



**COLORADO DEPARTMENT OF HEALTH CARE  
POLICY AND FINANCING**

**REPORT TO THE GENERAL ASSEMBLY**

**MEDICAID TEEN PREGNANCY PREVENTION PROGRAM**

**SEPTEMBER 1, 2010**

## **I. Background and Overview of Program**

In 1995, the Colorado General Assembly authorized the Department of Health Care Policy and Financing (Department) to implement a program for teen pregnancy and high school dropout prevention. The purpose of the Medicaid Teen Pregnancy Prevention Program (Program) is to reduce the incidence of teen pregnancy high school dropout rates by providing support services to at-risk teenagers and teen parents and by promoting self-sufficiency, self-reliance, and a sense of personal responsibility in making appropriate family planning decisions. From FY 1995-96 through FY 2005-06, the Program was operated as a pilot. The passage of HB 06-1351 authorized the Department to continue the program beyond the pilot phase. Current statutory authority for the Program is located at 25.5-5-601 et seq., C.R.S. (2010).

Services provided through the Program may include:

- a. Individual or group counseling;
- b. Vocational, health, and educational guidance;
- c. Home visits; and
- d. Science-based instruction concerning human sexuality which:
  - i. Encourages parental involvement and family communication;
  - ii. Emphasizes abstinence and teaches that sexual abstinence is the only certain and most effective way to avoid pregnancy and sexually transmitted diseases and infections, including but not limited to instruction regarding HIV/AIDS, hepatitis C, the link between human papillomavirus and cancer, and the availability of the human papillomavirus vaccine;
  - iii. Includes instruction to help clients develop skills for making responsible and healthy decisions about human sexuality, personal power, boundary setting, and resisting peer pressure, including how to avoid:
    - (1) Unwanted verbal, physical, and sexual advances;
    - (2) Making unwanted verbal, physical, and sexual advances; and
    - (3) Making assumptions about a person's supposed sexual intentions based on that person's appearance.
  - iv. Includes discussion of how alcohol and drug use impairs responsible and healthy decision-making;
  - v. Is age-appropriate, culturally sensitive, and medically accurate; and
  - vi. Provides instruction about the health benefits and potential side effects of using contraceptives and barrier methods to prevent pregnancy, including information regarding emergency contraception and the availability of contraceptive methods.

No General Fund is used to finance the Program. Funding for the Program is derived from local sources and the federal government. Because pregnancy prevention is considered family planning, these services are eligible for a 90 percent federal financial participation match rate, meaning that for every dollar spent providing services, 10¢ comes from local funding and 90¢ is federal. Currently, there are two Program providers – Hilltop Community Resources, Inc. (Hilltop) serving Mesa County, and the Montrose County Department of Health and Human Services (Montrose). These two providers are currently reimbursed on a per-client, monthly basis.

## II. Program Statistics, Comparisons, and Efficacy

Both Hilltop and Montrose have well-established prevention programs with strong community connections and relationships. Below are tables showing Medicaid caseload and spending for each provider from FY 2005-06 through FY 2008-09.

Hilltop	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	Totals
Caseload <sup>1</sup>	~170	~180	~175	~160	Avg ~170
Expenditures <sup>2</sup>	\$113,689	\$139,352	\$134,363	\$98,776	\$486,180
Local	\$10,335	\$12,668	\$12,215	\$8,980	\$44,198
Federal	\$103,354	\$126,684	\$122,148	\$89,796	\$441,982

Montrose	FY2005-06	FY2006-07	FY2007-08	FY2008-09	Totals
Caseload	~160	~200	~115	~140	Avg ~150
Expenditures	\$128,280	\$117,467	\$108,979	\$125,453	\$480,179
Local	\$11,662	\$10,679	\$9,907	\$11,405	\$43,653
Federal	\$116,618	\$106,788	\$99,072	\$114,048	\$436,526

1 Caseload data is based on dates of service. All ages included.

2 Expenditures data is based on dates of payment.

The majority of participating clients are between the ages of 10 and 16. In any given year, between 50 percent and 60 percent of the participants are male. Clients participating in the Program are generally at greater risk of teen pregnancy/parenting due primarily to social determinants of health including low family income and living in an area with high unemployment/underemployment rates, high rates of substance use disorders among the population, high teen pregnancy rates, low high school completion rates, or being the child of a teen parent themselves.

To measure the Program's effectiveness in reducing the incidence of teen pregnancy, the Department reviewed Program claims data for FY 2005-06 through FY 2008-09 as well as claims data for female clients (ages 13-20) for whom both Program claims and pregnancy-related claims appeared. (Note: Rather than solely using birth claims in this analysis, the Department queried all claims that indicated a pregnancy-related diagnosis to more fully capture pregnancies among this population.) This analysis cannot account for whether a male Program participant impregnated a partner during this time period (unless that partner was a female participant on Medicaid at the time of pregnancy).

