
Chayneson, Chayne	00000CC01												
04/27/1998													
02/06/2015 AFLP - Active													
300 on 12/2015 by FM2													
Darson, Dar	00000DD06												
06/25/1998													
12/10/2015 AFLP - Active													
300 on 12/2015 by FM2													

Data from the Client Contact Log must be entered into LodeStar. See information in the LodeStar User's Manual for information about how to enter this data into LodeStar, starting on page 19.

CODING INSTRUCTIONS – CLIENT CONTACT LOG

Record contact data. Each client contact is tracked by recording the Date (mm/dd or mm.dd), Type Code and Time Spent in the boxes provided, for the given month. Seven preset types of contacts, three specific MCAH contacts for AFLP, and three user–defined contacts are tracked (see Table 8).

Table 8: Type Code Descriptions for Client Contact Log

Type Code	Description
100 – Home Visit	Takes place at the client's home and includes a case manager and the client in a face–to–face meeting. Others may or may not be present.
200 – Office Visit	Takes place at the AFLP/Cal Learn agency office and includes a case manager and the client in a face–to–face meeting. Others may or may not be present.
300 – Field Visit	Takes place away from the client's home or AFLP/Cal Learn agency office and includes a case manager and the client in a face–to–face meeting. Others may or may not be present.
400 – Group Meeting	Takes place during a group activity conducted by the AFLP/Cal–Learn agency at which two or more clients are present. The client's case manager may or may not be involved
500 – Telephone Contact	Occurs when a case manager speaks, texts or emails with the CLIENT over the phone
600 – Collateral Facilitation	Consists of a face–to–face or telephone, fax, email or internet contact on behalf of the client, the client's child, or the client's family with any individual who plays a significant role in that individual's health, education, or welfare.
700 –Correspondence Sent	Information that is mailed, emailed, or faxed to the client. You may count the time used to in the preparation of the materials if they are specific to this client. Do not count the time spent in preparing materials sent to multiple clients.
800, 900 & A00 – User Defined	The three User Defined categories can be used to track other contact information for your agency. Please provide your case managers with a list describing the purpose of any user–defined categories. Make sure that you always use the categories according to the list and never change the purpose of a category. Categories are not included in summary reports.
NP3, NP4, NP5 –Cal-Learn Non–Participatory	Use these codes to document when a Cal-Learn youth enters a non–participatory status. NP3 – Unable to locate youth; NP4 – Youth declines case management; no report cards; NP5 – youth declines case management but turns in report cards. Record time as .25 to document youth status. Youth who receive completed face-to-face visits will be treated as participatory unless an NP code has been recorded.
ISP*	Use this code to indicate when a new ISP (initial or quarterly review) is created for an AFLP BAU client. Record the time as .25 to show task completed.
RAI*	Use this code to document when you give each client the Safety Cards with information about reproductive coercion and relationship abuse in a face–to–face visit. Provide Safety Cards at least two times each year (more often if needed). Record the time as .25 to show the task is completed.

*When using an ISP, IMC, or RAI code another contact entry is needed to track the visit type (Type Code) and length (Time Spent) of the contact.

CODING INSTRUCTIONS – CLIENT CONTACT LOG

Coding Time Spent

To code the Time Spent on a client contact, it is necessary to round **up** to the nearest quarter hour and convert to a decimal value. Using this scheme, a contact that was 2 hours and 23 minutes long would be recorded as 2.5; a 10–minute contact would be recorded as 0.25 (see Table 9).

Attempted Contacts. If a contact is attempted and missed, record the time as 0 (zero). NP, ISP, IMC and RAI codes should not be recorded as attempts as these codes are used to record youth status or tasks completed.

Table 9: Time Spent conversions for Client Contact Log

Visit Length	Time Spent Entry
Missed	0
1 – 15 minutes	.25
16 – 30 minutes	.50
31 – 45 minutes	.75
46 – 60 minutes	1.0
61 – 75 minutes	1.25
1 hour, 16 min – 1 hour, 30 min	1.50
1 hour, 31 min – 1 hour, 45 min	1.75
1 hour, 46 min – 2 hours	2.0
2 hour, 1 min – 2 hour, 15 min	2.25
2 hour, 16 min – 2 hour, 30 min	2.5

Examples of Coding Client Contact Log Data

Example 1: 65 minute home visit with the initial Care Plan

The example below shows how to record a face–to–face contact of 65 minutes that includes the initial Care Plan. In the example, the first entry is created with the date of contact, the IMC code for the initial Care Plan, and the time coding of .25 to indicate the task is complete. A second entry is created for the same day, with the face–to–face contact Type Code (in this case a home visit coded as 100), and the full time of the home visit was completed (65 minutes rounded up to the nearest quarter hour (75 minutes) and converted to a decimal 1.25).

Date	Type	Time	Date	Type	Time
4.7	IMC	.25	4.7	100	1.25

Example 2: An attempted office visit

The example bellows shows how to record an office visit that was scheduled when the client does not show up for the appointment. In the example (see line two, date 4/21), the date of the appointment is recorded along with the Type Code (200 for office visit) but a 0 (zero) is entered as the Time Spent.

