

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 each agency 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.

In September 2010, MCAH received a Pregnancy Assistance Fund (PAF) grant by the U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) to develop and implement evidence-informed program strategies and conduct formative evaluation. This initiative, known as AFLP Positive Youth Development (PYD), was initially piloted by 11 sites, and through a second federal OAH PAF grant awarded in July 2014, AFLP PYD was expanded to an additional 17 sites. An outcome evaluation of AFLP PYD will be implemented to strengthen AFLP statewide.

Standards

The AFLP Standards were initially developed in 1993-94 to support the provision of quality case management services to pregnant and parenting teens, subsequently revised in May 2000, and last updated in January 2011. As programs evolve over time and more knowledge is learned from the field of practice and research, it is important to revisit the standards, policies and procedures for quality improvement. The current standards will continue to be modified based on the growing body of science and knowledge gained from program implementation. The AFLP Positive Youth Development (PYD) project will also help inform any updates or modifications to the current standards, and AFLP PYD agencies will adhere to specific policies and procedures during PYD implementation. Each AFLP agency will adhere to the current policies and procedures which also include the following AFLP Standards:

Standard I - SYSTEMS OF CARE

AFLP provider agencies seek to establish, sustain and enhance systems of care on the local, county and state levels. These systems represent multi and transdisciplinary partnerships that integrate

developmentally appropriate adolescent services focusing on the health, education, and psychosocial needs of pregnant and/or parenting adolescents.

Standard II - PROGRAM ADMINISTRATION AND MANAGEMENT

The AFLP provider agency fulfills administrative and management functions necessary to achieve the Mission and Goals of the AFLP and to meet the contractual requirements of the California Department of Public Health, Maternal, Child and Adolescent Health Division (MCAH).

Standard III - NETWORK COORDINATION

AFLP providers participate in network coordination in their communities for the provision of services to adolescents, their children, and their families.

Standard IV - OUTREACH AND CASE FINDING

The AFLP provider conducts outreach and case finding activities to identify adolescent females younger than 19 years of age who are pregnant or who have one or more children. The males who are their partners in pregnancy and parenting are recruited for the program so long as they are younger than 19 years of age. (Note: The participation criterion was changed in April 2011 to enroll clients until the 19th birthday, as indicated in the P&Ps. Previously, female clients were enrolled younger than 18 years of age and male clients younger than 21 years of age.)

Standard V - INTAKE

The AFLP provider has a structured, interactive process to enroll clients into the program. (Note: The maximum caseload was changed in December 2005 from 40 to 50 clients, as indicated in the P&Ps. AFLP PYD caseloads are set at 25 clients.)

Standard VI - INITIAL CLIENT ASSESSMENT

The AFLP case manager systematically collects, records, and analyzes client information to serve as a basis for developing the initial comprehensive Individual Service Plan (ISP). (Note: The completion of the initial assessment was changed in May 2013 from 30 days to 60 days of consent to participate, as indicated in the P&Ps.)

Standard VII - INDIVIDUAL SERVICE PLAN

The Case Manager and AFLP client will develop an Individual Service Plan (ISP) within sixty (60) days of consent to participate with the ISP reviewed at least quarterly and revised as needed. The ISP specifies goals and interventions and delineates activities and services in response to the unique needs of the client.

Standard VIII - CASE MANAGEMENT

AFLP case management is a process that assures a client receives needed services within a complex multi and transdisciplinary system of care that facilitates achievement of a client's goals and objectives.

(Note: The participation criterion was changed in April 2011 to serve clients until they have reached their 19th birthday and have been in the program for 24 months, as indicated in the P&Ps. Previously, female clients were served until age 20 and male clients until age 21.)

Standard IX- MONITORING AND EVALUATION--CLIENT LEVEL

Each client's progress is monitored, at a minimum, on a monthly basis with the client; and at a minimum, quarterly contact with the collateral, and/or service provider, to assess appropriateness of and progress toward achievement of individual goals.(Note: This includes contact with the client in the home at least quarterly after the initial assessment.)

Standard X- MONITORING AND EVALUATION--SYSTEMS OF CARE

Progress is monitored by the provider to determine the impact of local, county, and state initiatives; to ensure the effectiveness and appropriate utilization of service delivery; and to evaluate their capacity to address client needs.

