

HHS/ED COMM #1
July 11, 2016
Discussion

MEMORANDUM

July 8, 2016

TO: Health and Human Services Committee
Education Committee

FROM: Vivian Yao, Legislative Analyst *VY*

SUBJECT: Discussion – Teen pregnancy trends

The Health and Human Services (HHS) and Education Committees expressed interest in discussing recent teen pregnancy trends after receiving a brief update during review of the FY17 DHHS School Health Services budget. The individuals expected to participate in today's discussion include:

- Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
- Lori Christina Webb, Executive Director, Office of the Chief Academic Officer, MCPS
- Ann Taylor, Supervisor, Interim Instructional Services, MCPS
- Carolyn Camacho, Director of Youth Centers, Identity, Inc.
- Molly Love, Family Planning and Social Services Director, Community Clinics, Inc. - Teen and Young Adult Health Connection (CCI-TAYA)

The Committees will receive presentations on the latest data and trends related to adolescent pregnancy and births in Montgomery County; teen pregnancy prevention and pregnancy and parenting support services offered to adolescents; and educational support services for pregnant and parenting teens. Because the data continue to show a higher birth rate in the Latino population, the Committees will also hear from providers about their work to prevent teen pregnancy and risky behaviors with at-risk youth.

I. DATA AND TRENDS

The DHHS presentation (©1-11) includes adolescent birth rate data is attached at ©2-5. The most recent data regarding adolescent births provided through the Maryland Vital Statistics Administration is for calendar year 2014. The following conclusions are drawn from the attached data:

- The overall rate of adolescent births has continued to decrease through 2014 at the national, state, and local County levels and are at the lowest levels through the reporting period – 1996 to 2014 (©2).
- Likewise, the adolescent birthrate for girls ages 15-17 has also decreased across all race/ethnic categories in the 2012-2014 period (©4).
- In the 2012-2014 period, there was a reversal in disparities among Black/African American teen girls ages 15-17 with a birth rate of 6.3 (a historic low), 1.1% lower than the white teen rate of 7.4 (©4).
- Although the overall adolescent birthrate for the County decreased from 12.8 per thousand in 2013 to 12.3 in 2014 (©2), the birthrate for teens ages 18-19 increased from 23.4 to 24.6 (©3). DHHS reported during review of its FY17 budget that this trend was driven by increases among births to Hispanic teens from 51.4 in 2013 to 62.3 in 2014.
- For the period 2012-2014, the birthrate for Hispanic teens remains significantly higher for girls ages 15-17 (20.9 per thousand compared to 7.4 for White and 6.3 for Black) (©4) and girls ages 18-19 (59.2 per thousand compared to 26 for White and 32.7 for Black) (©5).

Preventing teen pregnancy is an important public policy goal because childbearing during adolescence negatively affects the parents, their children, and the larger community. According to the U.S. Department of Health and Human Services, Office of Adolescent Health, compared to their peers, teen girls who have babies are “less likely to finish high school; more likely to rely on public assistance; more likely to be poor as adults; and more likely to have children who have poorer educational, behavioral, and health outcomes over the course of their lives than do kids born to older parents.”¹ The costs to taxpayers result from “lost tax revenue, increased public assistance payments, and greater expenditures for public health care, foster care, and criminal justice services.”²

II. TEEN PREGNANCY PREVENTION AND PARENTING SUPPORT SERVICES

School Health and Community Health Case Management Services

The DHHS presentation includes a schematic at ©8 that describes services provided by School Health Services (SHS), Community Health Services (CHS), and the Interagency Coalition on Adolescent Pregnancy (ICAP) to pregnant and parenting teens. SHS and CHS both provide case management, referrals to resources, pregnancy prevention and parenting supports. The two programs have improved their coordination and co-case management and are working together with MCPS and other stakeholders to provide intensive case teaming for pregnant teens.

Case management numbers for SHS are included at ©7 and for CHS at ©9. In addition, SHS reports the school status of pregnant students as known by school nurses at ©8. The

¹ <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/index.html> citing Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press.

