

ADOLESCENT FAMILY LIFE PROGRAM STANDARDS

California Department of Public Health

Maternal, Child and Adolescent Health Division

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Adolescent Family Life Program Standards
Prepared by the California Department of
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DEDICATION

These Standards are dedicated to the teen clients and their case managers in the Adolescent Family Life Program. For over 20 years, these partners have been proving conventional wisdom wrong by producing strong, mature, self-reliant people, and caring competent parents.

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PREFACE

The California Department of Health Services (CDHS), Maternal, Child and Adolescent Health Division (MCAH), provides funding for the Adolescent Family Life Program (AFLP). AFLP is designed to enhance the education and to improve the health, social, and economic well being of pregnant and parenting adolescents in California. AFLP is based on successful models in Los Angeles and San Francisco that were funded by grants from the Federal Office of Adolescent Pregnancy. AFLP was initially established as an administrative initiative in the Governor's Budget of 1985. In 1988, legislation provided permanent statutory authority for the program. (Section 309.100 of Chapter 2, Part 1, Division 1 of the Health and Safety Code.)

Initially 4,000 clients were targeted to be served during a three-year period. By the end of the first three years (June 30, 1988), 5,570 pregnant and parenting clients participated in AFLP. During that period an intensive, independent evaluation was carried out under contract by a team from the University of Southern California's School of Social Work. Highlights of the AFLP evaluation final report, submitted in August 1990, are as follows:

Client Description: When entering the program, two out of every three clients were pregnant, and one out of three were either parenting or pregnant and parenting; 97 percent were 17 years old or younger; 39 percent were Hispanic, 29 percent white, 25 percent African American, 4 percent Asian, and 4 percent other; 57 percent were in school and 41 percent were not. More than half (52 percent) of pregnant dropouts and 42 percent of the parenting dropouts were out of school before they became pregnant. Most clients were single (82 percent), unemployed (93 percent), and not in job training (96 percent). Many of the adolescent male partners of these women also were dropouts (40 percent), were substance abusers (48 percent), and were violent toward the mothers (33 percent) of their children (19 percent).

Service Networks: These statistics describe a seriously troubled and difficult to serve population. The cost to California for public assistance for families that began when the mother was a teenager was estimated at \$3.08 billion per year in 1985.

Through the development and maintenance of a community services network and resources, AFLP agencies provide continuous case management and pregnant and parenting teens beginning with outreach and client enrollment. Based on a comprehensive assessment of need, AFLP case managers assist clients in gaining access to needed educational, health, medical care and psychosocial, as well as vocational counseling and other services. This constellation of services promotes a positive pregnancy outcome, effective parenting, completion of education or training programs, and obtains social and economic independence for the young parents and their children. These services are provided to clients either by the AFLP program itself, the host agency, or providers in the local network.

Outcomes:

AFLP clients gave birth to 20 percent fewer low birth-weight babies than the population of women younger than 18 years of age in California, 6.3 percent per 1,000 as compared to 7.9 percent. The reduction in the incidence of low birth-weight births was even more impressive (27 percent lower) among African Americans.

More than 90 percent of children with the program had a source of medical care, although only 20 percent were on target with the recommended schedule of well child visits.

Fully 80 percent of pregnant clients who were in school at AFLP enrollment were still in school when they delivered their babies. This is a complete reversal of national data which show that eight of 10 girls who get pregnant in school drop out. Forty-two percent of pregnant clients who were dropouts at AFLP enrollment re-enrolled in school or graduated during their participation in AFLP.

Although an accurate measure of repeat pregnancy was not obtained, for those young women who stayed in the program at least 12 months post partum, the repeat birth incidence was 13 percent, a significant improvement compared to the 20 percent repeat birth rate reported in national studies.

These outcomes were achieved through continuous case management linking clients to needed services above and beyond what they were receiving prior to enrollment in the AFLP. Pregnant clients received 7.7 additional services and parenting clients and additional 6.5 services. The greatest unmet service need was for childcare, and the absence of childcare is the most significant reason parenting adolescents do not remain in school.

