

## Section 9: CPI Tools for Federal Financial Participation (FFP)

### Purpose

*For detailed information on FFP requirements and reimbursable activities, refer to the FFP User's Guide for I&E Program, (August, 2011)<sup>1</sup>*

Establishing clinical linkages between pregnancy prevention projects and clinical service providers is important to ensure that teens and young adults have access to reproductive health services. This section includes CPI Tools to assess and collect data on program activities and services for the purposes of improving clinical linkages and access to Medi-Cal/Family PACT services for program improvement, and to maximize Federal Financial Participation (FFP) reimbursement.<sup>1</sup>

FFP provides federal Title XIX/Medi-Cal reimbursement for approved State programs providing specific activities that meet the following two objectives:

- Assisting Medi-Cal eligible individuals to enroll in the Medi-Cal/Family PACT Program
- Assisting individuals on Medi-Cal to access Medi-Cal or Family PACT providers and services

There are many activities performed within the I&E Program that meet the required objectives for FFP; examples include:<sup>1</sup>

- Performing outreach to inform individuals about Medi-Cal/Family PACT services available to them;
- Identifying Medi-Cal eligible individuals and referring them to Medi-Cal/Family PACT providers and services;
- Identifying barriers to Medi-Cal/Family PACT eligible individuals accessing care and working on a solution;
- Performing quality assurance activities to ensure I&E program participants receive needed quality care.

### Materials in this Section

CPI Tools for Federal Financial Participation (FFP):

- Implementation Tools for FFP
- Training and Support Tools for FFP
- Additional CPI Tools for FFP (*coming soon; updates will be provided over the next few years*)

## Implementation Tool\_FFP

### Implementation Tools for FFP

The implementation tool provides data on the extent to which multi-lesson curricula, informational presentations or outreach sessions were taught, whether the sessions were modified, the types of challenges encountered during implementation, and activities that worked well.

Data from this tool can provide an opportunity to review and address implementation challenges. The FFP version of this tool can be used to assess activities that address clinical linkages and access to Medi-Cal/Family PACT services, which can help sites identify potential areas for refinement of these services.

### CPI Requirement

*Having multiple data points on implementation cycles will provide a more stable picture for making decisions about program improvements.*

The CPI requirements for this tool involve selecting one version of the tool and collecting data as specified below:

- ***Multi-Session Version:*** Collect implementation data on every lesson for at least **two implementation cycles** for a **minimum of two educators** (one cycle for each educator).
- ***Single Session Version:*** Collect data on at least **4 presentations** for a **minimum of two health educators** (each educator will have 4 presentations).
- ***Outreach Session Version:*** Collect implementation data on at least **4 outreach sessions** for a **minimum of two outreach workers** (each outreach staff will have 4 outreach sessions).

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## Implementation Tool\_FFP

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### Steps to follow

Follow these steps to complete the FFP versions of the tool.

1. Follow the instructions for completing the Implementation Tools in Section 3 of the CPI Tool Kit (October, 2011).
2. Complete the Implementation Tool (FFP) versions per the instructions provided in Section 3 of the CPI Tool Kit. Select the version that matches your program:
  - Implementation Tool\_Multi-Session Version(FFP) [Appendix 9.1A]
  - Implementation Tool\_ Single Session Version (FFP)\_ [Appendix 9.1B]
  - Implementation Tool\_ Outreach Session (FFP)\_ [Appendix 9.1C]
  - *Sample* completed Implementation Tool (FFP)\_ [Appendix 9.1D]
3. Follow the steps provided Section 3 of the CPI Tool Kit to summarize your CPI Implementation Tool data, interpret your findings and report your results.

## Training and Support Tool\_FFP

### Training & Support Tools

The training and support tools are designed to assess current training and support practices, and to give education or outreach staff a chance to assess how prepared they feel to implement programs, services, or outreach activities. The FFP version of this tool can be used to assess activities that address clinical linkages and access to Medi-Cal/Family PACT services, which can help sites identify potential areas for refinement.

### CPI Requirement

The CPI requirements for this tool are as follows:

- Complete both parts of the tool:
  - The Program Tool, AND
  - The Self-Assessment Tool

### Steps to follow

*Note: For purposes of CPI Training and Support Tools, we use the term education staff to include both health education and outreach staff.*

Follow these steps to complete the FFP versions of this tool:

1. Follow the instructions for completing the Training and Support Tools in Section 5 of the CPI Tool Kit (October, 2011).
2. Complete the Training and Support Tool (FFP versions) per the instructions provided in Section 5 of the tool kit. This tool has two parts; you must complete both parts.
  - Training and Support Tools\_ Program Tool (FFP)\_ [Appendix 9.2A]
  - Training and Support Tools\_ Educator Self-Assessment Tool (FFP)\_ [Appendix 9.2B]
  - *Sample* completed Training and Support Tools (FFP)\_ [Appendix 9.2C]

**Note: For FFP there is only one version of the CPI Tool for Training and Support.**

3. Follow the steps provided in Section 5 of the CPI Tool Kit to summarize your Training and Support Tool CPI data, interpret your findings and report your results.

### Implementation Tool (FFP): Multi-Session Version

**Directions:** This form can be used for multi-session curricula. Please fill out one form for each session in the curriculum. It is best to complete the form right after the session.

