

CALIFORNIA PERSONAL RESPONSIBILITY EDUCATION PROGRAM (CA PREP)
SCOPE OF WORK

Overview:

The main goal of CA PREP is to reduce rates of births and sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV), among high-need youth populations by replicating or substantially incorporating elements of effective evidence-based program models (EBPMs) that educate adolescents on prevention of pregnancy and STIs including HIV.

Key components of CA PREP include:

- Implementation of evidence-based program models
- Integration of adulthood preparation subjects (APS)
- Compliance with California Health & Safety and Education Codes
- Community outreach and engagement activities
- Dissemination of information about Family PACT and other youth services
- Participation in required evaluation and monitoring activities

The federal guidelines emphasize that PREP service providers should aim to reduce adolescent birth and STI rates for youth populations most at-risk for these outcomes.

The key components will be accomplished through the following goals:

1. Understand the sexual and reproductive needs of local youth population(s) to effectively target implementation of EBPMs.
2. Hire and train staff to complete all program requirements.
3. Deliver EBPMs with fidelity and in settings to reach the youth at the highest risk for unplanned pregnancy and STIs, including HIV.
4. Meet federal and state requirements regarding data collection and evaluation efforts, including continuous quality improvement (CQI), and progress report delivery.
5. Develop and implement community outreach efforts to address the adolescent sexual and reproductive health needs of local youth populations.

CA PREP awardees are required to comply with program standards outlined in the CA PREP Policies and Procedures Manual (P&P).

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Goal 1: Understand the sexual and reproductive health needs of local youth population(s) to most effectively target implementation of CA PREP evidence-based program models.

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		Process Description and Measures	Timeline	Short and/or Intermediate Outcome Measure(s)
1.1 CA PREP Awardee will assess the needs of youth in local service area(s) around adolescent sexual health.	1.1.1 Meet with local stakeholders and conduct background research to establish local need.	1.1.1 Needs assessment complete within 90 days of award.	10/01/2015	1.1 Percent of CA PREP implementation sites that reach target population.
	1.1.2 Identify and monitor: a. Local trends in adolescent birth rates and/or sexually transmitted infections, including disparities. b. Local geographic areas or population groups that have insufficient access to health services. c. Identify areas and populations in greatest need of CA PREP services.	1.1.2 List and briefly describe: a. Local trends in adolescent birth rates and/or sexually transmitted infections, including disparities. b. Geographic areas or population groups that have insufficient access to health services. c. Areas and populations in greatest need of CA PREP services.	10/01/2015 and Ongoing	
1.2 CA PREP Awardee will select appropriate EBPM(s) for target population(s).	1.2.1 Assess available program models for fit with target population. Include input from local stakeholders.	1.2.1 Approved implementation plan within 90 days of award. Include description of Local Stakeholder Coalition members and coalition progress.	10/01/2015	1.2 Percent of cohorts delivered to target population.

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1.3 LOCAL STAKEHOLDER COALITION (LSC) CA PREP Awardee will organize and facilitate and/or participate in regular meetings with a Local Stakeholder Coalition to collaborate with community representatives concerned about local youth, raise awareness about adolescent pregnancy, STI, and HIV/AIDS prevention efforts,	1.3.1 Identify community agencies and other service providers to participate in LSC. At a minimum, LSC participants must include: a. Family PACT providers b. Social service providers, including representatives from foster care c. Schools and educators d. Local Maternal, Child and Adolescent Health Director or public health designee	1.3.1 Describe LSC members and coalition progress.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	1.3 Required LSC members are represented. Annual Accountability Report: Demonstrate increased community support (e.g., add members to LSC; identify potential sites/target populations).
	1.3.2 Awardee will meet at least once per quarter with LSC.	1.3.2 Submit meeting agendas and minutes.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	
	1.3.3 Identify 1-2 annual priority goals to be accomplished by LSC.	1.3.3 Describe LSC annual goal(s) and strategies to accomplish those goals.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	

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garner support for CA PREP, and educate the community about essential adolescent sexual and reproductive health services.	1.3.4 Awardee will develop and present Annual Community Report to share CA PREP progress and successes with the community.	1.3.4 Annual Community Report: Demonstrate progress and delivery plan.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	

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Goal 2: Hire and train staff to complete all program requirements.