Date	Type	Time
4.13	500	.25
4.21	200	Ø

Pregnancy Outcome Form

Overview
Use this form to record pregnancy outcomes for female youth anytime the client has an active status. Complete this form at the soonest possible time point after the pregnancy resolution.

Data Collection Process: Pregnancy Outcome Forms are completed for female youth only. For males update the child information on the CBA and edit the CBA in LodeStar. Complete this form for pregnancies that resolve anytime the client has an active status.

If a youth exits the program, completes a pregnancy while outside the program, and then returns to the program, you do not complete a Pregnancy Outcome Form. In this case, include any new non–Index children on the CBA if the youth has been away from program for more than 6 months. If the youth has been away from program for less than 6 months, add any new non–Index children to the youth's information by completing the LodeStar Additional Child Matrix Form (see instructions on page 107).

Data for the pregnancy outcome form must be entered into LodeStar. **Table 15** provides information about each item on the Pregnancy Outcome Form.

NOTE: If a new client completed a pregnancy prior to the date they are given an active status in the program, the Pregnancy Outcome form is not filled out for the Index Child (instead, the youth is coded with an Entry Status of "Parenting and not Pregnant" on the Screener and information about the pregnancy is collected on the CBA).

For Cal–Learn Clients:
If the child is born while the client is in the program but you are unable to complete a pregnancy outcome interview because the client cannot be found or is uncooperative, fill out the Pregnancy Outcome form only up to the question regarding Cal–Learn Case–Management Participation and enter into LodeStar, leaving the rest blank. Continue to attempt to meet with the client to complete a full Pregnancy Outcome form for entry into LodeStar.

Table 15: Pregnancy Outcome

Pregnancy Outcome			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Cal–Learn Case Management Participation	1 – Usually available to meet with case manager 2 – Sporadic participation 3 – None, unable to locate/contact 4 – Client refuses case management, does not turn in report cards 5 – Client declines case management, but turns in report cards 8 – Not applicable (not Cal–Learn)	Cal–Learn: Select one of the options listed.	***Required*** If you select options 3 to 5, you need not complete this form. In LodeStar this field defaults to 8 – Not applicable for all non–Cal Learn funding sources

Pregnancy Outcome			
Item	**Coding Options**	**Description/Instructions**	**Notes**
LodeStar ID	9–digit number	Enter LodeStar ID number	***Required***
Form Completion Date	MM/DD/YY	Enter the date the form was completed.	***Required***
Youth Name	Name Youth's name	Enter the name of the youth.	***Required***
Case Manager	ID Code and Name	Enter the ID Code and case manager's name.	***Required***
Index child	1 – Index child birth outcome 2 – Non–index child birth outcome	Select one of the options listed.	***Required*** Enter into LodeStar
Date of Delivery / Other Outcome	MM/DD/YY	Enter the date of delivery or other outcome.	***Required*** Enter into LodeStar
Pregnancy Outcome	1 – Live birth 2 – Fetal death 3 – Other	Select one of the options listed. For miscarriage, stillbirth, fetal death, or spontaneous abortion, use code 2.	***Required*** Enter into LodeStar
Weeks of Gestation	___Number of weeks 99 – Unknown	Enter the number of weeks pregnancy resolution or 99 if unknown	***Required*** Enter into LodeStar
Type of Birth	1 – Single 2 – Multiple	Select one of the options listed.	***Required*** Enter into LodeStar ***For multiple births, complete the Additional Child Matrix Form to record birth outcomes for 2nd and subsequent children***
Child First Name	First Name Child	Note child's first name, if known.	
Child Last Name	Last Name Child	Note child's last name, if known.	
Child Sex	1 – Female 2 – Male 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Child Birth Weight Lbs., oz.	___Weight (Lbs. and oz.) 88 – Not a live birth 99 – Unknown	Enter the child's birth weight (pounds, ounces), 88 if not a live birth, or 99 if unknown.	***Required*** Enter into LodeStar

Pregnancy Outcome			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Length of hospital stay at delivery (Youth)	1 – Less than 1 day 2 – One to three days 3 – Four days to one month 4 – Over 1 month 5 – Home birth 8 – N/A 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Length of hospital stay at delivery (Infant)	1 – Less than 1 day 2 – One to three days 3 – Four days to one month 4 – Over 1 month 5 – Home birth 8 – N/A 9 – Unknown	Select one of the options listed. Use code 8 for fetal death or therapeutic abortion.	***Required*** Enter into LodeStar
Trimester prenatal care began	0 – No prenatal care 1 – First trimester (1–13 weeks) 2 – Second trimester (14–26 weeks) 3 – Third trimester (27+ weeks) 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Prenatal care setting	1 – Private office 2 – Health care clinic 3 – Other setting 4 – No prenatal care 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Source of prenatal care payment	1 – Medi-Cal 2 – Private insurance 3 – Third–party payer 4 – Self–pay/cash 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Total number of children youth given birth to	___ Exact number for 0 to 7 children 8 – 8 or more children 9 – Unknown	Count all live births that the client has had to date, including any that occurred before the client entered the program Enter the exact number 0 to 7. Enter 8 if the number is 8 or more. If unknown, enter 9.	***Required*** Enter into LodeStar
Initiate breastfeeding in hospital	1 – Yes 2 – No 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar

Additional Child Matrix

Overview

Use this form when a youth enters the program with more than one child, enters pregnant with any additional children, or gives birth while in the program to twins or triplets, to record information about a youth's natural or adopted children other than the Index Child, up to a total of five.