**CPI Requirement:** Collect data on **at least 2 implementation cycles** of your multi-session curriculum for **two** health educators. Make one copy of the implementation tool for each session. Use your curriculum outline to prepare the form with a list of activities or content presented.

Person Completing Form: \_\_\_\_\_ Location/Setting: \_\_\_\_\_

Was the person completing this form:  An Observer?                      OR                       The presenter?

Name of Curriculum : \_\_\_\_\_ Total number of sessions: \_\_\_\_\_

Session Title (and # if applicable): \_\_\_\_\_

Date of Session: \_\_\_\_\_ Length of Session (in min.): \_\_\_\_\_ # Participants: \_\_\_\_\_

1. Overall, how much did you have to change the session/presentation from the way it is presented/written in the curriculum or presentation outline?                       None                       A little                       A lot

2. What topics/issues on **Medi-Cal/Family PACT** services did you address during this educational session. *Please write in the planned topics (e.g., information about Medi-Cal/Family PACT eligibility, access to services, clinic referrals, distributing materials with information on Medi-Cal/Family PACT services, providing information on how to access those services, etc.) and indicate whether or not it was addressed. If a topic was not covered or was modified, please provide a description. You may need to add or delete rows on this form to match the number of topics/issues addressed.*

In general, what topics/issues/activities were you planning to cover today? <i>(Write in key topics.)</i>	Was this topic/issue discussed? (mark one, 'X')			If modifications were made, please describe (e.g., changed order, added or supplemented with other content, added an activity, etc)	If you were unable to cover this, please describe what prevented you from discussing this topic during today's session
	Yes, per outline	Yes, but made changes	No		

3. Please circle an option for each of the following questions.

	Not at all		Somewhat		Very
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5
3b. How engaged/on task were the participants during the session? Please comment on your rating:	1	2	3	4	5

4. What part of this session do you think had the most impact on participants? Please explain.

5. For each activity you were not able to complete (i.e., you marked “no” in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity.

6. Are there ways this session could be changed to make it more effective?  Yes  No  
If yes, please describe what changes you think should be made.

7. What additional type of information or materials about **Medi-Cal/Family PACT services** would have been helpful to you in to present in this session (e.g., information about Medi-Cal/Family PACT eligibility, accessing services, clinic referral, etc.).

### Implementation Tool (FFP): Single Session Version

**Directions:** This form can be used for informational or brief presentations (single session). It is best to complete the form right after the session.

**CPI Requirement:** Collect data on **at least 4 presentations** for **two** health educators. Make one copy of the implementation tool for each presentation to be assessed. Use your presentation outline to prepare the form with a list of activities/content presented.

Person Completing Form: \_\_\_\_\_ Location of Session: \_\_\_\_\_

Was the person completing this form:  An Observer?    OR     The presenter?

Name of Presentation : \_\_\_\_\_

Date of Session: \_\_\_\_\_ Length of Session (in min.): \_\_\_\_\_ # Participants: \_\_\_\_\_

1. Overall, how much did you have to change the session/presentation from the way it is presented/written in the presentation outline?     None     A little     A lot

2. What topics/issues on **Medi-Cal/Family PACT** services did you address during this educational session. *Please write in the planned topics (e.g., information about Medi-Cal/Family PACT eligibility, access to services, clinic referrals, distributing materials with information on Medi-Cal/Family PACT services, providing information on how to access those services, etc.) and indicate whether or not it was addressed. If a topic was not covered or was modified, please provide a description. You may need to add or delete rows on this form to match the number of topics/issues addressed.*

In general, what topics/issues/activities were you planning to cover today? <i>(Write in key topics.)</i>	Was this topic/issue discussed? (mark one, 'X')			If modifications were made, please describe (e.g., changed order, added or supplemented with other content, added an activity, etc)	If you were unable to cover this, please describe what prevented you from discussing this topic during today's session
	Yes, per outline	Yes, but made changes	No		

3. Please circle an option for each of the following questions.

	Not at all		Somewhat		Very
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5
3b. How engaged/on task were the participants during the session? Please comment on your rating:	1	2	3	4	5

4. What part of this session do you think had the most impact on participants? Please explain.

5. For each activity you were not able to complete (i.e., you marked “no” in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity.

6. Are there ways this session could be changed to make it more effective?  Yes  No  
If yes, please describe what changes you think should be made.

7. What additional type of information or materials about **Medi-Cal/Family PACT services** would have been helpful to you in to present in this session (e.g., information about Medi-Cal/Family PACT eligibility, accessing services, clinic referral, etc.).

### Implementation Tool (FFP): Outreach Sessions

**Directions:** Please fill out this form after you conduct an outreach session. It is best to complete the form right after the outreach session. This form can be filled out by the person conducting the outreach or by an observer.

**CPI Requirement:** Collect data on **at least 4 outreach sessions** for two education staff that conducts an outreach activity. Make one copy of the outreach tool for each outreach session to be assessed.

