

Report to the 2012 Kansas Legislature

Senator Stan Clark Pregnancy Maintenance Initiative



Bureau of Family Health
Division of Health
Kansas Department of Health and Environment

January 2012

This report is submitted to the
2012 Kansas Legislature in fulfillment of the
Requirements of KSA 65-1,159a

January 13, 2012

This report is submitted to the 2012 Kansas Legislature in fulfillment of the requirements of K.S.A. 65-1,159a Stan Clark Pregnancy Maintenance Initiative (PMI) program.

SFY 2011 Summary Data

- PMI Services were provided to 156 women through 7 providers across Kansas.
- Twenty-one of the women delivered during SFY 2011 (no deaths or miscarriages noted)
- All 21 women delivering, received adequate prenatal care once in the PMI program
- Of the 21 births, 20 were full term deliveries.
- Of the 21 births, there were 3 adoptions

SFY 2011 Funding Information

1.) By the 4th quarter of SFY2011, no funds were appropriated for PMI services. In April 2011, State General Funds (SGF) totaling \$199,113 were appropriated for Teen Pregnancy Prevention. The SGF appropriated for Teen Pregnancy Prevention were used for Medicaid recipients and were used as matching funds to draw down federal Medicaid funds. These federal Medicaid funds were allocated to PMI providers.

Stipulations to this funding method required that (a) the funds could only be used to provide services to clients eligible for Medicaid, and (b) clients had to be less than 21 years of age.

2.) In June of 2011, \$100,000 SGF was appropriated for PMI services. This funding was awarded through a contract with Catholic Charities with spending authority through SFY 2012. Since these funds were SGF, no restrictions limiting services to Medicaid recipients were required.

Note: The 2011 Legislature appropriated \$338,846 SGF for the PMI program for SFY 2012. Because SGF was appropriated for the PMI program KDHE reverted back to the standard funding formula with no age restrictions or Medicaid eligibility requirements.

Report Content

This report contains provider application information, list of grantees, funding amounts, and year end reports from the seven grant recipients. The information covers April, May and June of 2011 (the 4th quarter of SFY 2011). Any questions regarding the report can be directed to the Kansas Department of Health and Environment.

Authority for the Senator Stan Clark Pregnancy Maintenance Initiative Program

K.S.A. 65-1,159a

Chapter 65.--PUBLIC HEALTH

Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-1,159a. Senator Stan Clark pregnancy maintenance initiative program; objectives; grants; annual report to legislature. (a) Subject to appropriations therefor, the secretary of health and environment shall create, develop and administer the Senator Stan Clark pregnancy maintenance initiative program the purpose for which is to award grants to not-for-profit organizations for programs that provide services for women which enable them to carry their pregnancies to term.

(b) The grants shall be awarded annually on a competitive basis in accordance with guidelines and criteria prescribed by rules and regulations adopted by the secretary of health and environment. Each grant shall be matched by the not-for-profit organization receiving the grant on the basis of \$1 provided by the not-for-profit organization for each \$1 provided under the grant for the program.

(c) Such grant services may include an array of social services relating to pregnancy maintenance. Such grant services shall provide: (1) That no individuals who are unable to pay may be denied the delivery or provision of pregnancy maintenance services; and (2) adoption services, education or information as a part of the program being provided to the individuals. No grant under the program shall be entered into with any group performing, promoting, referring for or educating in favor of abortion. No part of the grant moneys shall be used for any political purposes.

(d) The secretary of health and environment shall annually submit a report to the legislature at the beginning of the regular session of the legislature beginning in 2006 on the results and outcomes of such pregnancy maintenance programs.

(e) The secretary of health and environment shall develop a standard reporting form which shall collect the following information: Number of women utilizing pregnancy maintenance initiative services, percentage of funds used for pre-natal services and the percentage used for post-birth services, and number of women choosing adoption.

History: L. 2005, ch. 147, § 1; July 1.

Funding Application and Program Procedures

Application and program procedures for KSA 65-1,159a , Stan Clark Pregnancy Maintenance Initiative can be found on the following website:

<http://www.kdheks.gov/c-f/pmi.htm>

PREGNANCY MAINTENANCE INITIATIVE
Providers and Funding Levels, State Fiscal Year 2011

7 Providers	Funding Levels (all Federal funds except where noted)
<p>Bethlehem House, Inc. Susan Gardiner, Director 305 West Towanda Ave., El Dorado, Kansas 67042 phone (316) 322-7233 bethlehemhouse@cox.net</p>	<p>\$22,000</p>
<p>Catholic Charities, Inc. Janet Valente Pape, Director Martha McCabe, Grants Coordinator 532 N. Broadway. Wichita, Kansas 67214-3504 phone (316) 264-8344 or (316) 264-8344 mmccabe@catholiccharitieswichita.org</p>	<p>\$55,237 plus \$100,000 -- appropriated in SFY 2011 with spending authority for SFY 2012. Services associated with this \$100,000 SGF will be reported in the SFY 2012 report.</p>
<p>Community Health Center of Southeast Kansas, Inc. Krista Postai Chief Executive Officer 3011 N. Michigan, Pittsburg, KS 66762 Phone (620) 235-1867 kpostai@chcsek.org</p>	<p>\$27,800</p>
<p>Family Life Services of Southern Kansas Tim Durham, Executive Director Lynn Pettigrew Norris, Coordinator 305 South Summit, Arkansas City, Kansas 67005 phone (620) 442-1688 fls@hit.net</p>	<p>\$36,455</p>
<p>Gerard House/Via Christi Foundation, Inc Blair Powell, Director 723 N. McLean, Suite 310, Wichita, Kansas 67203 phone (316) 946-5040 blair.powell@viachristi.org</p>	<p>\$16,500</p>
<p>Leavenworth County Health Department Jamie Miller, Administrator Elizabeth Bolia, Program Director 500 Eisenhower Road, Suite 101 Leavenworth, KS 66048 Phone (913) 250-2008 ebolia@leavenworthcounty.org</p>	<p>\$32,942</p>
<p>Reno County Health Department Judith A. Seltzer, Administrator Neita Christopherson, Program Director 209 W 2nd Ave, Hutchinson, KS 67501 Phone (620) 694-2900 Neita.christopherson@renogov.org</p>	<p>\$8,179</p>
<p>Total</p>	<p>\$199,113 Federal funds plus \$100,000 SGF to be reported in SFY 2012.</p>

Bethlehem House, Inc.
Susan Gardiner, Director
305 West Towanda Ave.
El Dorado, Kansas 67042
phone (316) 322-7233
bethlehemhouse@cox.net

**PREGNANCY MAINTENANCE INITIATIVE
TARGETED CASE MANAGEMENT
2011 SEMI-ANNUAL REPORT
April 1, 2011-JUNE 30, 2011
BETHLEHEM HOUSE, INC. EL DORADO**

2011 FINAL SEMI-ANNUAL REPORT

The local outreach by Bethlehem House, Inc. (BHI) of the Pregnancy Maintenance Initiative Targeted Case Management (PMITCM) program was surprisingly well received considering this was the start-up phase. This is due to several elements including the experience of the staff and the solid foundation of the program we offer. The three basic components used in implementing this local PMITCM initiative are as follows: first and foremost is the establishment of the client/caseworker relationship. Secondly, after intake and assessment, is the educational component. The third and final component of the program is caseworker/client follow-up. All three of these components are essential to the success of the program.

Casework utilizes all forms provided by the State for all phases of relationship building and information/data gathering. In addition to contact made during formal class sessions with some clients, the caseworker made contact with each client on a weekly or as-needed basis in order to check and reinforce progress in reaching goals. The caseworker always accommodates clients in regard to time and location of meetings.

Education is an essential part of what our program is about. We want to provide our clients with the support and resources necessary to reach their educational goals that otherwise would most likely not be achieved. The levels of educational goals that are needed to build a road to success are revealed through client intake and a life skills self-assessment in the Ansell-Casey program. Education has been and always will be a top priority. Residential clients are required to be in school, work or volunteer at least 50% of the time unless the doctor orders otherwise. All clients are strongly encouraged to continue their education at whatever level appropriate. Professional tutors/schoolteachers manage the school program for residential clients in-house. The El Dorado public schools are used when appropriate. Butler County College is utilized two-fold for help in obtaining a GED or for college education. Trade schools are used in some cases.

