

ADOLESCENT FAMILY LIFE PROGRAM (AFLP)

Overview

Introduction AFLP is one of the specialized programs under the Maternal, Child and Adolescent Health (MCAH) Division umbrella. The AFLP provides comprehensive case management for pregnant and parenting teens.

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AFLP Policies and Procedures Manual

Introduction These policies and procedures are to be followed for all programmatic and budgetary issues pertaining to AFLP in conjunction with the Scope of Work (SOW). This manual is subject to revision throughout the fiscal year. All AFLP providers will be notified in writing by means of an AFLP Policy Letter, if there are any changes to these policies and procedures during the fiscal year. It is the responsibility of the local health jurisdiction (LHJ) to revise their current operating practices to comply with revisions in these policy letters until the policy can be incorporated into the updated edition of the Policies and Procedures Manual. The Policies and Procedures Manual is available on the MCAH Division Web site under the heading for the current fiscal year. The MCAH Division web address for AFLP is: www.cdph.ca.gov/aflp

Background Information

Program History

Over the last forty four years in California, there has been increasing recognition of the importance of teen health and well-being, both to the teens and their families, as well as for the overall social and economic health of the state. Teen pregnancy and parenthood have been of particular concern.

The Maternal Child and Adolescent Health Division of the California Department of Health Services has been overseeing the Adolescent Family Life Program (AFLP) since its establishment in 1985. The program seeks to promote the health and well-being of pregnant and parenting adolescents so as to save public funds by reducing problems associated with preterm births and low birth weight and by reducing long-term welfare dependency resulting from school failure/dropouts. AFLP uses a comprehensive case management model to assess and address the risks and resources of adolescent clients and their children.

Mandates & Statutes

Introduction In 1982, the MCAH Division of the California Department of Public Health (CDPH) established a federal pilot demonstration project known as the AFLP. At the conclusion of this successful demonstration project in 1985, the MCAH Division expanded the AFLP. In 1988, Section 124175 was added to the Health and Safety Code

Statutes & Budget Acts The following statutes and Budget Acts apply to the AFLP programs:

- In 1985, AFLP commenced as an administrative initiative in the Governor's Budget, identifying Title V MCH Block Grant funding to 27 providers
- In 1988, legislation provided permanent statutory authority for the Program (California Health and Safety Code Sec.124175-124200)
- In 1991, two million dollars in State General Funds (SGF) was added to expand services to five additional agencies
- In 1993, legislation authorized the Cal-Learn Program in the State Department of Social Services to adopt AFLP Standards (Section 36, Article 3.5, commencing with Section 11331 of the California Welfare & Institutions Code)
- In 1996, Assembly Bill 107, Chapter 282 in Section 12 of Article IV of the Constitution of the State of California, established the Budget Act 1996/1997. This legislation augmented AFLP by ten million dollars in SGF, added 12 new agencies to the Program, and established the Adolescent Sibling Pregnancy Prevention Program (ASPPP), which provides services for the non-pregnant/non-parenting siblings of AFLP and Cal-Learn clients at high risk for pregnancy
- In 2000, Governor Gray Davis authorized an additional three million dollars in SGF for AFLP and ASPPP services
- In February 2006, funding for ASPPP was eliminated due to budgetary reductions
- In June 2009, State general funds for AFLP were eliminated due to budgetary reduction.
- The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only (elaborate).

The Purpose of AFLP

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 in achieving the following goals:

- (1) Improve the health of the pregnant and parenting teen, thus supporting the health of the baby
- (2) Improve graduation rates for pregnant and parenting teens
- (3) Reduce repeat pregnancies for pregnant and parenting teens, and
- (4) Improve linkages and create networks for pregnant and parenting teens

To positively impact the goals of the AFLP program, the incorporation of Positive Youth Development (PYD) principles and a resiliency framework will promote adolescent sexual and reproductive health. This framework helps identify protective factors in family, school, and the community to meet basic youth needs through the promotion of resiliency and strengths that result in positive outcomes.

Local Activities of AFLP

Introduction The local activities of AFLP agencies are predicated upon the individual case management needs of the pregnant and parenting clients served by the local agency. These activities and the overall administrative functions of each agency are maintained through adherence to the AFLP Policies and Procedures (AFLP P & P) and Scope of Work (SOW). The State MCAH Division funds the agency to conduct an AFLP that serves the needs of pregnant and/or parenting adolescents.

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

The State assigned Program Consultant (PC) will provide technical assistance to AFLP providers.

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

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

System of Care

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

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

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

Local Provider Network Development

Each AFLP will assess local needs, and develop and maintain a collaborative service network of local providers. The purpose of the collaborative will be to assure the delivery of comprehensive, teen friendly, culturally appropriate, supportive and necessary services are available for clients.

Agreement Requirements

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

- Services to be provided
- Responsibilities of the agencies involved
- Effective dates of the Intra-Agency (IA) and/or Memorandum of Understanding (MOU)
- Titles or position of staff responsible for carrying out the services
- Provision for periodic review and update
- Signatures of agency administrators from participating agencies

Documentation will be included in the Annual Funding Application (AFA). Copies of the agreement(s) shall be retained in agency files.

Months of Service (MOS)

Each agency shall negotiate with the MCAH Division the number of MOS to provide each fiscal year of the grant or allocation period. The contracted number of months of service (MOS) shall be equivalent to the allocated number of client-slots (see glossary for definition of client-slots) multiplied by 12 months. The requirements are as follows:

- The agency will provide 100% of the negotiated MOS each fiscal year of the grant or allocation period.
- The agency will provide 12 months of continuous case management services for each client-slot.
- When a client exits the program, the agency will fill the vacant client-slot in order to meet the MOS in their agreement.
- Each agency will track the number of clients and MOS provided through the State Management Information System (MIS), also referred to as LodeStar.
- If an agency determines that the need for AFLP services is greater or less than originally anticipated, a request to renegotiate the contracted MOS should be submitted to MCAH Division for consideration.

Wellness Policy

MCAH supports the local, state, and national focus on the value of primary prevention. We encourage our local partners to set up policies that will promote a workplace culture where it will be easier for employees and clients to adopt healthy lifestyle choices, and make it unlikely for them to engage in/adopt unhealthy practices.

The goal is for each agency to firmly establish a culture of prevention where wellness is integral to daily work routines. By promoting healthy habits, such as exercise breaks, nutritious lunches and snacks, stress reduction, and other supports we will build capacity at the local level and encourage employees and the people we serve to adopt principles and practices of healthy living that will provide lifelong benefits.

In an effort to make progress toward this goal, each agency should consider developing its own policies and mechanisms to make wellness an integral part of its worksite culture. This may mean time for lunchtime talks, meditation, walks, rewards for healthy recipes, whatever staff members deem important. We encourage engagement of staff to help determine the make-up of the worksite wellness program. While there will be similarities from site to site, not every program will be exactly the same. Each staff member can set individual wellness goals as well.

