

ADOLESCENT FAMILY LIFE PROGRAM (AFLP)/ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM (ASPPP)

Introduction

These Policies and Procedures are to be followed for all programmatic and budgetary issues pertaining to the AFLP and ASPPP in conjunction with the SOW and the May 2000 Program Standards. This manual is subject to revision throughout the fiscal year. As changes occur, all AFLP/ASPPP providers will be notified in writing by means of an AFLP/ASPPP Policy Letter. It is the agency's responsibility to revise their current operating practice to comply with revisions contained in the policy letters sent by the MCH Branch until the policy can be incorporated into the updated edition of the Policies and Procedures Manual. A new AFLP/ASPPP Policies and Procedures Manual will be issued at the beginning of each fiscal year and will be available on the MCH website.

Background

The AFLP and ASPPP are comprised of specific strategies to achieve their distinct but related goals. The AFLP provides comprehensive case management for pregnant and parenting teens. The ASPPP provides comprehensive case management services to the highest risk siblings of pregnant and parenting teens who are enrolled in AFLP or Cal-Learn. Cal-Learn is a mandatory program that provides case management services according to AFLP standards and is intended to assist all pregnant and parenting teens receiving public assistance (cash aid) to complete high school. Presently, there are 43 AFLP programs in 40 counties who serve over 16,000 clients per year. Of the 43 programs, 18 provide ASPPP services to approximately 2,000 clients. Many programs also provide Cal-learn case management in order to create a seamless system of care to eligible teens in the area.

Program standards for AFLP were developed in 1993 as a result of a collaborative effort between AFLP program directors and MCH State staff. In 1997, ASPPP standards were developed and revisions were made to the AFLP program standards. These standards were published in May 2000 and are referred to as the MCH case management model. The standards describe the framework and structure for providing AFLP and ASPPP case management services.

Legislative and funding highlights are as follows:

- 1985 AFLP commenced as an administrative initiative with Title V MCH Block Grant funding to 27 providers.
- 1988 Legislation provided statutory authority for the program (H&S Sec.124175).
- 1991 \$2 million in State General Funds (SGF) were added to expand services to 5 additional agencies.
- 1993 Legislation authorizing the Cal-Learn Program in the State Department of Social Services required all Cal-Learn programs to adopt AFLP Standards.
- 1996 Budget Act augmented AFLP by \$10 million in SGF, which added 12 new agencies to the program and also established the ASPPP to provide services for

the non-pregnant/non-parenting siblings of AFLP and Cal-Learn clients at high risk for pregnancy.

2000 Governor Gray Davis authorized an additional \$3 million in SGF for a rate increase for AFLP and ASPPP.

The mission of the Adolescent Family Life Program (AFLP):

- Use case management to enhance, through associations with families and community resources, the health, educational potential, economic opportunity, and self-sufficiency of adolescents during pregnancy and parenthood, and to promote healthy family relationships.
- Develop nurturing relationships in which case managers and adolescents served by the program can work together to prevent subsequent pregnancies and ameliorate the untoward effects of early pregnancy, and make healthy lifestyle choices.
- Promote the development of collaborative, integrated systems of care to support the adolescents during pregnancy and parenthood, support their children, and aid these adolescents to make healthy lifestyle choices.
- Respect the unique, culturally defined needs of our various client populations and communities.

The mission of the Adolescent Sibling Pregnancy Prevention Program (ASPPP) is to:

- Use case management to enhance, through associations with families and community resources, the health, educational potential, economic opportunity, and self-sufficiency of adolescents to prevent pregnancy, and to promote healthy family relationships.
- Develop nurturing relationships in which case managers and adolescents served by the program can work together to prevent pregnancy and make healthy lifestyle choices.
- Promote the development of collaborative, integrated systems of care to support these adolescents to make healthy lifestyle choices.
- Respect the unique, culturally defined needs of our various client populations and communities.