

2010 BOULDER COUNTY PUBLIC HEALTH (BCPH) ANNUAL REPORT

PROGRAM NUMBER 460: GENESIS PROGRAM

Goal: The goal of this program is to promote healthy behaviors in Boulder County's pregnant and parenting teen population, optimally impacting these families for generations to come.

Needs Statement:

Liz Schorr, in her landmark book *Within Our Reach* notes, "The baby of an adolescent mother is born into peril... Teenage childbearing may impose its heaviest burden on the next generation when it comes of age... They are more likely to have children themselves while still adolescents, their school drop-out rates are higher, their achievement is lower, and they are more frequently retained in grade. The children of teenage mothers also start sexual activity earlier than their peers, are more frequently suspended from school, and more often run away from home, get drunk, and hurt someone seriously." Intensive and comprehensive early intervention geared toward enhancing bonding and attachment can mitigate the negative consequences of adolescent childbearing.

There are approximately 250 births to teens per year in Boulder County. GENESIS received 298 referrals to the program in 2008, resulting in 224 new teen families enrolling in GENESIS. Teens were not enrolled for various reasons, including: miscarriage or abortion prior to enrollment, client was referred to the Nurse-Family Partnership (NFP) Program, the teen refused services, the family moved prior to enrollment, or the teen did not follow through on multiple intake appointments. In 2008, 648 families participated in GENESIS.

The year 2006 marked the first time that national teen birth rates have increased since 1991. In 2007, teen birth rates continued to increase, resulting in a 5% increase from 2005-2007. Boulder County did not see a rise in teen births during this timeframe; in fact, the county experienced an 8.5% decline during this period (State of Adolescent Sexual Health in Colorado 2009). GENESIS clearly is able to positively impact subsequent pregnancies among current clients, contributing to the drop in county birth rates. With the implementation of the GENESISTER program, it is expected that teen pregnancy rates will remain steady, if not further decline.

GENESIS has identified postpartum depression (PPD) as a service need for clients in 2009. PPD is becoming an increasing concern among maternal/child health workers. Recent studies indicate that up to 80% of PPD cases go undiagnosed, particularly in high-risk populations. The incidence of PPD is currently estimated at approximately 20% of all pregnant women, and prevalence is higher in women with the following risk factors: young (under 25), low income, unmarried, and lower educational attainment – putting GENESIS clients at particular risk. PPD can occur both during and after a pregnancy and can affect pregnancy outcomes; severe depressive symptoms during a pregnancy doubles the risk of a preterm delivery (Marlene Busko, Desiree Lie: Human Reproduction, 10/27/2008). The impact of a depressed mother on an infant can be significant and has been associated with cognitive and speech delays, increased visits to urgent care/ER, disruptive behavior in childhood, and insecure attachment between mother and child (Brian Stafford, MD, PHD, Kempe Center: Perinatal Depression, Anxiety and Trauma 11/17/2006).

Planning Assumptions:

Large caseloads in the Longmont area remain an area of concern. The growing need for services has been addressed by redirecting staff to Longmont from other sites and by supplementing staff hours with social work intern hours. Ten-year birth trend data (1995-2005) demonstrates a 26% increase in the number of teen births in the city of Longmont. In 2008, TANF funds enabled the program to add an additional .75 FTE to address the increased demand for intakes; however, this funding was not secure, and it ended in June 2009. No replacement funding source has yet been identified, although the need still exists. Staff will continue to look for innovative solutions to address this need.

Number of Clients: 602

OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RE-SULTS*	COMMENTS
1. GENESIS will deliver supportive prenatal services to approximately 210 (90%) pregnant	a. GENESIS staff will assist with: <ul style="list-style-type: none"> ▪ Nutritional education and/or referral. 	a. Chart notes will reflect staff activity related to prenatal support. b. Data will be managed on	Prenatal services were provided to 98% of pregnant GENESIS clients.	E	

