

Virginia Resource Mothers Program

Annual Report 2005

The Virginia Resource Mothers Program began in State Fiscal Year 1986 with 4 pilot sites and grew to its current 25 contractor serving 88 out of the 135 Virginia localities. Sites are selected based on factors such as the rates of poverty, teen pregnancy, or poor birth outcomes for teens and their babies and by barriers to accessing health care. The 2005 state appropriation for the program was \$1, 219,687. The contractors include 18 health district offices and 7 private contractors. Localities served by the program are listed in Table 1. Over the past 20 years, the Virginia program has enrolled 16,319 pregnant teenagers, providing services to them, their infants and their families.

The program's home visiting interventions by community health workers during the prenatal period and the infant's first year of life are designed to enhance birth outcomes for both the mother and the baby. The resource mothers promote early entry into prenatal care, healthy behaviors (e.g., avoidance of cigarettes, alcohol and street drugs), up-to-date immunizations for the teen and her baby, staying in school in order to be self-sufficient, establishment of a stable home environment for the new baby with the help of the baby's father and the teens' family, and appropriate use of other community services such as W.I.C., family planning and FAMIS PLUS.

Program Data

The Resource Mothers Program measures of the program include the enrollment in Medicaid, the participants' low weight birth rate compared to that of nonparticipating pregnant teens, the percentage of teens who are attending school or working at the infant's first birthday (program exit) and the percentage of teens who delay a repeat pregnancy. Table 2 summarizes the Virginia Resource Mothers Program results from SFY 1991 through SFY 2005.

In FY 2005, 1,063 new enrollees entered the program and 1,056 continued service from the previous year for a total annual caseload of 2,119 teens. Of these teens, 44.97% were Caucasian, 41.34% were African-American, 0.27% were Native American, 0.5% were Asian, and 12.92% were listed as Other.

Entering prenatal care is often difficult for teens due to lack of knowledge of the health care delivery system or due to denial of and fear about the pregnancy. This year, 57.76% of the teens began prenatal care in the first trimester (13 weeks) and 67.2% began care by the end of the fourth month (17 weeks). The program goal is 60% during the first trimester.

Of the 1,063 new teen mothers enrolled in the program, 505 or 52.0% were enrolled in Medicaid prior to contact with the program. A few teens had private insurance through their parents' employment, the remainder of the teens were assisted in completing an application for Medicaid/FAMIS. If not eligible for these programs due to family income

or residency requirements, the resource mothers helped the teens access other community support. At program exit, at the infant's first birthday, 94.8% of the families have Medicaid, FAMIS or another form of health care insurance in order to access care for their children.

Of the population served in SFY2005, the low birth rate was 10.9 or 70 low weight births for 637 births. This includes 6 sets of twins. There were 8 fetal deaths or 0.75 of the pregnant teens enrolled.

Smoking by the mother is associated with low weight births. This year, 212 teens acknowledged that they smoked early in their pregnancies; this is probably underreported. By delivery 76 had stopped smoking and others reported decreases. While the resource mothers also inquire about other substance abuse, use of alcohol and street drugs was self-reported in less than 10 cases at enrollment.

Breastfeeding is encouraged and information is provided prenatally to all teens. The resource mothers have had special training this year on ways to support teens breastfeeding. This year 159 teens breastfed for at least a week and 8 for a year.

The resource mothers teach the teens about child development and the health care needs of the baby. At program exit, 87.8% of the infants had complete up-to-date immunizations, which exceeds the Healthy Virginians 2010 goal of 85%.

At the infant's first birthday (program completion), 84.9% of the participating teens were in school, enrolled in training programs, working or a combination of all three. While most of the enrollees who completed the program were still in middle school or high school, two hundred and twenty eight of all the teens enrolled in the program graduated from high school during the year and one hundred and sixty (35%) of the teens who completed the program (at infant's first birthday) graduated from high school. Twenty-three teens (3.5%) entered college.

The repeat pregnancy rate was 5.1% during the first year, while the state estimated repeat rate for teens is 20%.

At the end of the year, 949 of the 2119 active cases had been closed; 1114 teens from this year will continue services into SFY 2006. Cases are closed at program completion (infant's first birthday), or earlier, if teen refuses services or if the family moves out of the area.

Home Visits and Other Contacts

The Resource Mothers Program's key intervention is the mentoring relationship with the teen and her family. Through the supportive relationship with the resource mother and the resource mother's modeling of certain behaviors/skills, the teen is provided new information about prenatal care, child development, health behaviors, relationship skills and decision-making.

Visits by Resource Mothers

Resource Mother meets....	2004	2005
With Teen Mother/Pregnant Teen	31,728 visits	31,907 visits
With Father or Family of Infant	9,031 visits	8,777 visits
Total visits	40,759 visits	40,864 visits

The number of visits was consistent between SFT 2004 and SFY 2005. The visits range from a few minutes to 8 hours according to the case database. The average visit is approximately 35 minutes; longer meetings usually result when there is a health care crisis or homelessness. The Virginia Resource Mothers Program standard is weekly visitation prenatally and until the third month postpartum. The resource mother and her supervisor assesses the home situation and each teenager's adjustment in the fourth month to decide the frequency of contacts for the next eight months, until the infant's first birthday. This schedule could be weekly, semi-monthly or monthly. Frequently these visits are supplemented by phone calls.

