

Scope of Work (SOW) Adolescent Family Life Program (AFLP)

1. Service Overview

The Agency agrees to provide to the Department of Public Health the services in this Scope of Work. As defined in the implementing statute in Health and Safety Code Sections 124175, 124180, and 124185, the purpose of the AFLP is to address the social, medical, educational, and economic consequences of adolescent pregnancy by (1) establishing local networks to provide necessary services to pregnant and parenting teens and their children, and (2) providing case management services focused on achieving the following goals:

- Improve the health of the pregnant and parenting teen, thus supporting the health of the baby
- Improve high school graduation rates for pregnant and parenting teens
- Reduce repeat pregnancies for pregnant and parenting teens, and
- Improve linkages and create networks for pregnant and parenting teens and their child(ren)

The statute also requires the AFLP to assess client needs and refer clients to services including comprehensive prenatal care, medical care, psychological and nutritional counseling, maternity counseling, adoption counseling, academic and vocational programs, day care, and substance abuse prevention, intervention, and counseling. Each AFLP shall also assure program integrity and maintain a data base to measure outcomes.

The AFLP program is part of the Division's strategy to achieve the following Division priorities identified by the federally required Title V, 5-year Needs Assessment (2011 – 2015) for the adolescent pregnant and parenting population the AFLP serves:

- Improve maternal health by optimizing the health and well-being of girls and women across the life course.
- Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age.
- Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes.
- Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy.
- Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies.
- Promote positive youth development strategies to support the physical, mental, sexual and reproductive health of adolescents.
- Link the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services.

The development of this SOW was also guided by the three core public health functions of assessment, policy development, and assurance, the Ten Essential Services of Public Health, the Spectrum of Prevention, the Life Course Perspective, the Socioecological Model, and the Social Determinants of Health.

Scope of Work (SOW)
Adolescent Family Life Program (AFLP)

AFLPs are also required to comply with requirements stated in the [AFLP Program Policies and Procedures Manual](#) and the [MCAH Fiscal Policies and Procedures Manual](#) such as attending statewide meetings, submitting Agreement Funding Applications, submitting timely invoices and Lodestar data, and completing Annual and Quarterly Reports.

All activities in this Scope of Work shall take place within the fiscal year. The measures marked with * will be calculated by Branagh Information Group from Lodestar data in a Scope of Work report from data in Lodestar data forms. It is essential that agency staff complete these forms accurately and completely.

2. Service Location(s)

The services shall be performed at various Agencies throughout California.

3. Service Hours

The services shall be provided during normal Agency working hours, excluding holidays.

4. Project Representatives

The AFLP representatives and contacts during the term of this agreement will be:

California Department of Public Health Maternal, Child and Adolescent Health Division Program Allocations, Integrity and Support Branch Contract Manager: 1615 Capitol Avenue, MS 8305 PO Box 997420 Sacramento, CA 95899-7420 Telephone: Fax:	Agency Name: Agency Contact: Agency Address: City, State, Zip: Telephone: Fax: Email:
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Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

Scope of Work (SOW)
Adolescent Family Life Program (AFLP)

5. Allowable Informal SOW Changes

Pursuant to Health and Safety code Section 38077(b)(2), changes and revisions to the Scope of Work contained in the agreement, utilizing the “allowable cost payment system”, may be proposed by the Contractor in writing. Failure to notify the State of proposed revisions to the Scope of Work may result in an audit finding.

- A. The State will respond, in writing, as to the approval or disapproval of all such requests for changes or revisions to the Scope of Work within 30 calendar days of the date the request is first received in the Department. Should the State fail to respond to the Contractor’s request within 30 calendar days of receipt, the Contractor’s request shall be deemed approved.
- B. The State may also request changes and revisions to the Scope of Work. The State will make a good-faith effort to provide the Contractor 30 calendar days advance written notice of said changes or revisions.
- C. No changes to the Scope of Work agreed to pursuant to this paragraph shall take effect until the cooperative agreement is amended and the amendment is approved as required by law and this agreement.

6. Performance Requirements

- A. In accordance with AFLP Standards, AFLP Case Manager will carry no more than 50 clients per one full-time equivalent throughout any one month. If the agency is implementing AFLP PYD intervention the case load average is 20 – 25. Agency will negotiate their Case Load with their MCAH Program Consultant based on their FTEs and the acuity of the clients under their care.

