SB

169

STATE OF ALASKA
1991 LEGISLATIVE SESSION

Bill Version: SENATE BILL 169
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REQUEST: FISCAL NOTE

Revision Date:
Agency Affect: Health & Social Serivces
Title: Case Management for pregnant adolescents
BRU: State Health Serivces
Sponsor: Pearce
Components: Maternal, Child & Family Health
Requester: Senate HES

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
Personal Services						
Travel						
Contractual		504.0	1,008.0	1,008.0	1,008.0	1,008.0
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	504.0	1,008.0	1,008.0	1,008.0	1,008.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

General Funds	0.0	504.0	1,008.0	1,008.0	1,008.0	1,008.0
Federal Funds						
Other						
TOTAL	0.0	504.0	1,008.0	1,008.0	1,008.0	1,008.0

POSITIONS

Full-Time		0	0	0	0	0
Part-Time		0	0	0	0	0
Temporary		0	0	0	0	0

ANALYSIS: (attach a separate page if necessary)

This cost is based on 75% of the estimated 700 non-Medicaid eligible young women seeking this service at $80.00/month for two years.

Peter M Nakamura M.D.

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Date: 04/11/91

Approved By Commissioner: Theodore Mala, M.D., MPH
Date:
Agency: HEALTH & SOCIAL SERVICES

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Senator Drue Pearce
District G

MEMORANDUM

SUBJECT: Case Management Services for Adolescents (CS SB 169)

TO: Senator Arliss Strevski, Chair
Health, Education, & Social Services Committee

FROM: Senator Drue Pearce DP

DATE: April 12, 1991

The following is a sectional analysis of CS SB 169:

Section 1. Amends AS 47 by adding Chapter 18 to deal with programs and services for adolescents. Sec. 47.18.010. requires the Department of Health and Social Services to provide case management for adolescent parents and pregnant adolescents who are not eligible for similar services under Medicaid. It also requires both programs to coordinate the delivery of services.

Subsection (b) outlines the services case management must provide. These service are:

Evaluating the health care and social service needs of each adolescent.

Discussing and informing the adolescent of the various public and private services available.

Providing list of specific day care providers with phone numbers and addresses.

Educating about choosing suitable day care providers by specifically informing on aspects of quality, licensing regulations, available financial assistance, child abuse reporting, and relevant child development information.

Assisting the adolescent with applications for services and transportation.

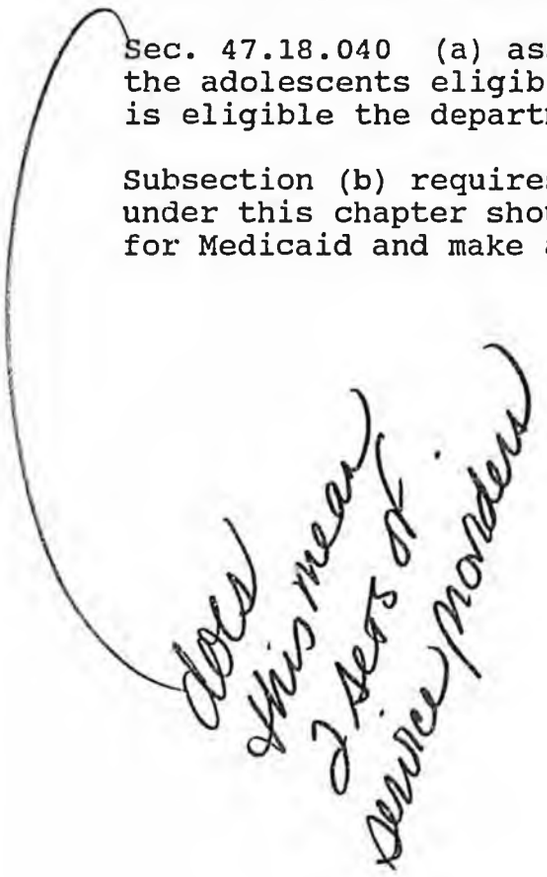
Continual assessment of the adolescents needs.

Sec. 47.18.020. Allows the department to contract case management services, with preference given to municipalities.

Sec. 47.18.030 Requires the department to publicize the availability of case management services in away that will most effectively reach adolescents.

Sec. 47.18.040 (a) assures that the department will determine the adolescents eligibility under Medicaid. When the adolescent is eligible the department will provide the services.

