



# Delivering Change and its Community Partners: Cross-Sector Support for Expectant and Parenting Youth in Kansas

## Overview of the Pregnancy Assistance Fund

Finding ways to address the diverse needs of expectant and parenting youth and their families (EPY) to improve their health, education, and well-being is a long-standing priority of the Department of Health and Human Services (HHS). The HHS Office of Population Affairs (OPA) funded the Pregnancy Assistance Fund (PAF) grant program from 2010 to 2020. The PAF program supported states and tribes to provide a wide range of services in settings such as high schools, community service centers, and/or institutions of higher education.

PAF services focused on five areas: (1) personal health (e.g., case management, prenatal care, health insurance enrollment support, behavioral health, violence prevention); (2) child health (e.g., home visiting, nutrition, access to healthcare, well-child visits); (3) education and employment (e.g., tutoring, academic support, assistance with college applications, employment and job-readiness training); (4) concrete supports (e.g., food, housing, transportation, baby supplies including diapers, cribs, car seats, etc.); and (5) parenting supports (e.g., parenting and healthy relationship education, child development education, child care). PAF grantees determined which areas to focus on to improve outcomes for EPY in the areas of health, parenting, education, and economic stability.

## Focus of the Case Study

This case study highlights how a Kansas Department of Health and Environment (KDHE) PAF local sub-awardee, Delivering Change, partnered across sectors to provide wraparound services for EPY in Geary County, Kansas and surrounding areas.

Cross-sector partnering at the state and local level is essential to ensuring that EPY and their families receive the varied and comprehensive services they need to support their health and well-being. No single organization or agency has the resources to provide all services EPY need. An earlier study of PAF identified cross-sector partnerships as both a critical element and an area of challenge in delivering PAF programming.<sup>1</sup> Building on that research, this case study explores how Delivering Change built, maintained, and used formal and informal partnerships across sectors. These partnerships helped to reach EPY early and provide access to diverse and essential services.

This case study expands on a topical brief highlighting approaches to cross-sector partnering used by three state-wide PAF grantees and their sub-awardees.

### Partnership Characteristics

**Formality.** Partnerships to support community goals or provide services could be formal (e.g., with a counter-signed contract, sub-award, or Memorandum of Understanding [MOU]) or informal agreements or habits of working together, which may not have any written documents.

**Sectors.** Partnerships that cross sectors can help PAF projects support EPY meet a full range of needs that go beyond one area or system. Sectors are the topics or systems within which providers work (e.g., education, workforce, healthcare, housing).

## Highlights of the Case Study:

- PAF sub-awardee Delivering Change used a community-based approach and led a coalition to convene local agencies, service providers, and community members around a shared goal to support expectant parents, infants, and families.
- Through this community-based approach to raise awareness and provide standardized messaging and service approaches, Delivering Change helped ensure consistent service provision and reduce barriers for young families in need of services and support.
- Formal partnerships to embed navigators/case managers in clinical practices helped to streamline and increase program enrollments and facilitate support of non-medical needs, addressing both medical and non-medical outcomes.
- Delivering Change relied on champions within clinics and other key partner agencies to strengthen referral networks and improve consistent service provision.

## State and Community Context

In recent years, teen pregnancy and birth rates have declined in Kansas as they have throughout the country. However, in 2019 Kansas ranked 17th in the U.S. for teen births, with 19.2 births per 1,000 young women and girls ages 15-19 in that year.<sup>2,3</sup>

Delivering Change provides services in and around Geary County, Kansas, which includes Junction City, with a population of 23,000, and surrounding rural areas. The Fort Riley Military base abuts Junction City and the edge of the county and is part of the shared community (see adjacent map). Within Kansas, Geary County has historically had relatively high rates of teen birth, infant mortality, and infant deaths. In the early 2010s, it had among the highest rates of infant mortality in the state. Teen mothers were at the highest risk of infant death.<sup>4,5</sup>