² Ibid.; Thomas, A. (2012). *Policy Solutions for Preventing Unplanned Pregnancy*. Washington, DC: Brookings. Retrieved May 4, 2016, from http://www.brookings.edu/reports/2012/03_unplanned_pregnancy_thomas.aspx.

educational status for girls receiving case management services from School Health Services has improved the last four years with a reduced drop-out rate of 25% for FY13 to 7% for FY16. Council staff notes that although the drop-out rate may increase for the most recent cohorts over time, i.e., the students who were pregnant and gave birth in lower grades may drop out in later years, the rates appear to have improved significantly since the Joint Committee last reviewed this information in September 2011.

MCPS Interim Instructional Services (IIS)

IIS enables students to continue academic studies, aligned with the Montgomery County Public Schools curriculum, during their treatment or recuperation time out of school. IIS is not intended to take the place of regular school. Enrollment data for IIS services by grade, race/ethnicity, and special status categories for School Years 2012 through 2015 are attached at ©12-14.

Of the 307 students who received IIS for reasons of childbirth and pregnancy, 163 students graduated from MCPS by 2015, 27 remain enrolled, and 107 students are not enrolled and did not graduate. The data show that the recipients of IIS are mostly Hispanic, and to a lesser extent Black, but are not typically represented in other special categories, i.e., FARMS, ESOL, Special Education or Gifted and Talented.

Although services delivered by SHS and MCPS support pregnant and parenting teens in staying in school and completing their secondary education, it is unclear what percentage of teen mothers the services are supporting. The Joint Committee may be interested in exploring the factors that prevent teens from accessing these services and the strategies being implemented across agencies to increase the numbers and percentages of pregnant and birthing teens accessing these services?

Preventions Services Targeted at At-Risk Populations

The County provides funding for prevention services offered by private providers including CCI-TAYA, Crittenton Services of Greater Washington, and Identity, Inc. See ©10. In addition, a collaborative school-based program aimed at reducing teen pregnancy rates and risky behaviors among Latino youth was supported by a five-year grant from the federal Department of Health and Human Service's Office of Adolescent Health that recently ended. The Joint Committee will hear from two of the organizations involved in the program: Identity Inc. and CCI-TAYA Health Connection.

Representatives from Identity and CCI-TAYA will report on their prevention with Latino and other at-risk youth including conclusions from the federal grant, future plans to pursue additional federal funding for teen pregnancy prevention, and any recommendations for what the County should be focusing on to improve teen pregnancy rates and educational/life outcomes for at-risk youth.