Subsection (b) requires that the contractor providing services under this chapter should determine if the adolescent is eligible for Medicaid and make appropriate referrals.



POSITION PAPER/Department of Health & Social Services

Senate Bill No. 169

For an Act entitled: "An act requiring the Department of Health and Social Services to provide for case management services for adolescent parents and pregnant adolescents."

Summary

SB 169 amends AS 47 by adding a new Chapter entitled Programs and Services for Adolescents. The first section directs the Department to provide case management services to adolescent parents and pregnant adolescents without regard to the income and resources of the adolescent or their households. It then lists the seven components that case management services must include. The second section directs the department to contract with other entities to provide these adolescent case management services within specific areas, giving priority to municipalities. The third section directs the department to publicize the availability of these case management services in a manner that will most effectively reach it's target adolescent group. The Department is also directed to require, as a condition of contract, all contacting entities to advertise their services in the most effective manner possible.

Discussion

Pregnant and parenting adolescents have many needs. An adolescent pregnancy creates a crisis situation for both the adolescent girl, the young man involved and all of the parents or primary caregivers. Everyone involved experiences some level of stress and the family unit and the individuals within it frequently find they are unable to provide the pregnant and parenting adolescent with the support needed because they are dealing with their own reaction to the situation. Most of these adolescents have not finished their education, most have no source of income or at least not enough to support themselves independently and most are still growing and developing physically and emotionally. The families of adolescents who are pregnant or parenting are the major source of support, but they are often confused and alternate between wanting to take over and make all the decisions, and forcing the child to be an adult and take the responsibility for the decisions that need to be made.

The educational, health care, financial support and transportation systems that a pregnant or parenting adolescent needs to access are complex and often geographically and programmatically hard to access. Even the best educated and most well informed parent frequently does not know where to locate or how to access the variety of programs and services that might be available to help their adolescent. Families who are struggling because of unemployment, substance abuse or other issues within the family may find it virtually impossible to be of much assistance to their adolescent. An additional problem is related to the fact that most

adolescents will deny the pregnancy until there is no longer any choice. Thus, any additional delay in obtaining services can significantly affect the outcome of the pregnancy.

Numerous research studies support the positive impact that case management has on pregnancy outcomes in adolescents. Young people who receive the full array of services available to them frequently are more aware of their options, (ie adoption as well parenting), more likely to stay in school and less likely to exhibit poor parenting skills. Often the problem is not that services are not available in the community, but that neither the adolescents nor their families are aware of them. It is a case managers responsibility to know what is available and to assist the young man and woman and their families in accessing those that they personally need and want.

Position

The Department supports implementing this service on a phase-in basis, with a well developed evaluation component that will measure the impact of the service, the problems related to implementation, the actual numbers of potentially eligible adolescents who will utilize the service and acceptability by clients and their families. Coordination with all the programs currently providing and/or funding case management services will be essential. The University system must be accessed for expertise related to the development and implementation of an on-going case management training program.

Peter Nakamura MD. 2/11/91

Peter M. Nakamura, MD, MPH — Date
Director
Division of Public Health

Theodore A. Mala, MD, MPH — Date
Commissioner
Department of Health and Social Services

EXECUTIVE SUMMARY

In 1989, Senator Drue Pearce introduced Senate Concurrent Resolution 38 which established the Adolescent Pregnancy and Parenthood Task Force. The Resolution passed the Legislature and was read into law (Legislative Resolve 101) in May of 1990. Recognizing the enormity and complexity of the problem of adolescent pregnancy in Alaska, the Legislature resolved to find ways to reduce the incidence of teen pregnancy and its social and economic effects.

Maureen Weeks, of the Senate Advisory Council, prepared a report for Senator Pearce titled "Three A Day: Children Having Children in Alaska." This referred to the fact that three adolescents give birth to babies each day in Alaska. The report revealed other startling facts. For instance, Alaska's adolescent birth rate is higher than rates in most other countries in the world including many undeveloped nations, and in 1985 Alaska's rank was higher than that of 41 other states.

The Task Force recognizes that the situation of adolescent pregnancy is not new nor is it unique to Alaska, and that no "quick fix" exists. It also recognizes that family and cultural values are important and should be preserved to the greatest extent possible. It is not the intent of the Task Force to ascribe "right" or "wrong" judgments about those adolescents who become pregnant. Rather, the Task Force wants to present recommendations that will allow teens access to the greatest number options their world has to offer.

