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STATE OF COLORADO

DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Owens
Governor

Stephen C. Tool
Executive Director

September 15, 2005

The Honorable Bob Hagedorn, Chairman
Senate Health and Human Services Committee
State Capitol Building
200 E. Colfax Avenue, Room 346
Denver, CO 80202

Dear Senator Hagedorn:

Enclosed please find the Teen Pregnancy Prevention Pilot Program Report as requested in Senate Bill 00-088, C.R.S. 26-4-804, which states, "The department shall provide a report to the general assembly no later than September 1, 2005, demonstrating the effectiveness of the pilot program and evaluating whether the pilot program should be continued."

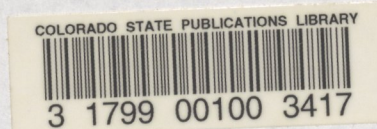
The Teen Pregnancy Prevention Pilot Program has been operational since January 1, 1996, and provides pregnancy prevention services to "at-risk" Medicaid-enrolled teens. If you have any questions concerning this report, please contact Phyllis Gervais-Voss at (303) 866-5620.

Sincerely,

Stephen C. Tool
Executive Director

SCT:da

Enclosure(s)



"The mission of the Department of Health Care Policy & Financing is to purchase cost effective health care for qualified, low-income Coloradans"

<http://www.chcpf.state.co.us>



**COLORADO DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING
Medical Assistance Office**

**REPORT TO THE COLORADO GENERAL ASSEMBLY
ON
THE PILOT PROGRAM FOR TEEN PREGNANCY AND
DROPOUT PREVENTION**

September 1, 2005

THE TEEN PREGNANCY PREVENTION PILOT PROGRAM

I. Executive Summary

The Pilot Program for Teen Pregnancy and Dropout Prevention, SB 95-101, codified at Section 26-4-801 through 26-4-805 C.R.S. (attachment A), was enacted May 22, 1995. The program is designed to serve male and female Medicaid enrolled teens under nineteen years of age who are considered to be at-risk of early parenting. The purpose of the program is to reduce the incidences of teen pregnancy and school dropout among Colorado youth. The program is financed with 90% federal Medicaid funds and 10% local contributions or grants. Use of General Fund moneys to finance the program is statutorily prohibited, and the program creates no entitlement to services.

Statewide implementation began January 1, 1996, when program rules were passed and provider application packets were distributed to agencies and individuals throughout Colorado. In addition to being Medicaid enrolled, providers interested in the Pilot Program for Teen Pregnancy and Dropout Prevention must complete an application (attachment B) for the program and be approved by the Colorado Department of Health Care Policy and Financing. Each approved agency provides a package of support services with an estimated six (6) hours of staff/client contact each month. Although Medicaid funds can only be used for counseling, health guidance, care coordination and health services, teen pregnancy prevention providers are expected to collaborate with other community resources such as schools, health departments, other family planning service providers, and educational or employment guidance services.

Two local teen pregnancy prevention programs are currently enrolled in the pilot: 1) Hilltop Community Resources, Inc. serving Mesa County, 2) Montrose Memorial Hospital serving Montrose and Delta Counties, Hilltop Community Resources' program, Teen Companion, has exceeded all expectations, with only six (6) pregnancies out of 828 active participants since the program was implemented. Montrose Memorial Hospital's program, also called Teen Companion, has served more than 409 young people since its inception, and there have been only two (2) young people that have become pregnant or fathered a child while enrolled in the program.

The pregnancy rate without intervention among the Pilot Program for Teen Pregnancy and Dropout Prevention target population is approximately 20%. The pregnancy rate of local teen pregnancy prevention programs currently enrolled in the pilot is approximately 1%, far below what would be expected in such a high-risk population. These programs are meeting the legislative goal of encouraging teens to delay parenting by providing support services that improve their self-sufficiency, self-reliance and personal responsibility without the expenditure of General Fund moneys. It is therefore recommended that legislation be considered to continue the Pilot Program for Teen Pregnancy and Dropout Prevention beyond the current repeal date of July 1, 2006.