Recognition

Based on the aforementioned outcomes, AFLP received the 1989 American Medical Association's National Congress on Adolescent Health Award for Excellence in Intervention with respect to pregnancy. Both the California Auditor General and the Strategic Plan of the California Conference on Adolescent Pregnancy and Parenting praised the AFLP and recommended its expansion to serve more teens.

Growth

In 1991, as part of the Governor's Initiative to Prevent Teenage Pregnancy, AFLP received \$1.7 million to expand to five additional counties (a total of 35 counties with a budget of \$9.7 million).

In fiscal year 1996-97, the California State Legislature appropriated an additional funding of \$10 million to augment and expand the AFLP. The Legislature designated

\$3 million of the \$10 million for creation of the Adolescent Sibling Pregnancy Prevention Program (ASPPP) to provide case management services to non-pregnant/non-parenting siblings of pregnant and/or parenting adolescents who were clients in the AFLP or Cal-Learn Program. Due to budget constraints, funding for ASPPP was eliminated in an effort to preserve AFLP funding.

In 2006, there were 42 AFLPs funded throughout California in 40 counties with the ability to serve approximately 11,000 pregnant and/or parenting adolescents. The program is dedicated to achieving the mission and goals as set forth in the original document through collaborative action among all those involved in the betterment of the health and social well-being of California's youth. CDHS allocated over \$18 million in FY 2006-07 for AFLP in Federal and State funds. In the 2009-10 Fiscal Year, in response to the budget crisis, the State eliminated State General Fund dollars from AFLP, and the total allocation was \$8,640,418 in Federal Title V funds to serve 4,963 clients. In 2011, there are 37 AFLPs in 36 counties serving 4,408 clients with a total Title V allocation of \$7,516,569. Some AFLPs supplement their allocations with local funds.

ACKNOWLEDGEMENTS

The California Department of Health Services' Maternal, Child and Adolescent Health/Office of Family Planning Branch would like to acknowledge the dedication and hard work of the original 35 Adolescent Family Life Programs (AFLP) that have provided case management services to pregnant and parenting adolescents since 1985 and the additional 7 (for a total of 42) AFLPs since 1996. This document is a reflection of the quality of case management services provided throughout the State.

We would especially like to recognize the AFLP Regional Representatives who brought the collected wisdom of hundreds of staff and clients to the table with them and who assisted in the development of the 1993-94 AFLP Standards and the following AFLP Regional Representatives who assisted in the revision of these AFLP Standards.

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STATEMENT OF PHILOSOPHY

We believe that human development is unique for each individual. Many personal, familial, societal, and environmental factors can affect the journey to maturity. The impact on the individual can be either negative or positive; however, with encouragement and support, the young person will develop the tools so that the less desirable factors will have a minimal effect on their quality of life.

When adequate resources are available, the adolescent parents can make positive choices that will enhance their growth and development. They will have the skills and capacity to be emotionally and physically healthy, contributing, productive, fully realized individuals.

We believe when the adolescent's journey includes pregnancy, the untoward consequences of that pregnancy can be prevented or ameliorated. Giving adolescents a firm foundation through appropriate guidance and support will assure positive outcomes. The adolescent mother, the father of the baby, and the baby will benefit in all aspects of their lives.

Pregnancy and parenting need not impair the capacity of adolescents to be contributing fully realized individuals. We believe in the innate capacity and desire of adolescents to be nurturing parents who will act to ensure the probability of healthier lives for their children and generations to come.

In the commonality of human development, there is diversity. Comprehensive case management must respect the cultural richness of our society. The expression of developmental levels, access and acceptance of resources, the knowledge base and life experiences of the adolescents served by the program are all reflections of diversity. Further, case management draws and builds on the uniqueness of the individuals involved - both clients and case managers.

The Adolescent Family Life Program functions to draw together community resources to assist adolescents to realize their potential as individuals in society. The program develops relationships, educates, and works in partnership with community resources to provide optimum services. Success in the program is achieved through the shared responsibility among all those involved; the adolescents, the families, their case manager, and the community.