The main body of the work performed by the Task Force took place in subcommittee. The Prevention Subcommittee focused on the prevention of adolescent pregnancy, while the Prenatal and Parenting Services Subcommittee concentrated on the care and services necessary to minimize the impacts once a pregnancy commences.

In addition, the Prevention Subcommittee recommends development of a Peer Counselor Program. This program introduces a local, relevant source of information and guidance, regardless of whether one lives in urban or rural Alaska. By its very nature the program is sensitive to the particular culture of the community and to the subculture of adolescence.

The Prevention Subcommittee further recommends increasing the availability and acceptability of family planning services to adolescents in every area of the state through coordination of delivery of clinical, family planning, and prenatal care services

to adolescents. Implementation would be through the Department of Health and Social Services.

Because the one word that surfaced again and again when discussing the prevention of adolescent pregnancy was education, the Prevention Subcommittee strongly recommends that each school district provide comprehensive, sequential, age-appropriate, culturally relevant, school health education in grades K-12. While the State Board of Education would establish the health education guidelines, local school districts would be responsible to establish the specific curriculum in their own districts with the help of a health education advisory committee. The topics to be addressed are so inclusive as to suggest a holistic approach to the well being of the child in defining his or her personal role as well as their larger role in the family and in the community.

The Prevention Subcommittee takes a page from the Division of Mental Health Suicide Prevention Projects when it recommends funding for small annual grants to communities. Adolescent pregnancy is a result of a complex combination of factors that vary greatly from one community to the next. Curing the problem and/or mitigating the impacts may be easier when local communities are allowed ownership of the issue and some flexibility in finding solutions.

In the discussions of the Prenatal and Parenting Subcommittee, they recognized that the families of teen parents are the major source of support, but the support system is usually strained beginning at the time when the pregnancy of a teen is discovered. This strain causes a crisis situation and the families own resources may be stretched by an unplanned child.

The first reaction of the family and the teen when they learn of the unplanned pregnancy may be embarrassment. A sense of isolation and increased tension within the family system usually follow. In their eagerness to do the right thing, parents often don't know what message to give their teen. They are torn between "you're on your own now" and "taking over."

All new parents regardless of their age need support. They need income, education, good health for themselves and their children, healthy behaviors, healthy families and good relationships. Many parents obtain that support from a spouse, parents, or other family members. Most adolescent parents each have some if not all of these supports.

A key component to good outcomes for adolescent parents is completion of at least a high school education. However, a barrier frequently stands in the way of completion of this level of education: day care for their child.

Therefore, The Prenatal and Parenting Subcommittee recommends that the Legislature fully fund the Day Care Assistance Program to assist all eligible families. Most adolescents who become pregnant have not completed high school and their prospects for graduation from high school are statistically low. One reason is that adolescent parents are currently low in priority for day care funding that would enable them to complete their education and subsequently to become employed.

Currently providers of day care do not meet the demand for child care needs, particularly for infants and non-standard care hours and days. In order to meet this need, the Prenatal and Parenting Subcommittee recommends that additional funding be provided to educate and train licensed and unlicensed providers, including those currently ineligible to participate in the Day Care Assistance Program.

Assuming that infant care is available, adolescent parents should receive information in how to identify quality day care for their child. The Prenatal and Parenting Subcommittee understood that by definition adolescent parents have fewer life experiences than more mature parents, and are less likely to know how to locate quality day care for their child.

Another source of day care for the children of adolescents, and perhaps the most accessible and reliable location, is in a day care center located within the high school. The availability of on-sight day care could prove to be the greatest motivating factor for an adolescent parent to complete their high school education.

A lack of familiarity with "the system" by adolescents and their families is one of the greatest deterrents to receipt of services to this group. Currently coordination of services and referrals is not being done, allowing pregnant and parenting adolescents to slip through the existing net of available services. Prenatal care, child support, AFDC, WIC, child care, education, employment, and transportation issues are examples of support services that may be a mystery to adolescent parents and their families. Therefore, the Prenatal and Parenting Services Subcommittee recommends the adoption of a "case management model" through contracts between the Department of Health and Social Services and local resource agencies.

The recommendations of the Task Force are not an end in themselves. Some organization or group should be designated to guide the recommendations of the Task Force through the legislature and the executive branch. The Task Force believes the Governor's Commission on Children and Youth was set up to deal with the problems of all of Alaska's children including adolescents and is, therefore, the logical and best qualified

organization to follow up on the recommendations of the Task Force.