**Date:** \_\_\_\_\_ **Name of person completing form:** \_\_\_\_\_

**Was the person completing this form:**     An observer? OR     The person providing outreach?

**Location of outreach:** \_\_\_\_\_

**Time frame of outreach session (e.g., 3:00-5:00 pm):** \_\_\_\_\_

**Number of individuals reached during outreach today:** \_\_\_\_\_

1. What topics/activities did you plan to cover during today’s outreach session, and with how many clients were you able to meet this goal? *Please write in the planned topics/activities (e.g., providing referrals to Medi-Cal/Family PACT Services, assisting individuals with the Medi-Cal/Family PACT eligibility process, providing one-on-one information to youth about access to services, etc.). Then, for each topic/activity you hoped to cover with clients, indicate with how many clients you were able to cover that topic.*

In general, what topics/activities were you planning to cover today? (Write in key topics.)	With how many of the clients you reached were you able to cover this topic? (Mark one answer for each topic.)	If you marked “None” or “Some,” what prevented you from discussing this topic with more of the clients you reached?
a.	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All	
b.	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All	
c.	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All	
d.	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All	

2. How interested, in general, were the individuals you talked with today about the information you shared?  
*Please comment on your rating:*

<b>Not at all Interested</b>		<b>Somewhat Interested</b>		<b>Very Interested</b>
1	2	3	4	5

3. What materials, if any, did you distribute during today's outreach session, and what did clients think of them? *Please write in the materials distributed (e.g., providing information about eligibility for Medi-Cal/Family PACT services, distributing referral materials with information on Medi-Cal/Family PACT services, providing information on how to access those services, etc). For each type of material distributed, rate how you think clients felt about the materials and any comments they made.*

<b>What materials were distributed?</b> <i>(Write in materials. Write "none" if no materials were given out.)</i>	<b>In your opinion, what did clients think of the materials?</b> <i>(Mark one answer for each type of material.)</i>	<b>What comments did clients make about the materials?</b>
a.	<input type="checkbox"/> Didn't seem to like them <input type="checkbox"/> Liked a little <input type="checkbox"/> Liked a lot <input type="checkbox"/> Not sure	
b.	<input type="checkbox"/> Didn't seem to like them <input type="checkbox"/> Liked a little <input type="checkbox"/> Liked a lot <input type="checkbox"/> Not sure	
c.	<input type="checkbox"/> Didn't seem to like them <input type="checkbox"/> Liked a little <input type="checkbox"/> Liked a lot <input type="checkbox"/> Not sure	
d.	<input type="checkbox"/> Didn't seem to like them <input type="checkbox"/> Liked a little <input type="checkbox"/> Liked a lot <input type="checkbox"/> Not sure	

4. What were some of the key questions that clients asked you today? *(List them below.)*

5. What challenges, if any, did you face during today's outreach session, and how did you try to address those challenges? *Please write in the challenges faced. Then, describe how you tried to address each challenge.*

<b>What challenges did you face?</b> <i>(Write in challenges. Write "none" if you faced no challenges.)</i>	<b>How did you try to address this challenge?</b>
a.	
b.	
c.	
d.	

6. Overall, how would you rate this **location** for conducting outreach in the future?

- Poor     Fair     Good     Excellent

Comments:

7. Overall, how would you rate **the time of day** for conducting outreach in the future?

- Poor     Fair     Good     Excellent

Comments:

8. What part of the outreach session do you think had the most impact on individuals reached? Please explain.

9. What would have made today's outreach session better?

### Implementation Tool (FFP): Single- Session Version

**Directions:** This form can be used for informational or brief presentations (single session). Please fill out one form for each session in the curriculum. It is best to complete the form right after the session.

**CPI Requirement:** Collect data on **at least 4 presentations** for **two** health educators. Make one copy of the implementation tool for each presentation to be assessed. Use your presentation outline to prepare the form with a list of activities or content presented.

Person Completing Form: <u>Jane Smith</u>	Location/Setting: <u>Clares St. Community Clinic</u>
Was the person completing this form: <input type="checkbox"/> An Observer?	OR <input checked="" type="checkbox"/> The presenter?
Name of Curriculum : <u>Informational Presentation</u>	Total number of sessions: <u>1</u>
Session Title (and # if applicable): <u>How to Access FPACT or Medi-Cal Services</u>	
Date of Session: <u>11/3/2011</u>	Length of Session (in min.): <u>60</u> # Participants: <u>25</u>

1. Overall, how much did you have to change the session/presentation from the way it is presented/written in the presentation outline?  None  A little  A lot

2. What topics/issues on **Medi-Cal/Family PACT** services did you address during this educational session. *Please write in the planned topics (e.g., information about Medi-Cal/Family PACT eligibility, access to services, clinic referrals, distributing materials with information on Medi-Cal/Family PACT services, providing information on how to access those services, etc.) and indicate whether or not it was addressed. If a topic was not covered or was modified, please provide a description. You may need to add or delete rows on this form to match the number of topics/issues addressed.*

In general, what topics/issues/activities were you planning to cover today? (Write in key topics.)	Was this topic/issue discussed? (mark one, 'X')			If modifications were made, please describe (e.g., changed order, added or supplemented with other content, added an activity, etc)	If you were unable to cover this, please describe what prevented you from discussing this topic during today's session
	Yes, per outline	Yes, but made changes	No		
Define Medi-Cal Program	X				
Medi-Cal/FPACT Eligibility		X		Made relevant to participants	
Which forms are needed to apply for Medi-Cal and FPACT	X				
Services available Medi-Cal/FPACT		X		Made relevant to participants and geographical area where they live.	
Finding Medi-cal/FPACT Providers			X		Ran out of time – participants had several questions.
Medi-Cal and FPACT referral list and cards	X				Ran out of time for full discussion. Distributed list and cards