The following guidelines may be helpful to those developing worksite wellness policies and strategies:

Guideline I

Promote and support physical activities in the workplace and in interactions with clients.

Examples include promoting the use of stairs, with identification of stairwells and signs in front of the elevators and escalators to encourage the use of stairs; the availability of on-site or contracted workout or exercise centers; employee walking programs, including walking meetings; and, availability of education materials related to the benefits of physical activities and a healthy lifestyle.

Guideline II

Promote consumption of healthy food and beverages in the workplace and in interactions with clients.

Examples include using "healthy choice" food and beverages at meetings and functions, and in dining rooms, cafeterias and vending machines; making educational materials available about healthy eating, including portion control and nutrients; and, assuring that drinking water is available for staff and visitors throughout the facilities.

Links to worksite nutrition and physical activity resources:

Network for a Healthy California--Worksite Program:

<http://www.cdph.ca.gov/programs/CPNS/Pages/WorksiteProgram.aspx>

Worksite Nutrition and Physical Activity Resources

<http://www.cdph.ca.gov/HealthInfo/healthyliving/nutrition/Pages/WorksiteNutritionandPhysicalActivity.aspx>

Take Action 10-Week Health Promotion Plan:

<http://www.takeactionca.com/>

Guideline III

Support breast feeding mothers

Develop a worksite policy that ensures there is a lactation room or a private area to pump and refrigerate breast milk and ample times for employees to breastfeed.

Link for lactation accommodation at the workplace resources:

<http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/GoingBacktoWorkorSchool.aspx>

Healthy Relationships and Adolescent Relationship Abuse (ARA) Intervention

AFLP agencies will educate clients on characteristics of healthy relationships and adolescent relationship abuse including reproductive coercion and birth control sabotage. Case managers will use materials and follow procedures provided by the MCAH Division.

Definition

Adolescent Relationship Abuse: Refers to a pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of the same or opposite sex in the context of a dating or similarly defined relationship, in which one or both is a minor.

Intimate Relationship: Defined as a sexual or dating relationship.

Reproductive Coercion: Involves behaviors present in same sex or heterosexual relationships whereby a partner uses coercion to maintain power and control in the relationship related to reproductive health. Reproductive coercion includes pregnancy coercion and birth control sabotage.

Pregnancy Coercion: Involves threats or acts of violence if a partner does not comply with the perpetrator’s wishes regarding the decision of whether to terminate or continue a pregnancy. Examples include:

- Forcing a women to carry a pregnancy to term against her wishes through threats of violence
- Forcing a partner to terminate a pregnancy
- Injuring a partner in a way that may result in a miscarriage

Birth control sabotage: Active interference with contraceptive methods by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. Examples include:

- Hiding, withholding, or destroying a partner’s birth control pills
- Breaking a condom on purpose
- Not withdrawing when that was the agreed upon method of contraception

Required Reporting Process

Each agency is required to report:

- the number of clients who received information on reproductive coercion and birth control sabotage
- the number of clients referred for “coercion resistant” birth

- control methods and counseling
- the number of clients who state they feel safe in their relationship with their partner/other parent.

This information is captured via LodeStar management information system.

Quality Assurance (QA) and Continuous Quality Improvement (CQI) Plan

Definition	The QA/CQI plan identifies key processes and objectives that describe how an agency ensures and improves the delivery of quality, safe, and effective case management services for clients in accordance with the AFLP SOW.
Required QA/CQI Plan and Process	<p>Each agency must develop and maintain a QA/CQI plan that monitors the process and outcome measures of the SOW and identifies and addresses opportunities for improvement and evaluation of program activities and outcomes as outlined in the SOW.</p> <p>Necessary processes include, but are not limited to, the provision of ongoing supervision of program activities, client assessment, appropriateness of service referrals and follow-up, and review of documentation in client charts, systems of care, networking, and formal/informal agreements.</p>
Evaluation Requirements	Each agency must cooperate and collaborate with the State MCAH on any requested evaluation efforts.

Client Consent, Confidentiality and Records

Introduction AFLP is a voluntary program that requires the client's informed consent to participate.

Informed Consent Each agency must have a completed consent form signed by the client, in the client's record, stating the agreement to voluntarily participate in AFLP. Client consent to participate in AFLP is governed by statutes relative to minor consent for treatment and/or participation in programs for pregnant and/or parenting teens.

Agencies are not required to have separate program consent forms for the AFLP, but may use its agency's written consent form instead; all AFLP program elements listed below must be included.

Refer to California Family Code Sections 6920 through 6929 and other sections of California Code that address minor consent issues.

Written Consent Each agency will have a signed and dated consent form in the client record. The completed consent form will include:

- Client's name
- Signature of the client and/or parent or guardian
- Date consent form was signed
- A statement of the services that will be provided
- A statement of the agency's responsibilities to the client (e.g., maintain client confidentiality, monthly client contact, mandatory reporting, etc.)
- Agency's expectation of client's responsibility for participation in the Program
- Explanation of agency's grievance process and procedures
- Explanation of client's right to withdraw from the Program
- A statement indicating that all information on the consent form was communicated in the client's primary language
- Client Bill of Rights

Client Consent, Confidentiality and Records

Confidentiality Each agency will maintain confidentiality for clients and client records except as required by law and in accordance with local agency policies for mandated reporting.

The client record, including all copies, should be kept in a secure location that is not accessible to unauthorized persons. The agency may require more stringent standards to ensure client confidentiality.

Client Record Elements Each agency will maintain a record for each client documenting all contacts and services provided to the client. A client record shall include, but is not limited to, the following:

- Consents
- Release of information
- Assessments
- All quarterly Individual Service Plans (ISP)
- State MIS Data Forms (LodeStar)
- Progress notes

Content of Progress Notes The documentation in the client's progress notes must include, but is not limited to:

- Date, time, place of contact, name of contacted person and affiliation
- The name and title of the person making the contact
- Details, including the ongoing assessment, intervention, referrals, follow-up and outcomes
- Client responses to interventions

Documentation must occur no later than one week after client contact.

Release of Information

Prior to release of client information, each agency will have a release of information form in the client record that meets HIPAA standards. The release of information form must include:

- Client's name
- Date
- Client's signature
- Name of all agencies to which client information may be released
- Time frame for which release of information is valid
- Purpose for release

Acronyms must be defined on the form where they appear.

Release of information form must be completely filled out before securing client's signature.

