

FY11 United Way Mid Year Report

Program: Teen Pregnancy and Parenting Grant

Agency: Jefferson Area CHIP

Date: January 31, 2011

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and /or financial information. Limit your answer to one page.

The Teen Grant continues to focus on the following areas:

- 1) Case Management through enrollment in CHIP
- 2) Group Activities
- 3) Outreach through community Collaboration

1: Case Management: Pregnant and Parenting Teens enrolled in CHIP receive the services of both a Family Support Worker and a nurse. Teens are most often visited in their home, but may also be visited at school, at their workplace, at a friend's home, or at clinic appointments. The visits involve education regarding appropriate health care, education on preventing future pregnancies, and education on how to raise a healthy child. Visits frequently include time for the teen to "vent" as they are frequently frustrated with different parts of their lives. The father of the baby is encouraged to participate if present. We continue to use the Parenteen Passport Book as a guide for teens and they receive gifts such as strollers, high chairs and other gifts for successful completion of a section. The passport includes topics on the following: Prenatal care, Postpartum care, Caring for baby, Parenting, Education, Employment, Community Resources and Financial issues. We have found that teens are, in many cases, overwhelmed with school and the need to work, making it difficult to schedule home visits and to complete the necessary requirements of CHIP. If a teen is interested but time is an issue, they are still case managed by the Teen Outreach Coordinator who uses the CHIP nurse as necessary.

2: Groups: Groups are held at Teen Health Center, Charlottesville High School, Monticello High School, Albemarle High School and the city library. Child care and transportation are provided as necessary. Groups include speakers on different subjects, facilitated conversation with the group and specific activities. They may use the topics identified above in the Parenteen Passport Book. Not all teens who attend are enrolled in CHIP but participate regularly in group activities.

3: Outreach: We continue to reach out to school and other agencies in the community who have a connection with teens. We send out a newsletter to agencies that mention all the teen activities in the community, identify group activity opportunities, and highlights successes of teens.

In addition to the teens receiving case management and who are evaluated here, additional 8-10 teens attend groups on a regular basis and benefit from groups but are not actively followed.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaboration or referrals with other community agencies.

V.W. is an 18 year old African American senior who takes College AP courses at CHS and desires to attend college to major in Political Science. She has been accepted at one college already. Throughout her pregnancy she wanted to give her son up for adoption and it was not until she was bringing him home, that she decided to not give him up for adoption. During her pregnancy she kept all appointments, was enrolled in WIC and stayed in school. While her mother was supportive of her they had many conflicts over the adoption issue resulting in V.W. not feeling her mother understood her feelings and she felt pressured to keep the baby. CHIP Nurses and Family Support Workers served as a sounding board during this time. When V.W. questioned her ability to care for the child and to provide financially for the child, CHIP was there to offer support and suggestions. VW and her step-father have a rocky relationship and often are in disagreements over the child and school. The FOB is not involved and has been petitioned by TANF for paternity. When the baby was first born and childcare was an issue, V.W. struggled to meet assignment deadlines, to keep her grades up and to make up missed assignments from when she was on homebound, and to complete college applications. CHIP worked with Young Life to provide childcare and time for V.W. to do her homework. She was very behind in school and could not get work done at home because there was no one who would help watch her baby. CHIP helped make arrangements for that as well. Now that VW is 18, she is able to get TANF and child care assistance which greatly helps. She is a Captain of the track team, is in the honors society, she has breastfed her son for 5 months. She has participated in PARENTEEN community groups and CHS groups. Young Life also served as a mentor and provided activities for V.W. and her son. Her son has maintained all WCVs and immunizations are up to date. Baby is receiving WIC services and on Medicaid. She is on birth control. She has demonstrated a good bonding relationship with her child.

Through all the conflict at home she has worked closely with CHIP to make better use of community resources and to better understand what her child needs. The CHIP nurse has worked closely with her on post-partum depression, breastfeeding, encouraging her in school work and being supportive with her family. She is looking forward to college and to giving herself and her child a chance to be healthy and happy.

3. Complete the following outcome measurement update (based on your application for funding) for the fiscal year to date.