Data Collection Process

The form tracks names, gender, birth dates, birth weights and, if applicable, any subsequent dates on which legal custody of a child is lost or the child dies. Enter all children starting with the *youngest child*.

If a Pregnancy Outcome form (index or non–index) has been filled out and entered into LodeStar the appropriate information will also appear in the Additional Child Matrix in LodeStar.

You may also use this form to submit changes to information already entered on a previous form or if the youth loses custody of the index child or the index child dies and a new index child can be selected from a current pregnancy or the clients other children. If you do, make sure you indicate clearly on the form what information you want changed so there is no confusion among your data entry staff as to which values of which child's information need to be updated.

Table 16: Additional Child Matrix

Additional Child Matrix			
Item	**Coding Options**	**Description/Instructions**	**Notes**
4 Solid Lines At Top Of Page, Right	Use for internal control, such as to record who completed the form, date completed, who entered data into computer, date entered		Optional
Youth Name	First Name Middle Initial Last Name	Enter youth's name.	
LodeStar ID	9–digit number	Enter LodeStar ID number.	***Required***
For each child (up to five total) enter:			
Child Name	First Name Last Name	Must not be blank if the corresponding Birth Date or Birthweight fields are completed.	***Required*** Enter into LodeStar
Child Date of Birth	MM/DD/YY	Must not be blank if the corresponding Name or Birthweight fields are completed	***Required*** Enter into LodeStar
Child Gender (Sex)	1 – Female 2 – Male	Indicate biological sex of child.	***Required*** Enter into LodeStar
Child Birth Weight	Birth Weight (lbs., oz.) 99 – Unknown	Enter birth weight of child. Must not be blank if the corresponding Name or Birth Date fields are completed.	***Required*** Enter into LodeStar
Date Lost Custody	MM/DD/YY	If the client has lost legal custody of a child listed, enter the date on which custody was lost. Otherwise, *leave blank*.	Enter into LodeStar
Date Child Died	MM/DD/YY	If a listed child dies, enter the date of the child's death. Otherwise, *leave blank*.	Enter into LodeStar

Education Form

Overview

Use this form to report on changes in youth education status that occur between the CBA and YOA or between subsequent YOA reporting periods. Specifically, this form is required whenever a youth:

- finishes a grade (K – 12 only)
- graduates from high school
- completes the GED or CHSPE
- has another change in school status (e.g., drops out of or returns to school)
- has a change in education goal

Data Collection Process

If you receive information that a youth's school status has changed, complete the Education Form and enter the required data into LodeStar. If a youth's status is in flux (e.g., in-between schools), the form need be submitted only once the status has stabilized, but never more than one month past the date that the last stable school status ceased to be current. Please DO NOT fill out an Education Form on the same day as any CBA or YOA form (instead, use the CBA or YOA to update education information if reporting changes on the same day). Some of the required items are the same as on the CBA and YOA and it can cause data errors if done on the same day.

Table 17: Education Form

Education Form			
Item	**Coding Options**	**Description/Instructions**	**Notes**
4 Solid Lines At Top Of Page, Right	Use for internal control, such as to record who completed the form, date completed, who entered data into computer, date entered		Optional
LodeStar ID	9–digit number	Enter LodeStar ID number.	***Required***
Case Manager	Name	Enter the case manager's name.	***Required***
Youth Name	First, Middle Name Last Name	Enter youth's name.	***Required***
School Status Change Date	MM/DD/YY	Enter the date the youth's school status changed	***Required*** Enter into LodeStar
Youth Enrolled in:	1 – Traditional K–12 education 2 – Continuation, alternative school, court or community school (K–12) 3 – Adult education program (youth 18+) 4 – Institute of higher education (technical, vocational, community college, four–year college) 5 – Youth not currently enrolled, intends to go back 6 – Youth not currently enrolled, does not intend to go back 9 – Unknown	Select one of the options listed. If the youth refuses to attend school (even if enrolled), has "dropped out," or has completed all the education they would like to complete and does not plan to obtain more, select option 6. If a youth is not currently enrolled in a school but is actively working to re–enroll, select option 5. If a youth is enrolled in school, but is *temporarily* (e.g., for birth of baby) not attending, select the option that corresponds to the type of school enrolled in.	***Required*** Enter into LodeStar