Health Insurance Portability and Accountability

While participation in the AFLP Program does not authorize access to Personal Health Information (PHI), some agencies will have access to such information by virtue of the County/City/Community Based Organization (CBO) structure or with the permission of individual clients. Agencies are advised that any PHI stored at their agency must adhere to Health Insurance Portability and Accountability Act (HIPAA) of 1996 regulations

Storage and Disposition of Client Records

Each agency shall maintain a system for storage and retrieval of all client records as follows:

- Keep client records in a secure location that is inaccessible to unauthorized persons.
- The original record may not be removed from the program site during the time the client is case managed.
- Client records should be kept for a minimum of three years from the date of final payment under the agreement. If the agreement is completely or partially terminated, records shall be made available for a period of three years from the date of any resulting final settlement. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the three year period, the records shall be retained until completion of the action and resolution of all issues which arise or until the end of the regular three year period, whichever is later. Once an agency has met the record retention criteria, records must be destroyed so that no identifying information can be retrieved.

Agency Requirements

Introduction To participate as an AFLP provider, an agency must be a non-profit entity. The agency must also adhere to the contractual obligations of the agreement entered into with the MCAH Division to provide AFLP services.

Agency Mandated Reporting Requirements Each agency shall have procedures in place that clearly define mandatory reporting requirements for the protection of clients.

All reportable incidents, such as, abuse and violence related incidents, covered by these requirements, shall be reported to the appropriate local agency.

Training on mandatory reporting shall be provided to all staff at orientation and updated as required by law.

The training shall cover the reporting procedures as dictated by current Federal and State law and regulations and include the following:

- Issues of sexual, physical, emotional, and psychological abuse of children
- Dependent adult abuse
- Domestic or relationship violence
- Access to local systems that address abuse issues

Agency Incident Reports Each agency will notify the State MCAH Division of any unusual incidents or occurrences that may impair or compromise the agency's capacity to deliver services to clients. Notification should include the nature of the reportable incident and a proposed plan for the continuation of services.

The AFLP Program Director will notify the state MCAH Division Program Consultant and Contract Manager at the earliest opportunity following the occurrence of the incident by telephone and in writing.

Occurrences or incidents requiring possible MCAH Division intervention may include, but are not limited to, the following:

- Damage to the program site such as fire or other destruction
- Inappropriate or unprofessional behavior by a case manager or other staff to the extent that services are impacted
- Legal action against the agency

Non-Compliant Agency When an agency is determined to be non-compliant with contract requirements, the agency will receive written notification from the State MCAH Division requesting a Corrective Action Plan (CAP) and the

MCAH Division may withhold payment of invoices.

The CAP will be reviewed by the PC and discussed with MCAH Division management.

If the CAP is accepted, the agency will be notified and payment of invoices will be made in a timely manner.

If the CAP is not accepted by the MCAH Division:

- The Division will identify those areas requiring revision
- The agency will revise the CAP to include the resolution of the identified issues and resubmit their plan
- Payment of the invoices may be delayed until a CAP is approved

**Contract
Requirement
Waiver
Request**

An agency may request a waiver of an AFLP contract requirement by submitting to their PC and Contract Manager (CM) the following information:

- The nature of the proposal including the circumstances that warrant the waiver
- Rationale/justification for the proposal and objectives to be accomplished during the waiver period
- How the waiver will improve/benefit the circumstance/individual
- The anticipated timeline for the waiver period
- The impact on the program

An agency will follow these processes when requesting a waiver:

- The initial request may be submitted by email or fax with formal correspondence to follow
- Copies of all correspondence must be kept in agency files.
- Any personal confidential information (PCI) must be security protected when sent for approval. Electronically transmitted PCI will be encrypted for security

All waiver requests will be considered on a case by case basis and approval will be dependent upon the unique circumstances.

Key Personnel

Policy Each agency will maintain an organizational structure that assures the operation and oversight of the AFLP that meets the SOW and Policies and Procedures for each program.

Introduction Key positions in the AFLP are the AFLP Director, Coordinator and Case Manager Supervisor. Each position must meet specific education requirements. Academic knowledge and skills provide AFLP Directors, Coordinators and supervisory staff with the necessary skills and abilities to lead case managers as they support AFLP clientele in making positive life decisions. The complexity of AFLP clientele requires that providers possess an academic background to promote the personal, social, and academic development of a multi-cultural and linguistically diverse AFLP population.

The AFLP Director and/ or AFLP Coordinator is responsible for:

- Ensuring management capacity to support the AFLP program infrastructure and activities required in the AFLP and Fiscal P&P Manuals and SOW
- Oversight for implementation of quality assurance and quality improvement processes to coordinate, manage, and monitor the efforts of staff to ensure high quality work and adherence to program requirements
- Oversight and assessment of case management activities including intake, comprehensive baseline assessments, individual service plans, appropriate referrals, and other program activities
- Incorporating the principles in the Core Competencies Human Resources Toolkit when hiring and recruiting program staff which can be accessed on line at <http://www.californiateenhealth.org/wp-content/uploads/2011/07/CC-HR-Toolkit.pdf>
- Evaluating staff performance and assuring ongoing staff development utilizing the core competencies to enable staff to carry out their duties sufficiently
- Attending required trainings and meetings
- Representing the Program's interest at local and state collaborative(s)
- Assuring that the Program's internal policies and procedures are followed and maintained at all times.

AFLP Director and/or AFLP Coordinator Requirements The position of AFLP Director must be approved by the MCAH Division prior to appointment. Once approved, the AFLP Director and/or the AFLP Coordinator shall meet the following requirements:

- Possess a Master's Degree from an accredited college or university program in social work, public health, nursing, education, health education, or other health related or social science field; (note: an automatic exemption to the education requirements will be granted for those individuals who hold the MCAH Director position)
- Be knowledgeable about community partnership and development, organization, and resource development
- Demonstrate an understanding of normal growth and development of children throughout their lifespan, with special knowledge of adolescent development
- Demonstrate an understanding of issues and interventions for teen pregnancy prevention and teen pregnancy/parenting
- Demonstrate theoretical knowledge and practice in the area of case management
- Possess strong leadership skills with a minimum of two years managerial and/or supervisory experience in a health or social services setting
- Demonstrate organizational and interpersonal skills needed to work in complex situations
- Demonstrate awareness and ability to address the culturally unique needs of the target population

**Approval for
AFLP Director**

The agency must obtain approval for the AFLP Director from the State MCAH Division **prior** to appointment. Request for approval must be submitted in the form of a letter to MCAH and includes the following:

- Candidate's qualifications
- Candidate's license number, if applicable
- Candidate's effective start date
- Candidate's resume or curriculum vitae
- Job description or duty statement
- Agency organizational chart showing the reporting relationship of the AFLP Director to the MCAH Director.