The Ansell-Casey Life Skills Assessment (ACLSA) is a valuable aspect of our local program. Each client is able to take a free on-line self-assessment with direction from the case worker. The ACLSA provides an indication of skill level and readiness for living on one's own. It is used in conjunction with goal setting, action planning, instruction, learning, and application. The ACLSA is

developmentally appropriate, culturally sensitive, gender appropriate, and useful for setting case goals for each individual client. The life skill areas (called domains) assessed are: communication, daily living, work/study skills, home life, self-care, social relationships, housing/money management, career planning and work life. There are also additional assessment supplements including: pregnancy, parents of infants (ages 0-24 months), and parents of young children (ages 2-6 years). Each domain contains several skill areas that can be explored; once weak areas are identified, the client can begin setting specific goals. Clients can achieve goals by utilizing the many free on-line resources available with this program. They may also check out and use the resource books that are available through our program. Finally, after the client completes their goals they can take another assessment to see what they have learned.

This year, 3- and 4-week class sessions were provided by the PMITCM initiative, meeting weekly in the evening for 1 ½ hours each. These classes provided pre-natal, post-natal, and child development education including several topics. Varied curriculum allows clients at different stages of pregnancy and parenting to benefit from applicable material.

In this time period, April 1 to June 30, we conducted one 4-week session in Butler County (El Dorado), one 4-week session in Greenwood County (Eureka), and one 3-week session in Harvey County (Newton). The actual classes were held at the DCCCA Family Preservation office in El Dorado, the Mental Health Center in Eureka and at the Health Department in Newton. These locations were at little or no cost to the PMITCM. Each location was selected in order to accommodate the needs of the class size and to allow for a private, uninterrupted time for the clients to attain a certain level of comfort and security.

A variety of presenters with various backgrounds and professional expertise were used. Each speaker/presenter accommodated a variety of learning styles in order to help sustain interest in the classes. Specific topics presented included car seat safety, labor and delivery, breastfeeding, nutrition, infant first aid and CPR, child care, shaken baby syndrome and interacting with your children. The speakers and educational presenters were people that represent services provided by the local, state and national governments. Clients sometimes exhibit a lack of confidence to pursue and utilize services because they don't understand what is available or what services might specifically apply to them. Allowing the clients to personally meet these representatives from local agencies and ask questions helps them to go ahead and get the services they need. One entire class session was dedicated to introducing and educating clients to the services that are available to them (community resources) which are given to them in a binder. This is a valuable and irreplaceable component of this PMITCM program.

The local coordinator, and case worker when possible, is present at the sessions and available to the clients before and after class. Spouses or the client's support team, such as parents, frequently attend the educational classes with the client. Points (called baby bucks) are given for attending classes and then can be "spent" to buy diapers, formula, baby clothes and other baby necessities.

The caseworker may also recommend local classes or group meetings on anger management, boundaries, codependency, parenting, children of abuse, budgeting or a variety of offerings that will help meet each client's individual needs.

The final phase of the program is the monitoring of the client in regard to meeting their goals. Clients are tracked and met with on an as-needed basis with regular communication in the form of phone calls, personal visits, e-mails or letters.

A variety of media was used to promote the program including placing flyers (attached) in locations where potential clients might be, including the health dept., doctor's offices, SRS offices, schools, hospitals, childcare agencies and other local bulletin boards. We had a display board set up at strategic times in doctor's offices and health departments. Ads were run in the official Butler County newspaper, *The El Dorado Times*, the multi-county *Shopper's Guide*, *The Eureka Herald* and *The Newton Tribune*. The Bethlehem House newsletter, which is distributed to approximately 400 families across several counties, displays ads to recruit non-residential prospects. We also run a recurring ad on our local television station, channel 7. In addition to our media campaign, a large-scale effort was made to meet and distribute information to and through a number of key social service employees.

The number of teens who utilized our PMITCM services exceeded our goal (15) with a total of 18 clients. The objective of providing services that include an array of social services relating to pregnancy maintenance during the pregnancy and supporting parenting initiatives is being achieved through the teaching of all factors contributing to a healthy pregnancy carried to term and positive parenting techniques. This is accomplished through teaching positive, successful pre- and post-natal parenting skills and providing the resources available to each client in their geographical location. Our ability to re-connect with clients in need of these services is a testament that we utilized the funds given in a practical and effective way. Relationships with governmental and non-governmental support service providers as well as other health care and educational providers have been continually strengthened and coordination efforts between services have never run more smoothly. The quality of service and experience of the case worker and staff, in conjunction with the long-standing experience of the administration, has and will continue to make this local PMITCM a success. We

are very grateful for this opportunity to serve our community. No changes or additions were made to the local PMITCM policies/procedures during this grant period.

The greatest achievement has been re-connecting with the clientele that are in need of these services. We are so glad to be able to offer this support and service to all that need it. One young mom from Eureka called about resources and/or information about autism. We were able to connect her with Child Start and they invited her to a conference on autism where she learned that her son really is autistic. She continued to come to classes and we were able to help her get on an apartment waiting list and ultimately moved into her own place. All staff and support personnel have remained the same throughout this grant period. Changes to our local PMITCM program from past to present would be that our focus is shifting from recruiting primarily to the classes to recruitment into meeting with the caseworker. We have found that formal class sessions are not always how prospective clients want to learn so we are trying to accommodate those girls.

39% of funds were used for prenatal services to clients including educational materials, classes and baby supplies. 61% of funds were used for postnatal services including educational materials, parenting resources and supplies for children.

Although the educational component is very important in reaching our overall objective, the core of the program is the interaction of the caseworker with the client. The client establishes attainable short- and long-term goals with the caseworker and together as a team they create steps to achieve those goals. Of the 18 clients we are currently working with, none have chosen adoption at this time. Eight (8) clients left the program during the grant period. Four (4) completed their goal plans successfully; one (1) left the service area, and three (3) are no longer able to be located. We are pleased to report exceeding our goal and have seen significant progress with the clients in the program. Case examples that are noteworthy include our work with Marissa*, 18 years old and pregnant for the first time, due in November. She lives with her mother, who is disabled and lives in low-income housing in El Dorado. Based on the goal planning objectives she set with our case worker, we helped her complete applications to two low-income housing apartments in El Dorado. She is on a waiting list for both. She is also exploring moving into housing with her boyfriend and we are discussing the pros/cons of this plan and if it would be healthy for her. In working toward her educational goals, Marissa completed a tour at BCCC and met with the financial aid department. Marissa completed a financial aid application and was informed preliminarily that she would qualify for Pell grants.

She plans to begin college in the fall and possibly pursue a nursing degree. In addition to helping her complete several job applications, the caseworker is taking her to the job service center in the next couple of weeks in hopes of finding additional resources for her. She has been attending all scheduled doctor appointments and baby appears to be healthy. Marissa has begun working with the case worker on basic skills required to care for an infant. She has completed homework given and is very interactive in obtaining as much information as possible. She has also enrolled in the WIC program and is attending appointments consistently. Marissa has agreed that she wants to begin using birth control after the baby is born as she wants to take good care of herself to be a good mom for her baby. She is planning to talk with the health department and her doctor about different options for herself.

In addition, Marissa has referred her sister whom qualifies for services to our program. Her sister is 20 years old and has a 1 year old son. Marissa and her sister plan to take our parenting classes scheduled in August in El Dorado. She has been very motivated to complete goals and has followed through with everything asked of her so far. Marissa would like to work towards obtaining items to nurse her baby and bathing items for her baby.