HHS and Education Committee - Teen Pregnancy Trends

July 11, 2016

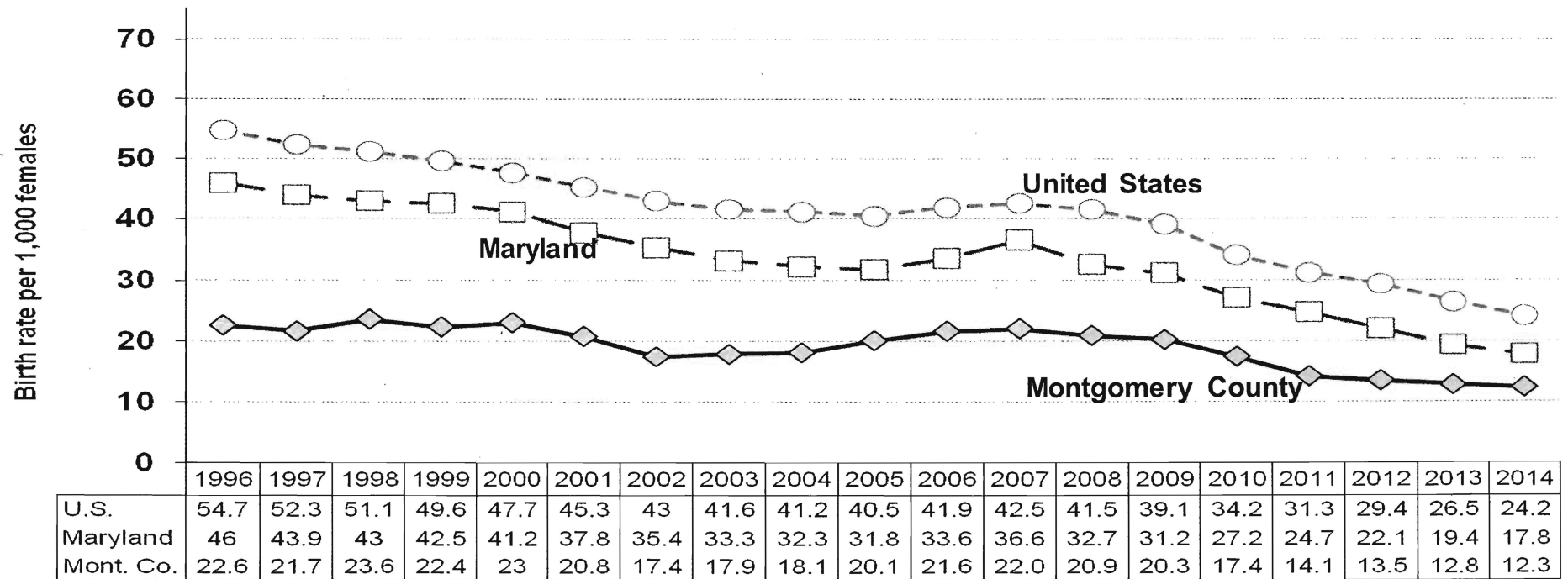
Public Health Services

School Health Services
Community Health Services

Department of Health and Human Services



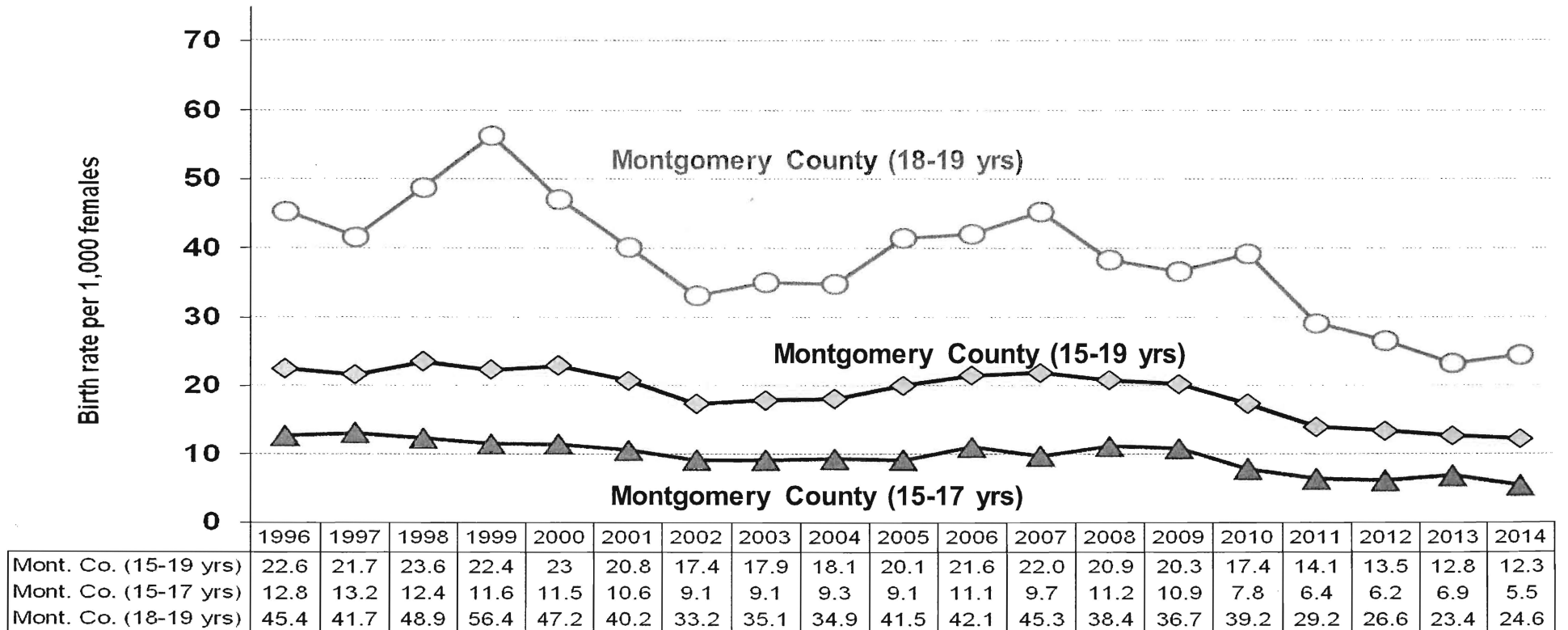
Adolescent Births per 1,000 Females 15-19 Years, United States, Maryland, and Montgomery County, 1996-2014



SOURCE: US DHHS (<http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html>); Maryland Vital Statistics Administration, 1996-2014 Annual Reports (<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>).