Education Form			
Item	**Coding Options**	**Description/Instructions**	**Notes**
Last Grade Successfully Completed (K-12 only)	Enter last grade completed (01- 12) or 99 for unknown. (2 digits)	Enter the last grade the youth successfully **completed** in school. If youth completed grade 12, enter date of graduation in required field.	***Required*** Enter into LodeStar
Graduation Status	1 – Yes, HS diploma 2 – Yes, GED/CHSPE 3 – No 9 – Unknown	Select one of the options listed. If option 1 or 2 is selected, enter date of graduation in required field.	***Required*** Enter into LodeStar
Date of completion (Graduation Date) *(if yes to above)*	MM/DD/YY	Enter the date youth obtained diploma, GED, or passed the California proficiency exam. LodeStar will not accept a graduation date more than 2 weeks in advance.	***Required if last grade completed = 12, or high school graduation status = 1 or 2.*** Enter into LodeStar
Accepted into an institution of higher education	1 – Yes 2 – No 3 – NA (youth has not applied and is attending K–12 school) 9–Unknown	Indicate whether the youth has applied and been *accepted* into an Institute of higher education (including technical, vocational, community college or a four–year college). Ask this question of all youth. For youth who have not applied and are in grades K – 12, enter NA.	***Required*** Enter into LodeStar
Enrolled in program for expectant/ parenting youth	1 – Yes 2 – No 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar
Learning disability	1 – Known 2 – Suspected 3 – None 9 – Unknown	Indicate whether youth has any type of learning disability, e.g., dyslexia, ADD, ADHD.	***Required*** Enter into LodeStar
Current Educational Goal	1 – High school diploma 2 – GED/CHSPE 4 – Post–secondary school 5 – None 9 – Unknown	Enter the 1 digit code that best describes youth's current educational goal. If the youth has no stated intention of going beyond their current level of education, enter "5–None at this time," regardless of the current level achieved.	***Required*** Enter into LodeStar
Currently Working	1 – Does not work 2 – Seeking employment 3 – Working 4 – In job training 9 – Unknown	Select one of the options listed.	***Required*** Enter into LodeStar

Data Collection and Coding Manual Appendix

The following documents are provided in this Appendix:

1. AFLP Consent BAU (2 pages);
2. AFLP SDC1 Language Codes (1 page);
3. AFLP SDC2: Race Ethnicity Codes (1 page);
4. AFLP SDC3: Service Matrix Tracking Form (2 pages);
5. List of Agency ID numbers (1 pages); and,
6. Frequently Asked Questions about Completing the CBA / YOA.

Documents 1 – 4 are provided without header or footer information and with the document-specific formatting intact so they may be reproduced for program use.

CALIFORNIA ADOLESCENT FAMILY LIFE PROGRAM
RIGHTS & RESPONSIBILITIES AND CONSENT

What is the Adolescent Family Life Program (AFLP)?
AFLP serves parenting and expectant youth in California. To be eligible, you must be under 19 years old when you join the program. Being in AFLP is voluntary, this means you may change your mind and stop participating in the program at any time.

What does AFLP provide?

- Case management services that focus on topics important to parenting and expectant youth.
- Case conferencing to better understand you and your needs.
- Referrals to services outside of AFLP, such as for WIC, job training, childcare services, Medi-Cal or other health insurance.
- A supportive setting and positive encouragement for achieving your goals.

As an AFLP Client, I have the right to:

- Be treated with respect and dignity in a way that is culturally appropriate.
- Receive services regardless of religion, lifestyle, or disability.
- Make my own decisions about receiving services.
- Ask questions about services that I am receiving.

As an AFLP Client, I am responsible for:

- Meeting face-to-face with my Case Manager once a per month, for at least 1 year.
- Updating my Case Manager address and phone number if they change.
- Taking an active role in identifying my needs and setting and meeting my goals.

Thank you for allowing us to serve you and your family!

By signing below, I agree that I have read and understand my rights and responsibilities as a client participating in the Adolescent Family Life Program. I am willing and able to fully participate in the Adolescent Family Life Program.

_____
AFLP Client Signature

_____
AFLP Program Representative Signature

_____
Date

CALIFORNIA ADOLESCENT FAMILY LIFE PROGRAM
RIGHTS & RESPONSIBILITIES AND CONSENT

On behalf of myself: _____ _____ _____

First name | Last name | Date of Birth

And my child(ren): _____ _____ _____

First name | Last name | Date of Birth

_____ _____ _____

First name | Last name | Date of Birth

_____ _____ _____

First name | Last name | Date of Birth

AFLP is Confidential

I authorize the Adolescent Family Life Program (AFLP) staff to release and exchange information about myself and my child(ren) for the purposes of case conferencing and providing appropriate services within AFLP and referrals to services outside AFLP. In addition, I authorize the California Department of Public Health to link my child(ren)'s birth certificate information with AFLP data for program evaluation purposes. I understand that the AFLP program will keep my and my child(ren)'s personal and health information confidential at all times.