Another case example is our work with Lynn*, a 19-year-old that is currently pregnant and parenting a 10-month-old daughter. Lynn attended our Great Beginnings parenting classes in Newton and later gave birth to another healthy baby. Lynn has a job and is currently in an unhealthy and unstable relationship with the father of both children. The case worker has actively encouraged the involvement of the father while helping Lynn navigate away from unhealthy attachments. Other achievements include the case worker helping her get on low-income housing waiting lists and requesting a copy of her birth certificate needed when submitting applications to rent. Since being in the program, Lynn has kept all doctor and WIC appointments. The case worker has also worked with her on how to manage having two babies in diapers simultaneously and how to utilize positive support systems. Lynn is scheduled to begin birth control next week. Lynn successfully completed our formal parenting classes and is doing "homework" from the classes in order to earn enough points for a crib.

We also have Rochelle*, a 20-year-old with a 1 ½ year old son. The case worker worked with Rochelle and the baby's father on budgeting and since joining the program all bills has been maintained. The case worker also helped Rochelle in obtaining her birth certificate in order to obtain SRS benefits. Rochelle is current with all her baby's KBH appointments and is consistently taking birth control to prevent pregnancy until she is emotionally and financially ready. Work was completed on healthy relationship/communication skills and each parent is working together in parenting their child. They have implemented weekly family

meetings and are using time-out with their child. In addition to the formal Great Beginnings class sessions, the case worker has provided Rochelle with parenting education related to child development and potty training. The case worker also worked with this family on maintaining a healthy living environment for their child including cleaning consistently, organizing, and baby proofing their home.

In the long-standing history of the partnership between the Pregnancy Maintenance Initiative program through KDHE and Bethlehem House, Inc. we have been sensitive to and receptive of changes and modifications that need to be made for the betterment of the local program. Data is analyzed repeatedly for assurance that everything is being done in the most effective and efficient way possible to serve the needs of the clients.

The case managers strive to meet the individual needs of the clients, listening to comments and concerns voiced in feedback sessions. Utilization of State forms including the Client Intake and Needs Assessment, Client Goal Planning, Client Goal Tracking, and Client Demographic Summary are just a part of communicating and connecting with the clients.

In addition to the above-stated measurement tools, the residential clients also fill out an extensive exit interview. This is yet another mode of tracking our success along with areas for improvement.

This dialogue has been used to exemplify the flexibility and ongoing desire to create a program that is responsive to the client needs. Classes during a given session usually cannot be easily modified during that particular session due to the scheduling and commitment to our speakers and presenters. However, all accommodations that are reasonable are made and the case managers can cover requested material in one-on-one meetings with a client.

The classes are monitored by the local coordinator, and when possible the case manager. All clients have access to all personnel. The County Health Department and local physicians are visited several times a year when flyers and class schedules are left in their offices. This allows for personal contact and an opportunity for their input into the program and its content, along with sharing feedback from their clients. Based on those suggestions, we will be responsive and flexible in changing and/or modifying our program to reflect the needs of our clients and potential clients. This creates a true teamwork approach to service.

Regular meetings and correspondence between the administrator, local coordinator, case manager, house parents and board of directors helps to keep quality of care and morale high. These meetings have led to changes in strategy and direction of the program. There is no question that the essential component of the program is case work. The case manager is a key to the success of the

program. The case manager is extremely flexible in working with the clients. This year, Ellen Standlee, LMSW, is once again the primary case manager and has a long and successful history helping Bethlehem House residential clients and PMI outreach clients. Ellen adds a level of professionalism, impressive rapport with clients, along with consistency and dependability that supercedes all expectations.

We continue to work cooperatively with existing service providers with the effort and intent of providing services that were not being met locally and to make every attempt to avoid duplicating services. We want to provide our clients the most comprehensive beneficial program possible. Based on the feedback from both clients and service providers, it is clear we benefit, as do our clients, from our affiliations with other service providers. We will continue to work hard to maintain our respected status from state and local agencies, local doctors, and other providers in our service area.

**Names have been changed to protect identities*



PARENTING CLASSES

Topics Include:

- labor & delivery
- nutrition
- breastfeeding
- infant care
- car seat safety
- much more!

WHEN: Mondays 6:30 to 8 p.m.

WHERE: DCCCA Building
119 Jones St., El Dorado

**CALL 316.322.7233
FOR MORE INFORMATION**

Sponsored by KDHE, United Way of El Dorado and Bethlehem House, Inc.

Catholic Charities, Inc.
Janet Valente Pape, Director
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532 N. Broadway
Wichita, Kansas 67214-3504
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mmccabe@catholiccharitieswichita.org

Narrative

Dodge City – Total Women Served = 18

During this time period, Catholic Social Service provided services to 18 young women who were eligible for services under this grant. There were actually 20 more young women served during that time period who were not eligible for services under this grant due to either age or not being eligible for a medical card. Two of those were adoption placements.

We served the clients either at our office or at the alternative school. It was more difficult to keep the clients at the alternative school engaged in the services. Of the two clients that left the program, one of them graduated from the alternative school and the other decided that she did not have time to attend. She was 15 years old and pregnant with twins. It is believed that her SRS case may have closed, which may have been her motivation to receive services.

The most beneficial piece of this program is the support it gives to these young women who find themselves with an unintended pregnancy. They have chosen to give birth to their baby and either parent the child or make an adoption plan. With the support of this program, they are able to set goals for themselves so they can better their lives and the lives of their children. They also tend to "grow up" more quickly in most cases and really start to focus on their education. Most of them are able to complete their high school education before the rest of their class even if they were originally behind. This is the first step in lifting themselves out of poverty. Many of them talk about how they used to get into trouble and may even be on probation, etc, but when they discovered that they were pregnant, decided that they needed to take things more seriously and focus on providing for their children as best they can. This program helps them be successful in this endeavor. They are typically very appreciative of this program and tell others they know about it.

Salina – Total Women Served = 3

Client Story: In February 2011, a young lady, age 20, came to our offices for help. She brought a friend with her and the friend helped her talk due to being very emotional and difficult to speak. The young lady told the agency therapist she wanted to give her child up for adoption when it was born. She went on to say she could not keep the baby because she did not have a full time job, and was not ready to settle down with a baby. I told her what Catholic Charities could do for her and her baby, and I also told her she could think about it further in case she decided to change her mind. I felt like she was too upset at that point, and she agreed to set up an appointment for the following week.

When she came back, she said she felt the same way as she had the week before. We discussed the profiles, and I allowed her to look at the profiles we had here in Salina. She was very thorough when reading them, and decided on a couple who had adopted from a baby boy from us three years earlier. She was very interested in how the adoption would go, and what she would need to do. Up until the baby was born, the young lady did not change her mind. From that time on, I have either seen her at her home or in the office, or talked to her on the phone weekly. I continue to do this today, keeping in touch by phone. The baby girl was delivered May 4, 2011, in very good health, and very beautiful. The adoptive parents were at the hospital as soon as they could be, and were very excited. They took the baby home the next day. The baby is now four months old, the family is very happy, and the young lady is doing very well.

Wichita – Total Women Served = 12

During this period, Wichita served a total of 12 pregnant females under age 21 and enrolled in or pending Medicaid approval. Outreach by the therapist was made with several community agencies, schools, United Way and other providers of services to low-income individuals. We offered to come on site of collaborating agencies to complete intakes but that approach did not appear viable for anyone. Many of the participants in our program were receiving similar assistance with rent and other items through other agencies in the community such as The Treehouse and The Stork's Nest here in Wichita (they provide diapers, baby and maternity clothing, help with formula and other items). We began checking with local high schools to see if we could offer relationship education along with PMI targeted case management services with Wichita East High School responding and getting us into the school quickly. It was difficult at first to meet with pregnant teens because often they were not attending classes. One of the participants in the program through East High actually dropped out of high school before end of this school year. After she withdrew we were unable to contact her to continue her participation and benefits through visits to our agency offices.

One pregnant teen receiving PMI services, age 20, wanted to relinquish her parental rights and came to our agency after giving birth to let us know she wanted to set up an adoption plan. The mother had recently been released from state custody and we worked with her to match her to a couple she felt would be right to raise her son. The families met and the adoption proceeded. We connected the birth mom with a local attorney so they could help her resolve the issue of the birth father who was challenging the adoption. We received word in June that the father had been arrested, convicted and incarcerated and while he initially opposed the adoption, he had now agreed to relinquish his parental rights as well. The adoption was completed shortly thereafter. This mom had received her high school diploma and wished to attend college this fall. I worked with her in finding a college that would offer the major course work she was interested in and help with completing application to attend. We continued to meet to discuss healthy relationships which she revealed that the relationship with the birth father had been abusive as well as having a non-supportive family. We found out in late June this

client had moved out of our service area to Topeka, but returned back to Wichita in early July. She is however, not living with her parents and working to live on her own and plans to begin college this fall.