Adolescent Births per 1,000 Females 15-19 Years in Montgomery County 1996-2013

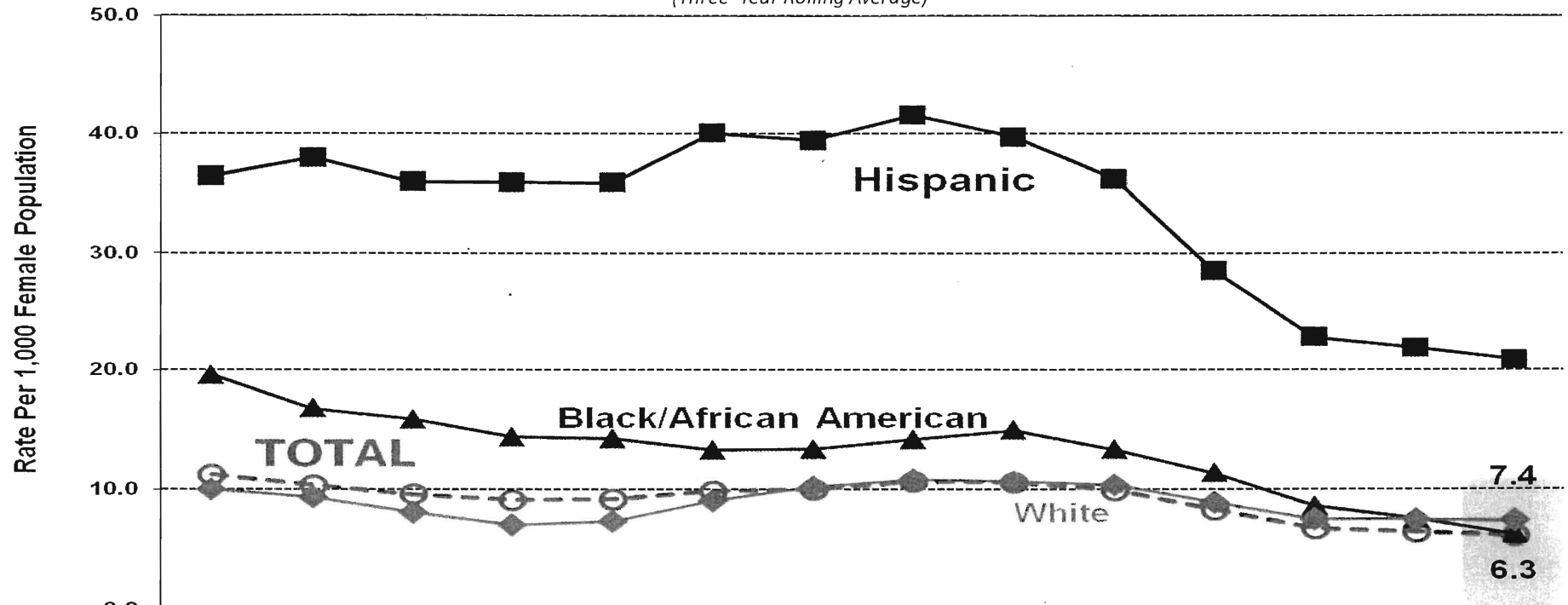
(Three -Year Rolling Average)



SOURCE: Maryland Vital Statistics Administration, 1996-2014 Birth Records; MCDHHS/PHS, Planning and Epidemiology

Adolescent (15-17 years) Birth Rate in Montgomery County By Race/Ethnicity 1999-2014

(Three-Year Rolling Average)