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2.1 Ensure adequate staffing to meet CA PREP program requirements and deliver evidence-based program model(s) with fidelity.	2.1.1 Hire a sufficient number of staff to complete all CAPREP contract requirements. At a minimum, the following key staffing roles are required: a. 1 FTE Health Educator/Facilitator b. .25 FTE Program Coordinator	2.1.1 Sufficient number of personnel hired to meet minimum required staffing levels in the CA PREP Policies and Procedures (P&P).	Ongoing	2.1 Percent of personnel who meet recommended qualifications in the CA PREP P&P. Submission of all new staff and staff changes per guidelines in the CA PREP P&P.
	2.1.2 Staff hired to implement evidence-based program model(s) must meet the core competencies to deliver the program in a culturally and linguistically appropriate manner for the target population(s).	2.1.2 Staff hired who meet required qualifications in the CA PREP Policies and Procedures (P&P).	Ongoing	
2.2 All CA PREP staff will maintain and increase staff competency. Facilitators will complete all mandated trainings within 90	2.2.1 Develop a plan to assess staff ability to effectively perform assigned tasks, including regular observations of group facilitators. CA PREP Project Coordinators must conduct a minimum of two observations per trained facilitator each year. Observations must include a rating of quality of delivery using either an MCAH Continuous Quality Improvement (CQI) observation tool or an internal observation tool.	2.2.1 Submit completed CQI Observation Tool for supervisor evaluation of facilitator(s). Describe any gaps in staff development and training, as well as a plan to ensure that staff development needs are met.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	2.2 Description of staff performance improvement and confidence in delivering evidence-based program model(s).

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days of hire.	2.2.2 Ensure that all CA PREP facilitators participate in required training and educational opportunities designed to enhance cultural sensitivity.	2.2.2 Required trainings attended by CA PREP facilitators within 90 days of hire.	Ongoing	Percent of facilitators completing all mandated trainings within 90 days of hire.
	2.2.3 Awardees will attend all trainings, workshops, and meetings as directed by CDPH/MCAH.	2.2.3 Staff participation in development activities and staff attendance at trainings.	Ongoing	
	2.2.4 Awardees will participate in regular program discussions and meetings as determined by CDPH/MCAH.	2.2.4 At a minimum, participation in monthly conference calls or meetings.	Monthly	
	2.2.5 Awardees will participate in formal and/or informal site visits conducted by CDPH/MCAH.	2.2.5 Compliance with site visits.	To be decided	

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Goal 3: Deliver EBPMs with fidelity and in settings to reach youth at the highest risk for unplanned pregnancy and STIs including HIV.

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3.1 SITE IDENTIFICATION CA PREP Awardees will identify and enter into agreement with implementation sites.	3.1.1. Establish Memorandums of Understanding (MOUs) with identified sites prior to program implementation.	3.1.1 MOUs established and maintained with identified sites prior to program implementation.	Ongoing	3.1 Not applicable
	3.1.2 Adhere to Approved Planned Curriculum with regard to youth characteristics and program delivery settings.*	3.1.2 Implementation services match youth characteristics and program delivery settings.	Weekly	
	3.1.3 Maintain an online calendar of planned implementation.	3.1.3 Online planning calendar updated on an on-going basis.*	Weekly	
3.2 PARTICIPANT RECRUITMENT/ OUTREACH 100% of participants served will be between the ages of 10 and 19.	3.2.1 Implement the program activities as approved.	3.2.1 Record ages of participants on Attendance Log.*	Weekly	3.2 Not applicable
3.3 All youth served by CA PREP will meet at least one of the target populations as defined by MCAH.	3.3.1 Provide CA PREP services to at least one target population, defined as youth who: a. Reside or attend school in a high-needs Medical Service Study Area (MSSA) b. Receive services at a reproductive health clinic in a high-needs MSSA c. Are homeless and/or runaway youth d. Attend an alternative or continuation	3.3.1 Indicate target population served in Planned Curriculum for delivery site.*	Weekly	3.3 Percent of youth meeting one or more criteria.