North East Kansas (Kansas City/Topeka) – Total Women Served = 36

In addition to individualized case management & support to pregnant teens, the agency carried out school-based outreach to two area high schools through the agency Parent-Child Learning Center - new pregnant and parenting students, which were identified and given support for staying in school and provided resource information. Expectant parents and parenting students were helped to access and utilize community resources, including child care, parenting and life skill education and counseling provided at the agency center. Individualized plans were developed and reviewed. Weekly group sessions were held on the dates of March 3,4, 10, 17 & 31 (2 groups), April 1, 7, 14, 15, 21 and 28 (2 groups) and May 5,6,12,13,18 and June 2nd. Topics included safe sleep for infants, responsible decision-making, child development, goal setting, parenting styles, appropriate discipline, and community resource education.

Report Submitted to KDHE August 5, 2011

Martha L. McCabe

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SFY2011

PREGNANCY MAINTENANCE INITIATIVE TARGETED CASE MANAGEMENT GRANT PROGRAM

Submitted by

The Community Health Center of Southeast Kansas (CHC/SEK)

Background: In March 2011, CHC/SEK was awarded \$27,800 to support the implementation of Pregnancy Maintenance Initiative Targeted Case Management Services. On March 6th, Krista Smith RN joined staff as the Pregnancy Care Manager bringing more than 15 years of nursing experience. She was formerly a childbirth educator for CHC/SEK and a member of our pediatric care team. She and Krista Postai, CHC/SEK CEO and program administrator, participated in an orientation and training session on program expectations provided by KDHE via conference call on March 11, 2011.

Implementation: To launch the program, Krista Smith oriented the CHC/SEK Medical Staff and with their assistance developed a system to identify and direct adolescents into the program. A primary goal was to fully integrate the service into the Maternal and Child Health program, as well as the medical home. To accomplish this, the Care Manager reviews the provider schedules daily to identify adolescents qualified to participate in the program. The provider is then “flagged” to notify them they have an eligible patient and, as part of their patient visit, share information on the program. The Care Manager is then available following the appointment to meet with the individual, explain the program and solicit their participation.



Smith also met with the CHC/SEK doula staff and discussed their services and ways the programs could be integrated. Their target population is also first-time adolescent mothers and this is already proving to be a great internal partnership.

To further facilitate the intake process, Smith developed a form (attached) which she is finding to be an essential tool. It is used in conjunction with the forms provided by KDHE. She also put together a “Baby Basics” program with each client receiving a Baby Basics book and planner which includes a month-by-month pregnancy guide, as well as tips, ideas, questions for the clients to ask the doctor, etc. These have been well received, as has the “coupon club” she’s started which provides the girls discounts on needed supplies (e.g. diapers). For the teen mothers who have delivered during their time in the program, a newborn packet is provided

with numerous pamphlets targeted to their educational levels. These include *Safe Sleep for Babies*, *Child Proofing Your Home*, *Safe Nursery*, *Shaken Baby Syndrome* and immunization schedules plus several others appropriate to the client. A newborn size Halo Sleep Sack and Child File (magnetic plastic sleeve to hold birth certificate, immunization cards, etc.) is also provided, as well as a gift sack of "gently used" baby clothing collected through CHC/SEK's Baby4Baby program. Information on Text4Baby is also provided and the clients are encouraged to sign up to receive prenatal and parenting tips via their cell phone.

Smith also allotted time during her first months to connect with potential referral organizations to explain the program and also educate herself on what services they had to offer.

Agencies/organizations contacted were...

*The Learning Center – an alternative education and training center

*Adult Education Centers in Crawford and Cherokee Counties

*Mental Health Center of Crawford County

*SEKCAP

*HUD (for housing assistance)

*Early Head Start

*Vie Medical Clinic (provides no-cost pregnancy testing and counseling, plus parenting education)

*Crawford County Health Department (WIC)

*Cherokee County Health Department (WIC)

*Catholic Charities (social services, adoption)

*Legal Services of Southeast Kansas (free family law services for CHC/SEK patients)

*Covenant Harvest Church

*Birth to Three

*Via Christi Medical Center/Pittsburg (obstetrical staff)

*EFNEP (for nutrition counseling and home visitor services)

*Kansas Children's Service League (for home visitor, adoption and other family support)

*Edgepark Medical Supplies

*Children's Miracle Network

*Social Rehabilitation Services

*Kansas Medicaid transportation providers



The Care Manager is also a regular attendee of the Crawford and Cherokee County Interagency Coalitions that meet monthly to identify ways to work together to improve the quality of life in the area and to network.

As reported, 26 women have been enrolled in the program with three in the 15-to 17 age range and the balance 18 up to 21 years of age. About half have graduated from high school, three from college and the rest are in high school or had dropped out. Most are unemployed (20); 23



report income at 100% of the poverty level or below; most (21) are single and covered by Medicaid (22) at the time of intake. The majority of patients (21) are Crawford County residents, with three from Cherokee County, one from Bourbon and one from Linn. Thus far, 23 clients have been referred to 75 different services or programs with 21 connecting with 53 of these referrals. None have dropped out

of the program to date, with four delivering – all normal birth weight babies and with adequate prenatal care. All of the babies have received recommended Kan-Be-Healthy visits on schedule.

The first four months of the program have been very revealing with the providers indicating that the women/girls are very forthcoming on their situations to the Care Manager. It has, they say, been extremely helpful in their medical management of these young women.

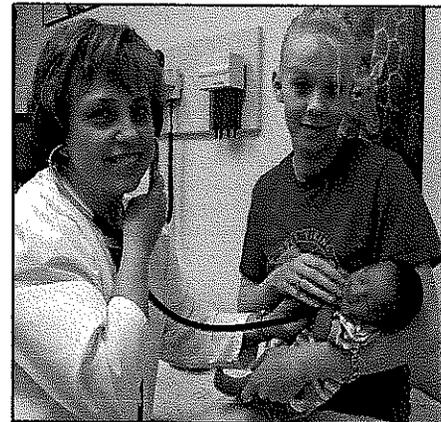
More importantly, this has proven to be a wonderful opportunity to reach these teenagers at a time when support is needed the most and when they are the most receptive to positive changes. Even though only in place for a few months, successes are already being noted...

*A single, 18-year-old who had been living in an abandoned trailer came to CHC/SEK after discovering she was pregnant. At her first appointment, the Pregnancy Care Manager met with her and learned that she was now living in a home with multiple family members and friends, she had lost her mother in a car accident when she was young and had a fear of driving making her dependent on others for transportation and that she was at risk of dropping out of high school even though in her final months of her senior year. Within a week, she had an appointment with one of CHC/SEK's staff psychologists who she continues to see to overcome the pain of losing her mother so young, as well as deal with her fear of driving. More appropriate housing has been found and she and her boyfriend now have their own apartment and are both attending parenting classes weekly at Vie Medical Clinic. She has made every medical appointment for her prenatal care and has met with the Care Manager each time she is at the clinic. Following our referral, a caseworker with the Kansas Children's Service League is seeing the couple every two weeks in their home. She successfully completed her secondary education graduating May 22nd and she is now enrolled (with the help of a grant) in college

courses this fall. In anticipation of her delivery, she was connected to one of CHC/SEK's doulas who will help her through her last six weeks prior to having the baby and then post-partum until her six-week checkup.