AFLP PYD Negotiated Case Load # _____ for the budget period of 07/01/15 through 06/30/16
AFLP Negotiated Case Load # _____ for the budget period of 07/01/15 through 06/30/16

Scope of Work (SOW)
Adolescent Family Life Program (AFLP)

- B. For each fiscal year of the contract period, the Agency shall submit the deliverables identified below. With the exception of the Management Information System (MIS) Data, the LodeStar program, all deliverables shall be submitted to the Maternal, Child and Adolescent Health (MCAH) Division in accordance with the AFLP Policies and Procedures Manual and postmarked no later than the due date. The LodeStar Data shall be submitted to the current MIS contractor by the date specified below.

Deliverables for each FY

Due Date for each FY

Annual Progress Report

Aug. 15

Quarterly Report:

Cover Sheet

Oct. 31, Jan. 31, Apr. 30, July 31

MOS **Quarterly** Report

Oct. 31, Jan. 31, Apr. 30, July 31

Caseload Analysis

Oct. 31, Jan. 31, Apr. 30, July 31

Personnel List

Oct. 31, Jan. 31, Apr. 30, July 31

MIS Data (content of previous month)

7th and/or 17th of each month for electronic submission

7. **See the following pages for a detailed description of the services to be performed.**

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 1: Improve linkages and create networks for pregnant and parenting teens and their children.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be Reported in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures
<p>1.1 AFLP will assess local needs, and develop and maintain a comprehensive, culturally appropriate local network of teen friendly supportive services.</p>	<p>1.1</p> <ul style="list-style-type: none"> • Identify and monitor local trends in teen pregnancy and parenting outcomes, including disparities, and social determinants. • Identify and monitor local geographic areas or population groups that have insufficient access to health and human services for pregnant and parenting teens. Identify high risk groups and areas. • Identify community agencies and other service providers for pregnant and parenting teens and work toward developing documented agreements (e.g., MOUs, letters of support or agreement) for referral with at least the following: <ul style="list-style-type: none"> ○ local MCAH Program (for CBOs) ○ Family PACT providers ○ CPSP providers ○ WIC ○ Cal Learn ○ Cal SAFE ○ primary care providers 	<p>1.1</p> <ul style="list-style-type: none"> • List and briefly describe local trends in teen pregnancy and parenting outcomes, including disparities and social determinants. • List and briefly describe: <ul style="list-style-type: none"> ○ geographic areas or population groups that have insufficient access to health and human services for pregnant and parenting teens ○ any activities that have specifically addressed these gaps and the associated outcomes ○ complete the table in the Annual Report to describe services available to clients and type of agreement for referral ○ describe the relationship with the local MCAH program ○ describe venues where case management services are delivered to clients, address of offices, and model of service delivery (group, individual, face to face, telephone, combination) 	<p>1.1 Summarize:</p> <ul style="list-style-type: none"> • service gaps and changes in the provider network during the reporting period • the impact on the AFLP population • key challenges and strategies to address the gaps and challenges

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	<ul style="list-style-type: none"> ○ child care and development services ○ local schools or education services, including migrant education where appropriate <p>Other resources could include:</p> <ul style="list-style-type: none"> ○ psychological counseling ○ social services ○ vocational programs ○ emergency support ○ housing ○ legal assistance ○ substance abuse prevention ○ adoption counseling ○ parenting classes ○ home visiting programs 	(500 word limit)	

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1.2 Improve local systems of care through collaboration designed to establish, sustain and enhance comprehensive systems of care for pregnant and parenting teens and their children.	1.2 Participate in at least one collaborative, coalition, network, etc., that develops products or strategies that address unmet needs and promote increased local access to health and human services for pregnant and parenting teens and their children.	1.2 <ul style="list-style-type: none"> • Submit Collaborative Form to document participation in at least one and not more than 3 AFLP collaboratives or coalitions that address unmet needs and improve access to health and human services. • Maintain records of collaboration in AFLP Agency (i.e. network coordination documentation, summaries, and/or minutes of meetings attended). 	1.2 Collaborative Form submitted in will: <ul style="list-style-type: none"> • document objectives and accomplishments and • include a description of the collaborative' s impact on the local system of care for pregnant and parenting teens • list products developed and outcomes of dissemination on collaborative form
1.3 Improve community knowledge of AFLP services and identify potential clients by conducting outreach activities.	1.3 AFLP will conduct outreach activities to high risk groups, areas, and community agencies and other service providers to ensure that appropriate and eligible clients are identified, referred to the program and enrolled or placed on a waiting list, or referred to other community services.	1.3 Describe: <ul style="list-style-type: none"> • outreach activities • estimated number and types of clients, community groups, and other service providers contacted • number of clients on current waiting list • the process of referrals for clients that are not appropriate for AFLP • challenges 	1.3 State the number of enrollments from outreach activities by source in MIS Scope of Work Report.