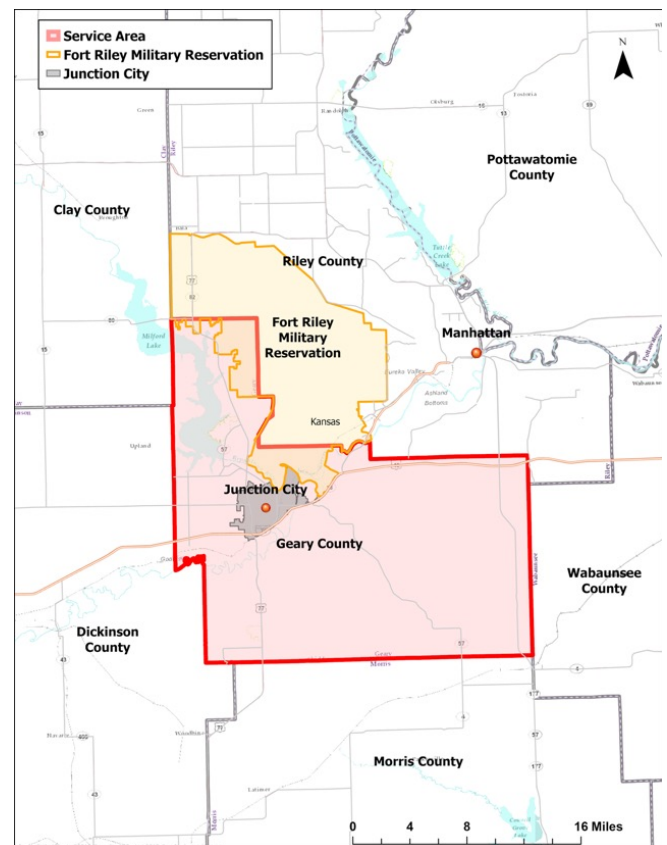
### The Kansas PAF Grant

KDHE provided PAF programming in four regions of Kansas, working through local and regional sub-awardees. KDHE designed the project to provide flexible funding to local sub-awardees, such as Delivering Change, to fill gaps in programming for EPY not served by other state-funded programs. The KDHE PAF program focused on EPY who were Medicaid-eligible young adults ages 21 to 24, because services were less often available for these older EPY. Services varied by region, but each region's sub-awardee had at least one "community navigator" – or "navigator" – who served as a case manager and coach for program participants. All sub-awardees held other reproductive health or maternal and child health program grants through KDHE. The grantee said that having multiple related grants helped sub-awardees to coordinate enrollment seamlessly between programs and avoid service gaps; Delivering Change used a practice of blending funding to provide services.

## Delivering Change's History and Approach to Providing Services

In response to high rates of infant mortality, in 2011 Geary County area stakeholders across sectors founded the Geary County Perinatal Coalition. Delivering Change grew out of this coalition, as a backbone organization, serving as the seat of a multi-sector coalition with the goal of addressing social determinants of health throughout the lifecycle. Delivering Change held dual roles: (1) leading the coalition, and (2) providing case management and education to expectant parents and families with

Map of Delivering Change Service Area and Surrounding Region



infants. The infant mortality rates in Geary County improved substantially over the decade, outstripping progress at the state level. Delivering Change and its partners attributed this improvement to the coalition and community's work to expand both awareness and services by uniting across sectors and stakeholder types in service of a shared mission. As the coalition grew and the Delivering Change initiative expanded to provide direct, comprehensive support to expectant parents and families with infants, the organization's mission expanded to include the health and well-being of infants, young children, and their families more broadly.

Delivering Change first received a PAF sub-award from KDHE in 2017, which it combined with other funding from KDHE and community sources to fund navigators supporting EPY (and other families) prenatally through early childhood.<sup>a</sup> From a participant perspective, this blending of funds was seamless.