## 3. Please circle on option for each of the following questions.

- |  | Not at all |   | Somewhat |   | Very |
|--|------------|---|----------|---|------|
| 3a. How interested, in general, were the participants during the session? Please comment on your rating:   | 1          | 2 | 3        | 4 | 5    |
| Participants were interested in the accessing Medi-cal services.   |            |   |          |   |      |
| 3b. How engaged/on task were the participants during the session? Please comment on your rating:   | 1          | 2 | 3        | 4 | 5    |
| 4. What part of this session do you think had the most impact on participants? Please explain.   |            |   |          |   |      |
| The most impact seemed to come from the questions and discussions about what to expect when you go to FFACT clinic. The students were really interested in making sure it would be confidential.   |            |   |          |   |      |
| 5. For each activity you were not able to complete (i.e., you marked "no" in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity.   |            |   |          |   |      |
| The information presented was new to most people so there were several questions about eligibility and how to apply. I was not able to discuss finding a provider since I ran out of time. Overall though, participants received enough information to do this on their own. I distributed the Medi-Cal and FFACT referral list and cards. |            |   |          |   |      |
| 6. Are there ways this session could be changed to make it more effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |            |   |          |   |      |
| If yes, please describe what changes you think should be made.   |            |   |          |   |      |
| Provide handouts to answer FAQ and allow more time for presentation.   |            |   |          |   |      |
| 7. What additional type of information or materials about <b>Medi-Cal/Family PACT services</b> would have been helpful to you in to present in this session (e.g., information about Medi-Cal/Family PACT eligibility, accessing services, clinic referral, etc.).   |            |   |          |   |      |
| See above  |            |   |          |   |      |

## Training and Support\_Program Tool (FFP)\_Part 1

<b>Section A: Current Training Practices</b> <b>Instructions:</b> Think about the training you currently provide for your education staff to address clinical linkages and access to Medi-Cal/Family PACT services. For each of the statements listed below, rate how well your current training practices address each area. Circle one response for each statement; mark N/A if this does not apply to your current training practices.	
<b>A1.</b> How many hours of training do you currently provide to your educators to prepare them to deliver the activities in your workplan specific to FFP requirements?	
<b>A2.</b> Please describe how you train your educators to implement your interventions, programs and services (e.g., methods used such as videos, paired-practice, role plays, mentoring, etc.).	
<b>A3.</b> Would you recommend any of the materials you use to other sites?	_____Yes      _____No If yes, which ones would you recommend?

Type of Training Provided to Health Education or Outreach Staff (hereafter referred to as "staff")	Example	How well does this happen at your agency?						List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in this area.
		Not Well		Some-what Well		Very Well	N/A	
<b>A4.</b> Staff are adequately trained about Medi-Cal and Family PACT resources in the community.	Staff receive information about local Medi-Cal/Family PACT resources and providers within the community. Information is updated on a regular basis.	1	2	3	4	5	N/A	
<b>A5.</b> Staff are adequately trained about making referrals to Family PACT providers in the community.	Staff receive formal training on Family PACT Providers in the area and how to explain Family PACT services to youth (e.g., eligibility, access to teen clinics, linking youth to services, distributing materials, etc.).	1	2	3	4	5	N/A	
<b>A6.</b> Staff are adequately trained on explaining Medi-Cal/Family PACT eligibility to clients.	Staff receive training on providing information to and assisting youth in understanding the eligibility requirements for Medi-Cal/Family PACT services	1	2	3	4	5	N/A	

Type of Training Provided to Health Education or Outreach Staff (hereafter referred to as "staff")	Example	How well does this happen at your agency?						List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in this area.
		Not Well		Some-what Well		Very Well	N/A	
<b>A7.</b> Staff are adequately trained on assisting individuals enrolled in Medi-Cal or Family PACT to access providers, services and /or care.	Staff receive training on ways to assist individuals enrolled in Medi-Cal or Family PACT to access services, and care (e.g., tracking, follow-up on clinic visits, assisting with transportation, coordinating services, etc.).	1	2	3	4	5	N/A	
<b>A8.</b> Staff are given clear expectations about adhering to informational, outreach and referral activities as outlined in the workplan for I&E participants.	Staff are provided in-service trainings on outreach strategies and implementation of the workplan activities to increase access to Medi-Cal or Family PACT services for I&E participants.	1	2	3	4	5	N/A	
<b>A9.</b> Staff are adequately trained to handle sensitive and controversial issues.	Staff are trained to maintain confidentiality, protect private information, and create a comfortable/safe atmosphere.	1	2	3	4	5	N/A	
<b>A10.</b> Staff receive training specific to the population and/or setting being served.	Staff are aware of the various factors that might affect how the pregnancy prevention, educational messages, and reproductive health service information is received by the population (e.g., faith, cultural, developmental), and are able to use that information when conducting outreach.	1	2	3	4	5	N/A	