*A 20-year old expectant mother with a 10-month-old child entered the program at her first visit for prenatal care. Her baby is due this fall. During the intake process, the Care Manager learned that she had dropped out of school in 10th grade and was extremely concerned about her finances and her lack of access to care because of her situation. She also indicated she was interested in breastfeeding – something she didn't attempt with her first child. The Care Manager connected her to our Patient Navigator who got her enrolled in Medicaid, got her scheduled for a dental appointment and referred her to The Learning Center to work on her educational goals. In a very short time, she had achieved two out of the 13 credits needed for her to graduate and Smith was the first person she called to let her know of her progress. She is also meeting with EFNEP's nutritionist (who is also a doula and breastfeeding educator) on a regular basis to learn about healthy eating and also how to prepare for breastfeeding her new baby. She is working with the care manager on employment possibilities, family planning, parenting and childcare needs. The client has been extremely grateful for this resource and credits Krista Smith with helping get her life back on the right path.

Looking forward, new clients continue to enter the program averaging about three per week. A common theme with all new intakes has been their lack of a parenting role model and an interest and desire to take good care of their baby. To help with this, CHC/SEK has applied for funding from a private foundation to establish two programs: Baby 101 – an introduction to basic parenting skills including diapering, bathing, feeding and dealing with minor medical concerns and *Beyond the Basics – How to Parent with Love and Logic* focusing on guidance for raising a respectful and confident child. All would be offered monthly and open to the public. We also continue to pursue donations of cribs and car seats which seem to be hard to come by for many of the clients.



CHC/SEK will be entering SFY2012 challenged due to limited funding, but committed to meeting the needs of any low-income pregnant adolescent who would benefit from this extra support. This is one of those once-in-a-lifetime opportunities to forever change the future of those who need it the most. Our thanks to KDHE for their assistance in helping make this possible.

Family Life Services of Southern Kansas
Tim Durham, Executive Director
Lynn Pettigrew Norris, Coordinator
305 South Summit
Arkansas City, Kansas 67005
phone (620) 442-1688
fls@hit.net

Lynn Pettigrew Norris, Healthy Beginnings Coordinator/TCM

Having previously served as the TCM for the Healthy Beginnings Program at Family Life Services, coming back after several years was rewarding. The program had about thirty-eight clients enrolled in various stages in their pre-natal education with many already having given birth. Some of the women were returning to complete the program after the birth of their child.

I enrolled thirty-five new young women into the Earn-While-You Learn curriculum that we combined with some new material on car seat safety, SIDS information, Shaken Baby syndrome, and a great set of videos and work sheets by In Joy on "Your Healthy Pregnancy" that included information on nutrition, exercise, emotions, and coping with the discomforts that pregnancy can cause. I am especially pleased with our safety material on car seats and the additional brochures we give to the families along with a "Kids For Safety" sticker from the Kansas Department of Transportation to promote car seat safety for babies and children. The sticker goes on every car seat that we give out for emergency identification of a child in the event of an emergency or car accident.

I have attended area resource meetings such as our local Third Thursday meetings. There, I was able to provide information about our program and collect community resource updates. I attended a health fair at Southwestern College where I provided a booth and spoke to many college-age women and young men about healthy pregnancies and childcare. I attended the two-day Kansas Conference For Pregnancy Care Centers conference in Wichita, Kansas on April 1, 2011 – April 2, 2011. There I attended training and met with other agencies from across the State of Kansas. Our program was featured in a two-page article in the Winfield Courier's health care edition. I have provided information to the public through different venues such as in local churches and by giving our brochures and informational pamphlets to other agencies in our county.

A unique feature of the Healthy Beginnings program this quarter was our offering a certificate program on Shaken Baby Syndrome to prevent child abuse. We are working on a baby CPR program and already provide information and training on that topic. Each new client is provided both the book *What To Expect When You Are Expecting* and a journal to go along with the book. We have our educational material in English and Spanish and have several interpreters when needed.

Because we give credit to our expectant mothers in the form of "Mommy Bucks", they are able to work toward earning many needed items for their child. We have a good rate of the fathers of the babies who also attend the education sessions and they earn "Daddy Bucks" to cash in for baby items. I have several fathers who schedule their sessions on their days off from their jobs in order to attend with the expectant woman.

We served thirty-five new teens in the fourth quarter of FY 2011. Client satisfaction rates are high and no one dropped out of the program. Several of the mothers returned after giving birth to take further classes on childcare. We have a special interest in the subject of potty training for mothers who continue to come to parenting classes after the birth of their baby and we plan to provide more information and education on that in the next year.

It was my goal to make sure that each mother received or had access to a few basic things after completing our prenatal program. These included a new crib, a new car seat, a health kit that contains a thermometer and an aspiration plunger along with other items, a breast pump (if the mother elects to breast feed) or new bottles and bottle cleaners. We set up a display using a new crib and car seat and showed the other items that the parent could earn in our program. The display has been an asset towards providing a good visual and to demonstrate the proper use of the crib and other items.

We provide the choices that each woman has upon finding out that she is pregnant by showing the video "Choice of a Lifetime". The video covers abortion, raising one's own child, and adoption. We provide educational videos and material on abstinence and on STD's. We work with the area Health Department on issues such as STD's and birth control. A book is provided that explains the different options of birth control as well. We have a full set of prenatal videos and a workbook that goes along with them. The women and the father of the baby work to understand the health and safety issues that are presented. This quarter, a technology work station has been set up where parents-to-be can use the internet to research questions on pregnancy or other things. There is a resource list for clients to view educational sites online about pregnancy and having a healthy baby.

CASE STUDY (1)

One young woman, a twenty-year-old who is having twins, entered our program with a lot of life goals. She had a good part-time job that she had been at for over a year where she worked as a CNA. She had finished high school and had hoped to go to college to work on a degree in Nursing. Her educational plans were put on hold until she delivers her twins. She was eager to learn about being pregnant and working toward having a healthy baby. We ordered a special video that had information about twins in the womb. We also supplied other information about twins to her. She brought the father of the baby to the last session she attended this quarter. We have a twin stroller set aside for her. She smokes, so we provided health information about the risks of smoking while pregnant and a toll-free support service for those trying to stop smoking. She is working toward stopping smoking and has stated that this is a goal of hers. I have contacted the Kansas Organization of Mothers of Twins Clubs to help organize a club in our area as this young expectant mother said she would like to join such a program. We would be able to provide space for their meetings at our site.

CASE STUDY (2)

A young woman who was in her senior year of high school entered our Healthy Beginnings program after taking a pregnancy test at our center that came out positive. She first enrolled in the women's prenatal program. Next, after she received information about adoption, she elected to choose adoption for her and her child. I continued to provide prenatal health information towards the goal of her delivering a healthy baby. She attended counseling sessions with our director here at Family Life Services as he is a licensed family counselor. This young woman successfully finished high school with high marks and she intends to go on to college in the near future. She delivered her baby a few weeks after she graduated from high school. I visited her in the hospital after she delivered a healthy baby boy and she was confident she had made the right decision. She was holding him for a time before the adoptive parents were to arrive. The adoption papers were signed the next morning and a healthy baby went to live with a family that she had selected where he will have a toddler big brother. This client was always very positive about her decision to choose adoption and mature at her sessions. She told me that all the educational material that we had covered on having a healthy baby would not only help with this child, but it would help her down the road in her future when she would have another baby that she would keep at a better time in her life. She gave the Mommy Bucks that she earned to the adoptive family for them to pick out supplies for the baby.

Susan Petterson Davis

6/30/11

Gerard House/Via Christi Foundation, Inc
Blair Powell, Director
723 N. McLean, Suite 310
Wichita, Kansas 67203
phone (316) 946-5040
blair.powell@viachristi.org

LOCAL AGENCY: Via Christi Foundation, Inc. – d/b/a Gerard House, Inc.
PROGRAM: Pregnancy Maintenance Initiative (#31)
PROGRAM PERIOD: April 1, 2011 through June 30, 2011
AMOUNT AWARDED: \$16,500

PROGRAM NARRATIVE

Funding received from the Pregnancy Maintenance Initiative grant helped Gerard House, Inc. continue to fulfill its mission by providing a safe, caring, and pro-life environment for soon-to-be teenage mothers as they prepared to give birth and decided whether or not to keep and raise their child or place the infant with an adoptive couple. During the period of April 1, 2011 through June 30, 2011, Gerard House assisted five teenage clients with the grant funds. Clients received individualized, intensive case management services to assist them in the identification and utilization of personal, social and community resources so they will be better able to meet the challenges in their lives and reach their personal goals.