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Adolescent Family Life Program (AFLP)**

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1.4 Clients will obtain health insurance.	1.4 Make referrals and assist clients to enroll in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM) and other low cost/no cost health insurance programs for health care coverage.	1.4 Provide the number of clients and their children receiving referrals to Medi-Cal.* *	1.4 Report: <ul style="list-style-type: none"> • number and percent of adolescent clients with health insurance at intake* • number and percent of adolescent clients with health insurance at last follow up* • number and percent of index children with Medi-Cal *
1.5 Client will access needed services for herself and her child	1.5 CMs will work with clients to assure that clients and children receive linkages to services. CMs will educate client to understand the importance of well child visits and immunizations.		1.5 Report the following: <ul style="list-style-type: none"> • percent of clients and index children who needed and received services** • attach the Service Referral Analysis Report
1.6 Client will develop a supportive relationship with a stable, caring adult outside of AFLP	1.6 CMs will encourage clients to identify a stable, caring adult outside of AFLP. This could include improving relationships with parents, involvement with community groups or faith communities, or educational institutions.	1.6 <ul style="list-style-type: none"> • Describe the process to incorporate this objective into case management activities. • List the challenges and successes in achieving this objective. 	1.6 Report the number and percent of clients who self-report that they have a supportive relationship with a caring adult outside of AFLP.

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 2: Improve the health of the pregnant or parenting teen, thus also supporting the health of the index child

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
2.1 Clients will have healthy nutrition and healthy weight.	2.1 <ul style="list-style-type: none"> Refer to WIC and follow up to encourage linkage. Refer to CPSP provider if pregnant and reinforce healthy diet/weight gain. Assist client to develop a goal to achieve or maintain a healthy weight. Program policies and activities, including case management activities, will promote and model healthy diet and reinforce healthy nutrition. 	2.1 List key activities used to promote healthy nutrition and healthy weight.	2.1 Report number and percent of clients receiving WIC. *
2.2 Clients will engage in daily physical activity	2.2 <ul style="list-style-type: none"> Encourage physical activity daily, at least one hour four times a week, or as allowed by MD if pregnant. Program policies and activities, including case management activities, will promote and model regular and frequent physical activity. 	2.2 List key activities used to promote physical activity.	2.2 Report the number and percent of: <ul style="list-style-type: none"> clients with any physical activity for those clients that report any physical activity, report the average days of physical activity per week
2.3 Pregnant clients will receive timely prenatal care in order to maximize their health and deliver a healthy baby.	2.3 <ul style="list-style-type: none"> Refer to prenatal provider, use CPSP provider when available. Identify and address barriers to keeping appointments. 	2.3 Describe success/challenges in linking to CPSP and other prenatal providers.	2.3 Report the number and percent of clients pregnant at enrollment who: <ul style="list-style-type: none"> received prenatal care * had a LBW baby (<2500g) * had a pre-term baby (<37 wks)* Hh an LGA baby (>4000g or 8#-13oz.)*

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

*MIS Scope of Work Report

**Service Referral Analysis Report

*** Contact Summary Report

Revised 6/8/15

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 2: Improve the health of the pregnant or parenting teen, thus also supporting the health of the index child

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
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2.4 Clients will initiate and continue breastfeeding	2.4 Encourage breastfeeding.	2.4 List activities used to promote breastfeeding.	2.4 Report number and percent of clients who did any breastfeeding*.
2.5 Clients will not use tobacco	2.5 <ul style="list-style-type: none"> • Assess each client for tobacco use using self-report and/or validated screening tool. • Advise to quit or decrease tobacco use. • Refer to tobacco quit line, other treatment as appropriate. 	2.5 Briefly describe activities to screen and refer clients to tobacco cessation.	2.5 Report number and percentage of clients who: <ul style="list-style-type: none"> • were smoking at intake* • were smoking at last follow up*
2.6 Clients will not use alcohol or other drugs	2.6 <ul style="list-style-type: none"> • Assess each client for alcohol or other drug use using self-report and/or validated screening tool. • Advise to quit or decrease alcohol or other drug use. • Refer to treatment for alcohol or other drug use. 	2.6 Describe key challenges related to alcohol or other drug use among clients.	2.6 Report number and percent of clients who: <ul style="list-style-type: none"> • admit use of alcohol in the 6 months before intake * • admit use of alcohol in the 6 months before last follow up* • admit use of drugs in the 6 months before intake* • admit use of drugs in the 6 months before last follow up*
2.7 Non pregnant clients will receive primary preventive health care	2.7 <ul style="list-style-type: none"> • Discuss with each client the importance of receiving primary preventive health care to prevent illness and identify and address health conditions early (for example, STIs, chronic conditions, 	2.7 Briefly describe successes and challenges in clients obtaining primary preventive care.	2.7 Report the number and percent of clients who received primary preventive health care.*