MISSION STATEMENT

The mission of the Adolescent Family Life Program is to:

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

GOALS

Adolescents, their families, and their social support systems will be served by effective, comprehensive networks of local programs and agencies.

Adolescents will be supported through continuous case management in developing a sense of themselves as worthwhile, capable individuals and parents.

Relationships among adolescents, their families and their support networks will be healthy and mutually enhancing.

Adolescents served by the AFLP will use health care resources to achieve and maintain optimal physical and mental health. The pregnant and/or parenting adolescents will utilize available services for their children and partners.

Adolescents and their partners will make healthy lifestyle decisions for themselves and their children.

Adolescents will deliver healthy babies.

The adolescents served by the AFLP and their partners will develop educational and/or vocational goals for themselves.

Adolescents served by AFLP, their children and partners will live, work, and go to school in safe, healthy environments.

Adolescents and their partners will plan for the prevention of unintentional pregnancies.

1994 ADDENDUM

Provisions have been added by the California Department of Health Services, Maternal, Child and Adolescent Health, Adolescent Family Life Program Standards at the end of each standard for the purposes of collaboration at the State and local level in the implementation of Cal-Learn. (Senate Bill 35, Chapter 69, Statutes of 1993, and SB 1078, Chapter 1252, Statutes of 1993)

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.

Rationale

Coordinated, comprehensive and continuous systems of care ensure effective utilization of, improved accessibility to, and availability of services as well as monitoring of service gaps and barriers.

Structure Criteria

- AFLP systems of care incorporate multi-level interventions for the integration of services to the client, family, community, and service providers.
- AFLP systems of care comprise local, county and state programs and agencies focused on unique needs of pregnant and parenting adolescents, their partners, and families.
- AFLP systems of care are representative of the populations they serve, i.e., culturally diverse and cognizant of adolescent developmental stages and phases.

Process Criteria

AFLP systems of care:

- Utilize providers who have methods to draw together community resources to assist adolescents and their families and to create partnerships to better serve clients and their families;
- Utilize provider agencies that participate in comprehensive collaborations comprised of programs and agencies focused on unique needs of pregnant and parenting adolescents and their families; and
- Utilize provider agencies that incorporate culturally diverse and developmentally appropriate interventions.

Outcome Criteria

- Documentation in program files represents comprehensive, collaborative efforts to address the unique needs of pregnant and parenting adolescents.
- Documentation of system of care providers demonstrates a broad spectrum of diversity for culture, age, language, and other unique needs of pregnant and parenting adolescents.

For Cal-Learn

Standard 1 is met through the submission of a Standards Implementation Document, which meets the structure, process, and outcome criteria of this Standard.

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).

Rationale

The provider agency must have the fiscal and administrative capabilities to provide a system that assures the effectiveness and quality of services using available resources.

Structure Criteria

The provider has:

- organizational and program protocols or policies and procedures that are congruent with current contract policies and current MCAH/AFLP Standards;
- the human and material resources necessary to manage the fiscal and program administration of the MCAH/AFLP contracted scope of work;
- a protocol or policy and procedures for orientation and in-service education for all case management staff;
- a Management Information System (MIS) for use in program evaluation;
- a protocol or policy and procedures for maintaining continuity of care for clients during service interruptions, i.e., natural disasters and staff vacancies; and
- a protocol or policy and procedures for maintaining confidentiality of client information and records.

Process Criteria

The provider:

- develops, implements, and annually reviews and updates, as needed, program services, protocols or policies and procedures, and staff development plans;
- regularly submits invoices and other required reports;
- furnishes supervision of, consultation to, and staff development for personnel who provide client services; and
- uses the MIS to promote effective program planning and implementation.

Outcome Criteria

- Written protocols or policies and procedures approved by MCAH are in place that embody contract policies and MCAH/AFLP Standards that provide direction for personnel practices, fiscal management, and program client services.
- The provider receives reimbursement for clients served.
- The provider documents the orientation and in-service training activities in which case management personnel participate.
- The provider documents job descriptions and personnel performance reviews.
- Reports from MIS are used in program planning.
- The provider submits annual written narrative reports to the MCAH Division that detail progress toward meeting program objectives, as well as services provided, staff development activities undertaken, and includes MIS information.
- The provider documents training to all their staff addressing issues of client confidentiality.