The agency must notify the State MCAH Division in writing prior to any changes related to the AFLP Director position. (See policy regarding job descriptions/duty statements)

The State MCAH Division reserves the option to base continuation of funding on the agency's capability to recruit and retain a qualified individual as the AFLP Director.

A copy of the approval letter for AFLP Director must be submitted annually with the Agreement Funding Application (AFA) to the State MCAH Division.

Minimum Full-Time Equivalent (FTE) for AFLP Director and/or Coordinator

An appropriate level of the AFLP Director's time must be allocated to the supervision of the AFLP on the AFLP budget. Agencies unable to budget a percentage in their allocation for supervision must show an amount with an in-kind allocation. This shall be shown on the AFLP budget under agency contribution.

Case Manager Supervisor Requirements

AFLP Case Manager Supervisors shall meet the following requirements:

- Possess a Bachelor's Degree from an accredited college or university program in social work, health services administration, nursing, education, health education, or other related health or social science field
- Be knowledgeable about community linkages, partnership, organization and resource development
- Demonstrate an understanding of normal growth and development of children throughout their life span, with special knowledge of adolescent development
- Demonstrate an understanding of issues and interventions for teen pregnancy prevention and teen pregnancy/parenting
- Demonstrate theoretical knowledge and practice in the area of case management
- Possess strong leadership skills with a minimum of five years of experience in a health or social services setting with two years managerial and/or supervisory experience. One year of post-baccalaureate Master level education in a related field may be substituted for one year of managerial and/or supervisory experience
- Demonstrate organizational and interpersonal skills needed to work in complex situations
- Demonstrate awareness and ability to address the culturally unique needs of the target population

Waivers for Key Personnel

Waiver for AFLP Director Position In the event that the agency has exhausted all avenues for recruitment and is unsuccessful in attempts to recruit an AFLP Director who meets all of the requirements described previously, and the AFLP Coordinator does not meet the education requirements, a request for a waiver must be submitted to the MCAH Division to waive the AFLP Director qualifications.

Minimum Waiver Standards:

- Possess a Bachelor's Degree from an accredited college or university program in Social Work, Health Services Administration, Nursing, Education, Health Education, or other related health or social science field
- Be knowledgeable about community linkages, partnership, organization and resource development
- Demonstrate an understanding of normal growth and development of children throughout their life span, with special knowledge of adolescent development
- Demonstrate an understanding of issues and interventions for teen pregnancy prevention and teen pregnancy/parenting
- Demonstrate theoretical knowledge and practice in the area of case management
- Possess strong leadership skills with a minimum of five years of experience in a health or social services setting with two years managerial and/or supervisory experience. One year of post-baccalaureate Master level education in a related field may be substituted for one year of managerial and/or supervisory experience
- Demonstrate organizational and interpersonal skills needed to work in complex situations
- Demonstrate awareness and ability to address the culturally unique needs of the target population
- Demonstrated knowledge and experience in human resources development and toolkits
- A copy of the approval letter for AFLP Director must be submitted annually with the Agreement Funding Application (AFA) to the State MCAH Division

Approval of Waivers

The waiver is granted for a particular person and remains in place only as long as that person occupies the position for which the waiver was approved. If the person for whom the waiver was issued changes position or leaves employment with the agency, the waiver is void and the requirements revert to the policy for minimum qualifications and approval of the director.

The agency must obtain waiver approval for the AFLP Director from the State MCAH Division **prior** to appointment. Request for waiver approval includes submission of the candidate's resume, or curriculum vitae, along with the job description/duty statement, and agency organizational chart showing the reporting relationship of the AFLP Director.

If Program Director requirements are waived, a copy of the approved waiver for the Program Director and an explanation for continuing the waiver must be maintained in the agency files and submitted with the agency's Annual AFA or Grant Application.

Interim Plan

Each agency will notify MCAH Division of the resignation or proposed change in Program Director and submit a plan for the interim oversight of the program until a new director is identified and approved by the MCAH Division. The individual designated as interim Program Director must, at a minimum, meet the Program Director waiver criteria.

The agency must submit its interim plan to MCAH Division within two weeks of notification of the Program Director's resignation. At a minimum, the plan must include the title and name of the person that will assume contractual responsibility for the program, the responsibilities the individual will assume if different from the Program Director's duty statement, the projected time frame of the interim Director's tenure and the agency's plan for permanently filling the position.

Agencies that do not hire an AFLP Director within 90 days of the position becoming vacant must provide written explanation detailing obstacles to recruitment and strategies for filling the position within the projected time frame.

Other Program Personnel

Data Entry	Each agency will designate non-case management staff to enter required client data on a regular basis. In cases where the agency is funded at less than 1000 months of service (MOS) per fiscal year, other arrangements may be made provided the agency contacts the AFLP PC and receives approval.
Case Managers	The AFLP Director is responsible for the personnel practices, selection and hiring of case managers to provide appropriate case management services to clients. Each agency will provide training to the case management staff consistent with the position and support the delivery of case management services to clients.
Skilled Professional Medical Personnel (SPMP)	Job classification and specifications for SPMPs must be kept on file for positions claiming Federal Financial Participation (FFP) enhanced funding. Enhanced funding can only be claimed by a local government entity and the agency must meet all requirements specified in the MCAH Fiscal and Program Policies and Procedures Manual.
Job Classification and Specifications	<p>The written job classification and specifications shall include:</p> <ul style="list-style-type: none">• Position title by which the position is identified.• Scope of responsibilities and duties for the position.• Agency job specifications must signify a requirement for SPMP if enhanced funding match is claimed.• Duty statements for SPMP must note “SPMP” at the top of the duty statement along with the position title. <p>Qualifications including the necessary education or competencies, years of experience, and other pertinent information.</p>
Personnel Documentation	<p>The agency will submit organizational charts, job descriptions or duty statements and staff qualifications for each classification to the MCAH Division for approval as follows:</p> <ul style="list-style-type: none">• With the AFA• When there are changes in the organizational structure or staffing patterns• When existing job descriptions or duty statements are revised
Duty Statements	<p>The written duty statements shall include:</p> <ul style="list-style-type: none">• Program specific title by which the position is identified on the budget and duties that are consistent with the position title.• Program specific responsibilities that support the SOW and AFLP Standards.

- Only those duties performed for the AFLP.
- Minimum qualifications including the necessary education/degree or competencies, years of experience, and other pertinent information unless included in the job specification/classification submitted.
- Duties consistent with the level of Medi-Cal Administrative Claiming FFP on the budget.
- The statement that the position requires a SPMP if enhanced funding is claimed.

Duty statements for SPMPs must clearly identify the specialized skills used in the position that warrant the enhanced funding.

Organizational Chart

Each agency will maintain an organizational chart that clearly delineates lines of program authority and responsibility within the agency, and written job descriptions/duty statements for all staff positions working in AFLP.