Each agency maintains a Standards Implementation Document (SID) or local policies and procedures that describe the administrative and programmatic processes to implement the AFLP standards. This document is maintained and updated at the local level.

Mandates & Statutes

Introduction In 1982, the MCAH Division of the California Department of Public Health (CDPH) established a federal pilot demonstration project known as AFLP. At the conclusion of this successful demonstration project in 1985, the MCAH Division expanded 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 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 AFLP, the program emphasizes strengths-based case management with the promotion of positive youth development principles.

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

A standardized process for assessing risk and prioritizing clients for entry into AFLP may be required as part of AFLP PYD.

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 in order to facilitate the AFLP goal of improving linkages and creating networks for pregnant and parenting teens. Priority providers include but are not limited to Family PACT, WIC, Child Care, Child Development Services (including Head Start), Comprehensive Perinatal Services Provider (CPSP), Primary Preventive Care, and Well-Child Care.

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

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 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.
- AFLP PYD agencies are excluded from the months of service (MOS) requirements for the term of the PYD grant as noted in the AFLP PYD section.

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 and modeling 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 breastfeeding 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>

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

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| 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. As part of the second OAH Grant, an in-depth implementation and outcome evaluation is being conducted for AFLP PYD. All AFLP PYD agencies must participate in local and federal (if applicable) evaluation activities as part of this evaluation. |

Client Consent, Confidentiality and Records

- Introduction** AFLP is voluntary and requires the client's informed consent to participate in the program and the AFLP PYD evaluation activities (if applicable).
- 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 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.
- A separate consent form for participation in AFLP PYD evaluation activities is required, when applicable. MCAH will provide the evaluation consent form template to AFLP PYD sites.
- 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
- 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 Act 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. The Core Competencies for Providers of Adolescent Sexual and Reproductive Health Programs/Services and associated tools 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 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

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| 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
- A plan to periodically assess need for staff training and skill development using the ASHWG core competencies in order to increase staff competency
- 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 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 July 2010).

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”. (Please also note any other funding source such as Title V.)

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

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| 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). Eligible clients agree to voluntarily participate in AFLP. |
| Cal-Learn | Whereas participation in AFLP is voluntary, pregnant and parenting teens under the age of 19 who are CalWORKS recipients must participate in the Cal-Learn Program. Cal-Learn provides case management services related to education, health, and social services necessary for teens to go to school and to earn a high school diploma or its equivalent. To avoid duplication of services, participation in AFLP and Cal-Learn at the same time is not allowed. Case managers must coordinate services to maximize available resources. Many of the AFLP local agencies also provide Cal-Learn case management services in order to create a seamless system of care to the highest risk eligible teens in the area. |
| AFLP Entry Criteria | AFLP services are available to pregnant/parenting adolescent females enrolled up to the 19 th birthday. Agencies may also enroll parenting or expectant adolescent males up to the 19 th birthday. |
| Length of Participation | Clients may participate in the program until they reach their 19 th birthday and have been in the program 24 months, regardless of the age of the Index Child. Waivers must be approved by the State on an individual basis. |
| Outreach Activities | Outreach activities are to be conducted by the AFLP Provider in an effort to identify pregnant/parenting adolescent females and males 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. |
| Client Triage | The MCAH Division is responsible for maintaining the integrity of our MCAH programs and committed to ensuring the most effective and efficient use of limited resources. MCAH Division recommends that MCAH Directors develop client triage policies based on the availability of local resources and knowledge of client and community needs. Local policies should consider that allowing an eligible woman to participate in more than one MCAH-funded program may exclude other potential clients from the benefits of program participation, may result in duplication of services, and could add significant data |

collection responsibilities to the local programs. Local policies should provide guidance on the criteria for program eligibility and participation that best meets the needs of clients and provides them the most benefit.

CPSP is not an MCAH-funded program but is a Medi-Cal program that provides comprehensive perinatal care and is highly recommended to be promoted in all MCAH funded programs. LHJs should encourage eligible clients to participate in CPSP in addition to other MCAH funded programs in which they may participate.