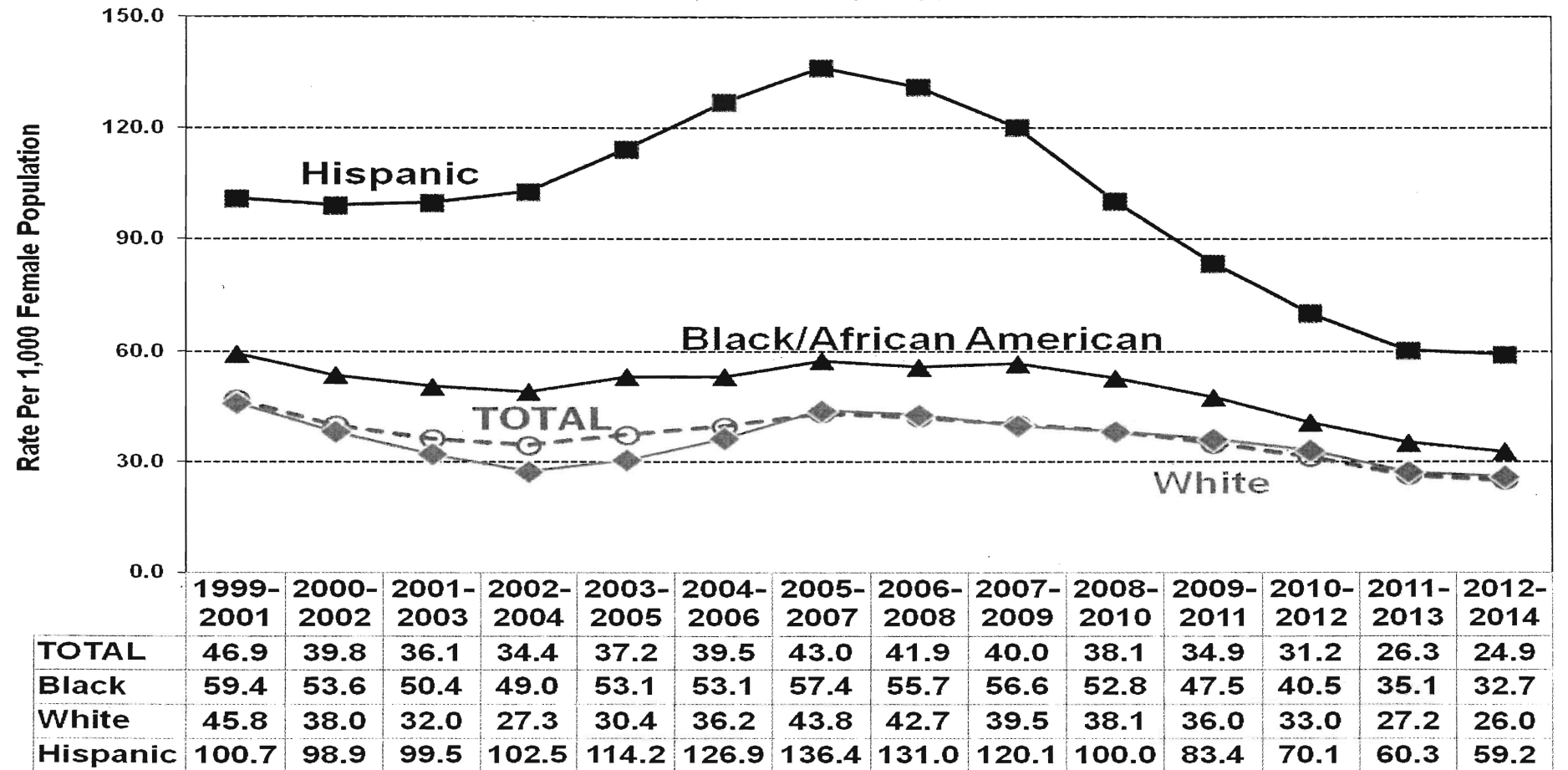
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
TOTAL	11.2	10.4	9.6	9.2	9.2	9.8	10.0	10.7	10.6	9.9	8.3	6.8	6.5	6.2
Black	19.6	16.8	15.8	14.4	14.2	13.3	13.4	14.1	14.9	13.3	11.4	8.6	7.6	6.3
White	10.0	9.3	8.1	7.1	7.3	9.0	10.2	10.8	10.6	10.4	8.9	7.5	7.5	7.4
Hispanic	36.4	38.0	35.9	35.9	35.9	40.0	39.4	41.6	39.7	36.2	28.5	22.8	21.9	20.9

SOURCE: Maryland Vital Statistics Administration, 1999-2014 Birth Records; MCDHHS/PHS, Planning and Epidemiology.