Comprehensive prenatal and postnatal support services were provided to the clients 24 hours a day. The comprehensive prenatal support services (phase one of the program) included but were not limited to the following: developing individualized care and treatment plans; parenting education classes; adoption counseling and guidance; drug and alcohol assessments and treatment; instruction in basic life skills such as meal preparation and housekeeping; nutrition education; Lamaze classes; employment training and opportunities; and the continuation or completion of one's GED or high school diploma. Postnatal support services (phase two of the program) included but were not limited to: support during delivery; post-partum observation and support of the mother and baby bonding; observation of the mother's ability to implement skills; reinforcement of needed behaviors; counseling services; and aid in preparing for the transition of life outside Gerard House. The percentage of funds utilized for prenatal and postnatal services was 100%.

All clients were required to attend and/or complete their high school diploma, GED equivalent or continued college education and participate in job/skills training. During this reporting period, three clients were able to complete their educational goals. Two completed high school and continued to complete their CNA training and certification then went on to complete the necessary schooling to become a CMA after leaving Gerard House. The other three continued their efforts of attending high school. Clients were also required to abstain from the use of alcohol, tobacco or illegal drugs and participated in their own individualized care plan that pertained to the maintenance of Gerard House. Three of the clients received alcohol and drug education and treatment, but all tested negative during their random screenings.

As previously mentioned, Gerard House assisted five teenage clients during the period of April 1, 2011 through June 30, 2011. More specifically, two of the five clients carried their pregnancies to term and delivered babies whose birth weights were above the national average (5.5 pounds). The other three clients received adequate prenatal care and support services that will enable them to continue to carry their pregnancies to term. All clients received one-on-one adoption counseling but none decided to place their child up for adoption. Of the clients, four were discharged from Gerard House and placed in appropriate, safe settings—three met completed their goal plans and the other terminated her participation in the program. In regards

to the summary of client satisfaction responses, all five clients reported that they were pleased with the services they received and that they would refer a friend in need to Gerard House.

Four outcomes were accomplished with the grant and are as follows: 1) the program participants will delay the birth of their second child until after completion of their basic education or vocational goals as measured by case management reports; 2) 100% of pregnant teens participating in the program will receive adequate prenatal care, as measured by the Kansas Prenatal Care Index, at entry into the program; 3) 100% of program participants and their children will participate in well child (preventative) health programs as measured by immunization record and Kan-Be-Healthy/EPSTD schedules; 4) 100% of the teen parents will have demonstrated adequate parenting capacity at exit from the program as measured by case management reports of absence of confirmed Child Protection Services report because of the parent's abusive action or neglect.

Targeted Case Management goals were also set by each client and her case manager. All goals were obtained except those that involved the client's parents. Therefore, identification of barriers and gaps in services occurred when the client's parents did not complete or follow through with their responsibilities—which often times were due to drug and alcohol addictions and/or struggles. Clients who experienced this barrier would alter their goal(s) and focus on something that they could actually control—as opposed to not achieving a goal for someone else's poor decisions. More details can be found within each client's personal goal planning and tracking records.

Please see the Appendix C for details that pertain to the client demographic summary.

Leavenworth County Health Department
Jamie Miller, Administrator
Elizabeth Bolia, Program Director
500 Eisenhower Road, Suite 101
Leavenworth, KS 66048
Phone (913) 250-2008
ebolia@leavenworthcounty.org

**Program Narrative
Targeted Case Management
Kansas Department of Health and Environment**

Agency: Leavenworth County Health Department

Time Period: April – June 2011

- A. Community outreach activities including use of media to inform the community about the availability of services.
The Social Worker sent out letters to all the Leavenworth County area school nurses, to the Guidance Center, to Parents as Teachers, Youth Achievement Center, and the area doctors, on 03/15/2011 and on 03/24/2011. (Appendix A, B & D)
The program was explained to the area School Nurses on 04/29/2011.
Follow-up letters were sent out on 05/10/2011. (Appendix C)
Pamphlets were made and sent out to all the area schools, Guidance Center, to Parents as teachers, the doctors, the Achievement Center, and various Charities.
The Social Worker attended various Social Group meetings and introduced the program to them.
- B. A Licensed Master Social Worker was put on full time to be a Case Manager for the teens.
- C. The number of teens who utilized the services and the services they received.
There were no clients obtained during this time period. The first objective was to get the word out to the community.

This report is done by Elizabeth Bolia, LMSW – The Leavenworth County Health Department Social Worker.

LEAVENWORTH COUNTY
HEALTH DEPARTMENT

AIDS/HIV

- Counseling
- Testing

Blood Pressure

- Screening

Cholesterol

- Screening

Daycare

- Licensing
- Registering

Environmental
Issues

Family Planning

- Classes
- Doctor Clinic
- Supply Clinic

Healthy Start

- Home Visits

Immunizations

Physical Exams

Pregnancy

- Testing
- Prenatal Care

STD

- Testing
- Counseling

Tuberculin

Skin Testing

Well Child Clinic

Well Woman Clinic

WIC Services

Dear _____:

This letter is to provide community awareness about a grant to provide comprehensive case management services to pregnant and/or parenting teenagers in Kansas communities with priority given to communities with greater numbers of adolescent Medicaid recipients. The project's goals are: to reduce negative consequences of teenage pregnancy for Medicaid-enrolled teens and their children, to increase levels of self-sufficiency and goal-directedness relating to their own futures and that of their children; and to delay subsequent childbearing until completion of goals related to basic education/training or they reach 21 years of age.

One of the grants objectives is to get area schools and other agencies involved in some areas, so that there is no duplication of services. I will be providing the comprehensive case management and hope to be able to count on you to continue providing the education. I hope to be able to speak with you about this project in person soon.

Sincerely

Elizabeth Bolia, LMSW

500 EISENHOWER RD., SUITE 101
LEAVENWORTH, KANSAS • 66048
PHONE 913-250-2000 • FAX 913-250-2039

Reno County Health Department
Judith A. Seltzer, Administrator
Neita Christopherson, Program Director
209 W 2nd Ave
Hutchinson, KS 67501
Phone (620) 694-2900
Neita.christopherson@renogov.org

RENO COUNTY HEALTH DEPARTMENT

Pregnancy Maintenance Initiative Narrative-Contract 4/2/2011 to 6/30/2011

a. Community outreach activities: Protocol was developed and on 5/15/2011 Dr Eck signed the protocol allowing us to start enrolling clients in this program. Reviewed with Dr Eck that Hutchinson clinic OB/GYN physician Medicaid eligible clients could participate in this program and gave her flyers for the program. She stated that she would give flyers to the other physicians in her area. 6/14/2011 10:30 Joni Considine and Lori Francis met with SRS workers at their office and introduced the Teen Moms Healthy Babies program. Discussed program objectives and reviewed and gave pamphlets and flyers made for the program. During our regular all staff meeting in May, reviewed with all health department staff, the program and its objectives, encouraging in house referrals to the PMI program. Program was also introduced to the nursing staff on Labor and Delivery and the local hospital by the PACE nurse, who is the PMI case management nurse working in this program now.

b. Number of teens who utilized the services and the services they received: From 4/2/2011 to 6/30/2011 we have enrolled a total of 3 clients.

1. Client #: 51006 DOB 5/22/1997 age 14 enrolled at age 13 out of the Early Head Start program at 32 weeks of pregnancy. Client delivered on 6/17/2011, a boy 5# 11oz, 19". Unmet needs include: Transportation, birth control, schooling, parenting skills, and childcare. Activities developed with client include: To empower her self responsibility offered information on transportation to assist her to take her own child to the doctor-RCAT, use of medical card transportation, discussed with her about getting driving permit, the client went to DMV and is currently studying the booklet to start the process. Discussed family planning needs during her pregnancy and the client chose to get Depo-Provera at hospital. The CM nurse encouraged her to stay in school. Client will enroll Aug 4 in regular school as she did alternate school during her pregnancy. The client plans to complete a parenting class before August 17. We are currently looking for parenting class resources for PMI clients. She did attend the prenatal classes before delivery with the 15 year old father of the baby. Client plans to use the high school daycare paid for by the Early Head Start program. The plan is for the FOB to bring the baby to the daycare in the am.