<b>Section B: Support Provided to Education or Outreach Staff</b> <b>Instructions:</b> Think about the type of support you currently provide to your staff. For each statement, rate how well your current support practices address each area. Circle one response for each statement; mark N/A if this does not apply to your current training practices.								
<b>Type of Support Provided to Health Education Staff or Outreach Staff (hereafter referred to as “staff”)</b>	<b>Example</b>	<b>How well does this happen at your agency?</b>						<b>List 1 –2 changes you can make to enhance your Training and Support in these areas.</b>
		<b>Not Well</b>		<b>Some-what Well</b>		<b>Very Well</b>	<b>N/A</b>	
<b>B1.</b> Opportunities for observation and feedback.	The health education coordinator observes informational presentations or outreach activities by education staff and provides feedback on ways to improve the presentations or outreach strategies.	1	2	3	4	5	N/A	
<b>B2.</b> Opportunities to debrief with other staff.	There are regular group discussions with other education staff to discuss presentations or outreach strategies.	1	2	3	4	5	N/A	
<b>B3.</b> Opportunities to debrief with a clinical supervisor (expert).	Education staff have opportunities to debrief with a clinical supervisor to discuss strategies and challenging situations regarding medical, social, or emotional issues that arise during outreach.	1	2	3	4	5	N/A	
<b>B3.</b> Opportunities for professional development.	There are opportunities for education staff to receive additional training or attend professional conferences to improve their outreach skills and their knowledge level of content.	1	2	3	4	5	N/A	
<b>B4.</b> Opportunities for staff to assess their individual needs regarding training and support and share these with their supervisors.	There are mechanisms for staff to reflect on specific needs relevant to outreach and referral strategies, and identify their training and support needs.	1	2	3	4	5	N/A	
<b>B5.</b> Mechanisms to provide staff with access to up-to-date health information relevant to the core content areas of the curriculum, outreach or referral activities.	Staff have easy access to or receive regular updates on reproductive and contraceptive health-related information or statistics from reliable sources.	1	2	3	4	5	N/A	

<b>Section C: Characteristics and Skills of Education or Outreach Staff</b> <b>Instructions:</b> Think about the characteristics of your staff. For each statement listed below, rate how true these characteristics are of your outreach staff. Circle one response for each statement; mark N/A if this does not apply to your current training practices.								
<b>Characteristics/Skills of Education Staff or Outreach Staff (hereafter referred to as "staff")</b>	<b>Example</b>	<b>How true is this for your staff?</b>						<b>List 1 –2 changes you can make to your training and support practices to make this more true for all staff at your agency in these areas.</b>
		<b>Not True For Any</b>		<b>True For Some</b>		<b>True For All</b>	<b>N/A</b>	
<b>C1.</b> Experience/knowledge of community served.	Sensitive to and experience with cultural and social diversity. Use educational or outreach strategies that are culturally appropriate. Informed about what’s happening within the community (e.g. read local paper, attend community meetings, etc).	1	2	3	4	5	N/A	
<b>C2.</b> Strong interpersonal skills.	Ability to relate to people, establish trust and rapport, and are viewed as credible among the population, community, etc. Other interpersonal skills include persistence, advocacy skills and patience.	1	2	3	4	5	N/A	
<b>C3.</b> Strong communication skills.	Ability to listen, communicate and share information about health information and resources.	1	2	3	4	5	N/A	
<b>C4.</b> High level of comfort with content, including sensitive and controversial topics.	Establish ground rules, create safe atmosphere, use appropriate language, etc. Ability to create a safe environment that allows youth to take part in discussions	1	2	3	4	5	N/A	
<b>C5.</b> Personal beliefs and values are not in conflict with key messages of health education information being presented.	Awareness of his/her values, and the impact they may have on providing information about sexuality, reproductive health and contraceptive services.	1	2	3	4	5	N/A	

## Training and Support\_Self Assessment Tool (FFP)\_Part 2

Since what date have you been an educator with this agency? \_\_\_\_\_ (month) \_\_\_\_\_ (year)

**Directions:** For each question 1-15, please select a rating from 1 to 5, or select NA if a question does not apply to you.

Perceived Comfort						
How comfortable do you feel...	Not at all comfortable		Somewhat comfortable		Very comfortable	Not applicable
1. providing information about participants' eligibility for Medi-Cal or Family PACT services?	1	2	3	4	5	NA
2. assisting individuals on Medi-Cal or Family PACT to access services?	1	2	3	4	5	NA
3. conducting activities to inform individuals about Medi-Cal/Family PACT (e.g., informational presentations, health education at community events, health fairs, street outreach, etc.)?	1	2	3	4	5	NA
4. providing one-on-one assessment and counseling that may lead to a referral for clinical services?	1	2	3	4	5	NA
5. providing referrals to Medi-Cal/Family PACT services?	1	2	3	4	5	NA
Perceived Preparedness						
How prepared do you feel to...	Not at all prepared		Somewhat prepared		Very prepared	Not applicable
6. providing information about participants' eligibility for Medi-Cal or Family PACT services?	1	2	3	4	5	NA
7. assisting individuals on Medi-Cal or Family PACT to access services?	1	2	3	4	5	NA
8. conducting activities to inform individuals about Medi-Cal/Family PACT (e.g., informational presentations, health education at community events, health fairs, street outreach, etc.)?	1	2	3	4	5	NA
9. providing one-on-one assessment and counseling that may lead to a referral for clinical services?	1	2	3	4	5	NA
10. providing referrals to Medi-Cal/Family PACT services?	1	2	3	4	5	NA