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**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

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	<p>pregnancy related conditions).</p> <ul style="list-style-type: none"> • Inform clients about importance of chlamydia screening (per CDC rec to annually screen all youth ≤ 25) and encourage to request testing by provider. • Identify and address barriers to clients receiving primary preventive health care. 		
<p>2.8 Clients will demonstrate knowledge of normal child development and appropriate parenting skills</p>	<p>2.8</p> <ul style="list-style-type: none"> • Observe client/child interactions. • Provide child development and parenting education. This could include use of validated early childhood developmental screening tools (e.g. ASQ, ASQ SE) and must include identification of a source of preventive and primary care for the client and her child. • Provide anticipatory guidance and education regarding importance of developmental screening and well child visits. • Model appropriate parenting skills and refer to parenting classes or other resources. 	<p>2.8</p> <ul style="list-style-type: none"> • State how AFLP agency implements this objective. • Identify assessments or other curricula used and usual types of referrals. • Discuss referrals made to improve knowledge of child development and appropriate parenting skills **. 	<p>2.8 Attach the Service Referral Analysis Report.</p>

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 3: Improve high school graduation rates for pregnant and parenting teens.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
3.1 All clients will set and achieve a goal to complete high school or equivalent.	3.1 <ul style="list-style-type: none"> Case managers will work with all clients to develop and execute a plan for the client to complete high school or the equivalent. CM will communicate with school staff responsible for tracking the client's academic progress (e.g. high school counselor, special education teacher, or migrant education program) routinely, at least biannually and note in ISP. Identify and address barriers to attending and completing high school. 	3.1 List and briefly describe the top three barriers to clients completing high school and strategies to address barriers.	3.1 Report the number, percent and total clients who: <ul style="list-style-type: none"> are attending school or have graduated or the equivalent* have an educational goal *
3.2 Parenting Clients will have a reliable source of quality child care to enable them to attend school.	3.2 CM will help client identify and address barriers to obtaining reliable, high quality child care.	3.2 List and briefly describe the top three barriers to clients obtaining child care and strategies to address.	3.2 Report number and percent of clients not in school because of child care barrier. *
3.3 Clients will have reliable transportation to school	3.3 CM will help client to identify and address barriers to obtaining reliable transportation to school	3.3 List and describe the top three barriers to clients having transportation to school and strategies to address these barriers.	3.3 Report number and percent of clients not attending school because of transportation barrier. *
3.4 Clients who have graduated from high school will enroll in postsecondary education or vocational training or will be employed	3.4 CM will assist clients to develop and execute a plan for postsecondary education or training or employment (see next objective) after high school completion.	3.4 <ul style="list-style-type: none"> List and describe the top three barriers to clients enrolling in postsecondary education or training and strategies to address these barriers. 	3.4 Report the number and percent of clients who have graduated high school that are enrolled in postsecondary education or vocational training.

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

*MIS Scope of Work Report

**Service Referral Analysis Report

*** Contact Summary Report

Revised 6/8/15

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 3: Improve high school graduation rates for pregnant and parenting teens.

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		<ul style="list-style-type: none"> Identify opportunities for policy development, program planning and collaboration. 	
3.5 Clients who have graduated from high school and are not enrolled in postsecondary education training will be employed.	3.5 CM will assist clients who do not wish to pursue postsecondary education or training to develop and execute a plan to obtain employment after high school completion.	3.5 <ul style="list-style-type: none"> List and describe the top three barriers to clients obtaining employment and strategies to address these barriers. Identify opportunities for policy development, program planning and collaboration. 	3.5 Report the number and percent of clients who have graduated high school and are employed. *