II. Purpose of the Report

This report is in response to the statutory requirement outlined in C.R.S. 26-4-804 concerning the Pilot Program for Teen Pregnancy and Dropout Prevention. This section states that:

The department shall provide a report to the general assembly no later than September 1, 2005, demonstrating the effectiveness of the pilot program and evaluating whether the pilot program should be continued.

III. Program Background

Concerned by the high cost of teen pregnancy to society, the Colorado General Assembly passed Senate Bill 95-101, codified at Section 26-4-801 through 26-4-804 C.R.S. authorizing the Department of Health Care Policy and Financing to implement a statewide pilot program for teen pregnancy and dropout prevention. During the 2003 session, the Colorado General Assembly passed Senate Bill 03-1028, which extended this pilot program through June 30, 2006. The program is designed to serve Medicaid enrolled teens considered to be at-risk of early parenting. An "at-risk teenager" is defined as a person under nineteen years of age who resides in a neighborhood in which there is a preponderance of poverty, unemployment and underemployment, substance abuse, crime, school dropouts, a significant public assistance population, teen pregnancies and teen parents, or other conditions that put a family at risk.

The purpose of this program is to reduce the incidences of teen pregnancy and school dropout. The program provides teen support services that promote self-sufficiency, self-reliance, and a sense of personal responsibility in teenagers toward making appropriate family planning decisions. The program is financed with 90% federal Medicaid funds and 10% local contributions or grants. Use of General Fund moneys to finance the program is statutorily prohibited, and the program creates no entitlement to services.

Effective January 1, 1996, the Colorado Department of Health Care Policy and Financing initiated the Pilot Program for Teen Pregnancy and Dropout Prevention with the goal of encouraging Medicaid enrolled teens to delay parenting. The program's primary target is teens who are not pregnant or parenting but who are at-risk of such. A secondary program goal is to reduce the incidence of repeat pregnancies among teens who are already parents. The program can serve male as well as female Medicaid teens.

The Pilot Program for Teen Pregnancy and Dropout Prevention includes a package of support services developed by local communities. These services are in addition to the currently reimbursed family planning services available to Medicaid recipients. Support services may include but are not limited to:

- Intensive individual or group counseling;
- Health guidance to promote self-sufficiency, self-reliance, and a sense of personal responsibility to make appropriate family planning decisions

- Care coordination to assist in carrying out health guidance objectives; and
- Health services such as home visits or visiting nurses.

Although Medicaid funds can only be used for counseling, health guidance, care coordination and health services, teen pregnancy prevention providers are expected to collaborate with other community resources such as schools, health departments, other family planning service providers, and educational or employment guidance services.

IV. Local Teen Pregnancy Prevention Programs

Statewide implementation began January 1, 1996, when program rules were passed and provider application packets were distributed to agencies and individuals across Colorado. Local communities interested in participating in the Pilot Program for Teen Pregnancy and Dropout Prevention must be enrolled as a Medicaid provider and secure 10% local funds that comply with federal Medicaid matching requirements. Potential match sources include county funds, provider contributions, and community grants.

In addition to being Medicaid enrolled, providers interested in the Pilot Program for Teen Pregnancy and Dropout Prevention must complete an application for the program. In the application, the provider must document the following at a minimum:

- A. method of identifying and targeting "at-risk teenagers" who will be enrolled in the Pilot Program for Teen Pregnancy and Dropout Prevention;
- B. overview of strategies and principles to be incorporated into the program to promote self-sufficiency, self-reliance, and a sense of personal responsibility in teenagers to make appropriate family planning decisions;
- C. method of securing a minimum of 10% local funds that will be reviewed by the Department of Health Care Policy and Financing for compliance with federal Medicaid matching requirements;
- D. specific package of support services to be provided to eligible at-risk teens to deter pregnancy;
- E. methodology for tracking teens to determine success in preventing pregnancy; and
- F. community support and collaboration to provide educational, vocational and other services as necessary.