Perceived Adequacy of Training						
How adequate is the training you receive to...	Not at all adequate		Somewhat adequate		More than adequate	Not applicable
11. providing information about participants' eligibility for Medi-Cal or Family PACT services?	1	2	3	4	5	NA
12. assisting individuals on Medi-Cal or Family PACT to access services?	1	2	3	4	5	NA
13. . conducting activities to inform individuals about Medi-Cal/Family PACT (e.g., informational presentations, health education at community events, health fairs, street outreach, etc.)?	1	2	3	4	5	NA
14. providing one-on-one assessment and counseling that may lead to a referral for clinical services?	1	2	3	4	5	NA
15. providing referrals to Medi-Cal/Family PACT services?	1	2	3	4	5	NA

**Directions:** For questions 16 to 21, please select a rating from 1-4 to rate your need for additional training. Select NA if a question does not apply to you. Your answers will help your agency plan for future training opportunities.

Facilitation and Other Skills: Training Needs					
I could benefit from training in the following skill area (s):	Very little need			Very high need	Not Applicable
16. Providing referrals to link youth to Medi-Cal/Family PACT services.	1	2	3	4	N/A
17. Providing outreach services (i.e., best practices, targeted prevention strategies) for Medi-Cal/Family PACT.	1	2	3	4	NA
18. Communication skills (e.g., active listening, verbal/non-verbal skills, conflict negotiation, etc.).	1	2	3	4	N/A
19. Problem solving skills (e.g., dealing with client resistance, helping clients access services, and overcoming barriers to seeking services, etc.).	1	2	3	4	N/A
20. Functioning effectively as education staff (e.g., creating a safe environment, establishing ground rules, connecting with youth, conducting street outreach, providing educational information health fairs, etc.).	1	2	3	4	N/A
21. Recognizing and handling sensitive issues and questions (e.g., confidentiality of disclosures, protecting private information).	1	2	3	4	N/A

22. Please identify one or two ways that additional training could enhance your ability to provide referral or outreach activities or to provide information about Medi-Cal/Family PACT services (e.g., providing information about eligibility, participants, assist with accessing services, clinic referrals, providing information, distributing materials, etc.).

23. Please provide one or two ways additional support could enhance your ability to provide referral or outreach activities or to provide information about Medi-Cal/Family PACT services (e.g., providing information about eligibility, participants, assist with accessing services, clinic referrals, providing information, distributing materials, etc.).

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## Training and Support\_Program Tool (FFP)\_Part 1

<b>Section A: Current Training Practices</b> <b>Instructions:</b> Think about the training you currently provide for your education staff to address clinical linkages and access to Medi-Cal/Family PACT services. For each of the statements listed below, rate how well your current training practices address each area. Circle one response for each statement; mark N/A if this does not apply to your current training practices.	
<b>A1.</b> How many hours of training do you currently provide to your educators to prepare them to deliver the activities in your workplan specific to FFP requirements?	55 hours
<b>A2.</b> Please describe how you train your educators to implement your interventions, programs and services (e.g., methods used such as videos, paired-practice, role plays, mentoring, etc.).	First, they read and review our training manuals which cover all basic topics and individual curriculum lesson plans. Next, they receive training from the Project Supervisor on clinical linkages, Medi-Cal/Family PACT services and eligibility, Birth Control methods, STIs, and Presentation Skills. Then they must complete a number of mock presentations to Project Staff in the office. Lastly, they team teach in the classroom with a fully trained Health Educator or the Project Supervisor before being observed doing a classroom presentation on their own. In the past, we sent staff to Reproductive Health 101 sessions at annual meetings.
<b>A3.</b> Would you recommend any of the materials you use to other sites?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones would you recommend?  Our training manual is updated constantly and includes all the latest information on STIs, birth control methods, etc. Resources from the CDC and CFHC are also highly recommended.

Type of Training Provided to Health Education or Outreach Staff (hereafter referred to as "staff")	<i>Example</i>	How well does this happen at your agency?					List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in this area.
		Not Well		Some-what Well		Very Well	

Type of Training Provided to Health Education or Outreach Staff (hereafter referred to as "staff")	Example	How well does this happen at your agency?						List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in this area.
		Not Well		Some-what Well		Very Well	N/A	
<b>A4.</b> Staff are adequately trained about Medi-Cal and Family PACT resources in the community.	Staff receive information about local Medi-Cal/Family PACT resources and providers within the community. Information is updated on a regular basis.	1	2	3	④	5	N/A	We are arranging trips for our educators to the local Family PACT clinics and other resources in the community to increase their familiarity with what is available.
<b>A5.</b> Staff are adequately trained about making referrals to Family PACT providers in the community.	Staff receive formal training on Family PACT Providers in the area and how to explain Family PACT services to youth (e.g., eligibility, access to teen clinics, linking youth to services, distributing materials, etc.).	1	2	3	4	⑤	N/A	
<b>A6.</b> Staff are adequately trained on explaining Medi-Cal/Family PACT eligibility to clients.	Staff receive training on providing information to and assisting youth in understanding the eligibility requirements for Medi-Cal/Family PACT services	1	2	3	4	⑤	N/A	
<b>A7.</b> Staff are adequately trained on assisting individuals enrolled in Medi-Cal or Family PACT to access providers, services and /or care.	Staff receive training on ways to assist individuals enrolled in Medi-Cal or Family PACT to access services, and care (e.g., tracking, follow-up on clinic visits, assisting with transportation, coordinating services, etc.).	1	2	3	④	5	N/A	The trips to local clinics and other resources could address this aspect as well.
<b>A8.</b> Staff are given clear expectations about adhering to informational, outreach and referral activities as outlined in the workplan for I&E participants.	Staff are provided in-service trainings on outreach strategies and implementation of the workplan activities to increase access to Medi-Cal or Family PACT services for I&E participants.	1	2	3	4	⑤	N/A	