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 4: Reduce repeat pregnancies in pregnant and parenting teens.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<p>4.1 Clients who are not pregnant and are sexually active will:</p> <ul style="list-style-type: none"> • Always use contraception, • Use long acting contraceptives • Not have a repeat pregnancy while in the program. • Use condoms to prevent STIs 	<p>4.1</p> <ul style="list-style-type: none"> • Refer to Family PACT/ primary care provider. • Identify and address barriers to correct and consistent use of contraception. • Encourage clients to use long acting contraceptives. • Document client pregnancies. • Encourage clients to use condoms to prevent STIs. • Educate on family planning as possible within the scope of training and licensure of the CM. 	<p>4.1 Describe the top three barriers to clients using contraception and strategies to address these barriers.</p>	<p>4.1</p> <ul style="list-style-type: none"> • Report Number and Percent of sexually active non-pregnant clients who: <ul style="list-style-type: none"> ○ are always using contraception * ○ are using long acting contraceptives (3-injection,6-IUD,7, implant)* • Report number and percent of sexually active clients who: <ul style="list-style-type: none"> ○ had a repeat birth while in the program (all female clients)* ○ are using condoms* ○ are using condoms with another contraceptive method *
<p>4.2 Clients will verbalize characteristics of healthy relationships and how to recognize and respond to reproductive coercion and birth control sabotage (RC/BCS).</p>	<p>4.2</p> <ul style="list-style-type: none"> • AFLP will integrate information about RC/BCS into the SID and train CMs to provide information to clients. • Screen clients for RC/BCS. • Provide resources (Safety cards, Web sites) on recognizing and addressing this. • Refer clients to providers to obtain coercion resistant birth control methods and counseling. • Provide emotional support. 	<p>4.2</p> <ul style="list-style-type: none"> • Report number and percent of clients who received information on reproductive coercion and birth control sabotage. * • Describe process to integrate information on reproductive coercion and birth control sabotage into case management. • Report number and percent of clients referred for "coercion resistant" birth control methods and counseling.* 	<p>4.2</p> <ul style="list-style-type: none"> • Report number and percent of clients who state they feel safe in their relationship with their partner/other parent at intake.* • Report number and percent of clients who state they feel safe in their relationship with their partner/other parent at last follow up.*

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Revised 6/8/15

Scope of Work (SOW)
 Adolescent Family Life Program (AFLP)

Goal 4: Reduce repeat pregnancies in pregnant and parenting teens.

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	<ul style="list-style-type: none"> Maintain and train on local policy and procedure for mandatory reporters. 	<ul style="list-style-type: none"> Provide compelling anecdotal stories when available. 	

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 5: AFLP will maintain program and fiscal management capability to administer the program as required by the AFLP Program Policies, Procedures and Scope of Work and will assure staff competency, program integrity, and data completeness.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
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5.1 AFLP will maintain program and fiscal management capability and will demonstrate that is it conducting AFLP activities as required in the AFLP Policies and Procedures, Scope of Work and Program and Fiscal Policies and Procedures.	<p>5.1</p> <ul style="list-style-type: none"> • Annually review, revise and enhance internal policies and procedures for delivering services to clients to prioritize the highest risk clients (Entry Criteria). • Meet the Negotiated Case Load. • AFLP will maintain a client to case manager ratio of no more than 50 clients per case manager. • Submit AFA and Annual Report timely • Collect and input monthly Follow Up, Service Matrix and Additional Outcomes forms that are due. 	<p>5.1</p> <ul style="list-style-type: none"> • Submit Entry Criteria. • Discuss risk rating factors used. • Discuss successes and challenges meeting negotiated Case Load numbers. • Complete the staffing profile in Annual Report. • Complete the client profile in the Annual Report. • State criteria for program completion/exit. • State top three reasons for client exit. • State common linkages to other programs or services for clients exiting the program. 	<p>5.1 Report:</p> <ul style="list-style-type: none"> • actual number of clients for the year compared to projected number of clients for the year based on negotiated case load • the percent of clients who have completed appropriate follow up data collection as outlined in Program Policies and Procedures and/or data collection schedules/schematics. • the percent of clients who have Service Matrix

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5.2 AFLP will maintain and increase staff competency	<p>5.2</p> <ul style="list-style-type: none"> • Identify staff training needs. • Provide or support staff training • AFLP Director will attend statewide meetings. • If they have not done so already, AFLP Director will conduct self-assessment of Core Competencies for Providers of Adolescent Sexual and Reproductive Health using the ASHWG (CA Adolescent Sexual Health Workgroup) tools and require supervisory staff and case managers to do so. • Staff who have completed the self-assessment will develop and implement a plan to improve their skills and document progress annually. • Develop appropriate training for case managers. 	<p>5.2</p> <ul style="list-style-type: none"> • List gaps in core competencies identified and trainings and professional development for AFLP staff to address these gaps and other training needs. • Describe the plan for conducting ASHWG core competency assessment for case managers. 	<p>5.2</p> <ul style="list-style-type: none"> • Describe the outcome of the training evaluation.