The table below is a comparison of birth/pregnancy data at the Program level and for the teen Medicaid population by county (female, ages 13-20), as well as data for the county population, the Colorado population, and the national population (female, ages 10-19). As the table indicates, the Program fertility rate is lower than that of the teen Medicaid population in the counties in which these providers operate, as well as the county populations in general. While the Program fertility rate is slightly higher than that of Colorado and the nation as a whole, maintaining fertility rates lower than the broader Medicaid population in the county, and in the county as a whole, is an indicator of the Program's effectiveness.

Comparison Table	Number of Births/Pregnancies <sup>1</sup>				Number of Females <sup>2</sup>				Births/Pregnancy Percentage (%)				Fertility Rate <sup>3</sup>								
	2005	2006	2007	2008	Average	2005	2006	2007	2008	Average	2005	2006	2007	2008	Average						
Program <sup>4</sup>																					
Medicaid Clients (ages 13-20)																					
Mesa County	281	294	269	288	283	9,193	8,729	8,337	9,045	8,826	3,06	3,36	3,23	3,18	3,21	30.6	33.6	32.3	31.8	32.1	
Montrose County	63	91	86	77	79	2,486	2,571	2,579	2,912	2,637	2.53	3.54	3.33	2.64	3.00	25.3	35.4	33.3	26.4	30.0	
County Level																					
Mesa County	236	241	259	227	241	9,337	9,575	9,689	9,772	9,593	2.53	2.52	2.67	2.32	2.51	25.3	25.2	26.7	23.7	25.1	
Montrose County	57	59	91	79	72	2,653	2,716	2,824	2,885	2,770	2.15	2.17	3.22	2.74	2.60	21.5	21.7	32.2	27.4	26.0	
Colorado	6,736	6,828	6,753	6,647	6,741	327,296	330,232	333,194	335,789	331,628	2.06	2.07	2.03	1.98	2.03	20.6	20.7	20.3	19.8	20.3	
National	421,315	441,832	451,094	440,775	438,754	19,839,721	21,052,267	20,793,212	20,106,928	20,448,032	2.12	2.10	2.17	2.19	2.15	21.2	21.0	21.7	21.9	21.5	

<sup>1</sup> For Program and Medicaid data, claims with pregnancy diagnosis codes are used, not births. Source is Medicaid claims data. For county, Colorado, and national data, number of live births is used. Source for county and Colorado data is CDPHE's Colorado Health Information Dataset. Source for national data is CDC's National Vital Statistics System.

<sup>2</sup> For Program and Medicaid data, number equals females ages 13 through 20. Source is Medicaid claims data. For county, Colorado, and national data, number equals females ages 10 through 19. Source for county and Colorado data is CDPHE's Colorado Health Information Data Set. Source for national data is CDC's National Vital Statistics System.

<sup>3</sup> For Program and Medicaid data, fertility rate equals number of pregnancies per 1000 females ages 13 through 20. Source is Medicaid claims data. For county, Colorado, and national data, fertility rate equals number of live births per 1000 females ages 10 through 19. Source for county and Colorado data is CDPHE's Colorado Health Information Dataset. Source for national data is CDC's National Vital Statistics System.

<sup>4</sup> Program data is a combination of both providers, Hilltop and Montrose. Numbers are too small to report for individual years.