Projected Number of Intended
FY Primary Beneficiaries 40

Actual Number of
Primary Beneficiaries: 36

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Mid-year Outcome Results (provide specific numbers and percentages)
Teens will have healthy pregnancy outcomes	<p>90% or 23 of 40 will keep OB appointments</p> <p>85% or 34 of 40 will take prescribed medications</p> <p>90% or 36 of 40 will attend WIC clinics</p>	<p>62% or 11 of 18 kept 100% of prenatal appointments. 28% or 3 of 18 kept 80% of appointments. 4 of 18 were not enrolled until the month before deliver</p> <p>95% or 17 of 18 took prescribed medications.</p> <p>95% or 17 of 18 were enrolled in WIC</p>
Teen Mothers will delay subsequent pregnancies	<p>90% or 36 of 40 will keep post partum follow-up appointments</p> <p>85% or 55 of 65 will use a reliable source of birth control</p>	<p>90% or 9 of 10 kept postpartum appointments. One just delivered and appointment has not been kept.</p> <p>86% or 23 of 27 are using a reliable source of BC</p>
Pregnant or parenting teens will complete high school, receive a GED or attend vocational school	<p>85% or 34 of 40 will continue school during pregnancy</p> <p>75% or 30 of 40 will receive home bound if unable to stay in school</p> <p>85% or 34 of 40 will return to school.</p>	<p>73% or 13 of 18 continued in school. 4 were refugees not enrolled and 1 had graduated.</p> <p>56% or 10 of 18 were in Homebound at some time.</p> <p>11 Parenting teens have returned to school. 3 teens are on home bound, 11 graduated, 3 are GED students, 2 dropout, 1 refugee, and one was removed because of absenteeism</p>
Enrolled children of teen parents will keep well child appointments.	<p>90% or 58 of 65 will keep well child appointments</p> <p>90% or 58 of 65 will be typically developing on the</p>	<p>88% or 23 of 26 have kept well child checkups</p>

	ASQ	
	90% or 55 of 65 will participate in PAT with their home visitor.	85% or 22 of 26 are typically developing on the ASQ's 10 not yet eligible.
		90% or 17 of 20 are participating in PAT

4. **Impact Report.** We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the Framework for local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

Community Needs or Issues Your Program Addresses – please include at least 3 local issues/statistics and cite your cite.

Community Needs:

1. The discrepancy in birth outcomes between Black and Caucasian as noted from data from the MAPP report of the Health Department is an ongoing issue in our community. .

2. Teens do not always continue their education and many, with good intentions, quit while trying to work and provide for their child. Demographics from CHIP enrolled families indicate only 42% of enrolled parents have finished high school or received a GED.

3. Parenting teens have a much harder time bonding and nurturing their child especially if they come from families where there is little support or if they have been the recipient of poor parenting. Many are unable to provide emotional support to their child because of fatigue and stress.

Program's Solutions that United Way Community Impact Funds Support

1. **In order to reach more AA teens we have offered many of our services through group and other non-home visiting activities and have offered activities in predominantly African American communities. We are members of the Improved Pregnancy Outcome group working to identify ways to better reach the AA community.**

2. **Staying in school and attending regularly continues to be difficult for teens. This year we have had 5 refugee teens who had not been in school and therefore enrolling them in school was difficult – and impossible for some. We believe financial stress of the families played a role. It appears that many parenting teens are still living with parents who are out of work and who need the teens to work to help support themselves. However, we know that teens frequently need someone to act as a go between them and their school and their families. They most often will not seek out the information they need to continue their education nor do they always realize their options. Many of the teens served have parents who have not finished high school and therefore may not know themselves how to help their child. We assist teens to continue their education by working closely with the schools and the teen to understand their options, and to either establish Home Bound Instruction or return to school. If returning to school is not an option we talk about getting a GED and help them with the process. We also work to identify child care services and help them look for childcare.**

3. **Our individualized services, our different venues for connecting with teens, and our understanding of the developmental stages of the teen allows us to offer services that are appropriate. We do not have a one size fits all solution. The age of the teen, the developmental stage of development, family stress, including financial stress or the lack of family support, is a strong indicator as to how well the teen may be able to parent. Most teens lack the knowledge of how to raise a healthy child. We provide education using printed material, DVDs, classes, one on one conversation, or using a peer to help the teen understand the role they play in raising a healthy child. We individualize our services to each teen.**

5. **Actual Results**

**62% or 11 of 18 kept all prenatal appointments
28% or 3 of 18 kept 80% of their prenatal appointments
95% or 17 of 18 took prescribed medications
95% or 17 of 18 were enrolled in WIC
90% or 9 of 10 kept postpartum appointments
86% or 23 of 27 are using a reliable source of BC
88% or 23 of 26 children have kept well child check-ups
85% or 22 of 26 children are typically developing on the ASQ
90% or 17 of 20 were participating in PAT**

6. **Financial Impact of Donation**

A \$10.00 donation can purchase a Mothers Guide to a Successful Pregnancy Baby Care Book for a Teen.

A \$20.00 donation can purchased a DVD on parenting issues.

A \$50.00 donation can provide five hours of child care.

A \$100.00 donation can provide 6 ½ hours of PAT education with a family