For Cal-Learn

County Health and Social Services agencies are hereby deemed de facto to have met the structure and process criteria of Standard II.

Outcome criteria are to be met by all agencies delivering AFLP services except annual MCAH Report criterion. Progress report requirements will be specified by DSS.

If AFLP services are provided by an agency other than county Departments of Social Services (DSS), the agency must meet all the provisions of Standard II.

In the contract for Cal-Learn AFLP between county DSS and other entities, language in this Standard referring to Maternal, Child and Adolescent Health/AFLP shall be interpreted to mean "County DSS".

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.

Rationale

Achieving a coordinated delivery system for adolescents is challenging and often affected by a scarcity of community resources. AFLP providers must have a long-term commitment to collaborate with other community agencies to assure that appropriate and necessary services are available to clients.

Structure Criteria

- The provider has an identified network of agencies and individuals that provide services to pregnant and/or parenting adolescents.
- Network services will be linked to the provider through linkage agreements such as memoranda of understanding (MOUs), and interagency agreements, and/ or service network meetings, and/or informally linked through the process of providing services to clients.

Process Criteria

The provider:

- coordinates and/or collaborates with public, private, and community service agencies and programs to advocate for and promote development of client services through networking;
- facilitates, coordinates, and/or participates in service network meetings at least quarterly; and
- develops, negotiates, and updates written agreements with service providers, when appropriate.

Outcome Criteria

- The service network meetings are documented in meeting minutes.
- Written agreements (letters of agreement, MOUs, interagency agreements) define reciprocal roles and responsibilities for the AFLP and the network service provider and describe referral and follow-up procedures for linking clients to services.
- MIS documents service provision.

For Cal-Learn

Standard III is met by adhering to Regulation 42-767.1.11 NETWORKING and Regulation 42-767.1.12 CASE MANAGEMENT PROVISION.

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.

Rationale

Case management programs are directed toward targeted high-risk client populations. Outreach and case finding assures that appropriate and eligible clients are referred to the program.

Structure Criteria

The provider has protocols or policies and procedures:

- for informing agencies, service providers and potential clients of program eligibility requirements, program services, referral procedures and status of caseload;
- for the enrollment of clients based on weighted risk factors;
- for enrollment of clients regardless of school re-enrollment status or source of medical care;
- for enhanced outreach for clients at higher risk based on MCAH Division Objectives (e.g., African Americans, Latinos, and Native Americans); and
- for enhanced outreach for clients at higher risk because they are not receiving services from other providers.

Process Criteria

AFLP Staff:

- implement outreach activities to recruit new clients and generate referrals to the program;
- will target places frequented by disconnected youth, such as movie theaters, shopping malls, and video arcades; and
- educate community about the AFLP, including its pregnancy prevention efforts and eligibility requirements to ensure the most appropriate client referrals possible.

Outcome Criteria

- Outreach activities to potential clients and community are documented in the annual reports;
- The provider maintains a full caseload as defined by the months of service.

For Cal-Learn

Outreach and Case Finding are defined as those activities performed by case managers to assist their clients to fully participate in the components of the Cal-Learn Program. Reasonable effort as specified in 42.766.7 will be made to secure face-to-face meetings with eligible teens to bring clients into the system, in maintaining contact with deferred clients, and in contacting teens who are in danger of not making adequate progress.

Standard V

INTAKE

The AFLP provider has a structured, interactive process to enroll clients into the program.

Rationale

When clients enter into a service relationship voluntarily and as full participants, they are more likely to become invested and to follow through with active participation. Before choosing to participate, clients have the right to be fully informed about services offered, as well as about their responsibilities. The intake process also serves to gather information that the program must have to serve the client.