### **III. Challenges and Future Plans**

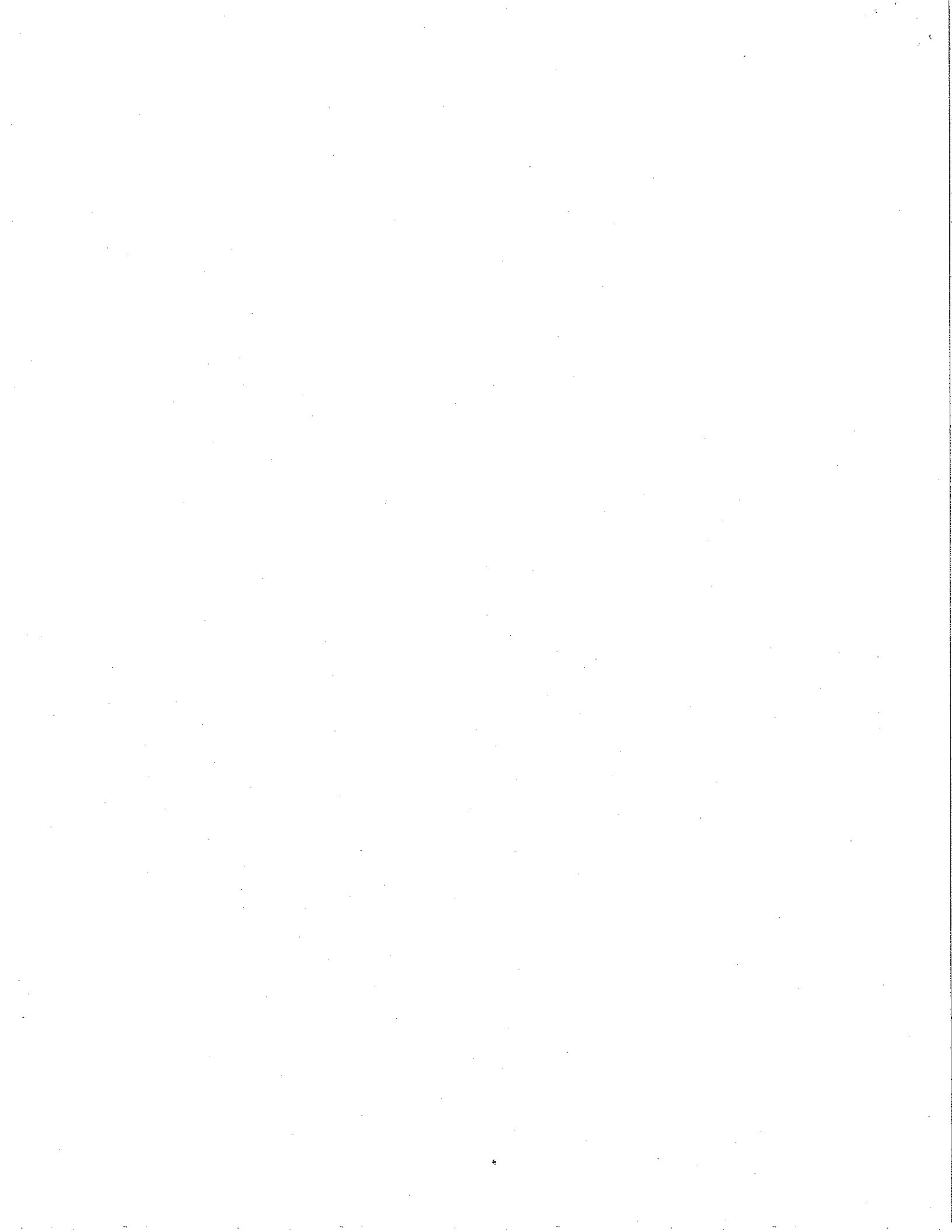
No full-time equivalent (FTE) staff funding has been specifically available for the administration of the Program or provider outreach activities since no General Fund is allocated. Despite this, the Department has managed the Program efficiently over the past 15 years. Should statutory authority for continuation of the Program be granted, the Department intends to focus primarily on provider recruitment, Program expansion, and contracting improvements. The Department is also working toward building a stronger partnership with Colorado Youth Matter (formerly the Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention), Colorado's primary organization for teen pregnancy prevention and parenting. Collaborating with this organization more closely will make the efforts of both parties more powerful and effective.

Program maintenance and improvement may also be aided by anticipated findings from a Medicaid family planning audit being conducted by the Office of the Inspector General. The Program has been closely reviewed as part of this broader audit. Based on recent communication with the auditors, the Department expects the findings will outline areas for concentrated efforts and improved Program contracting and administrative oversight. Should statutory authority for continuation of the Program be given to the Department, these findings will provide further guidance on where to focus Program efforts, and help direct planned Program improvement and expansion activities.

### **IV. Department Evaluation and Recommendation**

As evidenced by the evaluation and results of Program and pregnancy-related claims analysis, relative to data from several comparison populations, the Program is effectively reducing the incidence of teen pregnancy, both primary and subsequent. (Some participants are referred in as teen parents in order to prevent a subsequent teen pregnancy and/or at least increase the inter-birth interval between pregnancies.) Both Mesa and Montrose Counties have teen fertility rates (ages 15-19) higher than the rates of half of all Colorado counties. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, using 2004 data, it is estimated that, in Colorado, the average annual cost to society per incidence of teen childbearing (age 17 and under) is over \$4,000 (including child welfare system costs, costs associated with higher rates of incarceration of people born to teen parents, health care costs, and lost tax revenue).

By averting these societal costs through reduced rates of teen pregnancy, by promoting healthy behaviors, and by instilling at-risk clients with a sense of personal responsibility and empowerment in making healthy, informed decisions about interpersonal relationships, sexual activity, and family planning, the Program is effectively addressing and reducing the incidence of teen pregnancy in its current regions of operation. It is the Department's recommendation that the General Assembly authorize continuation of the Program for the benefit of the clients and communities it serves.



**ADDENDUM  
TO REPORT TO THE GENERAL ASSEMBLY ON THE  
MEDICAID TEEN PREGNANCY PREVENTION PROGRAM**

The two charts below replace the two charts found on Page 2 of the full report.

<b>Hilltop</b>	<b>FY 2005-06</b>	<b>FY 2006-07</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>Totals</b>
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