Organizational charts along with current duty statements for personnel identified on the budget serve as supporting documentation for the percent of time assigned to AFLP activities and the level of Federal Financial Participation (FFP) match. The organizational chart must identify:

- AFLP organization and its relation to other programs within the agency.
- All positions funded through AFLP as well as those involved in implementing AFLP. Staff positions should match the duty statement titles. The budget line number and initials of the staff member should be listed on the organizational chart for ease of identification with the positions in the budget and budget justification.

Education and Training

Education and Training Requirements Each agency will maintain an AFLP related education and training program for staff that will include, at a minimum, the following:

- Mandated reporting requirements and procedures
- Confidentiality of client information
- ASHWG core competencies and ongoing assessment of each staff member's training needs
- On-going in-service education based on the training needs of staff

Meeting Requirements Each agency shall budget for the AFLP Director and/ or Coordinator to attend required statewide AFLP Directors' meetings, with the following provisions:

- The MCAH Division will notify each AFLP Director of the date, time, and location of the meetings
- In the event of an emergency, AFLP Directors who cannot attend the scheduled meeting must select a designee to attend in their place and notify the State assigned Program Consultant
- Ensure that adequate funding for training and meeting expenses, including travel, is built into the annual MCAH budget (refer to MACH Fiscal Policies and Procedures Manual, updated May 2009).

Publication Approval and Credit

Product/ Publication Approval

All products including publications, reports, brochures, letters of interest or other materials that are developed and produced using State MCAH Division allocation funds, must be approved by the MCAH Division prior to publication and distribution. Any products currently in use which have not been approved by the State MCAH Division must be approved prior to reprinting and further distribution.

The process for approval is as follows:

- Submit the product either electronically or by hard copy to the State MCAH Division Consultant sixty days prior to publication or reprinting
- Include a cover letter explaining the purpose of the product and requesting approval
- The Program Consultant will review the product; provide feedback and approval/disapproval within 60 days
- Complete and submit an “Annotations of Products Developed Form”

Product/ Publication Credit

All products, journal articles, public reports or publications that are developed using funds provided from the State MCAH Division must acknowledge the support of MCAH with a written statement printed on the materials. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of MCAH Division allocation. The written statement/credit should include:

- A statement identifying funding support on the title page of public reports or publications
- A statement identifying funding support on the first page of any journal articles
- Sample statement/credit: “This project was supported by funds received from the California Department of Public Health, Maternal, Child and Adolescent Health Division”.

Photographs

Photographs used on all media products developed by each agency require permission for the use intended. This permission may come from the source of the document and/or require the subject's written consent. A photo consent form is posted in Appendix A and must be completed by each agency prior to use. When an agency submits products for approval the agency must state that photo consent was obtained and is kept on file.

Photographs used from software clip art sites require the permission of the software company authorizing use of the photograph. The LHJ or Community Based Organization (CBO) will need to contact the software company/webmaster to request permission to use the photograph.

Client Participation

Client Eligibility	An eligible AFLP client must be parenting and must have custody of the index child or be co-parenting with the custodial parent. The expectant or parenting male partners are recruited for the program up to the 19 th birthday. Based on weighted risk factors, agencies will assess and prioritize clients for enrollment (see Policy and Procedure for Client Risk Factors).
AFLP Entry Criteria	AFLP services are available to pregnant/parenting adolescent females up to the 19th birthday. Agencies may also enroll parenting or expectant adolescent males up to the 19th birthday.
Outreach Activities	Outreach activities are to be conducted by the AFLP Provider in an effort to identify pregnant/parenting adolescent females up to the 19 th birthday. Outreach and case finding assures that appropriate and eligible clients are referred to the program. Each agency will establish protocols or policies and procedures for outreach activities.

Case Management Activities

Introduction Agencies will provide case management services to AFLP clients in accordance with the AFLP Standards and Scope of Work. Case manager caseloads, including exited clients, throughout any one month shall not exceed 50 clients per one full-time equivalent case manager. Depending on the acuity of the clients in the caseload a lower caseload ratio may be more appropriate.

Each agency will provide the following for each client:

- Intake
- Baseline assessment
- Annual re-assessment
- ISP Referrals for needed services based on those identified during the assessment process and prescribed in the ISP
- Monthly face-to-face contact with clients in accordance with the agency's policies and procedures
- Quarterly home visits
- Advocacy and support
- Monitoring of the clients progress and changing needs
- Evaluation of client's progress and continued need for services

Comprehensive Baseline Assessment (CBA)

Each agency will complete a CBA for each AFLP client and maintain the CBA in the client record meeting the following requirements:

- The CBA must be initiated within 30 days of the client's consent to participate.
- For clients who exited the program and are requesting reentry within six months, the CBA must be updated.
- For clients who have exited the program and are requesting re-entry and more than six months have lapsed, a new CBA must be completed.

The AFLP CBA must include, but is not limited to, the following elements:

- Breastfeeding
- General health
- Exercise and Good Nutrition
- Family planning
- Early and Consistent Prenatal Care
- Age appropriate immunizations
- School attendance, when appropriate
- Pregnancy, labor, birth and postpartum, as applicable
- Education achievement
- Life skills

- Employment/job training
- Fatherhood, as applicable
- Psychosocial (basic needs including financial/legal, drug and alcohol history, mental health history)
- Healthy lifestyle choices
- Healthy parent –child and peer relationships
- Safety/violence/abuse
- Index child, as applicable
- Parenting education/child development, as applicable
- Social programs/special interests
- Signed and dated by case manager
- Date, name and title of individual completing the assessment

Individual Service Plan (ISP)

The ISP integrates all of the assessments into a goal-oriented, measurable strategy unique to each client for the purpose of supporting the client to achieve the four goals of the AFLP:

- Improving the health of the client
- Completing high school or its equivalent
- Avoiding repeat pregnancy
- Accessing needed services for the client or client’s child

The ISP specifies goals, objectives, services, activities timelines, progress, and roles of client and case manager relative to the unique needs of the client. The ISP will define specific activities that will be completed by the client and case manager. The case manager will monitor and evaluate progress of the goals and objectives in the ISP.

An ISP will be in place for each AFLP client. A copy of the ISP, signed by the client and case manager, will be in the case file and given to each client.

The ISP must be:

- Goal oriented
- Completed within 60 days of the client’s consent to participate in the program
- Completed in a face-to-face contact with client
- Reviewed and revised at least quarterly
- Developed by the case manager in collaboration with the client in the client’s primary language

Include a plan for transitioning from the program as appropriate

Comprehensive Reassessment

The comprehensive reassessment of the AFLP client will be updated no less than annually. The reassessment will include all elements contained in the CBA.