Teen Pregnancy Prevention Pilot Program clients must be Medicaid enrolled for each month services are provided and must have at least three of the following six risk factors for early parenting:

- Poverty
- History of abuse or neglect
- Substance abuse history (either youth or parent)
- School problems
- Parent or sibling who parented as a teen
- Dysfunctional family history

Each provider of the two Teen Pregnancy and Dropout Prevention pilot programs offers a monthly package of support services with an estimated six (6) hours of staff/client contact each month. A typical monthly package consists of the following support services:

Home visits

Monthly home visits are held with the client and the parent or guardian. The purpose of the home visit is three-fold: (1) to advise staff of a client's progress or achievements; (2) to discuss concerns or problems in the family, whether economic, social, behavioral, or school-related; and (3) to identify solutions to problems, if any, and provide guidance where appropriate.

Group Sessions

Weekly group sessions consist of health guidance/life skills classes and center on teaching clients to do the following:

- Develop better communication skills;
- Develop better decision-making skills;
- Learn how to weigh the consequences of their actions;
- Discuss important issues with their family members;
- Learn how to postpone sexual relations; and
- Learn how to prevent unintended pregnancies.

A portion of the weekly group sessions is devoted to social and recreational opportunities, including community service. Sessions are held in a school setting (after school hours) or in the community in order to minimize transportation problems.

Individual Counseling

Individual counseling sessions are based on the individual clients' needs. Not all youth receive this service on a regular basis. Individual counseling takes place at a location that is most easily accessed by the client and occur on an as-needed basis. If therapy is required, arrangements for this will be made through the appropriate collaborating mental health agencies.

Care Coordination

Care coordination is an on-going service that provides referrals to other agencies, contact with school officials, health care workers, parent/guardians, juvenile justice or other human service workers, with the overall goal of meeting the participant's needs. The service allows staff to coordinate efforts needed to ensure progress is being made towards self-sufficiency, self-

reliance, and personal responsibility goals. The care coordination service further encourages families to remain involved with the program, and is provided throughout the community.

Since the program was implemented in 1996, six program partnerships were developed in the following communities:

Program Name	Community Partner	Service Area	Activity Status
Teen Companion Program	Hilltop Community Resources, Inc.	Mesa County	June, 1996 - Present
Teen Companion	Montrose Memorial Hospital	Montrose and Delta Counties	August, 1996 - Present
Little Sisters Program	Children's Hospital of Denver	Statewide (for any Colorado resident)	July 1997 – October 1999*
Teen Resources	Teen Resources of Colorado Springs	El Paso and Pueblo Counties	July 1997 – September 1998*
MORE Mentoring	Fremont County Nursing Service	Fremont County	June 1998 – November 2001*
Choosing Health, Empowerment and Success	Community Health Educational Services	North Aurora, Montbello, and Northeast Denver	October 2001 – June 2002 *

*Closed due to lack of enrollment and/or community funding

Two local teen pregnancy prevention programs are currently enrolled in the pilot: 1) Hilltop Community Resources, Inc. serving Mesa County, 2) Montrose Memorial Hospital serving Montrose and Delta Counties. These two programs are described below.

Hilltop Community Resources Inc. – “Teen Companion Program”

Hilltop Community Resources’ teen pregnancy prevention program, Teen Companion, has been serving Medicaid-enrolled teens in Mesa County under this program since June 1996. Through local funding they were operational prior to that date. This program provided the impetus for passage of the enabling legislation. There are 177 participants in the Mesa County Teen Companion Program; of this total, only 17% are minority youth. The at-risk youth cannot be pregnant or parenting and must be in school or working toward school completion.

Since Teen Companion was implemented in 1994, extensive outreach efforts have enabled the program to identify and target at-risk teenagers. Presentations are made on a regular basis to agencies/entities involved in youth services. Referrals to the program come from parents, friends of participants, counselors, probation and diversion officers, Mesa County Department of Human Services, Mesa County Health Department and other human service agencies.