* - M = Met

E = Exceeded

NM = Not met

OT = On target at mid-year

Not = Not on target at mid-year

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GENESIS clients.	<ul style="list-style-type: none"> ▪ Substance use education and/or referral. ▪ Childbirth education and/or referral. ▪ Tobacco cessation and/or referral. ▪ Transportation to necessary prenatal appointments. ▪ Stress reduction. ▪ Case conferencing with prenatal providers. ▪ Counseling and/or referral to address psychosocial concerns relating to pregnancy. ▪ Prenatal Plus enrollment. 	the Statistical Package for the Social Sciences (SPSS).			
<p>2. Less than 8% of babies born to GENESIS clients will be low birth weight:</p> <ul style="list-style-type: none"> ▪ The percentage of low birth weight babies born to GENESIS clients will be lower than the percentage of low birth weight babies born to non-GENESIS Boulder County females, age 20 and under. ▪ The percentage of low birth weight babies born to GENESIS clients will be lower than the percentage of low birth weight babies born to Colorado women, age 20 and under. 	<p>a. Staff will collaborate closely with health care providers and WIC staff to reinforce health and nutritional recommendations that contribute to healthy birth weight outcomes.</p> <p>b. All GENESIS clients who are eligible will receive Prenatal Plus services.</p>	<p>a. The proportion of low birth weight babies born to participating GENESIS teens, non-participating Boulder County teens, and Colorado teens will be tracked through birth data provided by the Colorado Department of Public Health and Environment (CDPHE).</p>	<ul style="list-style-type: none"> ▪ In 2008 (most recent data available from CDPHE), 6.8% of GENESIS clients delivered a low-birth weight baby, comparing favorably with Boulder County non-GENESIS pregnant teens who had a low birth weight rate of 12.3% ▪ This compares favorably with the state teen low birth weight rate of 10.5%. 	E	<ul style="list-style-type: none"> ▪ The GENESIS low birth weight rate was nearly half the rate of Boulder County teens who did not participate in the program. ▪ Given that the average cost of a low birth weight baby is approximately \$49,000 in the first year alone, investment in GENESIS services results in a substantial cost savings. ▪ Most of these babies are on Medicaid, thus the financial burden on taxpayers is significant. ▪ In that many low birth weight babies suffer long-term health problems, the social costs to parents and society is also significant.
<p>3. At least 85% of GENESIS clients will receive the Edinburgh Postnatal Depression Scale (EPDS) screening at intake and then within 8 weeks post-</p>	<p>a. Staff will administer the EPDS screen at both intake and then within 8 weeks postpartum.</p> <p>b. Client scoring above "10" (indicating depression</p>	<p>a. The percentage of clients receiving EPDS screens and scoring over 10 will be tracked through client records.</p>	87% of GENESIS clients received both a prenatal and postpartum EPDS screen.	E	

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partum.	risk) will be referred for treatment. c. Staff will educate clients about the signs and symptoms of postpartum depression (PPD) and will provide clients with information on self-care, coping, and support services that are available.				
4. At least 70% of mothers participating in the program will initiate breastfeeding. ▪ At least 30% will breastfeed for six months postpartum.	a. Staff will encourage and support participating GENESIS teens in breastfeeding their infants through at least six months postpartum by providing educational, referral, and emotional support. b. The nurse will do home visits with clients postpartum to troubleshoot breastfeeding problems.	a. The proportion of participating GENESIS mothers that breastfeed during early postpartum and until babies are six months of age will be tracked through client self-report and staff observation.	91% of clients initiated breastfeeding, and 34% of clients continued for a minimum of 6 months.	E	
5. No more than 15% of mothers participating in the program will have a subsequent birth within two years of the birth of their first GENESIS child. ▪ For clients entering the program prior to age 17, no more than 15% will have a subsequent birth within three years of the birth of their first GENESIS child. ▪ For clients entering the program at age 17 years or older, no more than 15% will have a subsequent birth prior to age 20.	a. Staff will educate clients about the importance of creating at least a two-year time span between births to enhance bonding and subsequent emotional stability in children. b. Staff will assist clients in meeting personal goals that extend beyond the role of parenting, such as school or career, lessening the appeal of a second child. c. Staff will arrange home visits with a Women's Health nurse who can provide hormonal birth control in the home.	a. The proportion of repeat births and progress toward educational/career advancement to participating GENESIS clients will be tracked through program data/case notes.	<ul style="list-style-type: none"> ▪ 8% of clients had a repeat birth within 2 years of the birth of their first child. ▪ 9% of clients who entered the program prior to age 17 had another baby within 3 years. ▪ 0% of the clients who entered the program at 17 years or older had another birth before turning 20. 	E	<ul style="list-style-type: none"> ▪ Keeping recidivism rates down has always been a priority for staff, given the crippling impact subsequent teen pregnancies can have on a young family. ▪ The low rate of repeat births among the younger GENESIS clients is particularly impressive; national statistics indicate that recidivism rates among this age group average 31%.
6. GENESIS staff will assess and provide individualized parenting/nurturing education/activities to enhance parent/child bonding to	a. Activities will include: <ul style="list-style-type: none"> ▪ Warm Welcome visit. ▪ Referral to CIP, Special Connections, Child Protection, when appropriate. 	a. The proportion of participating GENESIS teens who have enhanced parent/child bonding will be tracked through case manager assessment.	93% of the caseload received parenting education and role modeling.	E	