Adolescent (18-19 years) Birth Rate in Montgomery County By Race/Ethnicity 1999-2014

(Three-Year Rolling Average)

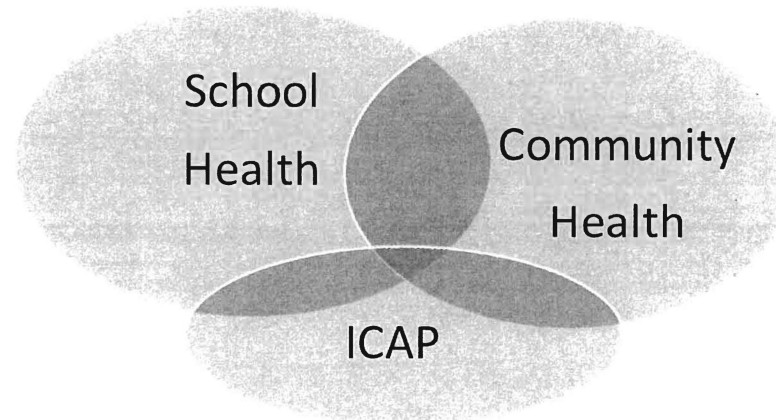


SOURCE: Maryland Vital Statistics Administration, 1999-2014 Birth Records; MCDHHS/PHS, Planning and Epidemiology

Services for Pregnant & Parenting Teens

SCHOOL HEALTH provides:

- Bi-annual case management trainings & resource development for all Public Health nurses
- Individual counseling, case management & referrals by nurses
- Weekly teen parent support groups
- Classroom health education to support & enhance 5th, 8th & 10th grade MCPS curriculum
- Pregnancy prevention collaborations:
 - With TAYA, Identity, Crittenton & other county programs
- Referrals of all pregnant teens to Community Health
- Participation in Intensive Case Teaming



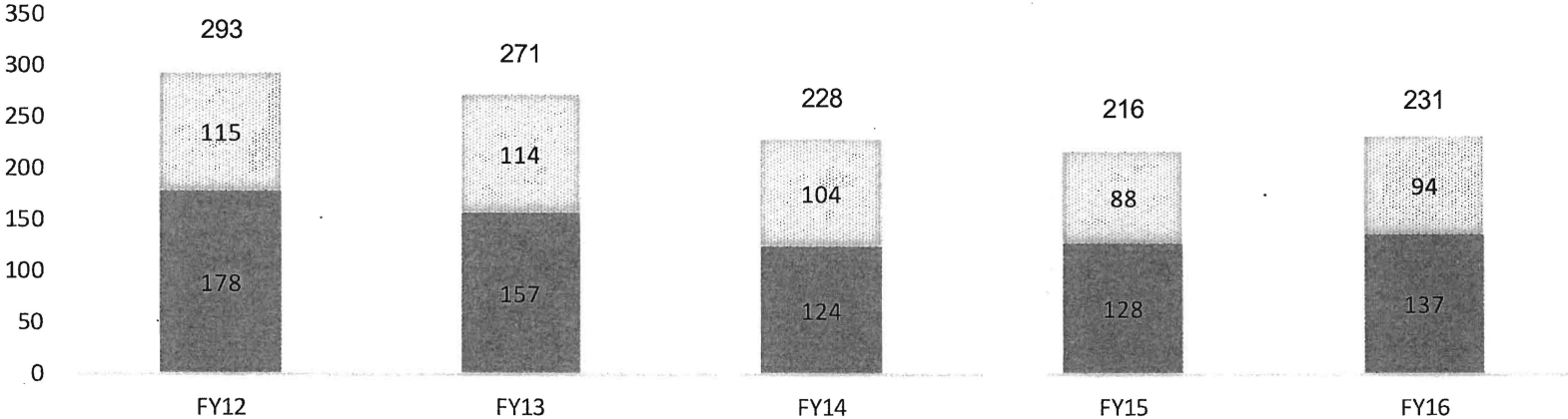
ICAP provides:

- Monthly meetings with reports from members & presentations about resources
- Teen Help Card – revised in 2016
- Website www.mcicap.org
- Speakers Bureau – members offer informational & skill-building presentations at schools
- Donated maternity & baby clothes, baby items, equipment, books
- Visits to Montgomery College campuses
- Bi-weekly newsletters
- *Jumping into the Future* event to recognize students

