
DOWNSTREAM: PERINATAL CASE MANAGEMENT

Summary of Results from Community Planning Session on July 15, 2014

COMMITMENT

Save babies' lives through a perinatal case management system

CURRENT REALITY

STRENGTHS

- A lot of perinatal case management systems
- Community energy
- Committed community partners
- Strong Federally Qualified Health Centers
- Political will
- People who know the community
- A lot of women who need services
- No adversaries

WEAKNESSES

- Lack of provider for needed services like housing
- Difficult to get people to listen
- No funding identified
- Not all agencies are focused on infant mortality
- Too many decision makers
- Red tape
- No unified evaluation system
- Not enough engagement with youth
- Capacity

BENEFITS

- Babies are saved
- Moms have support
- Stronger families and communities
- Developing future generations

- More focus on infant mortality
- Economic benefits
- Higher quality services

DANGERS

- Dependency on programs
- Cost burden
- Not enough capacity to provide services
- Failure
- Funders stop funding

WHAT DOES VICTORY LOOK LIKE?

- Women seek care early
- Participants have better health outcomes
- Work continues after CityMatCH technical assistance stops
- Participants are connected to needed services and are tracked for outcomes
- Continuous data monitoring
- Everyone can access the program
- More individual level care
- Culturally appropriate services
- Replication in other neighborhoods
- Pioneering system to sign people up
- Participants start to develop their own support systems
- Families understand how to live healthily and children are well adjusted
- Every woman of childbearing age is aware of services and can access them

ACTIONS

DATA

- Need to sketch out number and kinds of contacts with each pregnant woman or teen in the system
- Need to determine where people who need services are and where case management programs are working
- Create tracking and evaluation system that “talks” across organizations

- Incorporate internet-based case management tool so providers can document what services have been delivered and participants can't "fall through the cracks"
- Determine size of service population

FUNDING

- Engage funders and developers to create more capacity so needed services are always available to pregnant women

ENGAGEMENT

- Engage businesses, citizens, and organizations
- Get schools involved
- Identify youth leaders for outreach and in an advisory capacity
- Use media for outreach
- Gain faith-based commitment to do outreach
- Engage medical community for referrals and delivery mechanisms
- Publicize new system to create a need
- Raise awareness about the problem and offer solutions
- Community education
- Develop a communications plan and outreach materials

FRAMEWORK

- Centralized point of contact that refers out to other services
- Have a diverse group of partner agencies (head start, housing, employment, etc.)

HOME VISITS

- Establish a lead agency that engages with all current and potential service providers
- Gain commitment from service providers to dedicate time and staff to the one-stop-shop model
- Identify service gaps
- Train community health workers
- Standardize services throughout the community
- Provide trauma informed care related to stress and or neglect
- Team-based approach to case management
- Extend access to case managers to where women are, for example schools, places of worship, work, neighborhoods, etc.

- Participant, provider, and community education about LARCs (long-acting, reversible contraceptives)
- Develop a tool for providing holistic care that all providers use
- Produce reproductive life plans

SERVICES

- Provide housing communities where moms live so they can support each other
- Connect to housing services
- Provide access to child care for moms with high risk pregnancies or those who want to work or go to school
- Provide transportation vouchers
- Develop point of access
- Connect to food/nutrition services
- Assistance with finding employment
- Nutrition and exercise programs
- Link to education opportunities (GED, night classes, etc.)
- Grief counseling
- Help teens get consent for prenatal care
- Partner with schools to provide parent education, keep teens in school, etc.
- Increase access to reproductive health information for teens
- Educate about child development at conception
- Mentoring system for new mothers
- Prenatal education for new parents
- Develop educational information that is age and culture specific
- Identify community based volunteers
- Involve males for support and parenting