By signing below, I agree that I have read and understand the authorization for release and exchange of information as a client of the Adolescent Family Life Program.

_____ _____ _____

Client's signature | Print name | Date

☐ **Youth Declines**

AFLP/Cal-Learn Primary Language Code List

Code	Language
156	Albanian
170	American Sign Language
111	Arabic
112	Armenian
142	Assyrian
161	Bengali
113	Burmese
103	Cantonese
136	Cebuano
154	Chaldean (Visayan)
120	Chamorro (Guamanian)
139	Chaozhou (Chiuchow)
115	Dutch
100	English
116	Farsi (Persian)
105	Filipino (Pilipino or Tagalog)
117	French
118	German
119	Greek
143	Gujarati
121	Hebrew
122	Hindi
123	Hmong
124	Hungarian
125	Ilocano
126	Indonesian
127	Italian
108	Japanese
109	Khmer (Cambodian)
150	Khmu
104	Korean

Code	Language
151	Kurdish (Kurdi, Kurmanji
147	Lahu
110	Lao
107	Mandarin (Putonghua)
148	Marshallese
144	Mien (Yao)
149	Mixteco
140	Pashto
141	Polish
106	Portuguese
128	Punjabi
145	Rumanian
129	Russian
130	Samoan
152	Serbo-Croatian (Bosnian,Croatian,Serbian)
160	Somali
101	Spanish
146	Taiwanese
132	Thai
157	Tigrinya
153	Toishanese
134	Tongan
133	Turkish
138	Ukranian
135	Urdu
102	Vietnamese
188	Refused to answer
199	All other Non-English languages

AFLP / ASPPP / Cal Learn Race / Ethnicity Codes

Choose the Category That You Most Identify With

100 ASIAN or PACIFIC ISLANDER

110 Chinese
120 Japanese
130 Korean

Southeast Asian
- 141 Vietnamese
- 142 Cambodian
- 143 Hmong
- 144 Laotian
- 145 Thai
- 149 Other Southeast Asian

150 Other Asian
- 151 Asian Indian

Polynesian
- 161 Hawaiian
- 162 Samoan
- 163 Tongan
- 169 Other Polynesian

Micronesian
- 171 Guamanian
- 179 Other Micronesian

180 Melanesian
185 Filipino
190 Other Pacific Islander

200 AFRICAN AMERICAN (Black)

300 CAUCASIAN (White)

400 HISPANIC / LATINO

Central American
- 411 Mexican
- 412 Guatemalan
- 413 Costa Rican
- 414 Salvadoran
- 415 Nicaraguan
- 416 Panamanian
- 429 Other Central American

South American
- 431 Argentinean
- 432 Bolivian
- 433 Chilean
- 434 Colombian
- 435 Ecuadorian
- 436 Paraguayan
- 437 Peruvian
- 438 Uruguayan
- 439 Venezuelan
- 459 Other South American

Other Hispanic/Latino
- 461 Cuban
- 462 Puerto Rican
- 463 Dominican
- 464 Spaniard
- 499 Other Hispanic/Latino not listed

500 AMERICAN INDIAN / ALASKAN NATIVE

510 North American Indian

570 Central American Indian

580 South American Indian

590 Alaskan Native
- 591 Eskimo (Caizo)
- 592 Aleut

INTER-RACIAL

Caucasian and
- 611 Asian/Pacific Islander
- 612 African American
- 613 American Indian
- 614 Hispanic/Latino
- 619 Other Caucasian combination

African American and
- 621 Asian/Pacific Islander
- 622 Caucasian
- 623 American Indian
- 624 Hispanic/Latino
- 629 Other African American combination

Asian/Pacific Islander and
- 631 African American
- 632 Caucasian
- 633 American Indian
- 634 Hispanic/Latino
- 639 Other Asian/Pacific Islander combination

American Indian and
- 641 African American
- 642 Caucasian
- 643 Asian/Pacific Islander
- 644 Hispanic/Latino
- 649 Other American Indian combination

Hispanic/Latino and
- 651 African American
- 652 Caucasian
- 653 American Indian
- 654 Asian/Pacific Islander
- 659 Other Hispanic/Latino combination

700 OTHER
999 REFUSE TO ANSWER

Adolescent Family Life Program Positive Youth Development (AFLP PYD) Service Matrix Tracking Sheet

Lodestar ID: Case Manager:

Youth Name:

Service Referral Codes: **X -** refused service; **0 -** Receiving Service; **1 -** Has been referred; **2 -** Referred but not follow through; **3** - Referred but service not accessible; **4** - Needs service but has not yet been referred; **5** - Not referred-service not available; **6** - Not Referred -service not needed; **7**- Not eligible for service; **8** - Has completed receiving service; **9** - Unknown