Teen Companion effectively addresses the problem of adolescent pregnancy by providing comprehensive early pregnancy prevention services to high-risk youth. Teen Companion provides home visits, weekly group health sessions, individual/group sessions and care

coordination services for non-pregnant and non-parenting high-risk youth ages 10-19. The group health sessions cover a variety of topics related to adolescent health. The individual/group sessions are utilized to further increase self-sufficiency, self-reliance, and personal responsibility.

An initial Needs Assessment, conducted with the youth and the parent/guardian, provides a social and economic family history and allows staff to thoroughly explain the program and its objectives, complete necessary paperwork, and secure commitment from youth and family to cooperate and participate in the program. After enrollment and completion of the initial Needs Assessment, an intervention plan is developed. A care coordination system is then utilized to assess progress towards goals. A 48-week group health curriculum covers topics including abstinence, communication skills, values clarification, and evaluated curricula that have been shown to delay the onset of sexual activity or increase contraceptive usage for those who are sexually active.

Teen Companion has exceeded all expectations, with only six (6) pregnancies out of 828 active participants since the program was implemented in September 1994. The average monthly enrollment is approximately 50 Medicaid enrolled teens, at a monthly cost per teen of \$145.00. Yearly expenditures consist of \$13,050.00 (10%) local contributions and \$117,450.00 (90%) federal Medicaid dollars (no General Fund). During 2004, approximately 62% of the Teen Companion participants were male and 38% were female. 38% of the participants were from a minority background.

Montrose Memorial Hospital, TPPI (Teaching Prevention – Promoting Involvement) – “Teen Companion Program”

Montrose Memorial Hospital's, Teaching Prevention – Promoting Involvement (TPPI) teen pregnancy prevention program, Teen Companion, has been serving Medicaid enrolled teens in Montrose County and Delta County under this program since August 1996. The Teen Companion Program targets youth, males and females, between the ages of 10 and 18 years. Teens who participate in the program must be in school or working on school completion. Teens who are not enrolled in an educational program at the time of the screening are given assistance by Teen Companion staff to reconnect with either a traditional school or an alternative educational program. If, within three months of enrollment in the Teen Companion Program, a client is not actively seeking to complete his or her education, he/she is terminated from the program. Teen Companion clients must have the consent of their parent or guardian to participate in the program.

Referrals for the Teen Companion Program are taken from a large community network consisting of human service agencies, health care providers, and educators who come into contact with teens who are at risk for early parenting. This network is strengthened as a result of past and current activities through TPPI. These include community education programs, services offered to pregnant and parenting teens, and TPPI's position as a department of Montrose Memorial Hospital. Parent and self-referrals are accepted.

The purpose of the Teen Companion Program is to develop, coordinate and provide services for teens and their families so that the highest level of vocational, educational, psychological, social, physical (health), and economic functioning can be reached. Although the ultimate goal of the program is the prevention of teen pregnancy, the service provided is holistic in nature and goes far beyond the provision of basic preventive health care. The Teen Companion Program accomplishes its goals by serving as a coordinator of community youth services for Teen Companion clients and by providing direct services in the areas of assessment; health guidance; group and individual counseling; and recreational and social opportunities. Collaboration with other agencies ensures that service is provided to clients in the areas of vocational services, tutorial assistance, and access to family planning and other health-related services. Through these collaborative efforts, all of the resources of the community are brought to bear in the efforts to prevent teen pregnancy. Through the package of support services described in the following paragraphs, the Teen Companion Program contains all of these elements.

The key to the success of this program is the delivery of effective, targeted, and coordinated support services to Teen Companion clients. After the initial screening, each client is assigned a Program Specialist who is responsible for the delivery of Teen Companion support services. Within one week of intake or at the earliest family convenience, a face-to-face meeting is held with the client, his/her parent or guardian, and the program specialist. At this time, clients are evaluated in the following areas: educational, social, sexual, psychological, vocational, and medical. Following the assessments, an intervention plan to meet the basic developmental needs of each participant is formulated. Linkages are formed with existing community-based groups and agencies and a determination made regarding which services currently in existence will meet a client's individual needs.