COMMUNITY HEALTH provides:

- **Maternity Partnership Program:**
 - Prenatal Care (Holy Cross and Adventist Health Care Hospitals)
 - Prenatal, Postpartum, Breastfeeding and Family Planning Education
 - Home Based Nurse Case Management
- **Teen Case Management:**
 - Improve health outcomes for pregnant and parenting teens with Home Based Case Management and prenatal, postpartum, breastfeeding and family planning education.
 - Referrals received from:
 - School Health Services
 - Maternity Partnership Program
 - Other DHHS Services
- **School Health/Community Health Intensive Case Teaming:**
 - Interdisciplinary intensive case teaming meetings for pregnant teens co-case managed by School Health and Community Health.
 - 1st year numbers:
 - 19 referrals
 - 15 ICT meetings
 - Ages of teens: 14 - 19
 - Grades: 8th-12th
- **Pregnancy Testing:** Free pregnancy tests

School Health Services Nurses Total Number of Students Case Managed New and Carryover



New = Case managed pregnancy that is reported within current school year

Carryover = Case managed pregnancy or parent from previous school years

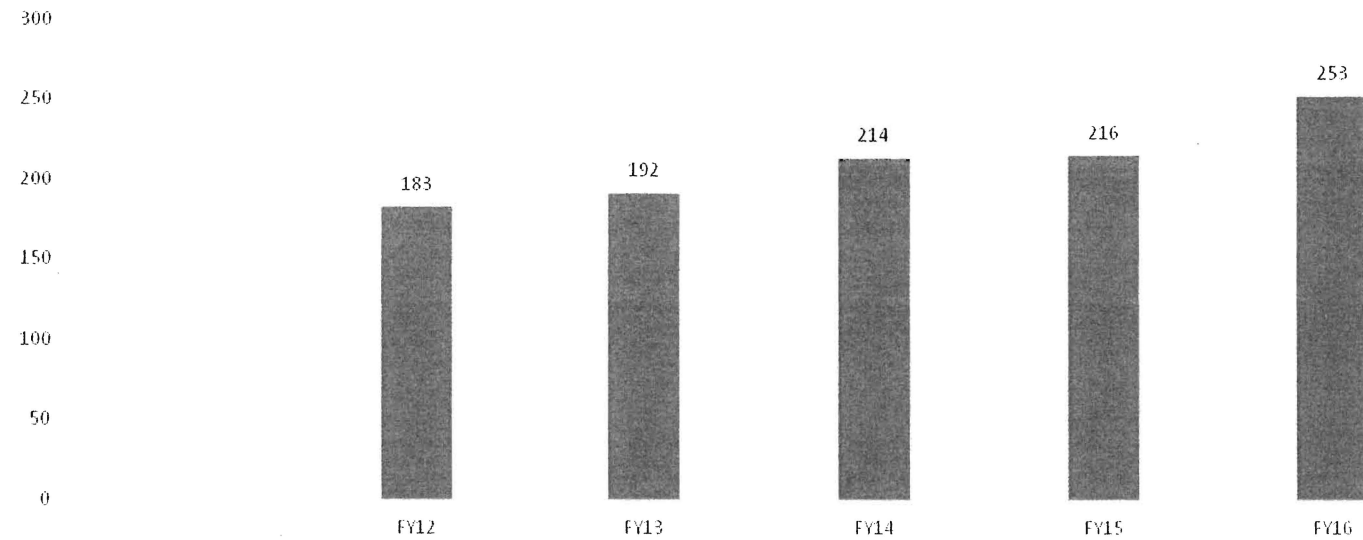
SOURCE: Montgomery County Department of Health and Human Services, Public Health Services, School Health Services; SHINE Database and NextGen



School Health Services School Status of Pregnant Students As Known by School Nurse

School Year	In School	Graduated	Moved	Dropped Out	Unknown
FY 12 n=178	63	68	5	40 (22%)	2
FY 13 n=157	44	70	4	39 (25%)	0
FY 14 n=124	42	54	2	26 (21%)	0
FY 15 n=128	92	24	0	12 (9%)	0
FY 16 n=137	103	21	4	9 (7%)	0

Community Health Services Germantown and Silver Spring Health Centers # of Teens in Program