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90% of GENESIS clients.	<ul style="list-style-type: none"> ▪ Attendance at GENESIS group/peer support activities. ▪ Home visits which address clients' unique parenting needs. ▪ Parenting education. ▪ Age-appropriate child development education. 				
7. At least 85% of GENESIS babies will score at an appropriate developmental age according to the Ages & Stages Questionnaire (ASQ), 2nd edition.	<ul style="list-style-type: none"> a. Staff will administer the ASQ, 2nd edition, annually for participating GENESIS babies. b. Staff will provide intervention and referrals for babies scoring below the normal developmental range. c. The GENESIS nurse will provide Children with Special Needs (CSN) Program services to GENESIS babies requiring more intensive interventions. 	<ul style="list-style-type: none"> a. The proportion of participating GENESIS babies scoring at an appropriate developmental level will be tracked through ASQ scores. 	98% of GENESIS babies scored at an appropriate level on the ASQ.	E	
8. At least 65% of GENESIS clients who are eligible will actively pursue one of the following: <ul style="list-style-type: none"> ▪ Vocational training ▪ School ▪ Employment activities 	<ul style="list-style-type: none"> a. Staff will assist clients in school enrollment and will encourage attendance. b. Staff will collaborate with teen parenting school programs to optimize clients' educational achievement. c. Staff will refer clients to job training resource centers and will assist them with the resume and job application process. 	<ul style="list-style-type: none"> a. Chart notes will reflect client educational and vocational achievement. 	80% of clients were either enrolled in school, a vocational program, or were actively working.	E	Although the Child Care Assistance Program was severely cut in the past year, GENESIS staff helped clients in problem-solving child care options so they could continue their education or find employment.
9. At least 60% of GENESIS clients will be utilizing one of the following highly effective, long-term methods of contraception: Home-based contraception, Implanon, or the IUD.	<p>Staff will:</p> <ul style="list-style-type: none"> a. Check in with postpartum clients at least twice per reporting period on current contraceptive use. b. Provide and review "Got Sex" informational packets with all clients. c. Transport clients to family 	<ul style="list-style-type: none"> a. Chart notes will reflect staff activity related to contraceptive education and support. b. Utilization of contraception methods will be tracked on the SPSS database. 	81% of the caseload was utilizing either an IUD, Implanon, or was enrolled in the Home-based Contraception Program.	E	<ul style="list-style-type: none"> ▪ Although staff counsels clients on all available contraceptive methods, they work with families to choose a method that minimizes user error. ▪ Given the program's low recidivism rates,

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	planning clinics, as necessary. d. Educate clients regarding the importance of and reasons behind spacing children by at least two years. e. Assist in accessing birth control funds for clients who experience financial barriers to family planning services. f. Encourage career development as an alternative to multiple children at a young age. g. Problem-solve with clients who are experiencing difficulties with side effects from contraceptive methods. h. Enroll and maintain clients in the Home-based Contraception Program.				this strategy is clearly working to help clients delay subsequent pregnancies until they have matured and achieved a greater level of self-sufficiency.

STAFFING:

Key Staff Members: Kim Hills, Community Health Division Manager
 Jody Scanlon, GENESIS Program Coordinator

FTE: 11.79

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BUDGET:

Program Expenditures: \$719,562
Number of Clients: 602
Direct Cost per Client: \$1,195

Source of Funds	Amount	% of Program
County Appropriation	\$249,961	35%
Boulder County GENESIS	107,866	15%
City of Longmont GENESIS ¹	20,628	3%
City of Boulder GENESIS ²	104,515	15%
MCH Block Grant ³	38,648	5%
Community Foundation ⁴	13,000	2%
Medicaid Reimbursement ⁵	63,744	9%
Vital Records Fees	35,098	5%
Per Capita Funding	45,025	6%
Miscellaneous Donations	3,000	<1%
Miscellaneous Revenue	1,500	<1%
Prior Years' Earnings	34,152	5%
Healthy Kids Initiative	2,425	<1%
TOTAL	\$719,562	100%

¹ – Total Grant with Indirect: \$24,678
² – Total Grant with Indirect: \$125,000
³ – Total Grant with Indirect: \$147,977
⁴ – Total Grant with Indirect: \$13,000
⁵ – Total Grant with Indirect: \$63,744

Service Site

Boulder (Sundquist)
Longmont
Lafayette

Service Hours

Monday – Friday, 8:00 a.m. – 5:00 p.m.
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