Community collaboration is central to TPPI and is a foundation in all of its programs, including Teen Companion. The agency's original funding from The Colorado Trust was dependent on its ability to collaborate with existing community resources to fulfill its mission of reducing teen pregnancy rates. TPPI is proud of the collaborative relationships that have been developed and in part credit them with the success of the Teen Companion Program.

A Teen Companion participant who becomes pregnant or fathers a child while enrolled in the Teen Companion Program is terminated from the program. As part of their exit from the program, however, their program specialist will coordinate appropriate services for them with other community providers.

Since its inception, the Teen Companion Program has served more than 409 young people. In that time, there have been only two (2) young people that have become pregnant or fathered a child while enrolled in the program. This translates to a pregnancy/paternity rate of less than 1% -- far below what could be expected in such a high-risk population. The average monthly enrollment is approximately 60 Medicaid enrolled teens, at a monthly cost per teen of \$158.00. Yearly expenditures consist of \$12,514.00 (10%) local contributions and \$112,622.00 (90%) federal Medicaid dollars (no General Fund). During 2004, approximately 51% of the Teen

Companion participants were male and 49% were female. 19% of the youth were Hispanic/Latino.

As in past years, the participants continue to remain in the program a minimum of six (6) months. In fact, approximately eight (8) youth have been in the program almost since inception and will be graduating out at age 18.

V. Program Recommendations

Although teen birth rates have been declining, the United States still has the highest teenage pregnancy rate of all developed countries, and the majority of teen pregnancies are unintended. Teen pregnancies can result in negative consequences for teen mothers, their children, and society.

Negative consequences for teen mothers may include:

- Poor academic performance.
- Fewer opportunities to complete the education necessary to qualify for a well-paying job.
- Low expectations for the future.
- Single parenthood.
- Health risks due to pregnancy (poor weight gain, pregnancy-induced hypertension, cephalopelvic disproportion, and maternal death).
- Poverty.
- Dependency on the welfare system.

Negative consequences for children of teen mothers may include:

- Low birth weight and health related problems (infant death, chronic respiratory problems, blindness, deafness, cerebral palsy, and mental retardation).
- Less medical care and treatment (fewer well-child visits, immunizations, and physician visits).
- Inadequate parenting and poor environment for optimal development.
- Increased risk of abuse and neglect.
- Poor academic performance.
- Poverty.
- Increased likelihood of becoming pregnant or fathering a child as a teen.

Negative consequences of teen pregnancy for society may include:

- Costs associated with public assistance for teen mothers and their children.
- Costs associated with publicly-funded health care for teen mothers and their children.
- Lost tax revenues due to mothers who drop out of school.
- Increased demand on the foster care and criminal justice systems.
- Children who enter school unprepared to learn at the level of their peers.

Through programs that foster increased personal responsibility such as the Pilot Program for Teen Pregnancy and Dropout Prevention, the Department promotes self-sufficiency, personal responsibility, and cost savings for each Medicaid birth prevented. In addition, costs related to a very sick baby born to a teen mother with limited prenatal care and/or low parenting skills can be reduced significantly. These Medicaid expenditures alone can exceed \$150,000 in neonatal services during the first weeks of life.

It is therefore recommended that legislation be considered to continue the Pilot Program for Teen Pregnancy and Dropout Prevention beyond the current repeal date of July 1, 2006. Although there are only two programs in operation, their effectiveness is demonstrated through their very low pregnancy rates. As previously mentioned, all the programs enroll "at-risk" teens. The pregnancy rate without intervention among this population is approximately 23%. Since its inception, there have been only eight (8) pregnancies out of 1,237 young people involved in the two (2) programs.