Structure Criteria

The provider has an intake protocol or Standards Implementation Document or policy and procedures that at a minimum addresses the following:

- general program information
- AFLP/MCAH data collection procedures
- client's rights
- grievance procedures
- clients right to confidentiality
- mandated reporting requirements related to abuse and threats of violence to self or others
- consent to participate, including parents/legal guardian, consent when required by law
- basic client demographics
- Lodestar intake form
- release of information that is time- and provider-specific
- assignment of a case manager whose total monthly caseload does not exceed 50 clients (this includes all clients on the caseload throughout the month consisting of open, closed and new clients and, clients in other programs)
- a protocol or policy and procedures for responding to emergency needs the client reveals during the intake process

Process Criteria

The AFLP staff person conducting the intake:

- provides program information and discusses the content and purpose of the forms, and assists the client in signing and dating relevant forms;
- conducts the intake in a culturally, linguistically, and developmentally appropriate way;
- responds to emergency needs that the client reveals during the intake process.

Outcome Criteria

- Client intake data is recorded utilizing Lodestar MIS and reflects the date of enrollment.
- Properly signed and dated intake forms are on file in the client's record.
- Response to emergency needs is documented in client's record.

For Cal-Learn

Regulations regarding notification and orientation meet all the structure criteria except the release of information criterion, which is basic to the case management referral process and the capacity to respond to emergency needs criterion. These two criteria must be met by all agencies. Consent to participate is not required of mandatory 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).

Rationale

Effective interviewing, behavioral observations, and review of pertinent documents serve as basic information necessary to reach objective conclusions and to plan appropriate interventions.

Structure Criteria

The provider has a protocol or policy and procedures:

- for obtaining and recording assessment information in preparation for the development of the client's ISP;
- for assuring confidentiality of client information;
- for the assessment of clients that includes, at a minimum, the following elements as contained in the AFLP Comprehensive Baseline Assessment:
 - general health
 - nutrition
 - family planning/health education
 - pregnancy, labor, birth and postpartum, as applicable
 - education/vocation
 - life skills
 - employment/job training
 - fatherhood, as applicable
 - psychosocial (basic needs, financial/legal, drug and alcohol history, mental health history)
 - safety/violence/abuse
 - index child, as applicable
 - parenting education/child development, as applicable
 - social programs/special interests
 - religious community involvement
- for obtaining client assessment data from other sources, as needed, with client consent;
- for completion of initial client assessment within thirty (30) days of consent to participate; and
- which requires a home visit to assess the client's living environment as part of the initial client assessment.

Process Criteria

The Case Manager:

- participates with the client and the family, as appropriate, to identify strengths and weaknesses of the client's social support system; and
- completes initial client assessments by gathering data from a variety of sources, evaluating the client's living environment, and by evaluating the extent to which the client's behaviors promote health and well being.

Outcome Criteria

The initial assessment is completed in accordance with provider protocol or policy and procedures.

- The initial assessment is filed in the client's chart.
- The initial assessment data serves as the basis for the ISP.

For Cal-Learn

Standard VI is met through the submission of a Standards Implementation Document, which meets the structure, process, and outcome criteria of this Standard.

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.

Rationale

The ISP integrates all of the assessments into a goal-oriented, measurable strategy unique to each client for the purpose of making healthy lifestyle decisions.

Structure Criteria

Each client record/chart has an ISP:

- that specifies goals, objectives, services, time lines, progress, and the roles of client and case manager;
- that may include, but is not limited to, the following elements:
 - general health
 - nutrition
 - family planning/health education
 - pregnancy, labor, birth and postpartum, as applicable
 - education/vocation
 - life skills
 - employment/job training
 - fatherhood, as applicable
 - psychosocial (basic needs, financial/legal, drug and alcohol history, mental health history, religious community)
 - safety/violence/abuse
 - index child, as applicable
 - parenting education/child development, as applicable
 - social programs/special interests
- that includes interventions that are appropriate for the client's developmental level, health, education, and psychosocial functioning.

Process Criteria

The Case Manager:

- includes the client in ISP development to the client's level of social, emotional, and developmental ability, and the family, as available; and
- incorporates information from service providers in ISP development and revision by means of case conferences, client record reviews, and agency supervision and/or consultation.