Enrolling and Exiting AFLP Clients

Introduction AFLP providers shall have a structured interactive process for enrolling clients into the program and exiting clients from the program. When clients enter the program, they are entering into a voluntary service relationship as full participants.

AFLP Exit Criteria Referral services and transitional support for the client should begin at least three months prior to exit. The exit process should include:

- Continued assessment of client strengths and risks
- Development of an transition plan whenever possible
- Documentation of the reason for exit in the client's chart, and completion the appropriate State MIS data form

AFLP Waiver Enrollment or extension waivers may be approved for a maximum period of six months and must include client goals and objectives written as specific actions to be followed up on within defined timelines.

Waiver extensions may be requested if additional time is needed to meet client goals. The justification for a waiver request must address one or more of the four goals of the Adolescent Family Life Program (AFLP). For example:

- Client will enroll in school by September 1
- Client will attend health class on STI by October 15
- Client will follow up on referral for XXX services by October 15
- Client will begin birth control methods by October 15

Enrollment Waiver The AFLP may enroll pregnant and/or parenting adolescents, male or female, up to the 19th birthday. To enroll a client age 19 or older, the AFLP must submit a waiver request.

Extension Waiver After the 19th birthday, clients who have been in the program 24 months or longer must have an approved waiver to remain in the program.

Waiver Request Procedure

1. Complete the waiver request in consultation with the client.
2. For extension requests, submit the waiver 60 days prior to the exit date to allow sufficient time for review and a determination.
3. Ensure that client goals and objectives are consistent with and reflected in the client's Individual Service Plan (ISP).

4. Ensure the client-specific goals and objectives are consistent with the AFLP goals.
5. Finalize waiver request in consultation with the AFLP Director.
6. Submit waiver request in Microsoft Word format and send to the assigned Program Consultant (PC) via secure email or secure fax.

**Waiver
Request
Approval
Process**

1. Program Consultants will review waiver requests within 30 days of receipt.
2. Completed waiver forms will be returned to the AFLP Director via secure email or secure fax.
3. Denied waiver requests may be resubmitted with additional information as requested by the Program Consultant.

AFLP Positive Youth Development (AFLP PYD) Pilot Intervention

Introduction and Program History

These policies and procedures are only applicable to those agencies receiving AFLP PYD funds.

CDPH/MCAH was awarded Federal Pregnancy Assistance Funds in September 2010 from the United States Department of Health and Human Services, Office of Adolescent Health, through the provisions of the Patient Protection and Affordable Care Act (ACA) of 2010. The Federal funding period is September 2010-August 2013. The AFLP PYD pilot sites are funded from July 2011-Jan 2014 based on State of California spending authority

Description of AFLP PYD

Description AFLP PYD is a pilot project aimed at increasing the capacity of communities to efficiently and effectively serve pregnant and parenting teens. This pilot will support the development of a standardized case management model based on positive youth development principles with integrated life planning to meet the four AFLP program goals.

This pilot project focuses on building organizational capacity and integrating innovative evidence-informed and evidence-based approaches into the AFLP model. The model will affect the number of clients that can be served. Throughout the pilot project, MCAH is assessing the amount of time needed, intensity of services, and key intervention components that will ensure program effectiveness and progress towards achieving the program goals. As a result of this pilot project, MCAH will develop revised AFLP standards and policies and procedures.

The AFLP PYD program is helping to streamline existing resources to absorb State funding cuts to AFLP and the California Department of Education, California School Age Families Education (Cal-SAFE) Program by leveraging Cal-SAFE child care and development services to complement AFLP support services. AFLP PYD is working to developing strong evaluation and quality improvement components to assess program processes and outcomes and ensure program effectiveness.

Local Activities of the AFLP PYD

Introduction The local activities of AFLP PYD agencies focus on the individual case management needs of the pregnant and parenting clients served by the local agency and the evidence-informed approaches that will be piloted as part of this project. The activities are maintained through adherence to the AFLP PYD work plan and the AFLP Policies and Procedures (AFLP P&P) and Scope of Work (SOW).

Policy The State MCAH Division funds the agency to conduct an AFLP that serves the needs of pregnant and/or parenting adolescents and incorporate pilot evidence-informed PYD approaches. AFLP PYD agencies are excluded from the months of service (MOS) requirements for the period SFY 2011-2014. PYD funds are specifically designated for program development, professional development, staff training, implementation of the new pilot intervention, and evaluation. MCAH will monitor MOS of agencies receiving PYD funds as a benchmark to assess time needed and the intensity of service that will be required for effectively implementing the new intervention. Funds are not intended to increase the number of clients served. Local agencies are advised to refer to this policy in the event of an audit.

Standards Each AFLP PYD agency will adhere to the AFLP standards and any additional AFLP PYD standards that are developed throughout the pilot project. The AFLP PYD pilot project will inform updates to the AFLP standards and will lead to the creation of new standards to be implemented statewide.

Annual Report

Introduction The AFLP Annual Report collects information and data for evaluation, analysis and monitoring of program performance, and for meeting Title V Block Grant and MCAH Division objectives.

Annual Report Requirements All agencies receiving MCAH Division funding are required to complete the AFLP Annual Report. The Annual Report contains narrative and data questions. The source document for the data elements are the MIS Scope of Work Report (from LodeStar), the MIS Client Contact Summary Report (from LodeStar), and the Service Referral Analysis Report.

Time Frame The Annual Report is due August 15th each year. MCAH Division has the option to withhold payment on current invoices for failure to submit a complete and timely report.

Submission Submit the Annual Report electronically to your assigned contract manager and AFLP program consultant.



Forms AFLP Annual Report Forms are on the MCAH Division Web site: <http://www.cdph.ca.gov/MCAH>. Click on the following links:

- MCAH Division and Fiscal Administration
- Program and Fiscal Policy and Procedures
- Current fiscal year

AFLP Program and Fiscal Glossary

Actual Cost	The actual price paid for costs of goods and services pursuant to the terms of the MCAH Agreement.
Adolescent Family Life Program (AFLP)	A CDPH MCAH Division program that provides continuous case management to pregnant and/or parenting adolescents and their infants within a comprehensive local network of services and resources with the goals of reducing the incidence of poor pregnancy outcomes, subsequent pregnancies, and assisting them in improving the quality of their health, social, and economic well-being.
Adolescent Relationship Abuse	Refers to a pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of the same or opposite sex in the context of a gathering or similarly defined relationship, in which one or both partners is a minor.
AFLP Provider	An organization or agency contracting with MCAH Division to provide comprehensive case management services to pregnant and parenting adolescents as prescribed by the MCAH Grant and the AFLP Standards.
Agency	A non-profit entity which is either governmental (e.g., city or county health or social services department, local school district) or non-governmental (e.g., community-based organization (CBO), hospital, etc.) entity entering into an agreement with the MCAH Division to provide AFLP services.
Agreement	Grant agreement between CBO and CDPH or allocation between local government agency and CDPH to fund and provide AFLP services.
Allowable Cost	Costs incurred which are necessary to carry out the approved MCAH Agreement.
Amendment	<p>A formal written change to the grant agreement to change the previously approved budget or terms of the Grant Agreement which is necessitated by any of the following circumstances:</p> <ul style="list-style-type: none">• Budget line item transfers which exceed \$50,000 in the aggregate or an amount designated by the State• The maximum amount payable is increased• New programs or program components are added, or• Existing programs are deleted <p>The amendment must be approved by CDPH prior to making any changes in the budget or terms of the Grant Agreement.</p>

