

Action Planning

July 17, 2014

Data

- Need to sketch out number and kinds of contacts with each pregnant woman or teens in the system
- Need to determine where and number of people performing case management in affected zip codes
- Create tracing and evaluation system
- Data management that “talks” across systems
- Incorporate some sort of internet-based case management ‘tool’ so all providers can document that a woman utilized the service: will help to see “cracks” that women may fall through, system gaps and successes
- Determine the number of pregnant women/teens to be served

Funding

2014

- Engage funders and developers to create more capacity so needed services are always available to pregnant women
- Gaining, funding, support (engage business & engage public)

Engagement

2014

- Get the school involved
- Identify youth leaders for:
 - Outreach
 - Participate ongoing advisory capacity
- Radio and other media for outreach
- Gain faith-based commitment to do outreach
- Engage medical community
 - Referrals
 - Delivery mechanism
- Publicize the issue and the new system that is created so women ‘want it’
- Raise awareness of the problem, let people know about it is possible to fix it
- Community education
 - Or to let people know what’s going on from different perspectives
- Communication plan and team outreach products

Framework

- Centralized point of contact (Hub?) that refers out to all other services
 - Agencies at the table (Agency buy-in)
 - Head start
 - Housing
 - Employment

Home Visits

- Establish a lead agency that engages/ includes all current and potential services that may be able to assist the woman
- Gain commitment of services providers to provide staff for 1-step concept
- Establish a “hub” where pregnant women are referred and by which each woman is assigned a case manager to oversee all services available for her
- Identification of all existing of services/gaps
- CHW’s (community health workers)
- Consistent case management throughout agencies within the community
- Provide trauma informed care related to toxic stress/neglect
- Determine how the case management system functions as team with all the ‘helpers’ all pregnant women’s has
- Extend access to case manager to where women ‘are’ (e.g. schools, places of worship, work, neighborhoods, etc.)
- Client/patient + provider education about LARCs (and other options) for birth spacing
- Create/develop a checklist or algorithm for holistic care that all involved partners use
- Reproductive produce life plans
- Have a one-stop shop social workers, nurses, DJFs workers on hand at the same place to help pregnant women with needs

Services

- Housing community where these moms live so they can support one another (baby sit, lead an ear, etc.) village
- Connecting to housing ASL service
- Change/Advocate got/provide housing for pregnant and post-partum families
- Access to child care for children especially in high risk pregnancies
- Affordable childcare for moms who want to work/school
- Provide bus passes, cab vouchers, for all things transportation
- Develop point of access → accessibility/transport
- Connecting to food as a service
- Nutrition and exercise program for moms
- Assistance in finding job
- Provide education opportunities (GED-night classes)
- Grief counseling especially in infant loss, stillbirth and miscarriage
- Have some system in place help teens get consent for prenatal
- Partnerships with school systems (public, online, private) to learn about taking care of self and the impact it has on their children
- Connection with high and middle schools – collaborate to keep teens in school
- Increase access to reproductive health information for teens
- Education about child development starting at conception
- Buddy system Mom can turn to friend in the same program
- Prenatal education for first time parents/teams
- Develop educational material
 - Culturally appropriate
 - Age sensitive

- Identify community based volunteers/stats (CAAPS)
- Involve males (for support and parenting)\