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	school e. Are in or emancipated from the foster care system f. Are incarcerated in a juvenile justice facility, or are in a probation system g. Identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ) h. Have special needs i. Are or live in families that are migrant farmworkers j. Are expectant or parenting female youth (up to age 21)			
3.4 EBPM IMPLEMENTATION CA PREP awardees will deliver evidence-based program models with fidelity. 100% of cohorts will receive 100% of EBPM content, including required adaptations to	3.4.1 Attend training on how to implement selected EBPM(s) with fidelity.	3.4.1 Attendance at EBPM Facilitator Training(s).	Ongoing	3.4 Documentation of trainings attended. Percent of cohorts that receive 100% of EBPM content. Percent of youth who receive 75% of Intended Curriculum Length (ICL).
	3.4.2 Provide Planned Curriculum to MCAH prior to implementation at any new site. Planned Curriculum will include implementation schedule.	3.4.2 Submit Planned Curriculum of any implementation site at least seven days prior to implementation. Planned Curriculum will include: a. Proposed adaptations to EBPM content. Any adaptations must be reviewed and approved by MCAH. b. Any adaptations to meet the cultural and linguistic needs appropriate for the target population. c. Intended Curriculum Length (ICL) of EBPM delivery.	Weekly	

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satisfy CA Health & Safety and Education code requirements and information on Adulthood Preparation Subjects (APS).	3.4.3 Adhere to Approved Planned Curriculum with regard to quality and fidelity when delivering EBPM content.*	3.4.3 Report any changes from Approved Planned Curriculum in the Attendance Log and Fidelity Checklist within three days of cohort end date.*	Weekly	
3.5 FIDELITY MONITORING CA PREP awardees collect and report fidelity data for each cohort of youth served. A cohort is defined as a group of youth participating in one cycle of EBPM implementation.	3.5.1 Collect youth demographic information, attendance and dosage data, completion of a fidelity tracking log, and internal observations of program delivery.	3.5.1 Complete Attendance Log and Fidelity Checklist within three days of cohort end date.*	Weekly	3.5 All completed forms for 100% of cohorts submitted to MCAH.*
3.6 YOUTH EXPERIENCES AND OUTCOMES CA PREP awardees will administer	3.6.1 Obtain survey materials from CDPH/MCAH.	3.6.1 Survey materials obtained as directed in CA PREP P&P.	Quarterly	3.6 Demographic information collected about CA PREP participants, including gender, race, ethnicity

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surveys to every youth served at the entry and exit of EBPM implementation.	3.6.2 Develop plan to incorporate survey administration into EBPM implementation.	3.6.2 Follow survey administration guidelines in CA PREP P&P.	10/01/2015	and age. Surveys also cover topics including sexual activity, healthy relationships, knowledge of reproductive health and services, and program experiences.
	3.6.3 Submit completed surveys and supplemental materials to CDPH/MCAH.	3.6.3 Follow survey administration guidelines in CA PREP P&P.	Weekly	
3.7 ADULTHOOD PREPARATION SUBJECTS CA PREP awardees will integrate adulthood preparation subjects (APS) into EBPM implementation.	3.7.1 CA PREP facilitators will view or attend topical trainings prior to delivering EBPM(s).	3.7.1 Attendance at required topical trainings.	Within 90 days of hire	3.7 Number of facilitators trained on APS topics. APS topics integrated into EBPM implementation. Optional: Additional activities enhancing APS content added before or after implementation.
	3.7.2 CA PREP facilitators will incorporate APS content and themes into EBPM(s) throughout implementation using strategies and adaptations provided by CDPH/MCAH.	3.7.2 Report integration strategies and adaptations on Planned Curriculum (prior to implementation) and Fidelity Checklist (following implementation).	Weekly	
	3.7.3 Optional: Add relevant activities (such as information about puberty and physical development, or a course on healthy relationships) before or after implementation, with prior approval from CDPH/MCAH.	3.7.3 Develop plan for adding relevant activities and report progress.	To be decided	

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Goal 4: Meet federal and state requirements regarding data collection and evaluation efforts, including continuous quality improvement (CQI), and progress report delivery.