All similar services and service coordination for parents and families were branded as Delivering Change programming, regardless of parent age or navigator/case manager funding source. Delivering Change services included: an initial assessment of needs, referrals, coordination of care and services (case management), and parenting curriculum, with special curriculum and mentoring for young fathers.

As both a service provider and coalition leader, Delivering Change developed an approach to prenatal care that included educating and supporting prenatal patients, providers, and the community. This allowed for more consistent messages and care regarding mother, infant, and family health and wellness needs and approaches.

## Delivering Change's Roles in the Geary County Community

- **Backbone organization**
  - Led the Delivering Change Coalition
  - Collected and spread best practices and consistent messages community-wide
- **Service provider**
  - Provided case management and parent/family support
  - Offered parenting curricula
  - Provided services/ mentoring for young fathers

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*Delivering Change was born from that idea that medicine alone cannot fix the infant mortality problem, because if it had it would've been fixed. ...We knew that we needed to address those social determinants of health across the lifecycle, and so we put together a Coalition. – Delivering Change Director*

### Key Collaboration Approaches

Delivering Change staff described two primary approaches to—or mechanisms for—collaboration:

- **Formal coalition leadership and convening.** Delivering Change led and convened the coalition, providing a collective impact approach to help meet the shared goal of supporting mother, infant, and family health and well-being. The coalition was cross-sectoral, with members from hospitals, clinics, local health and education departments, school districts, the judicial system, community-based non-profit organizations, and local businesses. Through the coalition's effort, members of the larger community that interacted with expectant parents, parents, infants, young children, and families were broadly aware of community goals, priorities, and services to support infant and family health and well-being.

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*Any entity that addresses or works with families is considered part of our Coalition. – Delivering Change Director*

<sup>a</sup> KDHE first provided grant funding to Delivering Change in 2014, with a Healthy Start grant.

- **Embedding navigators in clinical practices.** Delivering Change further solidified and improved its partnerships with clinicians by working with local clinic partners to co-locate staff and provide integrated services. This approach increased the likelihood that EPY received services for non-clinical needs while allowing clinical practitioners to focus specifically on clinical services. This approach also supported seamless recruitment and intake of participants into Delivering Change services.

## Delivering Change’s Approaches to Partnerships

Delivering Change developed, managed, and used partnerships in two main capacities – through its work as convener and communicator for the coalition, and through its work in directly connecting clients with services. In providing services to clients, Delivering Change leveraged staff connections through the coalition and further enhanced partnerships with clinical practices by co-locating navigators and case managers in clinical practices serving young women.

### As the backbone organization for the coalition, Delivering Change:

- Led the coalition to standardize/ spread best practices for working with parents and families
- Tracked and grew community partnerships and resources toward shared goals
- Disseminated information and outcomes to the community

### The Delivering Change coalition

The Delivering Change-led coalition was designed to help ensure continuous, consistent communication between stakeholders as well as consistent messaging and communication to the community. This helped to ensure that decisions were community-led, and that decisions had community support. Through bimonthly meetings of stakeholders, service providers (including Delivering Change navigators and case managers) made connections and raised awareness in the community. Most meetings had 25-30 attendees, including 12-14 agencies.

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*The best thing we’ve done is introduce everyone to each other. The Coalition became the Bat Phone.*  
– Medical Director, Delivering Change

**Consistent messaging, education, and coordinated service access helped ensure that families received services quickly and without cost or paperwork barriers.** In its role as backbone organization for the coalition, Delivering Change was a centralized source to disseminate best practices and policies to all community stakeholders who may encounter expectant parents or parenting families of infants and young children. The organization provided the critical structure needed to support the shared goals within the community of improving infant and family outcomes by addressing social determinants of health. From a service perspective, consistent messaging through the coalition meant that coalition members and Delivering Change navigators received the same information and provided consistent information to clients across providers. This served to reinforce client learning and reduced the likelihood of contradictory information across multiple sources.