- FY16 Teen Cases
 - 43% - Co-Managed with School Health
 - 22% - Co-Managed with DACCT Team (DHHS)
 - 35% - Maternity Partnership Program
- FY16 is first year with data shared by SHS and CHS due to new Electronic Health Record (NextGen)

County Teen Pregnancy Prevention Services and Funding Sources

Contractor	Program Description	Funding Amount	Source
CCI / TAYA	Provides for a full-time case manager who will provide referral services to, and care coordination for 400 patients per year.	\$48K	County Council Community Grant
Crittenton	Works to respond to the needs of adolescent girls, low-income pregnant women and teen mothers in the metropolitan area.	\$90K	County Contract
Identity, Inc.	Develops a culturally competent Latino Youth Wellness Program aimed at reducing health risk behaviors. Specific health areas addressed include adolescent pregnancy prevention and HIV/STD prevention.	\$386K	County Contract

Take-Aways

- Overall number of pregnancies to teens in Montgomery County has been declining over the past several years. However, there has been a slight increase this year, will need to wait and see if trend continues.
- Montgomery County mirrors the national trend of the higher birth rate in the Latino population
- This year has shown a notable improvement in the coordination and co-case management between School Health Services and Community Health Services
- Ongoing interactive partnership between DHHS and MCPS: Community Health Services and School Health Services work with MCPS and other stakeholders to provide intensive case teaming for pregnant teens.



County Council Data Request for Teen Pregnancy Discussion
July 11, 2016

For school years 2011–2012 through 2014–2015, 307 students received Interim Instructional Services (IIS) for reasons of pregnancy and childbirth. The tables below show the number of students who were enrolled in IIS by grade level, race/ethnicity, and special status categories.

Of the 307 students who received IIS for reasons of childbirth and pregnancy in school years 2011–2012 through 2014–2015, 163 students graduated from MCPS by 2015, 37 remain enrolled in MCPS and 107 students are not enrolled and did not graduate from MCPS.

Highest Grade Level (as of June 2016)

School Years Students Received IIS	9	10	11	12
2011–2012	9	16	6	69
2012–2013	7	7	10	55
2013–2014	6	12	9	40
2014–2015	7	8	11	35
Total	29	43	36	199

Grade Level During Services

School Years Students Received IIS	7	8	9	10	11	12
2011–2012	1	0	19	17	23	40
2012–2013	0	0	11	20	20	28
2013–2014	0	2	13	12	18	22
2014–2015	0	2	10	14	11	24
Total	1	4	53	63	72	114

Race/Ethnicity

School Years Students Received IIS	White	Asian	Hispanic	Black or African American	Two or More Races
2011–2012	5	2	62	30	1
2012–2013	2	0	61	15	1
2013–2014	2	1	44	19	1
2014–2015	3	0	46	11	1
Total	12	3	213	75	4

Free and/or Reduced-Price Meals System (FARMS)

School Years Students Received IIS	Yes	No
2011-2012	1	99
2012-2013	3	76
2013-2014	14	53
2014-2015	18	43
Total	36	271

ESOL

School Years Students Received IIS	Yes	No
2011-2012	5	95
2012-2013	5	74
2013-2014	4	63
2014-2015	4	57
Total	18	289

ESOL by Level

School Years Students Received IIS by ESOL	Level 1	Level 2	Level 3	Level 4	Level 5	Level 10 (Parents Refused Services)	Exited ESOL
2011-2012	0	0	0	0	5	2	42
2012-2013	0	0	0	0	5	0	41
2013-2014	0	0	0	2	2	1	34
2014-2015	0	0	1	1	2	2	31
Total	0	0	1	3	14	5	148

Special Education

School Years Students Received IIS	Yes	No
2011-2012	3	97
2012-2013	10	69
2013-2014	9	58
2014-2015	3	58
Total	25	282

Gifted and Talented

School Years Students Received IIS	Yes	No
2011-2012	4	96
2012-2013	8	71
2013-2014	5	62
2014-2015	5	56
Total	22	285

Student Status

School Year Students Received IIS	MCPS Graduates by December 2015	Remained Enrolled in the 2015-2016 school year	No longer enrolled nor did not graduate from MCPS
2011-2012	62	1	37
2012-2013	49	3	27
2013-2014	32	9	26
2014-2015	20	24	17
Total	163	37	107