2. Client #: 103475 DOB 8/3/1992 age 18 enrolled with a 10 month old (DOB 7/6/10) male by referral from SRS. Unmet needs identified are: Lack of transportation, childcare, parent skills, education, housing, and employment. Activities: Discussed RCAT bus, SRS transportation due to boyfriends car being repossessed, Client called SRS to get assistance for childcare and checked with family to help provide childcare during job interviews. The client called Parentwise, a parenting class program available through the homeless shelter, to check into attending their parenting class, but then the boyfriend got injured and so she was unable to complete. We later learned that this parenting class addresses parents with children 3-5 years of age. SRS is involved with this client because her baby was injured and they are suspecting the FOB, he is not supposed to around

the child. According to the detective working the case if the FOB of the baby was caught at the house where the mom and baby live, then the baby was suppose to be removed. Since the injury to FOB took place at the address where the mom and baby live, the nurse thought this baby would be removed, but the baby still remains in the mom's custody. The client is checking with the learning center about finishing HS. She is 3 credits short. Her dad is helping her to get HS transcript to help with that process. Housing resource list was shared with client and she is currently filling out applications for the various resources. The client is working with an employment program at SRS to help her find a job (she doesn't like her SRS worker so that process is not going to great). The CM nurse discussed family planning needs with the client and the client refuses birth control at this point in time. She is sexually active and is not doing anything to prevent a future pregnancy.

3. Client # 43858 DOB 11/15/1993 age 17 enrolled at 15 weeks of pregnancy EDC 11/29/11.

This client was just released from drug and alcohol treatment. Unmet needs: Parenting, schooling, transportation, drug and alcohol assessment and grief support.

Activities: The client is currently enrolled in Healthy Families which offers weekly visits that include age appropriate parenting information. She finished HS this past spring semester and is laying out 1 semester, but plans to enroll in the spring for college, (she wants to be a doctor). The client is working on logging her 15 hours needed to help her prepare for getting her driver's license and her dad is helping her with that. She wants to get her driver's license by November. She is currently seeing a therapist at Horizons. She was given a list of substance abuse support groups and is currently attending NA. She recently suffered the loss of her boyfriend's family member so bereavement support information was shared with the client and her boyfriend.

c. Summary of Client Satisfaction Responses: See above.

d. Why the objectives of this grant were or were not achieved. Due to the short time frame, the main time spent was preparing the program for our health department. There have been some objectives met i.e., the 14 year old client that has Medicaid and was able to receive adequate prenatal care and then receive Depo-Provera in the hospital.

e. Local achievements; staff change; pertinent client case examples; changes or additions to local TCM policies/procedures: Local achievements include the development of our program called Teen Moms Healthy Babies, (See Attachments) which include a program flyer, a program handout to review with clinical personnel and potential clients and a working protocol with integration of the forms in the TCM manual. Purchases were made to assist the nurse in the enrollment process for the clients that include a laptop computer, a desk top computer, printer, cartridges for the printer, Microsoft package for both computers, a label printer and labels. Also purchased were incentives to keep the young moms interested in continued participation in the program, car seats, high chairs, 2 types of books, diapers, wipes, baby wash and baby lotion. These would be given out according to the Criteria for use of Incentives Purchased with Grant Funds policy. (Addendum attachment to the Teen Moms Healthy Babies Program procedure.)

Case example: The program enrolled a 13 yr old that turned 14 late in her pregnancy. She kept all of her appointments and participated in the goal planning for the unmet needs identified and then formulated activities to assist in meeting those goals. She kept all of her doctor's appointments up until delivery. She had a vaginal delivery at 39 weeks and delivered a healthy baby boy. Adoption was discussed with her prior to delivery and both her and her family declined it. She did receive Depo-Provera in the hospital and is planning to get Implanon insertion at her 6 wks appt. She has also kept all appointments with the PMI Case Management nurse postpartum and also with the pediatrician and WIC for the baby. She is breastfeeding with some success, but is supplementing with formula. Since she had a car seat for her baby already, the nurse took her out a gift package of diapers and wipes and the "Caring for your baby, Birth to age 5" book at the 1 week postpartum visit.

f. Percentage of funds used for prenatal services and percentage used for post birth services: Funds mainly have been used to purchase materials for the program and salary of the nurse mainly working the program. The clients have all been Medicaid participants and have been able to access PN and post delivery medical services.

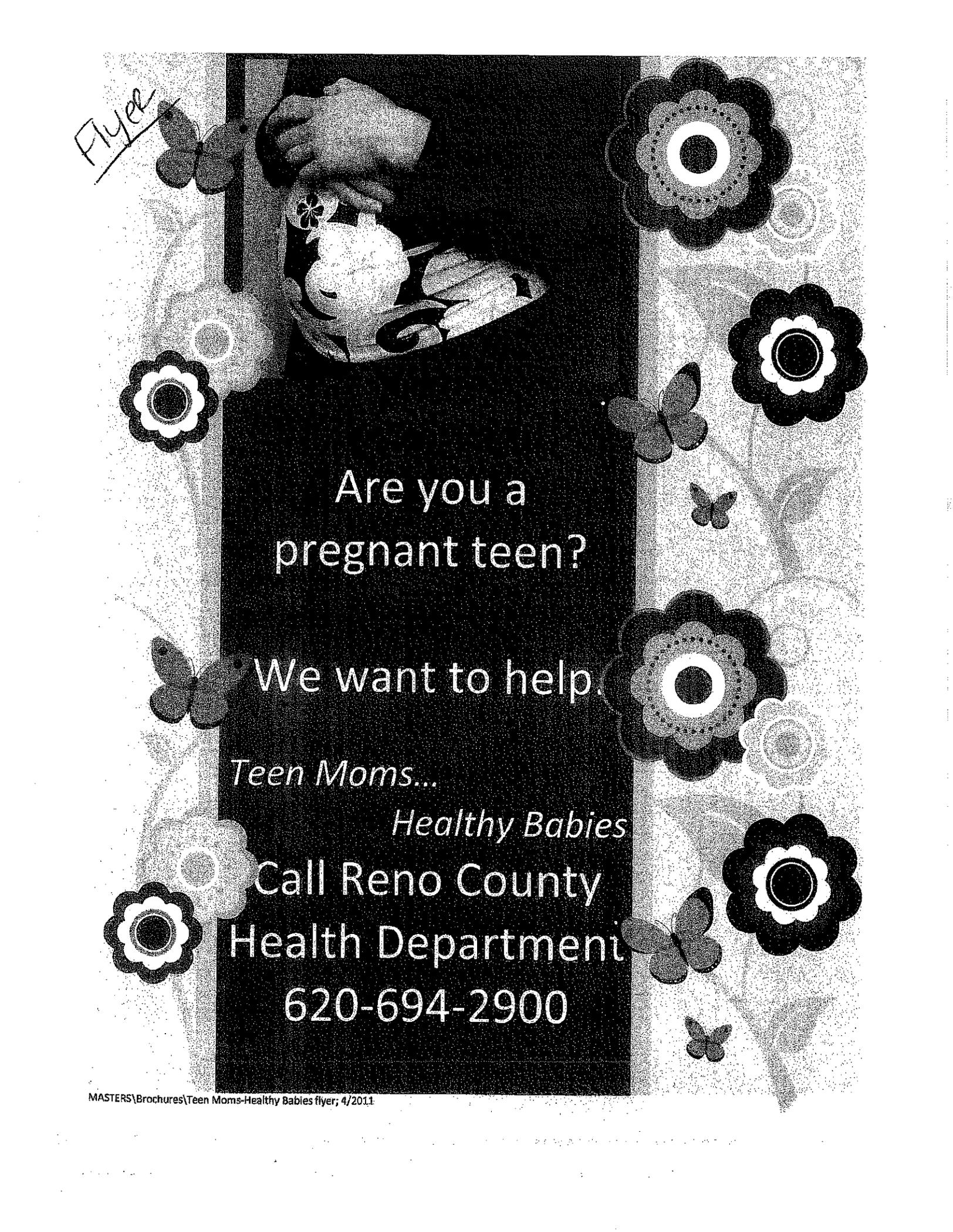
g. Number of teens choosing adoption: 0.