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Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<p>5.3 AFLP director will assure that CMs complete appropriate data collection as outlined in Program Policies and procedures and/or data collection schedules/schematics, provide appropriate referrals, and conduct other elements of case management defined in the Standards, Policies and Procedures.</p>	<p>5.3 AFLP will conduct monitoring and evaluation of client documentation for:</p> <ul style="list-style-type: none"> • comprehensive Baseline Assessment as specified on the policies and procedures • individual Service Plan or Care Plans (PYD) within 60 days of consent • monthly face to face client contact and bi-monthly for sites implementing AFLP PYD • monitoring of the client's progress and changing needs • quarterly home visit • quarterly contact with collaterals (i.e. parents, teachers, counselors) and service providers • identification of barriers to services and emerging or changing client needs • evaluation of client use of services using feedback from client, collateral, and service providers. • appropriate client reassessment as outlined in 	<p>5.3</p> <ul style="list-style-type: none"> • State number and percent of clients that: <ul style="list-style-type: none"> ○ received a Comprehensive Baseline Assessment (CBA) within the indicated time frame* ○ received a Home Visit within 30 days of enrollment* ○ received face to face contact as indicated in the policy and procedures and data collection schematic* ○ completed necessary documentation as outlined in Program Policies and Procedures and/or data collection schedules/schematics, to monitor client's progress and changing needs ○ had an Individual Service Plan (ISP) or Care Plan within sixty days of enrollment ○ case manager made quarterly contact with collaterals or service providers * ○ Received a reassessment subsequent to the initial assessment * ○ Received a case review to assure compliance with AFLP Standards, Policies and Procedures (narrative). 	<p>5.3 Describe the outcome of the QI plan.</p>

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

*MIS Scope of Work Report

**Service Referral Analysis Report

*** Contact Summary Report

**Scope of Work (SOW)
 Adolescent Family Life Program (AFLP)**

Goal 5: AFLP will maintain program and fiscal management capability to administer the program as required by the AFLP Program Policies, Procedures and Scope of Work and will assure staff competency, program integrity, and data completeness.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
	<p>Program Policies and Procedures and/or data collection schedules/schematics</p> <ul style="list-style-type: none"> Monitor above measures in a quarterly random sample of 25 charts or 10%, whichever is lower, and routinely implement QI activities to address measures not meeting the standard. Consider addressing one deficient measure per quarter. 	<ul style="list-style-type: none"> State what CBA form is used: State CBA form _____ Other form _____ State what ISP/Care Plan form is used: State ISP form _____ Care Plan _____ Other form _____ <p>Please attach form used if not the state form.</p> <ul style="list-style-type: none"> State what opportunities are currently available for staff to meet and share successes, identify challenges and strategize around solutions. State how frequently opportunities identified above are available Refer to the MIS Scope of Work Report or the MIS Client Contact Summary Report. Briefly describe QI activities and which standard(s) have been addressed. 	

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

*MIS Scope of Work Report
 **Service Referral Analysis Report
 *** Contact Summary Report

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 6: To support pregnant and parenting teens at high schools and community service centers to implement the AFLP Positive Youth Development intervention. (Only for AFLP-PYD agencies)

Outcome Objectives	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated Process Measures	
		Process Measures	Outcome Measures (Forms)
6.1 Assure baseline knowledge and skills necessary to work with pregnant and parenting teens and support the implementation of the standardized case management intervention with integrated life planning.	6.1 AFLP managers, supervisors, and CMs will participate in trainings that support the key concepts and content areas of the AFLP PYD intervention.	6.1 Training attendance list.	6.1 Following each training, 80% of the AFLP managers, supervisors and CMs will demonstrate increased knowledge related to training topics based on a retrospective pre/post evaluation.
6.2 Inform the development and effective implementation of the standardized case management intervention with integrated life planning.	6.2 <ul style="list-style-type: none"> • Participate in state sponsored site visits. • Participate in conference calls, focus groups, regional meetings, surveys and work groups to inform the development, implementation, and resolution of challenges of the AFLP PYD intervention. • Participate in development of AFLP PYD program standards. 	6.2 <ul style="list-style-type: none"> • Submit information to State MCAH as appropriate and assist State MCAH staff to summarize and integrate findings. • Maintain documentation onsite. • Submit information to State MCAH as appropriate and assist State MCAH staff to summarize and integrate findings. 	6.2 <ul style="list-style-type: none"> • Pilot and implement the revised, standardized intervention. • Pilot and implement the revised, standardized intervention.