Having made that recommendation, the Task Force encourages the Governor's Commission on Children and Youth to give more consideration to the needs of adolescents than has been given in the past. Increased emphasis might be accomplished through replacing retiring members of the Commission with appointments of individuals having the problems of adolescents as their primary interest and/or expertise.

The Task Force believes that every child in Alaska deserves the opportunity to lead a healthy and productive life. From research undertaken by the Task Force, members have concluded that offering school based health clinics is the most effective way to ensure that the largest number of children have that opportunity. Clinics in each school district would offer counseling on healthy life skills and family planning, physicals, immunizations, and treatment for acute and minor injuries and illnesses.

In evaluating information and recommending solutions, the Task Force acknowledges that some of its recommendations may be controversial. Some may even say that the cost of implementing the recommendations is too great. However, when one considers that federal, state, and local governments pay more than $51 million a year to support needy families of Alaska mothers who had children when they were teenagers, the cost of implementing the recommendations of the Task Force assume minuscule proportions.

In order to have firm data on <u>all</u> of the costs to society of supporting adolescent parents and their offspring, the Task Force recommends that the Institute for Social and Economic Research develop a statistical data base on these costs. This information is necessary to provide baseline data to be used in justifying state expenditures for the prevention of adolescent pregnancy and the benefits of supporting services for parenting adolescents and their children. In addition, it would provide standards for measuring program effectiveness.

The Task Force has not prioritized its recommendations because they are presented as a total program. All are equally important in the full picture. While any one recommendation can stand alone, adolescent pregnancy is a multifaceted problem which requires a multifaceted approach.

There are three sets of recommendations. Four come from the Pregnancy Prevention Subcommittee; five from the Prenatal and Parenting Services Subcommittee; and, the full Task Force provided an additional four recommendations. All of the recommendations were approved by the full Task Force.

RECOMMENDATION:

Adopt the "Case Management Model" to serve adolescent parents.

Issue

All parents need support. They need income, education, good health for themselves and their children, healthy behaviors, healthy families and good relationships. Many parents obtain that support from a spouse, parents, or other family members. Most adolescent parents have some, if not all, of these supports.

The families of adolescent parents are the major source of support, but the support system is usually strained beginning at the time when the pregnancy of an adolescent is discovered. This strain causes a crisis situation, and the familie's own resources may be stretched by an unplanned pregnancy and child.

The first reaction of the family and the adolescent when they learn of the unplanned pregnancy may be embarrassment. A sense of isolation and increased tension within the family system usually follow. In their eagerness to do the right thing, parents often don't know what message to give their child. They are torn between "you're on your own now" and "taking over."

Because of the emotional immaturity of adolescent parents and an unfamiliarity with "the system" by the adolescents or their families, a situation may occur that interferes with using resources or acquiring resources that will mitigate the problems usually experienced by adolescent parents.

Prenatal care, child support, AFDC, WIC, child care, education, employment, and transportation issues are examples of support services and resources that may be a mystery to adolescent parents and their families.

The coordination of services and referrals is not currently being done. Most current case management services do not specifically address all the specialized needs of adolescent parents in all areas of the state.

Implementation

1) The Department of Health and Social Services should contract with local resource agencies to carry out a case management program for their localities.

2) In order for an agency to contract with the Department of Health and Social Services, the agency must agree to provide at a minimum the following services:

a) an evaluation of the needs of each adolescent seeking help;
b) a discussion of services available to the adolescent;
c) a list of service providers (AFDC, WIC, day care, 12 step programs, etc.);
d) transportation to these services, if needed;
e) help in completion of applications for services from other agencies;
f) follow up to insure that appointments are kept; and
g) continued assessment of the adolescent's needs as judged necessary for each case.

Cost

Medicaid offers case management to its clients. The cost estimate the Task Force reports here is based on the same figure used by Medicaid of $80 per month per adolescent. Alaska has approximately 1,000 adolescent births per year and approximately one-third of these adolescents could qualify to receive Medicaid coverage. For the remaining two-thirds the cost is estimated to be $640,000 for one year of case management and $1,280,000 if all cases are followed for two years.

Benefits

Case management for adolescent parents and pregnant adolescents would improve outcomes by providing built in, consistent support that would monitor the needs of the whole adolescent person, teach them how to access the community and services and enable them to make wise decisions. When there is lack of follow through or success by the adolescent, case management serves as a safety net to assist in reacting to the consequences.