Policy:

- It is the responsibility of the Local Health Jurisdiction MCAH Director or designated staff, in consultation with the client, to determine the program(s) that best meets the client's needs

Procedure:

LHJ staff will enroll clients in the program(s) that will have the greatest benefit to the individual client using a local assessment process and considering the following:

- Existing science and best practice guiding program implementation
- Individual MCAH program goals, objectives, activities, and guidelines
- Client input, needs, strengths, and goals
- Duplicate or overlapping services, programs and supports currently provided to the client by other programs
- Existing absolute contradictions to group interventions. Some clients may need an intensive home visiting program or other healthcare services to address the following situations:
 - Client medical issues that are severe enough that they logistically prohibit group involvement and/or attendance which may actually cause more harm than good (e.g. bed rest)
 - Client mental health issues that are incapacitating, uncontrolled or prevent effective participation or disruption of group activities
- The Local MCAH program should coordinate the decision making process with other local programs, for example, CHVP, BIH and AFLP programs.

Case Management Activities

Introduction Agencies will provide client and family-centered case management services to AFLP clients in accordance with the AFLP Standards and Scope of Work. Services are to be provided in a culturally, linguistically, and developmentally appropriate way. 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. (Note: AFLP PYD caseloads are set at 25 clients as indicated in AFLP PYD section.)

Each agency will provide the following for each client:

- Intake
- Comprehensive Baseline assessment (CBA)
- Annual re-assessment
- Individual Service Plan (ISP)
- 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 client's progress and changing needs
- Evaluation of client's progress and continued need for services
- Quarterly contact with collaterals or service providers

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 completed within 60 days of the client's consent to participate, and must include a home visit to assess a client's living environment.
- 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 should include, but is not limited to, the following elements:

- Breastfeeding
- General health
- Physical activity and 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
- Strengths, social programs/special interests and support systems
- 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 teen 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.

**Comprehen-
sive Reas-
sessment**

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

**AFLP
Program
Schematic**

The AFLP Program Schematic provides a visual and narrative overview of the program's protocols, case management process, and AFLP/Lodestar form schedule. This schematic is included as an attachment to the Policies and Procedures.

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 a transition plan whenever possible
- Documentation of the reason for exit in the client's chart, and completion of the appropriate State MIS data form

Agencies shall maintain a procedure for exiting clients who:

- Move out of the area
- Cannot be contacted for 3 consecutive months
- Request termination
- Have attained age 19 and received 24 months of service
- Have accomplished program goals
- Choose not to complete goals at this time
- No longer need AFLP services
- Are no longer pregnant and parenting

Services may be continued up to 90 days beyond the required exit criteria to clients with special needs in special circumstances that includes, but is not limited to, loss of pregnancy, parenting status, or special education needs.

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, regardless of the age of the index child, 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.

Healthy Relationships and Adolescent Relationship Abuse (ARA) Intervention

Introduction 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.

All clients, both female and male, are to receive reproductive coercion information at least twice annually, or more often as needed, during a face-to-face case management interaction. Clients will receive Safety Cards created by Futures without Violence: “Did You Know Your Relationship Affects Your Health?” and/or “Hanging Out or Hooking Up?” Female clients who self-identify the need for a referral or who are assessed as potentially at risk by a case manager should be referred for coercion resistant contraception. The first card must be provided within the first three client visits.

AFLP Positive Youth Development (AFLP PYD) Intervention

Introduction and Program History

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

In September 2010, MCAH received a grant award of \$2 million per year for three years through the Affordable Care Act Pregnancy Assistance Fund (PAF) administered by the U.S. Department of Health and Human Services, Office of Adolescent Health. This grant was used to develop and implement a standardized, evidence-informed intervention, and conduct subsequent evaluation to strengthen AFLP. This intervention, known as AFLP PYD, was initially piloted in 11 AFLP agencies. In July 2013, MCAH was awarded a second round of OAH funding of \$1.5 million per year for four years to expand implementation of the PYD intervention to additional AFLP sites and to conduct a comprehensive evaluation. This funding builds on the 2010-13 AFLP PYD pilot with the plan to continue to implement and evaluate an evidence-informed, standardized case management intervention statewide.

Funding Period

The AFLP PYD agencies are funded for the state fiscal years 2013-14 and 2014-15. Funding for Years 3 (FY 2015-16) and 4 (FY 2016-17) of the grant will be awarded to continue the implementation and evaluation of AFLP PYD upon successful application for the AFLP in FY 2015-17 via the Request for Application process.