Appropriate Services	Those services needed by clients to achieve program goals. Relevant services are determined by the client's individual needs and whether they were already receiving such services prior to enrollment in the program.
Audit	An examination of records or accounts to verify their accuracy and adherence to applicable program and/or fiscal policies and procedures. The audit may be done by CDPH Audits and Investigations or by Federal auditors.
Base Cost Per Unit	The purchase price of an item, excluding tax, delivery, installation charges, etc.
Birth Control Sabotage	Active interference with contraceptive methods by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.
Budget Revision	A change in the previously approved Budget Document. A budget revision requires MCAH Division approval prior to any changes.
Capital Expenditures	Items with a base cost per unit of \$5,000 or more and a useful life expectancy of one or more years, including telecommunications, and Electronic Data Processing/Automated Data Processing software.
Case Finding	Efforts that result in the identification of adolescents who meet the eligibility requirements delineated in the AFLP Standards.
Case Management	An interactive process that includes the following components: (1) outreach and case finding, (2) intake, (3) assessment and ongoing reassessment, (4) planning, (5) intervention, (6) monitoring of service provision, (7) advocacy on behalf of clients, and (8) evaluation of service delivery. It is conducted within a supportive multi- and trans-disciplinary network. It is client-centered, culturally and linguistically appropriate, and goal oriented.
Case Manager	The individual responsible for, but not limited to: (1) outreach, (2) assessing and reassessing needs, (3) problem solving, (4) counseling, (5) monitoring, (6) coordinating and evaluating services, and (7) acting as a client advocate.
Client	An adolescent who meets all requirements to enroll in AFLP; has chosen to participate; has been informed about services offered, as well as their responsibilities; and has provided to the Agency a signed consent form to participate in the program (including parent and legal guardian consent when required by law).
Client Contact	A face-to-face visit, group visit, or telephone contact with the client that provides one or more of the following services; counseling, monitoring, assessment and reassessment, evaluation, and/or crisis intervention.

Client Record	A confidential record of the client's consent to participate, intake information, release of information form, assessments, Individual Service Plan (ISP), progress notes, case management activities, MIS data and other relevant information.						
Client–Slots	The allocated number of eligible clients that the AFLP provider agency agrees to serve each month in accordance with their grant agreement.						
Collateral	An individual who has regular contact with the client. This could be the parent, spouse, school counselor, therapist, or other such person.						
Comprehensive Baseline Assessment (CBA)	An interactive, face-to-face interview with the client that enables the case manager to gather information to develop the ISP.						
Confidential Information	<p>Information containing client identifiers, including but not limited to:</p> <table border="0" style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;"><i>- Name -</i></td> <td><i>Address</i></td> </tr> <tr> <td style="padding-right: 20px;"><i>- Telephone Number -</i></td> <td><i>Social Security Number</i></td> </tr> <tr> <td style="padding-right: 20px;"><i>- Medical ID number -</i></td> <td><i>Driver's License Number</i></td> </tr> </table> <p>Confidential information includes any information that either identifies an adolescent or the adolescent's family, or by which the identity can be determined with reasonable accuracy and speed either directly or by reference to other publicly available information.</p> <p>Confidential information cannot be revealed to anyone outside the clinical relationship or specific service delivery system that originally received the personal information unless the individual consents to further disclosure. Any situation that involves a legal exception (e.g. mandatory reporting) is not subject to the rule of confidentiality.</p>	<i>- Name -</i>	<i>Address</i>	<i>- Telephone Number -</i>	<i>Social Security Number</i>	<i>- Medical ID number -</i>	<i>Driver's License Number</i>
<i>- Name -</i>	<i>Address</i>						
<i>- Telephone Number -</i>	<i>Social Security Number</i>						
<i>- Medical ID number -</i>	<i>Driver's License Number</i>						
Contact Person	A person appointed by the Agency to interact with MCAH Division and Agency personnel regarding administration of the MCAH Division.						
Contract Manager	MCAH staff person responsible for defining and interpreting contract language and assisting in the determination of the fiscal and administrative components of the AFLP contract.						
Counseling	A component of case management that includes guidance, education, information and referral, and support.						

Cultural Competence	A system of care that acknowledges and incorporates the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.
Deliverable	A product required by the Agreement to be submitted by a specified date.
Duty Statement	A document that describes the program specific tasks and work responsibilities assigned to a given position. It also identifies the reporting relationships, special characteristics of the position and minimum educational and experience requirements.
Enhanced Funding	Federal Title XIX reimbursement of eligible approved costs at the ratio of 75 percent Federal dollars to 25 percent State or Agency dollars.
Exhibit	An attachment included in the formal Agreement between the MCAH Division and the local agency.
Family	For the purposes of AFLP, the term is broadly and liberally defined to include the pregnant and/or parenting adolescent and her partner, the mother or father of the index child, sibling(s), and parents of the teen parents, as well as other persons providing care and support to the pregnant/parenting teen.
Federal Financial Participation (FFP)	A funding mechanism used to generate additional revenue by reimbursing Agency or State funds with Title XIX dollars at an Enhanced and/or Non-enhanced rate for the proper and efficient administration of the Medi-Cal program's two objectives.
Fringe Benefits	Employer contributions for employer portion of payroll taxes (i.e., FICA, SUI, SDI, Training) Employee health plans (i.e., health, dental, and vision), Unemployment Insurance, Workers Compensation Insurance, and Employer's portion of pension/retirement plans provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
Full time Equivalent (FTE)	Full-Time-Equivalent means a standard eight-hour workday/40 hours per week, or 2,080 hours per year.
Guideline	A description of specific recommendations of services for individuals or groups of clients to be provided in a variety of situations.