**Scope of Work (SOW)
 Adolescent Family Life Program (AFLP)**

Goal 6: To support pregnant and parenting teens at high schools and community service centers to implement the AFLP Positive Youth Development intervention. (Only for AFLP-PYD agencies)

Outcome Objectives	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated Process Measures	
		Process Measures	Outcome Measures (Forms)
6.3 Ensure a quality intervention with program fidelity and Continuous Quality Improvement (CQI) as the standards for the intervention are developed.	6.3 Participate on continuous quality improvement (CQI) activities with MCAH.	6.3 Communicate any challenges and/or barriers to program consultant.	6.3 Report CQI activities conducted this reporting period. Agencies will participate on monthly CQI calls and site visits at a minimum of once a year.
6.4 To comply with required reporting requirements.	6.4 Complete annual report using format provided by state MCAH.	6.4 Develop plan to maintain records for reporting on SOW.	

**Scope of Work (SOW)
Adolescent Family Life Program (AFLP)**

Goal 7: To implement a rigorous implementation and impact evaluation through participation in the Office of Adolescent Health (OAH) Federal Evaluation. (Only applicable to sites selected for participation in the Federal Evaluation)

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
7.1 Ensure delivery with fidelity of either the AFLP PYD intervention model or AFLP business-as-usual model based on the Federal Evaluation randomization process	7.1 <ul style="list-style-type: none"> Following randomization outcome, comply with the SOW, P&P and written guidelines and protocol established for either AFLP business-as-usual or the AFLP PYD intervention model AFLP PYD intervention sites must complete the fidelity monitoring logs. Participate on continuous quality improvement (CQI) activities with MCAH. 	7.1 <ul style="list-style-type: none"> Ensure that a fidelity log is completed with each youth upon completion of each phase. Communicate any challenges and/or barriers to program consultant. 	7.1 <ul style="list-style-type: none"> Fidelity logs for all youth will be completed and entered into Lodestar on a regular basis. Agencies will participate on monthly CQI calls and site visits at a minimum of once a year. For AFLP business as usual (BAU) sites will continue to implement AFLP the same as in the past with no significant changes until the evaluation is completed.
7.2 Ensure site capacity to participate in all aspects of the Federal Evaluation	7.2 <ul style="list-style-type: none"> Participate in Federal Evaluation training Participate in refresher trainings as required Ensure all new staff complete training requirements following MCAH/Mathematica protocol AFLP Coordinator will participate on monthly technical assistance calls and invite other staff as needed. 	7.2 <ul style="list-style-type: none"> Follow Federal Evaluation protocol. Establish a system to ensure case managers are implementing the PYD intervention as it is intended and all data collection forms are being completed and entered into Lodestar correctly. 	7.2 <ul style="list-style-type: none"> Complete and enter accurate Lodestar data

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

*MIS Scope of Work Report

**Service Referral Analysis Report

*** Contact Summary Report

Scope of Work (SOW)
Adolescent Family Life Program (AFLP)

Goal 7: To implement a rigorous implementation and impact evaluation through participation in the Office of Adolescent Health (OAH) Federal Evaluation. (Only applicable to sites selected for participation in the Federal Evaluation)

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
7.3 Enroll expected number of expectant and parenting young women between the ages of 14-18 years who are proficient in English or Spanish in the Federal impact evaluation study as determined by the OAH/Federal Evaluation protocol.	<p>7.3</p> <ul style="list-style-type: none"> Identify if clients entering the program are eligible for participation in the evaluation For sites doing individual randomization only: Use the enrollment website to randomize the client to receive AFLP business as usual or the PYD intervention. During the initial visit with the youth, explain the study, seek consent, and enroll in the study (when applicable) following Federal evaluation protocol 	<p>7.3</p> <ul style="list-style-type: none"> Establish a system in place to ensure all clients are asked to participate on federal evaluation and when they consent to participate the Federal Evaluation protocol is followed. Use secure sample enrollment website to confirm eligibility for the evaluation. 	<p>7.3</p> <ul style="list-style-type: none"> Youth enrolled in the study meet study requirements. Expected number of youth will be enrolled in the program. Signed consent for each youth participating in the study will be in the clients chart and Mathematica will have a signed consent and contact for all enrolled clients.