Attachments:

- Attachment A: C.R.S. 26-4-804
- Attachment B: Teen Pregnancy Prevention Pilot Program Application Packet

ATTACHMENT A

PART 8

PILOT PROGRAM FOR TEEN PREGNANCY AND DROPOUT PREVENTION

26-4-801. Legislative declaration.

The general assembly finds that the incidences of teen pregnancies in the state raise health issues such as prenatal care, low-weight births, proper immunizations, and other well-care issues and that those health issues result in a significant impact on the state's medical assistance budget. The general assembly also finds that teenagers who become parents have a greater propensity to drop out of school before finishing high school and frequently become an economic burden upon the public assistance program of the state. The general assembly, therefore, declares that the department of health care policy and financing should analyze the feasibility of a teen pregnancy and dropout prevention program that promotes self-sufficiency, self-reliance, and a sense of personal responsibility in teenagers to make appropriate family planning decisions.

Source: L. 95: Entire part added, p. 595, § 1, effective May 22.

26-4-802. Definitions.

As used in this part 8, unless the context otherwise requires:

(1) "At-risk teenager" means a person under nineteen years of age who resides in a neighborhood in which there is a preponderance of poverty, unemployment and underemployment, substance abuse, crime, school dropouts, a significant public assistance population, teen pregnancies and teen parents, or other conditions that put families at risk.

(2) "Department" means the state department of health care policy and financing.

Source: L. 95: Entire part added, p. 595, § 1, effective May 22.

26-4-803. Pilot program - teen pregnancy and dropout prevention.

(1) The general assembly authorizes the department to implement a statewide pilot program for teen pregnancy and dropout prevention to serve teenagers who are medicaid recipients. The department shall design a program based upon community support and assistance, percentage of births in the community that have been funded under the state medical assistance program, the use of program designs that include accurate methods for measuring the effectiveness of the program, and availability of additional federal funds and local or private funding. The department may seek any federal waivers that may be necessary to implement this part 8.

(2) (a) The purpose of the program shall be to reduce the incidences of teen pregnancy and school dropouts by providing support services to at-risk teenagers and to teen parents.

(b) Such services may include, but shall not be limited to, the following services or combination of services:

(I) Intensive individual or group counseling, which includes a component on delayed parenting;

(II) Vocational, health, and educational guidance;

(III) Public health services such as home visits or visiting nurse services.

(c) In addition to providing the services described in paragraph (b) of this subsection (2), the department may develop incentives for teen parents who receive public assistance to become self-sufficient and delay further parenting choices.

(3) The teen pregnancy and dropout prevention program shall be financed with federal funds, local contributions, and any grants or donations from private entities. No general fund moneys shall be used to finance the program.

Source: L. 95: Entire part added, p. 596, § 1, effective May 22.

26-4-804. Report.

The department shall provide a report to the general assembly no later than September 1, 2005, demonstrating the effectiveness of the pilot program and evaluating whether the pilot program should be continued.

Source: L. 95: Entire part added, p. 596, § 1, effective May 22. **L. 2000:** Entire section amended, p. 407, § 3, effective April 13. **L. 2003:** Entire section amended, p. 756, § 1, effective March 25.

26-4-805. Repeal of part.

This part 8 is repealed, effective July 1, 2006.

Source: L. 95: Entire part added, p. 597, § 1, effective May 22. **L. 2000:** Entire section amended, p. 407, § 4, effective April 13. **L. 2003:** Entire section amended, p. 756, § 2, effective March 25.