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*It’s really standardizing those messages across entities so that families don’t get different answers from different entities that they are being served by.* – Delivering Change Director

## **Coalition membership helped Delivering Change navigators improve service coordination and offer a wider array of services.**

The bimonthly coalition meetings provided opportunities for Delivering Change staff to meet staff members from a wide range of active and potential partner organizations face-to-face. Both the director of Delivering Change and the navigators reported that these personal relationships made it easier to communicate with service and program partner contacts directly and to troubleshoot problems.

Navigators were often able to name specific partner staff and to provide a direct referral to a named individual rather than to an organization more generally, both of which may have increased EPY comfort with referrals and improved their chances of attending appointments or completing enrollments to receive services and benefits. In connecting with new and ongoing partners and following up on referrals, navigators also benefited from the Integrated Referral and Intake System (IRIS), a county-wide service provider network platform provided by KDHE (see box on IRIS for more information).

### **Relationships Among Coalition Members Improved Service Coordination and Reaction Time**

A coalition member at the local Federally Qualified Health Center (FQHC) and WIC program described a complicated situation which coalition connections helped her address. A baby at the clinic was not gaining weight, the family had been evicted from the Fort Riley military based and did not have access to medical records. The pediatrician's office initially said that they would not see the baby without immunization records, which put the baby at risk of malnourishment. The Delivering Change coalition member called a staff member at the pediatrician's office who she knew through the coalition, who immediately agreed to accept the family and incorporated their experience and context. She noted that, prior to the development of the Delivering Change coalition, this would not have been possible.

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*We have WIC who comes regularly [to coalition meetings] and is in the pediatric clinic once a week to sign families up for benefits. This is fairly common in this community. There is a lot of reaching out to say I'm trying to get a hold of a client, can you help... this happens a lot. – Delivering Change Navigator*

### **Integrated Referral and Intake System (IRIS)**

The Kansas grantee provided all sub-awardee communities, including Geary County, with a referral and cross-organization networking platform called Integrated Referral and Intake System (IRIS) to support their partnerships, linkages to services and referrals. The system allowed Delivering Change navigators and other providers in the community to make and track referrals directly. For specific services where Delivering Change did not already have personal or habitual connections, IRIS also served as a resource directory for available services. When clients went to appointments or used services as referred, IRIS informed the navigator that the client had received the service, eliminating the need for the navigator to periodically check with each service provider.

KDHE encouraged partners in each of the communities to either establish an IRIS system or network (if they did not yet have one at the county level) or sustain and grow their IRIS programming within their community. Geary County's IRIS system launched in 2018. Delivering Change worked with TA sub-awardee Kansas University to identify a broader range of community service providers and other stakeholders and enter services into the network. These discussions had the added benefit of growing Delivery Change's awareness of and connection to additional services in the community, such as employment support providers.

## **Integrated partnerships with clinical practices**

Delivering Change navigators were fully integrated with local obstetrics practices, allowing physicians to make warm hand-offs on the spot and PAF program staff to work directly with healthcare providers in ensuring good communication and care. Many expectant mothers first met Delivering Change navigators at a clinic or hospital, when they came in for a prenatal appointment or pregnancy test. The Delivering Change organization was located within the Geary Community Hospital and had staff members embedded full-time in the Flint Hills OB/GYN clinic, which delivered many of the babies born in the Geary County area. As of summer 2020, Delivering Change had begun similar partnerships with the hospital and the local Federally Qualified Health Center (FQHC).

### **On-site integration within clinical practices allowed for seamless assessments, immediate support, and referral to Delivering Change programming.**

In the Flint Hills OB/GYN clinic, whenever a new OB patient came in for an appointment or had a positive pregnancy test, they receive medical care from a doctor or nurse. Following this care, the medical staff sent in a Delivering Change navigator or case manager, who provided an assessment of immediate needs for Delivering Change programming and other services and made necessary referrals. If the patient was eligible for Delivering Change programming, the navigator enrolled the patient immediately. This process served multiple purposes—it meant that a patient did not have to come to a separate appointment or location to learn about services; interested patients could enroll in Delivering Change services at once; and referrals were made to meet immediate needs.

