The Young Parents Program: Project Connect

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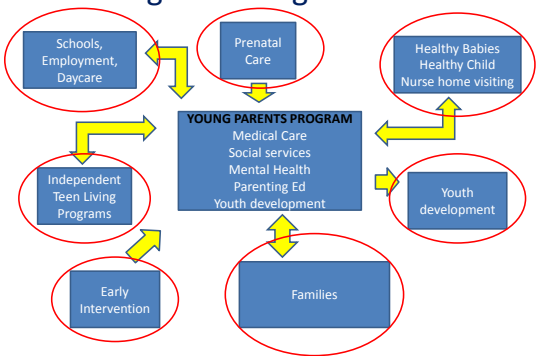
Medical Home Model

- Teen Tot Clinic - a multidisciplinary team integrates medical/social services with community
- Embedded within a large pediatric primary care medical home
- Family-centered
- Barriers to care are addressed
- Strong social work component linked with medical care

Integrated Program Model



Parenting/Life skills intervention Randomized Control Trial

One on one intervention using modules based on the Nurturing Curriculum

- Child development and discipline
- Home Safety
- Budgeting and bank accounts
- Healthy living
- Job/education readiness and resumes

Fathers Programming

- Assess to medical care
- Social services
- Fathers groups based on "Responsible Fatherhood Curriculum"- interactive sessions on manhood, parenting, child development and relationship negotiation skills
- Youth development- rock climbing

Program Evaluation

1) Health services evaluation of medical and social care with quality improvement methods
2) Randomized control trial of parenting/life skills intervention
3) Qualitative focus groups

Implementation

Enrollment

- Subjects – 170 mothers, 71 fathers
- RCT – 80% of mother consented (68% participated)
- Attrition at one year- 5.8%

Demographics

- Ethnicity- 55% Latino, 45% African American
- Mean age at child's birth 17.1 years
- Medicaid insurance 80%
- Father's involved at birth 75%

One Year Outcomes

Health Care

- *76% of teen mothers received comprehensive health care and contraceptive counseling
- *92% of children received at least 6 well child visits
- *96% of children were fully immunized
- 18% of teen mothers had a repeat pregnancy
- 41% of fathers were enrolled in program
- 100% of parents received medical and psychosocial assessments

One Year Outcomes (continued)

Life Skills

- 90% of mothers were enrolled in (or graduated from) school
- 69% of fathers were enrolled in (or graduated from) school
- 59% of fathers were providing financial support to their children

Successful Evaluation Strategies

- Entire care team is integrated into evaluation
- Evaluation progress incorporated into meetings
- Web-based data collection tool
- Teens accepted RCT within medical setting where many health and resource needs were met
- Strong bonds between families and staff

Challenges

- Successful recruitment into RCT dependent on very clear communication
- Evaluation required detailed tracking system
- Changing phone numbers, changing addresses!!
- Compliance with RCT modules could be better
- Fathers were initially resistant to enroll
- Social needs, especially depression and violence exposure required staff time

Strengths of the Medical Home Model

- Family based, culturally appropriate services engage adolescent parents through required medical care
- Encourages fathers over time to become involved in the program
- Integrated care across the spectrum from home, community and clinic
- Medical and social services equally valued and available
- Quality improvement key component of services

Conclusion

- Teen parents benefit from wrap around services in a medical home which specifically address barriers to care
- Integrating medical care and social services with community resources is an effective and efficient model for engaging young families in care and promoting positive parenting and life skills