Outcome Criteria

- The client's record contains an ISP that documents quarterly reviews, revisions as needed, and client participation.
- The client record documents summaries of collaborative efforts and progress toward meeting the ISP goals and objectives.

For Cal-Learn

Standard VII is met through the submission of a Standards Implementation Document, which meets the structure, process, and outcome criteria of this Standard.

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.

Rationale

This process incorporates ongoing assessments and monitoring of service utilization to increase the probability that the client will achieve the goals and objectives specified in the ISP.

Structure Criteria

The provider has:

- a resource list or file of available materials and/or services that may include, but is not limited to:
 - prevention of pregnancy
 - education and special education
 - health care
 - social services
 - employment and training
 - child care
 - emergency support
 - legal
 - mental health (i.e., support groups and counseling)
 - nutrition
 - parenting
 - social programs (sports, arts, music)
 - relationship violence
 - religious communities
- Standard records format for each client that contains the necessary forms for documenting the implementation of comprehensive case management activities. This client record will include, at a minimum, consents, the intake form, assessment forms, the ISP, Lodestar forms, and progress notes;
- a procedure for case managers' quarterly review of client records that documents and summarizes client status and progress towards identified goals;
- a procedure for providing for the exit of clients (female and male) who: (1) move out of the area; (2) cannot be contacted for three consecutive months; (3) request termination; (4) have attained age 19; (5) have accomplished program goals; (6) choose not to complete goals at this time; (7) no longer need AFLP services; (8) have participated in the program for 18 months and the index child is 18 months old; or (9) are no longer pregnant or parenting; and

- a procedure for continuing services, using the approved MCAH Waiver procedure, up to six months beyond the required exit criteria to clients with special needs in special circumstances to enable the client to achieve AFLP goals.

Process Criteria

The case manager will:

- inform clients about services that are appropriate and for which they and their child(ren) and families are eligible;
- provide clients with information for accessing services;
- work with clients and providers to ensure access to and coordination of services;
- advocate on behalf of clients with agencies and service providers;
- maintain a record of client and family-centered case management activities;
- evaluate client's status on a quarterly basis;
- evaluate clients for special needs requiring continued services;
- plan for client exit, as circumstances allow, providing for a smooth transition to independence or other appropriate services.

Outcome Criteria

Each client's record documents that the client receives:

- information about and referrals to available and appropriate services;
- assistance in gaining access to services;
- a plan for referral and follow-up.

Each client's record contains at a minimum:

- consents;
- an initial assessment;
- annual reassessment;
- a current ISP;
- Lodestar forms;
- progress notes.

For Cal-Learn

Standard VIII is met through the submission of a Standards Implementation document, which meets the structure, process, and outcome criteria of this Standard.

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.

Rationale

Positive client outcomes are facilitated by service planning that is responsive to current developmental and situational client needs.

Structure Criteria

The provider:

- has a protocol or policy and procedures for making monthly face-to-face contact with clients;
- has a protocol or policy and procedures for making at a minimum, quarterly contact with collaterals and/or service providers;
- has a protocol or policy and procedures for documentation of all contacts.

Process Criteria

The case manager:

- makes contact with the client in the home at least quarterly (after the initial assessment) to stay current with the client's life situation;
- identifies barriers to services and emerging or changing client needs; and
- evaluates the client's use of services by means of feedback from the client, collateral, and service providers.

Outcome Criteria

- The provider documents that service plans are revised as needed and evaluated at least quarterly.
- The client record documents activities, interventions, and/or barriers to achieve client goals and objectives.

For Cal-Learn

Standard IX is met through the submission of a Standards Implementation document, which meets the structure, process, and outcome criteria of this Standard.

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.

Rationale

The assurance of coordinated and appropriate case management services is facilitated through a continuous evaluation of service provision capacity and effectiveness within existing systems of care.

Structure Criteria

The provider:

- has a protocol or policy and procedures for communication with providers within the system of care;
- has a protocol or policy and procedures for participating in development, modification and integration of local, county, and state initiatives that support comprehensive systems of care for pregnant and parenting adolescents;
- has a protocol or policy and procedures for incorporating statewide additions, revisions, and amendments to the Lodestar MIS.