Attachment B
Teen Pregnancy Prevention Pilot Program for
Medicaid Eligible Teens At-Risk of Parenting

Application Packet

This application packet contains the following information:

1. Program background and description
2. Program application
3. What works in preventing teen pregnancy?
4. Federal and State requirements for contributions to the State Medicaid program
5. Teen Births in Colorado
6. Number of Teens Enrolled in Colorado Medicaid in June 2002 (by county)
7. Colorado Revised Statutes regarding the program
8. Colorado Department of Health Care Policy and Financing rules regarding the program
9. Senate Bill 95-101 (authorizing legislation)
10. Senate Bill 03-1028(repeal date extended to July 1, 2006)

Applications will be reviewed by the Colorado Department of Health Care Policy and Financing. There is no deadline for application submittal. Please submit one hard copy and one electronic copy of the application to:

Dolores Archuleta
Colorado Department of Health Care Policy and Financing
1570 Grant Street Floor
Denver, CO 80203 -1818

E-mail: dolores.archuleta@state.co.us

If you have any questions regarding the application process, please call Dolores at

Teen Pregnancy Prevention Pilot Program Application

Part One: Applicant Information (Please Type)

Name of Agency

Date

Address

Phone Number

Fax Number

Program Contact Person

Phone Number

E-mail Address

Medicaid Provider Name and Number

Will applicant organization be providing Teen Pregnancy Prevention services under contract with another agency? Yes _____ No _____

If Yes, list contract agency name, address, phone number, and responsible person

Amount and source of local funds

Geographic target area for Teen Pregnancy Prevention services

Teen Pregnancy Prevention Pilot Program Application (continued)

When completing this portion of the application, please retype the question and include your response. Please include your agency name and the date at the top of each page.

Part Two: Client Information

1. Explain your method of identifying and targeting the "at-risk teenager" to be served in the program. Include specific information on risk factors. The primary focus of the program must be preventing pregnancy among teens who are "at-risk" but not pregnant or parenting. Secondary focus is avoiding a repeat pregnancy.
2. Given the primary focus on teens who are not pregnant or parenting, how will the program refer or interact with services for pregnant or parenting teens?
3. Identify how you will ensure that the teen is a Medicaid recipient during each month that services are provided.

Part Three: Program Information

1. Provide an overview of the strategies and principles to be incorporated into the program to promote self-sufficiency, self-reliance, and a sense of personal responsibility in teenagers to make appropriate family planning decisions.
2. Describe the package of support services to be provided to eligible at-risk teens. Include information on type of services, frequency, and location. Medicaid funds may only be used for health counseling and not vocational or education guidance or training.
3. Explain how you will encourage teens to participate in the program on a regular and consistent basis.
4. Identify how you will collaborate with other community resources to provide educational, vocational, and other services as necessary.
5. List agencies and schools with whom you have specific collaborative agreements. Include name, address, phone number, and contact person.

Part Four: Program Evaluation

Explain how you will measure and verify program effectiveness. Include information on teen pregnancy rate and the anticipated reduction.

At the end of the state fiscal year (June 30) minimum data submitted must include: Total teens served, number served each month, teen risk factors, number of teens who became pregnant, and pregnancy outcome.

Teen Pregnancy Prevention Pilot Program Application (continued)

Part Five: Financial Data (Use this form)

Agency Name _____ Date _____

1. Program Budget

\$ _____ Monthly Cost per Teen
Must be justified by type of service, frequency, length of service, and cost per service. For example: Individual counseling, twice a month, for one hour per visit, at a rate of \$ X. Attach additional pages as necessary.

X _____ Average number of teens to be served each month

X _____ Number of months program will operate

= _____ Total program costs

_____ 90% Federal Funds

_____ 10% Local Funds

2. \$ _____ Requested monthly reimbursement per enrolled teen. Teen must receive a minimum of three contacts per month in order to receive monthly reimbursement.

3. Source of Local Funds

Contact Person
Agency Name
Address
City
Phone

Indicate type of agency:

- Governmental i.e. Social Services, Health, School
- Disproportionate Share Hospital
- Federally Qualified Health Center
- HMO
- Foundation or other grantee agency
- Other provider or agency – include type and Medicaid provider status

Attach statement of commitment for local funds signed by local agency, including date 10% local funds will be submitted to the state. See attached letter regarding certification of match. Funds must be submitted after application is approved but before any services are delivered. At the end of the fiscal year (June 30), any unexpended local funds will either be returned to the local agency or applied toward the following year, at the option of the applicant agency.

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