

Perinatal High Risk Case Management: Addressing Barriers for Expectant and Parenting Teens

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Introduction

The Mississippi State Department of Health's (MSDH) Expectant and Parenting Teen PAF Grant, extends intensive case management services to expectant and parenting teens, ages 17-19 years old and their infants up to age 1 year old, when they do not otherwise qualify for Medicaid-reimbursed case management services.

Funding Category/Focus Area:

Category 1 – Expectant and parenting teens in high school settings

Category 4 – Increase public awareness of services for target population

Program Setting & Geography:

County health department clinics, schools, and patients' homes throughout four public health districts in Mississippi

Target Population:

Expectant and parenting teens in high school, GED, or alternative school program, ages 19 and under throughout four public health districts in Mississippi

Program Goals:

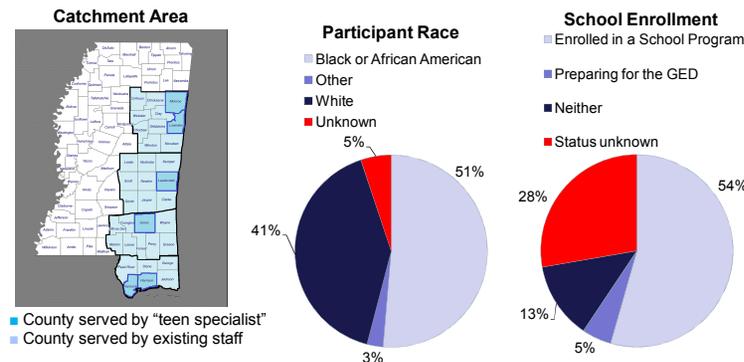
Connect teen/family to a medical home, increase school retention, focusing on reproductive life plans regarding repeat pregnancy, and increase the involvement of the father.

Implementation Strategy:

Four social workers were hired as "teen specialists" to serve teen-only caseloads in 6 counties and provide consultation to existing staff. Existing program staff in 28 other counties provided an enhanced version of MSDH's traditional model of case management to target population throughout catchment area.

Key Findings

Program Reach: In year one of implementation, project staff served 502 participants – 253 expectant females, 121 parenting females, and 128 infants up to age 1 of parenting participants throughout 34 counties of Mississippi.



Performance Measures

- Staff engaged non-participating extended family members, including parents and grandparents, of 40% of participants in services. The expectant and parenting fathers were engaged for 16% of the participants.
- Staff provided research-based and/or research-informed health education to 81% of participants.
- Participants are consistently seen for case management – 80% of appointments result in a face-to-face encounter. 20% result in the patient not showing for the appointment.
- Project leaders reported 16 informal partnerships in year one, such as birthing hospitals, Federally Qualified Health Centers, community-based medical providers, non-profit agencies, insurance managed care providers, other state agencies, and community-based multidisciplinary teams.

Lessons Learned

- Some staff have competing priorities due to split-funding of positions and assignments to other programs. Training and ongoing support is critical to sustain momentum.
- Community partners should understand goals and performance measures to maximize opportunities and minimize duplication.
- Engaging young fathers has been a challenge for the program.

Discussion

Lessons learned and analysis of year one data guided plans for improvement in year two. The following has been applied to influence better outcomes:

- Policy/procedures approved through interagency processes to provide structure for operations under the grant
- Intensive two-day staff training, site visits, and standing monthly conference calls to allow "protected time" to focus exclusively on grant-related services and future planning
- Community Advisory Group development and participation in the four participating districts to increase awareness of services
- Fatherhood Coordinator provides more intense training to all case managers in the four districts regarding engaging fathers.

Next Steps

1. Revise data collection system and train staff to ensure complete data and consistency in reporting on performance measures for OAH and MSDH.
2. Develop marketing/social media materials to promote grant services. Disseminate printed materials to stakeholders and partners.

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