Education of Pregnant Teens and Teenage Parents

Mentors provide information to the pregnant and parenting teens during their home visits. The information provided is based on materials from the *Bright Futures Guidelines*, the Florida State University home visiting curriculum *Partners for a Healthy Baby*, standard smoking cessation programs based on proven behavior change models (e.g., North Carolina Smoking Cessation, or Fresh Start Families or Breathe Easy Baby), W.I.C., Medicaid, *Street Law*, and the March of Dimes materials (e.g., folic acid consumption). The Resource Mothers help distribute the Governor's New Parent Kit and review the various materials as appropriate throughout the teen's enrollment period.

Capacity of Existing Sites

Enrollment is limited by staff hours available. Current sites are at their maximum capacity with current staffing levels. On June 30, 2005, at the end of the fiscal year, there are 104 identified clients on a waiting list. This number indicates only a portion of the service need. Local program coordinators attempt to refer pregnant teens to other community resources rather than maintain them on a waiting list while their pregnancy progresses. When the local resource mothers programs are full, community partners such as doctors, hospitals and school guidance counselors are usually aware of this and so do not make referrals.

Future Growth Directions

Eight localities have indicated interest in starting a Resource Mothers Program. These sites are Winchester (Lord Fairfax Health District), Loudoun, Fauquier, Albemarle, Greene, Culpeper, and Martinsville (West Piedmont Health District) Williamsburg.

Expansion of existing site capabilities to serve more teen clients is needed in certain currently covered communities that have growing populations, changing demographics, or few services. For example, the Richmond City Health Department has a contract to

serve 55 teenagers and Virginia Beach is funded to serve 40 teens, despite data indicating that there is greater demand for services in these localities. Waynesboro and Staunton are only covered for those teens who plan to deliver at Rockingham Memorial Hospital in Harrisonburg. Programs in the rural southern and western borders cover large geographic areas of several counties. Additional staff would allow for assignment of smaller geographic areas to cover, decrease travel time and increase time spent in direct service with the teenager.

Program Costs

The annual cost of providing weekly home visits, travel to the homes and clinics, planning with collateral education and health services, data entry and record-keeping, and supervision is \$ 1,439 per teen enrollee. A site serves a minimum of 25 teens. This annual cost to serve an individual teen is multiplied by 25 teens to obtain the site cost of \$35,975. If a site contracts to serve more than 25 teens, additional funding is allocated based on the formula for serving one teen. Sites serve from 25 to 60 teens but is limited by the total pool of funds. The total cost to provide on-going funding for these 8 sites would be \$287,800 (8 x \$35,975) to serve an additional 200 teens (8 x 25), or approximately the number of referrals on the waiting list. The annual cost per teen for the program services is low considering the medical, educational and foster care, social service program costs that are avoided for the mother and her child due to successful intervention with a young teenage parent.

Program Funding

Considering all funding sources, it is estimated that the true cost of the program at its current level of enrollment is over \$2 million. The funds provided for Resource Mothers Programs (Title V, Medicaid and General Funds) support a significant portion of these programs, approximately 60-80 %. To make up the difference between state contract funds and the program costs, each locality provides in-kind support (office space, office equipment, copying, telephones, computers, cell phones, supervision, business office, secretarial/receptionist, meeting rooms) or contractor-generated funds. This site-specific funding comes from a variety of sources each year such as local city or county designated funds, United Way, March of Dimes, hospital foundations, the Freddie Mac Foundation, local church groups and other civic organizations. Searching for these funding sources is a constant challenge to the local coordinators and their sponsoring agencies.

All Resource Mothers Program funds are allocated to localities for direct service. State level program administration, technical support and consultation are supported through the federal Maternal and Child Block Grant (Title V).

The Resource Mothers Program collaborates with other community services (e.g., CHIP, Healthy Families, Project Link, BabyCare, Part C Early Intervention, managed care organizations and private providers) to provide intake, assessment, and coordination of care including a case-by-case determination of the most appropriate local program for the particular teen and her family.

Program Growth

The Resource Mothers Program funding has not increased since 1996, when funds were increase only in order to add 10 additional sites. Not only have there been increases in program costs due to inflation, but also there has been an increase between SFY 96 and SFY 2005 due to increases in the total number of teens enrolled annually and the increased intensity of the services provided. In SFY 96, the program enrolled 1,082 new teens plus 840 carry over from the previous year, or a total of 1,922. In SFY05 there were 1,063 new teens enrolled and a carryover of 1,056, or a total of 2,119. Teens are remaining in the program more months and receiving more visits, thus increasing the number of staff hours required to provide a quality intervention. The majority of the resource mothers are hourly wage staff so the costs increase directly related to the services provided.