Description

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

This project focuses on building organizational capacity and integrating standardized evidence-informed approaches. The model may affect the number of clients that can be served by each agency. Throughout the 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 project, formative evaluation, and subsequent outcome evaluation, MCAH will develop revised AFLP standards and policies and procedures.

MCAH has partnered with the University of California, San Francisco to conduct a formative evaluation of the AFLP PYD pilot to develop and refine the intervention. UCSF will also conduct a rigorous outcome evaluation, in order to develop a standardized, evidence-based AFLP

case management intervention for statewide implementation.

Local Activities of the AFLP PYD

Intervention Overview 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 piloted as part of this project. The activities are maintained through adherence to the AFLP Policies and Procedures (AFLP P&P) and Scope of Work (SOW), unless otherwise noted below.

The AFLP PYD intervention is founded on a research-based positive youth development resiliency framework that emphasizes building protective factors and supporting teens in developing strengths in order to achieve goals and improve outcomes. The protective factors include: forming caring relationships; maintaining high expectations; and providing opportunities for participation and contribution. The resilience strengths include: problem solving; a sense of autonomy and identity; a sense of purpose; and social competence. Research suggests that for teens the protective factors promote resilience strengths and result in improved youth outcomes. The AFLP PYD intervention is supported by standardized tools and processes designed to intentionally support and build resilience strengths.

The AFLP PYD intervention integrates additional evidence-informed strategies related to life planning and case managers employ motivational interviewing techniques to help teens envision a better future and become increasingly motivated to positively change behaviors and achieve goals.

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

Scope of Work Each AFLP PYD agency will adhere to the AFLP Scope of Work, including Goal 6, and the AFLP PYD Work Plan.

Months of Service The State MCAH Division funds the agency to conduct an AFLP that serves the needs of pregnant and/or parenting teens and to pilot and implement the AFLP PYD intervention. AFLP PYD agencies are excluded from the months of service (MOS) requirements for the term of the PYD grant. PYD funds are specifically designated for program development, professional development, staff training, implementation of the AFLP PYD 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 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.

Participation in Conference Calls The AFLP Director and/or designee at each AFLP PYD site must attend bimonthly conference calls or other scheduled calls with MCAH.

Participation in Evaluation All agencies receiving AFLP PYD funding must participate in MCAH/UCSF evaluation activities as outlined in the Scope of Work and Work Plan. Participation in the federal evaluation will also be required if applicable.

Use of the Intervention The AFLP PYD intervention must be utilized with all new and existing clients whose primary language is English. Please note that the AFLP PYD tools are currently being translated into Spanish and assessed for use with special populations, such as Spanish speakers and males. As such, AFLP PYD agencies will utilize the intervention tools with male and/or Spanish-speaking clients when the appropriate tools are available. Agencies may not translate written materials or make any changes to the tools.

Contacts Per Month The AFLP PYD intervention is based on two face-to-face case management contacts per month. Visits are approximately an hour in duration and school visits may need adjustments due to school schedules. Case managers may need to provide additional support to youth experiencing multiple stressors such as depression, intimate partner violence, health issues or other crises. The frequency of contacts is also determined in consultation with the supervisor and youth/family needs and preferences. Please refer to the Program Phases document for guidance on the frequency of visits.

A key component to the implementation and evaluation of the AFLP PYD intervention is the dosage related to the time spent on case management strategies with a PYD approach and supporting program tools. As more is learned from the implementation and outcome evaluation throughout the PYD project, this policy will be revisited and updated.

Caseload An average caseload of 20 to 25 active youth per full-time equivalent case manager with a maximum of 25 active youth for any individual case manager is the recommended standard of practice in order to implement the AFLP PYD intervention. Programs should determine the caseload depending on the complexity and intensity of youth and family needs, travel distances, and to ensure adequate planning is done by the case manager. Caseloads may be increased if youth are not receiving the PYD intervention due to not having the appropriately translated tools in the client's primary language. Programs shall use

discretion in caseload assignments when youth are entering and transitioning out of the program and placed on outreach status.

A key component to the implementation and evaluation of the AFLP PYD intervention is a caseload that will allow case managers to conduct case management strategies with a PYD approach and supporting program tools. As more is learned from the implementation and outcome evaluation throughout the PYD project, this policy will be revisited and updated.