Type of Training Provided to Health Education or Outreach Staff (hereafter referred to as "staff")	Example	How well does this happen at your agency?						List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in this area.
		Not Well		Some-what Well		Very Well	N/A	
<b>A9.</b> Staff are adequately trained to handle sensitive and controversial issues.	Staff are trained to maintain confidentiality, protect private information, and create a comfortable/safe atmosphere.	1	2	3	4	5	N/A	We would like to gather more concrete examples to include in the mock presentations. We are currently developing a training on dealing with difficult/controversial questions in the classroom.
<b>A10.</b> Staff receive training specific to the population and/or setting being served.	Staff are aware of the various factors that might affect how the pregnancy prevention, educational messages, and reproductive health service information is received by the population (e.g., faith, cultural, developmental), and are able to use that information when conducting outreach.	1	2	3	4	5	N/A	We are thinking about bringing in an outside agency to provide diversity training.

<p><b>Section B: Support Provided to Education or Outreach Staff</b></p> <p><b>Instructions:</b> Think about the type of support you currently provide to your staff. For each statement, rate how well your current support practices address each area. Circle one response for each statement; mark N/A if this does not apply to your current training practices.</p>								
Type of Support Provided to Health Education Staff or Outreach Staff (hereafter referred to as "staff")	Example	How well does this happen at your agency?						List 1 –2 changes you can make to enhance your Training and Support in these areas.
		Not Well		Some-what Well		Very Well	N/A	

<b>B1.</b> Opportunities for observation and feedback.	The health education coordinator observes informational presentations or outreach activities by education staff and provides feedback on ways to improve the presentations or outreach strategies.	1	2	3	4	5	N/A	
<b>B2.</b> Opportunities to debrief with other staff.	There are regular group discussions with other education staff to discuss presentations or outreach strategies.	1	2	3	4	5	N/A	
<b>B3.</b> Opportunities to debrief with a clinical supervisor (expert).	Education staff have opportunities to debrief with a clinical supervisor to discuss strategies and challenging situations regarding medical, social, or emotional issues that arise during outreach.	1	2	3	4	5	N/A	While Health Educators share ideas during staff meetings, we are considering having the clinical supervisors observe educators in the classroom to provide them with new ideas and feedback.
<b>B3.</b> Opportunities for professional development.	There are opportunities for education staff to receive additional training or attend professional conferences to improve their outreach skills and their knowledge level of content.	1	2	3	4	5	N/A	While we do send Educators to conferences/trainings, we would like to do so more but are limited by funding. We are looking into bringing free trainings from state and local health departments.
<b>B4.</b> Opportunities for staff to assess their individual needs regarding training and support and share these with their supervisors.	There are mechanisms for staff to reflect on specific needs relevant to outreach and referral strategies, and identify their training and support needs.	1	2	3	4	5	N/A	
<b>B5.</b> Mechanisms to provide staff with access to up-to-date health information relevant to the core content areas of the curriculum, outreach or referral activities.	Staff have easy access to or receive regular updates on reproductive and contraceptive health-related information or statistics from reliable sources.	1	2	3	4	5	N/A	We provide regular updates in staff meetings.

<b>Section C: Characteristics and Skills of Education or Outreach Staff</b> <b>Instructions:</b> Think about the characteristics of your staff. For each statement listed below, rate how true these characteristics are of your outreach staff. Circle one response for each statement; mark N/A if this does not apply to your current training practices.								
<b>Characteristics/Skills of Education Staff or Outreach Staff (hereafter referred to as “staff”)</b>	<b>Example</b>	<b>How true is this for your staff?</b>						<b>List 1 –2 changes you can make to your training and support practices to make this more true for all staff at your agency in these areas.</b>
		<b>Not True For Any</b>		<b>True For Some</b>		<b>True For All</b>	<b>N/A</b>	
<b>C1.</b> Experience/knowledge of community served.	Sensitive to and experience with cultural and social diversity. Use educational or outreach strategies that are culturally appropriate. Informed about what’s happening within the community (e.g. read local paper, attend community meetings, etc).	1	2	3	4	5	N/A	Again, we hope to provide Diversity training to our staff to help in this area.
<b>C2.</b> Strong interpersonal skills.	Ability to relate to people, establish trust and rapport, and are viewed as credible among the population, community, etc. Other interpersonal skills include persistence, advocacy skills and patience.	1	2	3	4	5	N/A	
<b>C3.</b> Strong communication skills.	Ability to listen, communicate and share information about health information and resources.	1	2	3	4	5	N/A	
<b>C4.</b> High level of comfort with content, including sensitive and controversial topics.	Establish ground rules, create safe atmosphere, use appropriate language, etc. Ability to create a safe environment that allows youth to take part in discussions	1	2	3	4	5	N/A	See response to A9 above.
<b>C5.</b> Personal beliefs and values are not in conflict with key messages of health education information being presented.	Awareness of his/her values, and the impact they may have on providing information about sexuality, reproductive health and contraceptive services.	1	2	3	4	5	N/A	See response to A9 above.