Scope of Work (SOW)
Adolescent Family Life Program (AFLP)

Goal 7: To implement a rigorous implementation and impact evaluation through participation in the Office of Adolescent Health (OAH) Federal Evaluation. (Only applicable to sites selected for participation in the Federal Evaluation)

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<p>7.4 Administer the baseline survey for the Federal Evaluation with all youth that consent to the study*</p> <p>*Federal Evaluators plan to complete 12 month and 24 month follow-up surveys but local sites will not be responsible for administering these surveys.</p>	<p>7.4</p> <ul style="list-style-type: none"> Facilitate a phone interview with Federal Evaluation staff during the first visit with the youth* If phone survey is not possible, facilitate completion of hard copy Provide study participant incentive when survey is complete, following protocol <p>*All necessary equipment and materials for administering the baseline survey will be provided by the Federal Evaluators (including phones if necessary, gift cards, hard copy materials, etc). If a phone interview is not possible, follow Mathematica protocol for youth to complete the baseline survey.</p>	<p>7.4</p> <ul style="list-style-type: none"> Establish agency protocols to allow case managers to connect the youth to the phone interview. Establish agency protocol to ensure incentives are kept in a secure place and to document when the youth receives incentive for participating. 	<p>7.4</p> <ul style="list-style-type: none"> Completed baseline survey for all enrolled youth during the first visit they consent to participate on the study. Documentation indicating youth received incentive.
<p>7.5 Complete implementation evaluation activities</p>	<p>7.5</p> <ul style="list-style-type: none"> Participate in up to two site visits during the sample enrollment period (these may include group discussions, focus groups, observations, interviews, etc) Complete case manager or supervisor surveys, interviews, etc, as needed 	<p>7.5</p> <ul style="list-style-type: none"> Maintain consistent participation, notify program consultant when participation is not possible. 	<p>7.5</p> <ul style="list-style-type: none"> Record of consistent participation. Completed surveys

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*MIS Scope of Work Report

**Service Referral Analysis Report

*** Contact Summary Report

Scope of Work (SOW)
Adolescent Family Life Program (AFLP)

Goal 7: To implement a rigorous implementation and impact evaluation through participation in the Office of Adolescent Health (OAH) Federal Evaluation. (Only applicable to sites selected for participation in the Federal Evaluation)

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
7.6 Ensure adherence to MCAH and Federal Evaluation monitoring and evaluation procedures	<p>7.6</p> <ul style="list-style-type: none"> • Complete ongoing monitoring of program operations and adhere to evaluation and data collection procedures following written guidance • Participate in phone conversations and site visits from Federal Evaluator and MCAH, as needed • Assist Federal Evaluator with contacting clients for follow-up surveys, if assistance is needed • Maintain confidentiality of all data and protect the privacy of youth participating to the extent allowable by law • Complete case manager or supervisor surveys 	<p>7.6</p> <ul style="list-style-type: none"> • Maintain close communication with program consultant and Mathematica on any question or concern regarding federal evaluation process. • Coordinate with Mathematica and MCAH to ensure accurate data is collected. 	<p>7.6</p> <ul style="list-style-type: none"> • Accurate and timely data collection. • Ongoing and open line of communication with MCAH and Mathematica staff.

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*MIS Scope of Work Report
**Service Referral Analysis Report
*** Contact Summary Report

Scope of Work (SOW)
 Adolescent Family Life Program (AFLP)

Goal 7: To implement a rigorous implementation and impact evaluation through participation in the Office of Adolescent Health (OAH) Federal Evaluation. (Only applicable to sites selected for participation in the Federal Evaluation)

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
For sites selected for individual randomization or regional randomization ONLY			
7.7 Ensure distinction between services provided to youth receiving the PYD intervention and those continuing with AFLP business-as-usual	7.7 <ul style="list-style-type: none"> Meet caseload requirements for each model as outlined in the Standards and P&P and Federal evaluation protocol Meet frequency of visit requirements for each model as outlined in the Standards and P&P Ensure that the PYD intervention training and materials are only provided to case managers and supervisors assigned to the PYD intervention group. Ensure that the BAU intervention remains the same with no significant changes until the evaluation is completed. 	7.7 <ul style="list-style-type: none"> Follow MCAH data collection and monitoring protocol for AFLP BAU and AFLP PYD. Establish an agency system to ensure case managers implementing AFLP BAU are not previewed to the PYD tools. Contact your program consultant with any questions or concerns about possible changes to the way AFLP BAU program is being implemented. 	7.7 <ul style="list-style-type: none"> Designated case manager to implement the two distinct interventions.