Process Criteria

The provider:

- provides timely feedback and input to providers within the system of care;
- participates in development, modification and integration of local, county, and state initiatives that support comprehensive systems of care for pregnant and parenting adolescents; and
- incorporates Statewide additions, revisions, and amendments to the Lodestar MIS.

Outcome Criteria

- Documentation of coordination activities, summaries or minutes of meetings will be retained in program files.
- Documentation of local barriers to needed services will be retained in program files.
- Submission of any required documentation will incorporate additions, revisions, or amendments to the Lodestar MIS.

For Cal-Learn

Standard X is met through the submission of a Standards Implementation document, which meets the structure, process, and outcome criteria of this Standard.

AFLP Program & Fiscal Glossary

ACTUAL COST	The actual price paid for costs of goods and services pursuant to the terms of the Maternal, Child and Adolescent Health/Office of Family Planning Branch (MCAH/OFP) Agreement.
ADOLESCENT FAMILY LIFE PROGRAM (AFLP)	California Department of Public Health (CDPH), MCAH Division, funds programs to provide 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.
AFLP PROVIDER	An organization or agency contracting with MCAH/OFP 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, hospital, etc.) entity entering into an agreement with the MCAH/OFP Branch to provide AFLP services.
AGREEMENT	Grant agreement between Community Based Organization (CBO) and CDHS or allocation between local government agency and CDHS to fund and provide AFLP services.
ALLOWABLE COST	Costs incurred which are necessary to carry out the approved MCAH Agreement.
AMENDMENT	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: • 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. The amendment must be approved by CDHS prior to making any changes in the budget or terms of the Grant Agreement.

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 CDHS Audits and Investigations or by Federal auditors.
BASE COST PER UNIT	The purchase price of an item, excluding tax, delivery, installation charges, etc.
BUDGET REVISION	A change in the previously approved Budget Document that requires MCAH 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 assessment, (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 a signed consent form to participate in the program (including parent and legal guardian consent when required by law).
CLIENT CONTACT	A face-to-face visit, group visit, or telephone contact with the client that provides one or more of the following services; counseling, monitoring, assessment and reassessment, evaluation, and/or crisis intervention.

CLIENT RECORD	A confidential record of the client's consent to participate, intake information, release of information form, assessments, Individual Service Plan (ISP), progress notes, case management activities, MIS data and other relevant information.						
CLIENT – SLOTS	The allocated number of eligible clients that the AFLP provider agency agrees to serve each month in accordance with their grant agreement.						
COLLATERAL	An individual who has regular contact with the client. This could be the parent, spouse, school counselor, therapist, or other such person.						
COMPREHENSIVE BASELINE ASSESSMENT (CBA)	An interactive, face-to-face process with the client that results in the Baseline Assessment determination of client needs. The Assessment is the basis of the Individual Service Plan (ISP) and is evaluated on an ongoing basis.						
CONFIDENTIAL INFORMATION	Information containing client identifiers, including but not limited to: <table> <tr> <td>- <i>Name</i></td><td>- <i>Address</i></td></tr> <tr> <td>- <i>Telephone Number</i></td><td>- <i>Social Security Number</i></td></tr> <tr> <td>- <i>Medical ID number</i></td><td>- <i>Drivers License Number</i></td></tr> </table> 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. 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.	- <i>Name</i>	- <i>Address</i>	- <i>Telephone Number</i>	- <i>Social Security Number</i>	- <i>Medical ID number</i>	- <i>Drivers License Number</i>
- <i>Name</i>	- <i>Address</i>						
- <i>Telephone Number</i>	- <i>Social Security Number</i>						
- <i>Medical ID number</i>	- <i>Drivers License Number</i>						
CONTACT PERSON	A person appointed by the Agency to interact with MCAH and Agency personnel regarding administration of the MCAH Program.						
CONTRACT MANAGER	MCAH staff person responsible for defining and interpreting contract language and assisting in the determination of the fiscal and administrative components of the AFLP contract.						
COUNSELING	A component of case management that includes guidance, education, information and referral and support.						