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## Training and Support\_Self Assessment Tool (FFP)\_Part 2

Since what date have you been an educator with this agency?     \_\_12\_\_ (month)   \_\_2010\_\_ (year)

**Directions:** For each question 1-15, please select a rating from 1 to 5, or select NA if a question does not apply to you.

Perceived Comfort						
How comfortable do you feel...	Not at all comfortable		Somewhat comfortable		Very comfortable	Not applicable
1. providing information about participants' eligibility for Medi-Cal or Family PACT services?	1	2	3	(4)	5	NA
2. assisting individuals on Medi-Cal or Family PACT to access services?	1	2	3	(4)	5	NA
3. conducting activities to inform individuals about Medi-Cal/Family PACT (e.g., informational presentations, health education at community events, health fairs, street outreach, etc.)?	1	2	3	(4)	5	NA
4. providing one-on-one assessment and counseling that may lead to a referral for clinical services?	1	2	(3)	4	5	NA
5. providing referrals to Medi-Cal/Family PACT services?	1	2	3	(4)	5	NA
Perceived Preparedness						
How prepared do you feel to...	Not at all prepared		Somewhat prepared		Very prepared	Not applicable
6. providing information about participants' eligibility for Medi-Cal or Family PACT services?	1	2	(3)	4	5	NA
7. assisting individuals on Medi-Cal or Family PACT to access services?	1	2	(3)	4	5	NA
8. conducting activities to inform individuals about Medi-Cal/Family PACT (e.g., informational presentations, health education at community events, health fairs, street outreach, etc.)?	1	2	3	(4)	5	NA
9. providing one-on-one assessment and counseling that may lead to a referral for clinical services?	1	2	(3)	4	5	NA
10. providing referrals to Medi-Cal/Family PACT services?	1	2	(3)	4	5	NA

Perceived Adequacy of Training						
How adequate is the training you receive to...	Not at all adequate		Somewhat adequate		More than adequate	Not applicable
11. providing information about participants' eligibility for Medi-Cal or Family PACT services?	1	2	3	4	5	NA
12. assisting individuals on Medi-Cal or Family PACT to access services?	1	2	3	4	5	NA
13. . conducting activities to inform individuals about Medi-Cal/Family PACT (e.g., informational presentations, health education at community events, health fairs, street outreach, etc.)?	1	2	3	4	5	NA
14. providing one-on-one assessment and counseling that may lead to a referral for clinical services?	1	2	3	4	5	NA
15. providing referrals to Medi-Cal/Family PACT services?	1	2	3	4	5	NA

**Directions:** For questions 16 to 21, please select a rating from 1-4 to rate your need for additional training. Select NA if a question does not apply to you. Your answers will help your agency plan for future training opportunities.

Facilitation and Other Skills: Training Needs					
I could benefit from training in the following skill area (s):	Very little need			Very high need	Not Applicable
16. Providing referrals to link youth to Medi-Cal/Family PACT services.	1	2	3	4	N/A
17. Providing outreach services (i.e., best practices, targeted prevention strategies) for Medi-Cal/Family PACT.	1	2	3	4	NA
18. Communication skills (e.g., active listening, verbal/non-verbal skills, conflict negotiation, etc.).	1	2	3	4	N/A
19. Problem solving skills (e.g., dealing with client resistance, helping clients access services, and overcoming barriers to seeking services, etc.).	1	2	3	4	N/A
20. Functioning effectively as education staff (e.g., creating a safe environment, establishing ground rules, connecting with youth, conducting street outreach, providing educational information health fairs, etc.).	1	2	3	4	N/A
21. Recognizing and handling sensitive issues and questions (e.g., confidentiality of disclosures, protecting private information).	1	2	3	4	N/A

22. Please identify one or two ways that additional training could enhance your ability to provide referral or outreach activities or to provide information about Medi-Cal/Family PACT services (e.g., providing information about eligibility, participants, assist with accessing services, clinic referrals, providing information, distributing materials, etc.).

I would like to visit some of the local clinics and resources to have a better idea of who is out there and what the feel of the clinics is. I think I would be better able to provide information to the youth about what to expect when accessing services.

23. Please provide one or two ways additional support could enhance your ability to provide referral or outreach activities or to provide information about Medi-Cal/Family PACT services (e.g., providing information about eligibility, participants, assist with accessing services, clinic referrals, providing information, distributing materials, etc.).

I would like to talk more with clinical providers and peers about the have success in doing this. Talking to other educators to share experiences would give me ideas on how to improve my ability to provide referral and outreach activities.

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