h. Progress toward meeting goals, identification of barriers and gaps in services and other pertinent issues including subjective information and case stories: Most of the past 3 months have been spent in putting the program in place. Barriers have been the limited time available to spend with the client to get the program started. For case stories see b.

i. Report of the number of clients leaving program and why they left the program and what if anything can or should be done to keep them in the program: No clients have left the program since being enrolled.

j. There is a monthly meeting with the MCH staff to review client cases and concerns. There have been frequent meetings with staff related to program development issues. There was a meeting 5/19/2011 with the Reno County Health Department advisory board that included PMI program information. The program flyer, handout and protocol were shared with the advisory board. The overall response and support for this program was good. Our OB/GYN medical consultant reviewed and approved the program procedures on 5/15/2011 including the flyer and handout.

Flyer



Are you a
pregnant teen?

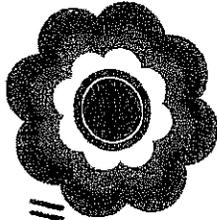
We want to help.

Teen Moms...

Healthy Babies

Call Reno County
Health Department
620-694-2900

What is ****Teen Moms Healthy Babies**** support program all about?



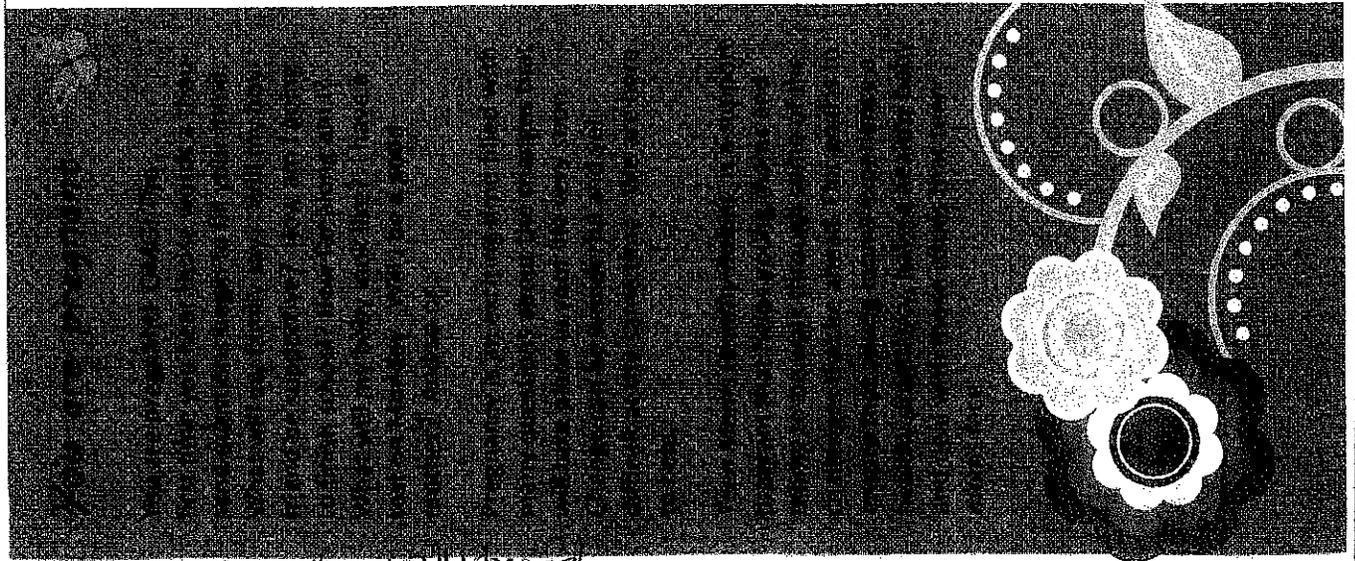
Finding a support system is important for all moms. This unique program will identify needs and help connect teen moms to services such as:

- * Medical care for you and your baby
- * Finding a place to live
- * Reaching school goals
- * Father of baby/relationships
- * Drug/alcohol assessment and treatment
- * Protection from abuse
- * Child care
- * Parenting education and support
- * Transportation
- * Finding birth control
- * Immunizations

Who is eligible for this program?

Teen Moms Healthy Babies program is designed for moms and moms-to-be up to age 21 that are Medicaid eligible or currently enrolled in Medicaid.

If you would like to enroll in *Teen Moms Healthy Babies*, please call the Reno County Health Department for an appointment. At 620-694-2900 ask for Joni or Lori.



Parent-Handout.

Tips For a

Healthy Pregnancy

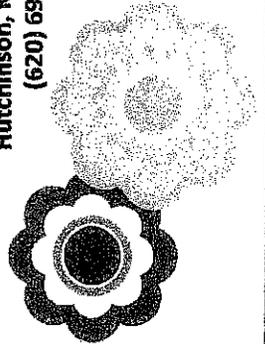


- * Get medical care as soon as you know you are pregnant.
- * Eat the proper foods.
- * No alcoholic beverages or beer.
- * No smoking or street drugs
- * Do not take any medicine (even "over the counter" medicine) unless you ask your doctor first.
- * If you do see a doctor or dentist for health care other than pregnancy, be sure to tell them that you are pregnant.
- * Stay away from sick people.



For More Information Contact a Nurse
or Social Worker at:

Reno County Health Department
209 West 2nd
Hutchinson, KS 67501
(620) 694-2900



Mission Statement

To provide health and environmental services that assist Reno County citizens to prevent disease, maintain health, protect the environment and promote wellness.

To provide leadership for the identification of unmet health needs of Reno County citizens and to facilitate solutions to these problems.

To facilitate quality service delivery in a way that is timely, flexible, convenient, non-discriminatory and cost-effective for clients.

To cooperate with other community service agencies and organizations to improve and advance the quality of life in Reno County.

To foster a work environment that will provide staff development and job satisfaction, promote teamwork and encourage leadership in public health.

To maintain fiscal responsibility, work ethics and high standards of care.

Healthy people build strong communities

Reno County Health Department
209 W. 2nd, Hutchinson, KS 67501
620-694-2900 ♦ TTY: 620-694-2925

Office Hours

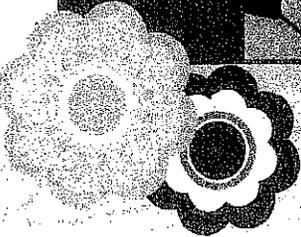
Monday: 8:00-6:00
Tuesday: 9:00-5:00
Wednesday-Friday: 8:00-5:00



Our purpose is to provide Reno County citizens with comprehensive, cost-effective, and quality public health services in a timely manner.



**Teen Moms Healthy Babies*



RENO COUNTY HEALTH DEPARTMENT

*****Teen Moms Healthy Babies*****

Criteria for use of Incentives Purchased with Grant Funds.

1. At enrollment:
 - a. Pregnant client will be given, "What to expect when your expecting" book.
 - b. Nonpregnant Mom will be given, "Birth to 5 years" book.
2. Two weeks before delivery, if mom has sought and kept all prenatal provider appointments, kept and participated in Teen Moms Healthy Babies case manager nurse appointments, and participated in a prenatal class then they can receive a car seat for their infant if they do not have one already. If they already have a car seat for their baby that is safe and appropriate for age then the nurse will bring out a gift basket of diapers, wipes, baby lotion and baby wash.
3. At 6 months of the babies age if the client has continued to work on her goals, attended a parenting class when available, kept her baby's doctor's appointments and is up to date on the baby's immunizations and using some form of birth control, then the client is eligible to receive a high chair for their baby.
4. At goal accomplishment the client can be eligible to receive a box of diapers and wipe or baby wash and lotion.

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