Success Story: Michigan Department of Community Health

Providing an Integrated System of Care to Support Expectant and Parenting Teens in Michigan

**Michigan Adolescent Pregnancy and Parenting Program** (MI-APPP) serves expectant and parenting teens ages 15-19 in high-need communities across the state of Michigan. Supported with funding from the Office of Adolescent Health (OAH), the program was created to address teen parents’ low high school graduation rate and high repeat birth rate, the latter of which is associated with poor infant health and a lack of prenatal care.\(^1\)\(^2\) In particular, the program provides expectant and parenting teens with a strengths-based integrated system of care to reduce repeat pregnancies, strengthen access to and completion of secondary education, improve maternal and child health outcomes, and build familial connections and support networks.

MI-APPP operates in six sites across Michigan and implements the Adolescent Family Life Program-Positive Youth Development (AFLP-PYD) Case Management program, a model developed by the State of California. AFLP-PYD case managers meet with expectant and parenting teens twice a month to:

- assess their strengths and needs,
- develop an individualized service plan,
- promote health and safety practices, and
- refer teens to services that can improve the health of their young families.

Additionally, the case managers conduct home visits to help teen mothers and fathers strengthen their self-sufficiency and meet their educational and career goals. Positive youth development principles are used throughout the case management process, which help to identify protective factors in teens’ families, schools, and communities.

In addition to the case management program, each MI-APPP site selects supplemental resources to provide or leverage in their community to support expectant and parenting teens. In order to identify existing resources, each of the six communities underwent a four-month long needs assessment that included focus groups, key informant interviews, and a community resource inventory. Key findings across all sites include that:

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Office of Adolescent Health
teens are motivated to complete their education, but may need accommodations;
• teens used multiple health care resources, but many did not access prenatal care;
• teens wanted to form more supportive relationships with key adults; and
• teens accessed many government and wellness resources, but needed more support for safe and stable
  housing, reliable transportation, and affordable child care.

Each community has used the results of their needs assessment to identify and fill gaps in resources or to tailor existing
resources to better serve the needs of expectant and parenting teens. For example, some communities have started
monthly classes on a variety of topics related to self-sufficiency, from financial literacy to co-parenting. One community
has begun implementing facilitated conversations with fathers at barbershops where male participants and their
children can get a haircut while discussing fatherhood topics.

Ultimately, MI-APPP feels that its strengths-based approach has been a key element of the program’s success. Positive
youth development approaches have been infused throughout their case management and supplemental activities.
Project Coordinator Hillary Turner noted, “Through our approach, the teen is the expert and the case manager provides
support to help them leverage their resources and strengths through positive affirmation. By focusing on their strengths,
not their deficits, and through motivational interviewing, we help them problem solve and make their own decisions.
Through this we allow the teens’ voices to be heard. We value their input, drive, and understanding of how things
work.”

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Prevent Teen Pregnancy.