Youth Referrals	Pre-Enrollment / Last Recorded Status	**Visit Date**										
Service Type												
Counseling / Health/Medical												
Abuse Victim Counseling												
Adoption Counseling												
California Children's Services (CCS)												
CPS Intervention												
Domestic Violence Intervention												
Family Planning												
Medi-Cal												
Mental Health Counseling												
Prenatal Care												
Primary Preventive Health Care												
Public Health Nurse Home Visits												
Substance Abuse Treatment												
WIC												
Financial / Educational												
CalWorks												
Education												
Employment												
ESL												
Food Stamps												
Job/Vocational Counseling or Training												
Parenting Education												
Special Ed												
Other Gov. Financial Benefits or Asst.												
Other Services												
Document Acquisition												
Emergency Food/Shelter/Clothing												
Housing												
Legal Services												
Regional Center												
Transportation												
Social/Cultural Activities												
Social Skills Building												
Free Codes (#U - #Y are optional)												
#U												
#V												
#W												
#X												
#Y												
#Z: Coercion Resistant Birth Control												

Adolescent Family Life Program Positive Youth Development (AFLP PYD) Service Matrix Tracking Sheet

Lodestar ID: Case Manager:

Youth Name:

Service Referral Codes: **X -** refused service; **0 -** Receiving Service; **1 -** Has been referred; **2 -**Referred but not follow through; **3** - Referred but service not accessible; **4** - Needs service but has not yet been referred; **5** - Not referred-service not available; **6** - Not Referred -service not needed; **7**- Not eligible for service; **8** - Has completed receiving service; **9** - Unknown

Index Child Referrals	Pre-Enrollment / Last Recorded Status	**Visit Date**										
Service Type												
Counseling / Health/Medical												
Abuse Victim Counseling												
California Children's Services (CCS)												
Child Development Intervention												
CPS Intervention												
Medi-Cal												
Mental Health Counseling												
Primary Preventive Health Care												
Public Health Nurse Home Visits												
Substance Abuse Treatment												
WIC												
Financial / Educational												
Education												
Food Stamps												
Head Start												
Special Ed												
Other Gov. Financial Benefits or Asst.												
Other Services												
Child Day care												
Document Acquisition												
Emergency Food/Shelter/Clothing												
Legal Services												
Regional Center												
Free Codes (optional)												
#U												
#V												
#W												
#X												
#Y												
#Z												

LODESTAR AGENCY LIST

County	Organization	Agency #	AFLP/CL
Alameda	Tiburcio Vasquez	01-006	AFLP&CL
Alameda	Brighter Beginnings	01-093	AFLP&CL
Butte	Northern Valley Catholic Social Service	04-094	AFLP
Butte	Butte County	04-518	Cal Learn
Contra Costa	Brighter Beginnings	07-095	–
Fresno	Fresno County DSS	10-096	AFLP
Glenn	Glenn County	11-543	Cal Learn
Imperial	Imperial County AFLP	13-201	AFLP
Kern	Clinica Sierra Vista	15-057	AFLP
Kern	Kern County	15-233	Cal Learn
Kings	Kings County Action Organization	16-013	AFLP&CL
Lake	Lake County Family Resource Center	17-098	AFLP&CL
Los Angeles	El Nido Family Center	19-070	AFLP&CL
Los Angeles	Children's Hospital of LA - Project NATEEN	19-099	AFLP&CL
Los Angeles	Foothill Family Services - Pasadena	19-100	AFLP&CL
Los Angeles	Altamed Health Services - East LA	19-101	AFLP&CL
Los Angeles	Altamed Health Services - Long Beach	19-109	AFLP&CL
Madera	Madera County Public Health	20-588	AFLP&CL
Merced	Merced County Public Health	24-028	AFLP
Napa	Napa Planned Parenthood	28-603	AFLP&CL
Nevada	Nevada Joint Union High	29-102	AFLP&CL
Orange	Orange County Health Care Agency	30-030	AFLP&CL
Placer	Placer County Health Department	31-103	AFLP&CL
Riverside	Riverside County	33-032	Cal Learn
Sacramento	Sutter Teen Programs	34-033	AFLP&CL
San Benito	San Benito AFLP	35-627	AFLP&CL
San Diego	San Diego Unified School District	37-104	AFLP&CL
San Francisco	Family Services of San Francisco	38-040	AFLP
San Joaquin	San Joaquin Public Health	39-107	AFLP&CL
San Luis Obispo	Community Action Partnership of San Luis Obispo	40-659	AFLP&CL
Santa Barbara	Santa Barbara County CL	42-108	Cal Learn
Santa Barbara	Community Action Commission of Santa Barbara	42-333	AFLP
Santa Clara	Santa Clara Planned Parenthood Marmonte	43-109	AFLP&CL
Santa Cruz	Santa Cruz County Human Resources Agency	44-676	Cal Learn
Shasta	Northern Valley Catholic Social Services	45-110	AFLP&CL
Solano	Solano County Health & Social Services	48-205	AFLP&CL
Sonoma	Sonoma County Health Department	49-056	AFLP&CL
Stanislaus	Stanislaus County Health Department	50-051	AFLP&CL
Tulare	Tulare Co Health & Human Services Agency	54-052	AFLP&CL
Ventura	Ventura County Health Department	56-112	AFLP&CL
Yolo	Yolo County Health Department	57-444	AFLP

