

March 2010

## SERVICES TO PREGNANT MINORS STUDY - REQUESTED INFORMATION

### MEDICAID-ELIGIBLE WOMEN THAT RECEIVE HEALTH AND PARENTING EDUCATION SERVICES

Individuals, including pregnant minors, eligible for the Medicaid program receive all medically necessary services. In addition, Medicaid also covers targeted case management services for high-risk pregnant women. A pregnant woman age 17 or younger at the time of the assessment is considered high-risk and therefore eligible for targeted case management services. Targeted case management services include assessment, case planning and preparation, case monitoring, care coordination, case evaluation, case reevaluation, health and parenting education, and followup home visits after the birth of the baby. Information received from the Department of Human Services indicates that in calendar year 2008, 13 targeted case management assessments were completed for individuals 17 years of age and younger and 36 targeted case management assessments for individuals 18 through 20 years of age. Case

management assessment services for health and parenting education are not separated from other case management services when submitted to the department; therefore, the department is unable to identify which of the services were health and parenting education-related only.

### EVIDENCE-BASED OUTCOME DATA ON PROGRAMS AND OUTCOMES MEASURED AND THEIR RELATIONSHIPS TO SERVICES PROVIDED

#### Alternatives-to-Abortion Services Program

Nongovernmental entities provide services under the alternatives-to-abortion services program to promote childbirth instead of abortion by providing information, counseling, and support services. The alternatives-to-abortion services program became operational in December 2005, but the department did not begin collecting information regarding the services provided and the outcomes until November 2006. Information regarding services provided and outcomes from November 1, 2006, through June 30, 2009, is summarized as follows:

	Clients Receiving Services	Outcomes Reported <sup>1</sup>						
		Negative Pregnancy Test or Data Not Provided <sup>2</sup>	Client Still Pregnant	Miscarriage or Stillbirth	Abortion or Postabortion Counseling	Live Birth	Adoption or Foster Care	Client Parenting
November 1, 2006, to June 30, 2007	490	139	321	0	1	0	17	12
Fiscal year 2008	666	181	418	4	3	1	18	41
Fiscal year 2009	663	146	380	22	4	48	12	51

<sup>1</sup>Outcomes were identified based on the last service the clients received.

<sup>2</sup>In March 2008 the Department of Human Services revised the payment voucher. The department no longer tracks outcomes for a negative pregnancy test. In addition, some forms are submitted without outcome data. In fiscal year 2008, 119 women reported a negative pregnancy test and 62 forms did not include outcome data. In fiscal year 2009, negative pregnancy tests were no longer tracked and 146 forms did not include outcome data.

#### Child Care Assistance Program

The child care assistance program allows for the payment of the actual cost of child care up to a maximum monthly amount for young parents who are age 20 years or under, are the primary caretaker of their child, and are pursuing their high school diploma or general educational development. Participant evaluations are prepared each semester by the participant's school and the social service agency that accepted the participant's application. These evaluations are reviewed by the Department of Human Services, but the information is not compiled.

#### Maternal and Child Health Title V Performance Measures

Activities identified in the maternal and child health grant document administered by the State Department of Health include:

- The child and adolescent health nurse consultant/state school nurse consultant is providing resources and technical assistance to school nurses on health topics relating to puberty and.
- The abstinence education grant program director is partnering with the make a sound choice program and Students Against Destructive Decisions to assist in providing local community abstinence activities.

- The regional stakeholders group (family planning, adolescent health/school nursing, sexually transmitted disease program, HIV program, and the Department of Public Instruction) is supporting efforts in reducing unintended pregnancy and births.
- The family planning program is continuing to provide direct, confidential medical, counseling, laboratory, and contraceptive services to adolescents.
- The family planning delegate agency staff is providing educational resources to parents about how to talk to their children about sexuality issues.
- The family planning delegate agency staff is providing counseling and education to all adolescent clients about the importance of family involvement in reproductive health decisions.

The State Department of Health reports on several federal performance and state-negotiated measures relative to the maternal and child health grant, including the rate of birth (per 1,000) for teenagers aged 15 through 17 and the percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester. Data included in the grant document was provided by the Division of Vital Statistics of the State Department of Health and the United States Census Bureau.

Based on data included in the grant document, the birthrate for teenagers aged 15 through 17 has increased from 2004 to 2008 as follows:

	2004	2005	2006	2007	2008
Birthrate per 1,000 teenagers aged 15 through 17 <sup>1</sup>	10.2	10.5	10.6	11.3	12.3

<sup>1</sup>The census estimate of teenagers aged 15 through 17 remained consistent from 2004 to 2008.

Data in the grant document also indicates the percentage of infants born to pregnant women (all ages) receiving prenatal care beginning in the first trimester increased in 2005 and then began to decrease as follows:

	2004	2005	2006	2007	2008
Percentage of infants born to women receiving prenatal care beginning in the first trimester	84.9%	85.1%	83.2%	82.3%	82.0%

In addition, the State Department of Health has provided information used in the maternal and child health needs assessment regarding teen pregnancy. The information provided in the attached [appendix](#) identifies births to teenagers under age 20 by ethnic group.

### HISTORY OF THE NUMBER OF BIRTHS TO MINOR MOTHERS

The following is a summary of the number of births among North Dakota women and those younger than age 19, based on information received from the Division of Vital Records of the State Department of Health:

Year	Births to North Dakota Residents Age 18 and Under	Births to All North Dakota Residents	Births to North Dakota Residents Age 18 and Under as Percentage of Total Births to All North Dakota Residents
2000	393	7,676	5.12%
2001	384	7,664	5.01%
2002	350	7,755	4.51%
2003	340	7,976	4.26%
2004	347	8,179	4.24%
2005	366	8,381	4.37%
2006	373	8,616	4.33%
2007	382	8,818	4.33%
2008	369	8,931	4.13%

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