**Required
AFLP PYD
Case
Management
Tools**

The AFLP PYD intervention follows a similar case management structure as AFLP but also includes standardized, evidence-informed, positive youth development processes, approaches, and case management tools. The following standardized AFLP PYD case management tools must be utilized with all clients receiving the AFLP PYD intervention:

- Comprehensive Baseline Assessment
- Me and My Life Activities
- ISP (My Care Plan & My Goal Sheet)
- My Life Plan
- AFLP PYD Chart Note

Please refer to the AFLP PYD Program Phases document for a narrative overview of the AFLP PYD case management process and the utilization of these tools.

**AFLP PYD
Program
Schematic**

The AFLP PYD Program Schematic provides a visual and narrative overview of the program's protocols, case management process, and AFLP/Lodestar form schedule. This schematic is included as an attachment to the Policies and Procedures.

**AFLP PYD
Program
Phases**

The AFLP PYD Program Phases document provides guidance on the key goals and activities of the PYD case management intervention as well as the frequency of visits associated with each phase. The four phases include:

- 1) Engagement, Initial Assessment & Plan Development
- 2) Fostering Strengths & Sense of Purpose
- 3) Empowerment & Implementation of Life Planning and Goal Pursuit
- 4) Re-assessment, Transition/Program Exit

Questions about the AFLP PYD Program Phases can be addressed to the AFLP PYD program consultant.

Reporting Requirements

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 documents for the data elements are the MIS Scope of Work Report (from LodeStar), MIS Service Referral Analysis Report, MOS Report, and Caseload Analysis Report. The Collaborative Reporting Form is also required as part of the Annual 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 the centralized mailbox at AFLPAR@cdph.ca.gov



Forms AFLP Annual Report Forms are on the AFLP Web site: www.cdph.ca.gov/aflp under Information for AFLP Coordinators

Quarterly Reports

Introduction Quarterly Reports are submitted October 31, January 31, April 30, and July 31 as part of the AFLP SOW for analysis and monitoring of program performance.

Quarterly Report Requirements The forms required for the Quarterly Reports include the following:

- Quarterly Report Cover Sheet (Form 4)
- Months of Service (MOS) Report (from LodeStar)
- Caseload Analysis Report (from LodeStar)
- Personnel and FTE list (Form 6)

Submission Submit the Quarterly Reports electronically to your AFLP program consultant.

Data Collection Forms

Introduction AFLP agencies are required to collect and report information in LodeStar on data measures that MCAH utilizes to monitor program implementation, quality and compliance. These measures are indicated in the Scope of Work and are reported in the LodeStar forms. Data collection related to the AFLP PYD evaluation will also be required, when applicable.

Required Forms The following forms are required in LodeStar:

- Client Identification and Update
- Intake
- Service Matrix
- Client Status Change
- Additional Child Matrix
- Pregnancy Outcome
- Follow Up
- Additional Outcomes
- Client Contact Log

Additional optional forms are also collected in LodeStar.

Detailed information and instructions on these forms are available on the MIS contractor's website:

<http://branaghgroup.com/manuals/Forms%20Coding%20Inst.%206.2012.pdf>

Data from the previous month must be submitted electronically to the MIS contractor on the 7th and/or 17th of each month.

AFLP PYD agencies may be required to complete additional data collection forms as part of the local and/or federal outcome evaluation.

AFLP Program and Fiscal Glossary

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| 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> |

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| 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. |

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| 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. | | | | | | |

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| 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. |

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| 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. The ISP is reviewed and revised at least quarterly. |
| Intake | An interactive process to enroll a client into the program as delineated in 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 plan and 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. |

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| 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. |
| PAF Funds | Pregnancy Assistance Fund (PAF) administered by the U.S. Department of Health and Human Services, Office of Adolescent Health. These funds are used by MCAH to develop and implement a standardized, evidence-informed intervention, and conduct outcome evaluation of AFLP PYD. These funds are not intended to increase the number of clients served. |
| 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. |

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| 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. |

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| 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/Pages/FiscalDocuments.aspx>

Annual Report

<http://www.cdph.ca.gov/programs/AFLP/Pages/default.aspx>

Collaborative Form Report

<http://www.cdph.ca.gov/programs/AFLP/Pages/default.aspx>

Scope of Work

<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

AFLP Quarterly Invoice

<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

CBO AFLP Quarterly Invoice

<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

CBO Monthly Invoice

<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

Quarterly Report Cover Sheet (Form 4)