Frequently Asked Questions
2014 Comprehensive Baseline Assessment (CBA) and Youth Outcome Assessment (YOA)
AFLP and AFLP PYD

1. **Do I have to ask every question on the form?**
    a. No. The required questions are highlighted in gray. The remaining questions are provided to allow you to capture a comprehensive view of the youth's strengths and needs. Case Managers can tailor their use of these questions to the youth's situation.
2. **Do I have to ask all questions as they are worded?**
    a. No. The CBA and YOA are designed to be administered using a motivational interviewing approach. The questions are provided as a guide. You can word the questions in a way that feels natural to you. It is important, however, that you solicit the information directly from the youth and do not infer answers based on information from other people or on your observations.
3. **Do I have to ask the questions in the order listed?**
    a. No. Because the forms are designed to be administered using a motivational interviewing approach it is possible that information covered in a later section of the form is spontaneously discussed by the youth at an earlier time.
4. **Do youth have to answer every question?**
    a. No. Youth have the right to refuse to answer ANY question on the CBA / YOA. The case manager can remind the youth of this prior to beginning the form. If the youth chooses not to answer, the case manager would mark the response as "refused."
5. **Why did you change the intake form / previous CBA to this new CBA? Is the new CBA open to revisions?**
    a. We revised the CBA / YOA for three reasons. 1) to meet federal reporting requirements; 2) to align data collection efforts with AFLP program priorities; 3) to reduce the number of items agencies are required to ask and report to the state.
    b. We welcome your comments and suggestions about ways to improve the CBA /YOA. Please email your comments/suggestions to your program consultant.
6. **What does ACES stand for? Where can I get more information about ACES?**
    a. ACES stand for Adverse Childhood Experiences; this is the term given to describe the 10 categories of abuse, neglect and other traumatic events measured in the ACES study. More information is available at https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html .
7. **The CBA contains sensitive questions, such as the ACE questions which could be uncomfortable to ask about or could upset the youth. Why are these questions included?**
    a. Although sensitive, many other programs have had success using these exact questions with all types of individuals, including other youth. Often, people reported relief at being able to acknowledge challenging life experiences with a supportive adult. These questions can provide one bridge to allow the case manager to understand some of the challenges youth have faced. This dialogue with the youth is an opportunity to have their resilience strengths acknowledged.
    b. These questions relate directly to the measurement of Adverse Childhood Experiences from the ACES survey. The number of ACES categories an individual has experienced has been linked longitudinally to morbidity and mortality. These questions help to understand the specific and appropriate supports AFLP youth may need to address these experiences.

8. **What do I do if a youth discloses information that triggers a mandated report?**
    a. The process a case manager follows for mandated reporting is agency specific; from MCAH's perspective, there are no changes in this. The previous CBA and Intake forms asked about abuse; the only difference is that the questions were not worded in the same way (didn't specifically describe abuse history) and some agencies were asking about the history and some were not. It is important to ask about the history. This may result in more mandated reporting if the youth is still living with the perpetrator. Mandated reporting was put in place with the best interest of the youth in mind to ensure their safety.
9. **What if a youth gets upset by something I've asked?**
    a. It is important to frame the CBA / YOA in a way that helps the youth understand what and why you are asking them the information. Following these key steps will help facilitate this process:
        i. ***Let youth know the purpose of the CBA / YOA.*** The CBA/YOA are tools to help you learn more about the youth so you can provide the appropriate support and resources. To normalize the CBA / YOA process, reassure the youth that you are asking these questions of every youth you serve.
        ii. ***Prepare youth for the sensitive questions.*** Let youth know at the beginning that you will be discussing some sensitive questions. When you come to a sensitive topic, give youth a "heads up" that some people may find these questions sensitive. For example, a case manager from one site shared her strategy of letting youth know she was going to be a "little bit nosy" in some of her questions. This allowed her to talk with the youth in a way familiar to them and make it more of a partnership. Also, take the time to frame each section when you change topics. For example, you can say, "Now I'd like to talk a little about what your home was like when you were younger."
        iii. ***Remind youth about mandated reporting.*** At your first visit you will share your role as a mandated reporter with the youth and ensure they understand. Before starting the CBA / YOA, you can take a minute to remind the youth that everything they say will be confidential to the extent allowable by law. Remind them of the circumstances in which you will not be able to keep their information confidential – i.e., when their safety or safety of another is in question.
        iv. ***Remind the youth about their right to refuse.*** Youth always have the right to not answer a question. It is important they feel comfortable exercising this right. It may be helpful to set a phrase up front so youth can skip a question easily. For example, a youth might be directed to say "pass" whenever she/he does not want to answer. You might let the youth know ahead of time that if they do "pass," they can always bring up the issue to you at another time if they feel like they would like to share their experience.
        v. ***Frame the questions conversationally.*** Use your motivational interviewing techniques for asking questions rather than reading them directly. For example, when addressing the section about early abuse you can use a general question about whether the youth ever felt neglected or abused and then describe the different kinds of abuse if the youth asks or responds in the affirmative.
        vi. **Allow the youth time to reflect.** By pausing after you ask a question, you allow youth time to reflect and talk. The effective use of silence can let the youth know that you

want to hear what they have to say and that you understand that they need time to gather their thoughts.