Indirect Costs	Those Agency overhead costs that are attributable to more than one program or funding stream, e.g., rent utilities, Executive Director's salary, etc. MCAH funds its proportionate share of indirect costs based on Total Wages (excluding benefits) from the Personnel Detail Worksheet.
Individual Service Plan (ISP)	A document that specifies client goals, actions and services needed to reach those goals, intervention activities, services, and the service plan timelines in response to the unique needs of the client. n The ISP is reviewed and revised at least quarterly.
Intake	An interactive process to enroll a client into the program as delineated in Standard V of the AFLP standards.
Interagency Agreement	A written agreement between the AFLP agency and another agency specifying what services are to be provided, how they are to be provided, referral systems, follow-up activities, and mutual responsibilities for maintaining the agreement.
Interventions	Those services and activities needed to assist the client to ameliorate health, psychosocial, educational, vocational, daily living or economic problems that may be acute, chronic, episodic, or emergent.
Inventory-Controlled Items	Computers, audio, visual and telecommunications or other items having a base unit cost of more than \$500.
Job Specification	A document describing standard (generic) educational and experience requirements for appointment to a specific position. Sometimes referred to as a classification specification.
Life Planning	A process to help clients planand formulate a set personal goals, based on their own values and resources, that is interrelated with their personal health, current circumstances, educational/career aspirations and reproductive health to improve their overall well-being and support future success.
Management Information System (MIS)	A computer program designed to collect client data and produce reports. The AFLP MIS is named LodeStar.
Medi-Cal Beneficiary	Individuals who have applied for and been granted Medi-Cal benefits.
Medi-Cal Eligible	An individual who meets the requirements/criteria to receive Medi-Cal benefits.

Memorandum of Understanding (MOU)	A written agreement used among programs within a single agency that defines roles and responsibilities of participating programs.
Months of Service (MOS)	The equivalent of the number of Client-Slots multiplied by 12 months. (See Client-Slots)
Networking	A process for identifying availability and access to services, assessing the effectiveness of the service delivery system and information sharing.
Non-Enhanced Funding	Title XIX reimbursement of eligible approved costs at the ratio of 50 percent Federal dollars to 50 percent State or Agency dollars.
Outcome	The end result following services and/or activities provided to the client.
Outcome Criteria	A description of changes that should occur as a result of interventions planned to meet client needs.
Outreach	Systematic identification of at-risk adolescents as potential clients by informing the community in a target area of the availability of the program and services.
Policy (from SID)	A written statement that governs an action in a particular situation.
Positive Youth Development	A “philosophy that regards young people as inherently capable, with an emphasis on deliberately cultivating their talents and skills (Bernat and Resnick, 2006)
Procedure (from Standards Implementation Document (SID))	A written description of the step-by-step technique of doing a particular task.
Process	A series of actions or functions that bring about an end result.
Process Criteria	The policies, procedures, practice guidelines, plans, and documentation that define how the provider carries out the agency services.
Program Consultant	MCAH staff person assigned to an agency that provides skilled expertise in the areas of AFLP Standards, SOW, personnel, program policy development, quality assurance and contract oversight.

Program Director	The individual appointed by the agency, and approved by the MCAH Division, who has direct oversight and responsibility for the provision of AFLP services in that agency. This definition includes individuals with titles such as project or program coordinator or manager.
Protocols (from SID)	A written statement that governs an action in a particular situation and a written description of the step-by-step technique of doing a particular task.
Reproductive Coercion	Involves behaviors in same sex or heterosexual relationships whereby a partner uses coercion to maintain power and control in a relationship related to reproductive health
Reproductive Coercion Resistant Birth Control	Birth control that cannot be manipulated. This includes implants, intrauterine devices, injections or sterilization
Scope of Work (SOW)	The exhibit in the agreement that defines the program goals, measurable objectives, implementation activities, timeline, and methods of evaluating the process and/or outcome of objective(s).
Service Network	A collaboration of agencies, programs, and individuals providing services to clients.
Sibling	A brother or sister of a pregnant and/or parenting adolescent enrolled in AFLP or Cal-Learn who has at least one common person responsible for their care and nurturing.
Site Visit	A visit by the Program Consultant and/or Contract Manager to an AFLP provider for an identified purpose.
Standards	The foundation of practice that governs all levels of performance and professional behavior.
Standards Implementation Document (SID)	An agency document that describes the administrative and programmatic processes that provides the foundation for the implementation of all aspects of the Program. It must address the process by which a client enters the AFLP system, receives services, and exits the Program. It includes the "who, what, when, and where" of case management services.
Structure Criteria	The conditions and mechanisms needed to operate and guide the system at the provider level.
Subcontract	A written agreement between the Agency and a subcontractor specifically related to securing or fulfilling the Agency's obligation to the MCAH Division under the terms of the MCAH Agreement. Subcontracts funded at five thousand dollars (\$5,000) or more require written approval by MCAH Division.

Subcontractor	An entity that has entered into a subcontract with the Agency specifically related to securing or fulfilling the Agency's obligation to complete the SOW under the terms of the MCAH Agreement.
Substance Abuse/Use	Use of a drug, legal and/or illegal, that is not medically prescribed. Could also be excessive use of a drug, legal and/or illegal.
Title V Funds	Federal MCAH Block Grant funds authorized under Title V of the federal Social Security Act for the purposes of improving the health of women, infants, and children including children with special health care needs. Title V funds cannot be used to obtain Medi-Cal Title XIX funds via FFP.
Title XIX Funds	Federal Medicaid funds obtained under Title XIX of the Social Security Act by means of matching with local funds. Funding may be matched for costs of activities related to eligible and potentially eligible Medi-Cal women and children per MCAH Division FFP guidelines.
Waiting List	An organized log of prioritized clients waiting for entry into AFLP.
Works	All literary works, writings and printed material including the medium by which it is recorded or reproduced. This includes, but is not limited to, procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data, data files or databases, research and reports, photographs, art work, pictorial and graphic representations and works of a similar nature, motion pictures, videotapes and other audiovisual works, sound recordings, tapes, educational materials, original computer programs (including executable computer programs and supporting data in any form) and any other materials or products created, produced, conceptualized, developed, or delivered as a result of this MCAH Agreement (whether or not copyrighted or copyrightable). It includes final products and any materials and information developed for the purpose of producing those final products.

AFLP Forms

AFLP forms can be accessed on the web by the links below:

Annual Funding Application Checklist

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AFAChecklist-v1011.doc>

Annual Report

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-AFLP-AR-09-10-Revisions-5-20.doc>

Collaborative Report

In development

Scope of Work

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AFLPSOW-20100630.doc>

AFLP Quarterly Invoice

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AFLPQuarterlyBIT.xls>

CBO AFLP Quarterly Invoice

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AFLPCBOQuarterlyBIT.xls>

CBO Monthly Invoice

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AFLPCBOMonthlyBIT.xls>

Quarterly Report Cover Sheet

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-Form4-AFLP08to09-5-6.doc>

Standards Implementation Document

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-AFLP-Form5-Revision-09-10.doc>