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

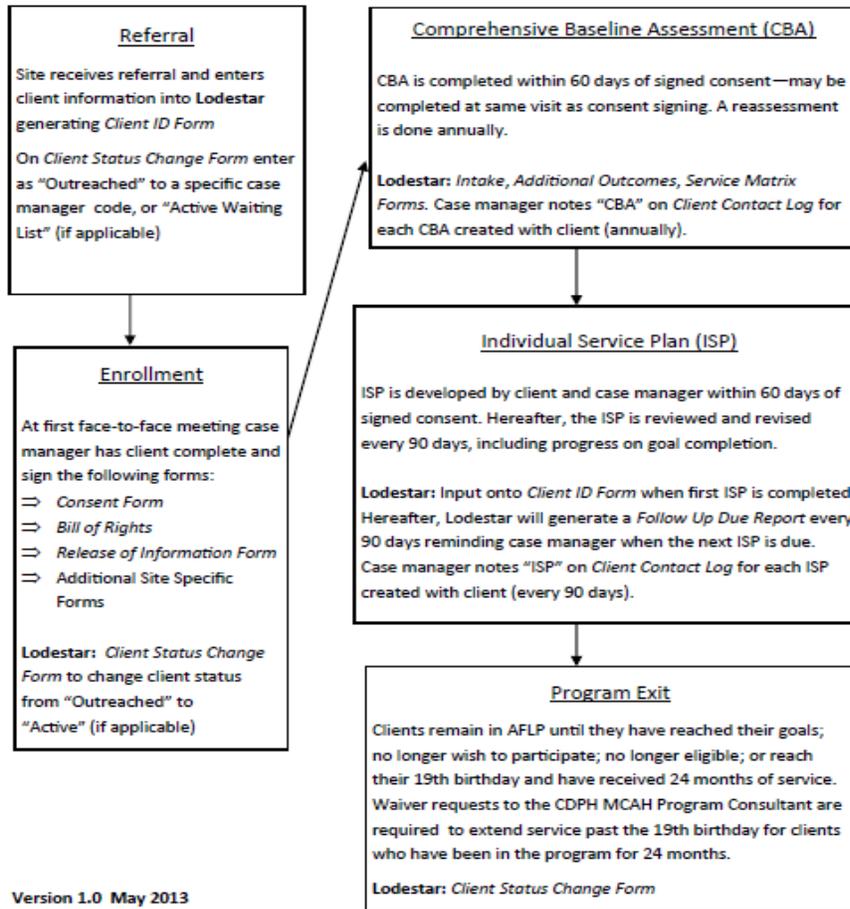
Personnel List (Form 6)

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-Form6-AFLP09-10.doc>

Waiver Request Form

<http://www.cdph.ca.gov/programs/aflp/Documents/MO-AFLP-WaiverRequestForm-2011.doc>

AFLP Program Schematic



Case Management Activities

- ⇒ Case manager has a minimum of one face-to-face contact with client monthly
- ⇒ Visit locations are determined by client and case manager; minimum of quarterly visits in the client's home
- ⇒ Case management focus with client is based on individual client needs and situation, including but not limited to: basic needs, education, career, health, parenting, healthy relationships, contraceptive use, and safer sex
- ⇒ Collateral Contacts specific to client are based on need and resource availability for service delivery; minimum requirement is collateral contact every quarter

Lodestar: All contacts with the client and collaterals are noted on the *Client Contact Log*