vii. ***Acknowledge the youth's experiences.*** If a youth has a hard time answering a question, responds with strong emotions to a question or responds in the affirmative to a question that represents a challenging life experience, the most important response of a case manager is to acknowledge the youth's experience. Validating the youth's experiences, especially when challenging, is a key part of developing a successful relationship with the youth (you are showing them that they can tell you things that they may not have told others and you will be there to support them). One way to address the youth's response may be "It must have been difficult for you to experience that [abuse/neglect/loss of parent/etc]. How do you think that has affected you?" This lets the youth know that you heard them, acknowledge their hardship and provides them an opportunity to discuss their understanding of their life experiences.

viii. ***Make appropriate referrals.*** Sometimes youth need additional support to meet their needs. Make appropriate referrals to mental health professionals, domestic violence shelters, or support groups as needed.

10. What's the difference between the CBA and the YOA?

a. The YOA is a shortened version of the CBA. The goals and methods for collecting the information from youth are similar but there are fewer required questions on the YOA. When completing the YOA, it may be helpful to remind the youth that you both will engage in a similar process as the one you did before (but shorter).

11. When do I do the CBA? The YOA?

a. The CBA must be completed within the first 2 months of program enrollment. The YOA is completed every six months from the date of program enrollment (or the Consent /Form Start Date for transitioning youth).

Agency Number	County	Agency Name	ProjectStatus	Site Conversion Date	Program Consultant	Including CalLearn in FE
30030	Orange	Health Care Agency	AFLP	N/A	Sangi	
35627	San Benito	Health and Human Services	AFLP	N/A	Sangi	
57444	Yolo	County Public Health	AFLP	N/A	Sangi	
17098	Lake	Lake Family Services	BAU	1-Aug-15	Sangi	YES
34033	Sacramento	Sutter	BAU	13-May-15	Sangi	
38040	San Franscisco	Family Services	BAU	1-Aug-16	Sangi	
40659	San Luis Obispo	Community Action	BAU	15-May-15	Sangi	YES
50051	Stanislaus	County Health Services	BAU	4-Jun-15	Sangi	YES
19070	LA	El Nido	PYD and BAU	1-Dec-14	Lissa	
19101	LA	AltaMed	IRA PYD	1-Dec-14	Ashley	
19109	LA	AltaMed	PYD	1-Dec-14	Ashley	
43109	Santa Clara	Health and Human Services	IRA PYD	1-Dec-14	Lissa	YES
01006	Alameda	Tiburcio	FE PYD	1-Oct-15	Ashley	
31103	Placer	Health and Human Services	FE PYD	15-Jun-15	Lissa	YES
37104	San Diego	Unified School	FE PYD	1-Jun-15	Lissa	YES
42333	Santa Barbara	Community Action	FE PYD	1-Jun-15	Lissa	
49056	Sonoma	County Public Health	FE PYD	1-Jun-15	Lissa	YES
15057	Kern	Clinica Sierra Vista	NFE PYD	1-Dec-14	Ashley	
24028	Merced	County Public Health	NFE PYD	1-Dec-14	Ashley	
54052	Tulare	Health and Human Services	NFE PYD	1-Dec-14	Ashley	
13201	Imperial	County Public Health	NFE PYD	1-Dec-14	Ashley	
01093	Alameda	Brighter Beginnings	NFE PYD	1-Dec-14	Ashley	
07095	Contra Costa	Brighter Beginnings	NFE PYD	1-Dec-14	Ashley	
10096	Fresno	Dept Social Services	NFE PYD	1-Dec-14	Ashley	
19100	LA	Foothill	NFE PYD	1-Dec-14	Ashley	
20588	Madera	County Public Health	NFE PYD	1-Dec-14	Ashley	
39107	San Joaquin	County Public Health	NFE PYD	1-Dec-14	Ashley	
56112	Ventura	County Public Health	NFE PYD	1-Dec-14	Ashley	
19099	LA	Children's Hospital	NFE PYD	1-Jun-15	Lissa	
16013	Kings	Community Action	NFE PYD	1-Jul-15	Sangi	
28603	Napa	Planned Parenthood	NFE PYD	1-Jul-15	Sangi	
29102	Nevada	Joint Union High	NFE PYD	1-Jul-15	Sangi	
48205	Solano	Health and Social Services	NFE PYD	1-Jul-15	Sangi	
4094	Butte	NVCSS	NFE PYD	1-Jul-15	Sangi	
45110	Shasta	NVCSS	NFE PYD	1-Jul-15	Sangi	