Program Changes

Over the past 5 years, due to the mental health and social service needs of the teen enrollees and the national research about what makes home visiting a successful intervention, the Resource Mothers Program has moved to a weekly home visiting schedule. This requires more staff time, but is a solid investment in quality outcomes.

Over the past 4 years through federal grant funds (Healthy Start), the Resource Mothers Program developed a web-based data collection system and piloted it in 4 communities. This year was the first complete year that all contract sites were required to enter full data in the system. The funding to maintain the system and to analyze the data is now available through grant funds, but additional funding will be a future need.

The resource mothers screen teens for perinatal depression using the Edinburgh Perinatal Depression Screen from the *Bright Futures Guidelines*. The teen is screened regularly at enrollment, near delivery, at 6 weeks postpartum and at program exit. Resource mothers are encouraged to conduct additional screens as needed. Those teens who score high on the screening are referred to a mental health provider for assessment and counseling. Of those screened, 6.5% were identified as needing assessment services and were referred to a mental health provider. Four refused services, but other referrals were completed.

Program Contact

For further information, please contact Catherine Bodkin, LCSW, MSHA, Virginia Resource Mothers State Program Coordinator, Virginia Department of Health, Room 825C, 109 Governor Street, Richmond, Virginia 23219, or phone at (804) 864-7768 or email at catherine.bodkin@vdh.virginia.gov.

**Table 1: VIRGINIA RESOURCE MOTHERS PROGRAM
SITE LOCATIONS
FY2005**

<u>Counties (56)</u>		
Accomack	Fairfax	Nottoway
Alleghany	Floyd	Page
Amelia	Giles	Pittsylvania
Appomattox	Goochland	Prince Edward
Arlington	Grayson	Prince William
Augusta	Greensville	Pulaski
Bedford	Halifax	Richmond County
Bland	Hanover	Rockbridge
Brunswick	Isle of Wright	Rockingham
Buchanan	King and Queen	Russell
Buckingham	King William	Scott
Campbell	Lancaster	Shenandoah
Carroll	Lee	Smyth
Charles City	Lunenburg	Southampton
Charlotte	Mecklenburg	Tazewell
Cumberland	Middlesex	Washington
Dickenson	Montgomery	Westmoreland
Essex	New Kent	Wise
	Northampton	Wythe

<u>Cities (32)</u>		
Abingdon	Emporia	Portsmouth
Alexandria	Fairfax	Radford
Arlington	Franklin	Richmond
Bedford	Galax	Roanoke
Bristol	Harrisonburg	Salem
Charles City	Hopewell	Staunton
Charlottesville	Lynchburg	Suffolk
Chesapeake	Newport News	Vinton
Clifton Forge	Norfolk	Virginia Beach
Covington	Norton	Waynesboro
Danville	Petersburg	

Table 2: Virginia Resource Mothers Program Outcomes (1991- 2005)

	New Enrollees	Virginia Teens' Low Weight Birth Rate Compared to RMP Enrollees' Low Birth Rate/1,000		School or Employed	Repeat Pregnancy Comparison: Per Cent State Teens to Percent RMP Participants	
Year	New Pregnant Teens Enrolled*	Virginia LBW Births to Women Ages 19 and Under	RMP Participant LBW Rates	RMP Participants Working or in School at Program Exit	State Repeat Pregnancy Rate for Teens***	RMP Participant Repeat Pregnancy
1991	297	10.8	8.7	86%	46.8%	19%
1992	400	11.1	10.3	82%	47.4%	20%
1993	565	11.1	9.2	90%	42.2%	12%
1994	540	11.6	10.0	65%	39.1%	16%
1995	860	11.1	7.3	70%	36.9%	8%
1996	1096	11.3	8.8	70%	34.0%	5%
1997	1470	10.6	8.9	77%	30.6%	4.8%
1998	1447	10.3	8.3	84%	20%	5.5%
1999	1582	10.5	9.1	75%	20%	4.3%
2000	1277	10.4	9.2	80%	20%	6.1%
2001	1141	10.4	9.11	84%	20%	4.6%
2002	1170	10.6	9.7	94%	20%	6.9%
2003	1148	10.4	10.48**	87%	20%	3.68%
2004	1080	n.a.	9.03**	84%	20%	6.11%
2005	1063	n.a.	10.9**	84.9%	20%	5.1%

Notes

*Does not include those carried forward from the previous year. The teens carried over from one fiscal year to the next range between 800-1396 annually for the years 1996-2004. The number of carryover cases from SFY 2002 (served in SFY 2003) was 1128 so the total served in SFY 2003 was 2276. The number carried over from June 30, 2003 into the SFY2004 was 1230; so the number served in 2004 was 2310. The number carried over into 2005 is 1056.

** Twins: These figures includes 12 sets of twins in 2003, 11 sets in 2004 and 6 sets in 2005 .

*** The state repeat pregnancy rate is the estimate that Virginia Office of Health Statistics provided for 1998-2004.

n.a. Signifies that the state data is not yet available.