CULTURAL COMPETENCE	A system of care that acknowledges and incorporates – at all levels – 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 and siblings.
FEDERAL FINANCIAL PARTICIPATION (FFP)	A funding mechanism used to generate additional revenue by matching Agency (non-federal funds) or State dollars with federal Title XIX dollars at an Enhanced and/or Non-enhanced rate for the proper and efficient administration of the Medi-Cal program.
FRINGE BENEFITS	Employer contributions for employer portion of payroll taxes (i.e., FICA, SUI, SDI, Training) Employee health plans (i.e., health, dental, and vision), Unemployment Insurance, Workers Compensation Insurance, and Employer's portion of pension/retirement plans provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
FULL TIME EQUIVALENT (FTE)	Full-Time-Equivalent means a standard eight-hour workday/40 hours per week; or 2,080 hours per year.
GUIDELINE	A description of specific recommendations of services for individuals or groups of clients to be provided in a variety of situations.

INDIRECT COSTS	Those Agency overhead costs which 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)	The 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.
INTAKE	The interactive process to enroll a client into the program as delineated in Standard V of the AFLP standards.
INTERAGENCY AGREEMENT	A written agreement between the AFLP agency and another agency specifying what services are to be provided, how they are to be provided, referral systems, follow-up activities, and mutual responsibilities for maintaining the agreement.
INTERVENTIONS	Those services and activities needed to assist the client to ameliorate health, psychosocial, educational, vocational, daily living or economic problems that may be acute, chronic, episodic, or emergent.
INVENTORY-CONTROLLED ITEMS	Includes, but is not limited to, computers, audio, visual and telecommunications 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.
MANAGEMENT INFORMATION SYSTEM (MIS)	A computer program designed to collect client data and produce reports. The AFLP MIS is named LodeStar.
MEDI-CAL BENEFICIARY	Individuals who have applied for and been granted Medi-Cal benefits.
MEDI-CAL ELIGIBLE	An individual who meets the requirements/criteria to receive Medi-Cal benefits.
MEMORANDUM OF UNDERSTANDING (MOU)	A written agreement used among programs within a single agency that defines roles and responsibilities of participating programs.
MONTHS OF SERVICE (MOS)	The equivalent of the number of Client slots times 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 state that results following services and/or activities provided to the client.
OUTCOME CRITERIA	A description of changes that should occur as a result of interventions geared to meet client needs.
OUTREACH	Systematic identification of at-risk adolescents as potential clients by informing the community in a target area of the availability of the program and services.
POLICY (STANDARDS IMPLEMENTATION)	A written statement that governs an action in a particular situation.
PROCEDURE (STANDARDS IMPLEMENTATION)	A written description of the step-by-step technique of doing a particular task.
PROCESS	The series of actions or functions that bring about an end result.
PROCESS CRITERIA	The policies, procedures, practice guidelines, plans, and documentation which define how the provider carries out the agency services.
PROGRAM CONSULTANT	MCAH staff person assigned to an agency who provides skilled expertise in the areas of program 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 (STANDARDS IMPLEMENTATION)	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.
SCOPE OF WORK (SOW)	The exhibit in the agreement which defines the program goal(s), measurable objective(s), implementation activities, timeline, and method(s) 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 which governs all levels of performance and professional behavior.
STANDARDS IMPLEMENTATION DOCUMENT (SID)	An agency document that describes the administrative and programmatic processes that provide 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 included the "who, what, when, and where" of case management services (or see Policy, Procedures, or Protocols).
STRUCTURE CRITERIA	The conditions and mechanisms needed to operate and guide the system at the provider level.
SUBCONTRACT	A written agreement between the Agency and a subcontractor specifically related to securing or fulfilling the Agency's obligation to the MCAH/OFP Branch under the terms of the MCAH Agreement. Subcontracts funded at five thousand dollars (\$5,000) or more require written approval by MCAH Branch.
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 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 State and/or local funds. Funding can be matched for costs of activities related to eligible and potentially eligible Medi-Cal women and children.

WAITING LIST

An organized log of prioritized clients waiting for entry into AFLP.

WORKS

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