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4.1 CA PREP Project Director, Project Coordinator and/or designee will provide oversight and fiscal management, maintain program fidelity, and demonstrate CA PREP activities are conducted as outlined in the CA PREP Policies and Procedures, RFA and/or SOW.	4.1.1 Annually review and revise internal policies and procedures for delivering services to eligible CA PREP participants.	4.1.1 Adherence to approved Implementation Plan.	Weekly	4.1 Not applicable
	4.1.2 Submit Agreement Funding Application (AFA) as directed by MCAH.	4.1.2 AFA submitted prior to start of each program year.	07/01/2016 07/01/2017	
	4.1.3 Submit CA PREP Semi-Annual Report (SAR) by April 1 and October 1 of each program year.	4.1.3 SAR submitted by deadline.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	
	4.1.4 Submit CA PREP quarterly invoices as directed by MCAH.	4.1.4 Quarterly invoices submitted.	Quarterly	
	4.1.5 Participate in any additional required activities including a federal or state longitudinal evaluation.	To be decided		
	4.1.6 Participate in required local and state-level continuous quality improvement activities as directed by MCAH.	To be decided		

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4.2 DATA ENTRY All CA PREP participant information will be collected timely and accurately using MCAH required forms at required intervals.	4.2.1 Ensure that all staff participate in data collection, data entry, data quality improvement, and use of data collection software/systems as directed by MCAH.	4.2.1 Enter ALL data into CA PREP data systems within timeframe as directed by MCAH: <ul style="list-style-type: none"> a. Submit Planned Curriculum of any implementation site at least seven days prior to implementation. * b. Update online planning calendar on an on-going basis.* c. Submit Attendance Log and Fidelity Checklist with three days of cohort end date. * 	Weekly	4.2 Not applicable
	4.2.2 Ensure accuracy and completeness of data input into MCAH system.	4.2.2 Review quality of data system reports and discuss during calls with CDPH/MCAH as necessary.	Monthly	

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Goal 5: Develop and implement community outreach efforts to address the adolescent sexual and reproductive health needs of youth population.

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5.1 CLINICAL LINKAGES Promote and increase youth awareness of and access to local Family PACT health services and other youth support services. 100% of cohorts will receive information about the availability, confidentiality, and cost of Family PACT services.	5.1.1 Establish formal partnerships with Family PACT providers within local communities to increase adolescent access to family planning and reproductive health services.	5.1.1 Describe progress related to increasing awareness of Family PACT services.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	5.1 Family PACT provider(s) represented as member(s) of LSC (see Objective 1.3). Percent of cohorts delivered that receive information about, the availability, confidentiality, and cost of Family PACT services. Number of staff and facilitators trained on Family PACT services.
	5.1.2 Adhere to Approved Planned Curriculum with regard to adaptations to provide information about the availability, confidentiality, and cost of Family PACT services to all CAPREP youth.	5.1.2 Report any challenges to providing Family PACT service information in the Attendance Log and Fidelity Checklist within three days of cohort end date.*	Weekly	
	5.1.3 Train facilitators on local Family PACT services to increase clinical linkages to youth.	5.1.3 Attendance at any training related to local Family PACT services.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	

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	5.1.4 Incorporate information about Family PACT and other services into EBPM implementation.	5.1.4 Adhere to Approved Planned Curriculum with regard to quality and fidelity when delivering EBPM content. *	Weekly	
	5.1.5 Disseminate promotional materials to create awareness about local Family PACT providers and other local youth services including crisis counseling for youth experiencing sexual and/or dating violence.	5.1.5 Adhere to Approved Planned Curriculum with regard to quality and fidelity when delivering EBPM content.*	Weekly	
	5.1.6 Optional: On-site youth tours of Family PACT or other reproductive health care clinics.	5.1.6 Describe any additional clinical linkage activities.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	

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5.2 COMMUNITY ENGAGEMENT Optional: Organize community activities to reach community members outside of EBPM implementation.	5.2.1 Conduct activities to improve parents' knowledge, comfort and skill supporting youth sexual and reproductive health.	5.2.1 Describe community engagement activities.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	5.2 To be decided
	5.2.2 Collaborate with other local adolescent sexual and reproductive health programs to promote local services (e.g. clinical services, services that promote healthy relationships or parent-child communications, support programs for parenting and expectant youth, etc.).	5.2.2 Describe any additional community additional activities.	Semi-Annual Report 10/01/2015 04/01/2016 10/01/2016 04/01/2017 10/01/2017 04/01/2018	

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