Program Documentation

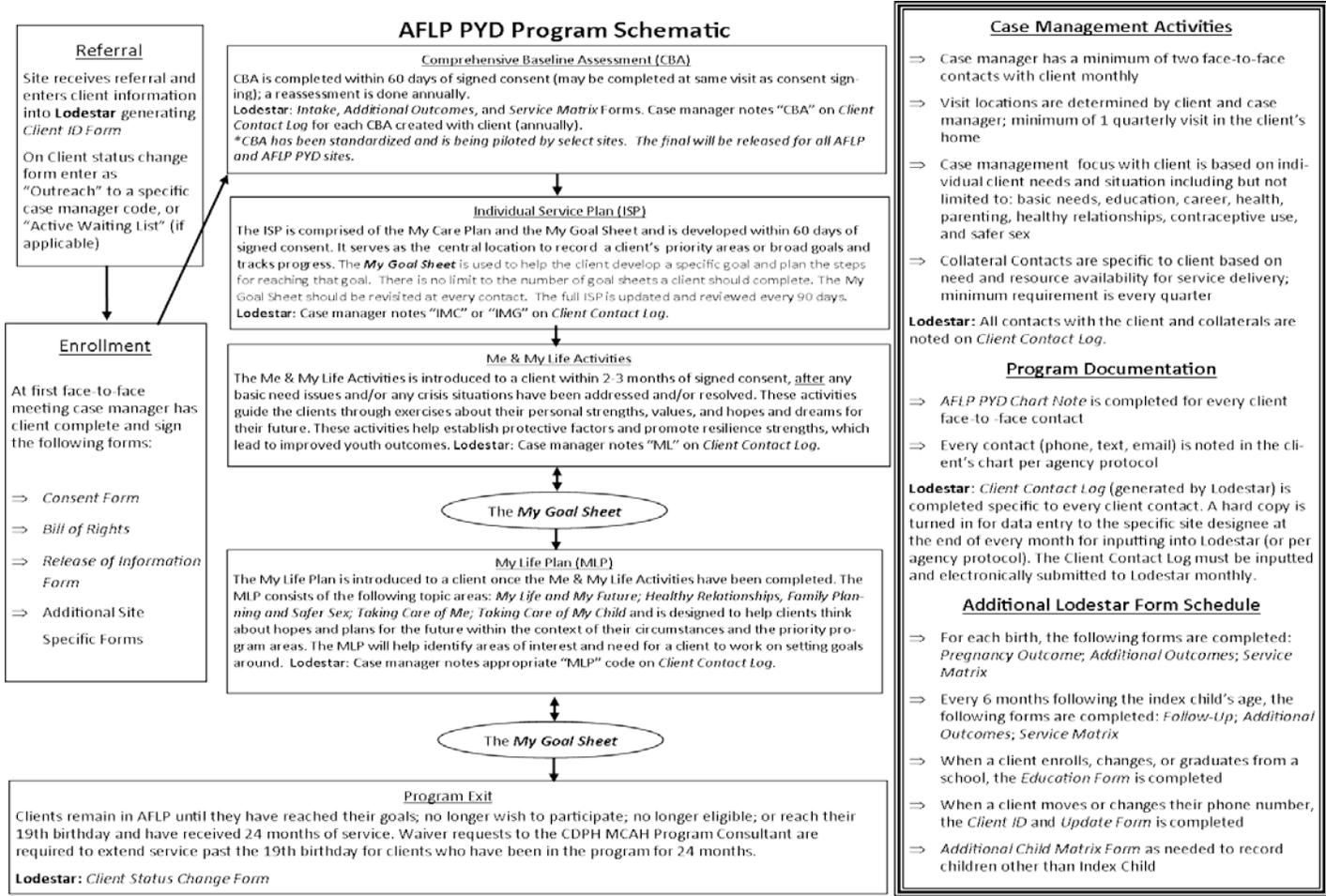
- ⇒ A chart note is completed for every client face-to-face contact
- ⇒ Every contact (phone, text, email) is noted in the client's chart per agency protocol

Lodestar: *Client Contact Log* (generated by Lodestar) is completed specific to every client contact. A hard copy is turned in for data entry to specific site designee at the end of every month for inputting into Lodestar (or per agency protocol). The *Client Contact Log* must be inputted and electronically submitted to Lodestar monthly.

Additional Lodestar Form Schedule

- ⇒ For each birth, the following forms are completed: *Pregnancy Outcome; Additional Outcomes; Service Matrix*
- ⇒ Every 6 months following the index child's age, the following forms are completed: *Follow-Up; Additional Outcomes; Service Matrix*
- ⇒ When a client enrolls, changes, or graduates from a school, the *Education Form* is completed
- ⇒ When a client moves or changes their phone number, the *Client ID and Update Form* is completed
- ⇒ *Additional Child Matrix Form* as needed to record children other than Index Child

Version 1.0 May 2013



Version 6.0 April, 2014