### **Benefits of the Co-location Overtook Initial Clinical Staff Concerns**

While Delivering Change and provider staff members expressed enthusiasm about the on-site integrated service model, all acknowledged initial challenges in bringing clinical and administrative staff on board and establishing a workflow. These hurdles included clinical staff who were wary of non-medical staff interceding directly with their patients, and both clinical and administrative staff who expected having additional people at the practice to lead to more work.

The FQHC staff member who helped establish the on-site partnership with Delivering Change navigators said: “People didn’t quite understand what they [the navigators] would do, what they could do, so there was pushback on the provider nursing level—‘Are they going to take over our jobs?’ But now that we’ve been in it a year, they call asking ‘Hey, are they [the navigators] here?’”

### **Integrating navigators into clinical practices took time but ultimately helped both navigators and clinical staff focus on their core roles.**

Clinic staff reported that having Delivering Change navigators integrated into clinical care allowed clinicians to focus on direct medical care, passing other challenges such as material support and service needs to the navigators. This arrangement allowed them to spend more time on patient care and improved their patients’ outcomes, as patients were more likely to receive essential non-medical services. A staff member reported that in the FQHC, where the on-site Delivering Change navigators had been embedded for a year, clinical staff quickly came to depend on them. She felt that clinical staff were able not only to ensure that high-need patient populations received the non-medical services they needed to improve medical outcomes, but also to provide better clinical care because their attention was not divided. The medical director of Delivering Change, who was a nurse practitioner for the Flint Hills OB/GYN clinic, described similar improvements at her clinic, and further noted that having the navigators on-site increased patient attendance at scheduled medical appointments.

### **Delivering Change partnerships integrated in OB/GYN practices helped facilitate early interventions.**

Delivering Change conducted an assessment with each patient before enrolling them in services. Navigators helped clients

meet material and service needs and provided parenting education and support. Through the initial assessment and ongoing support, navigators identified potential non-obstetric needs and challenges and provided referrals to early interventions, prior to a baby's birth. For example, navigators were able to identify material, social, or psychological challenges prior to the birth and provide mothers and families with resources or interventions to increase the likelihood that parents were able to care for the child. This allowed them to reduce risks to the child's safety and well-being and to reduce the chance that the child would be removed from the home. For example, Delivering Change had a universal home visitor who the navigator could engage for one-on-one support of the mother and family. Delivering Change also worked with Child Protective Services to ensure clear communication, anticipate potential problems, and preserve families.

The Delivering Change clinical contact at the FQHC also noted that having Delivering Change navigators on staff helped ensure that early challenges for babies (e.g., insufficient nutrition and failure to thrive) did not fall through the cracks and red tape did not impede support. Navigators could refer mothers and babies for care and help office staff and patients work around impediments such as lack of medical insurance. The Navigators were also able to monitor and ensure follow-up through the IRIS system, caseload management, and making sure that patients had transportation, time, and other resources to attend appointments.

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*We all want to work together, but sometimes it takes the right person to get a hold of. To make sure it's happening. – FQHC Partner (on benefits of Delivering Change and on-site navigators)*

## Facilitators of Success

### **Shared goals around a documented community-wide problem were essential to establishing and maintaining the coalition.**

A wide cross-sectoral partnership of community organizations, including governmental and community health agencies in Junction City and Fort Riley, healthcare providers, service providers, schools, private businesses, and community members originally came together to address high infant mortality. Confronted with the stark and alarming statistics, the partners believed that they, as a community, could improve. From these initial efforts, the working group spurred the creation of the Delivering Change coalition and backbone organization. As the coalition's goals grew to include infant, family, and young-child health, safety, and well-being more broadly, they also saw substantial improvements in the community-level infant and child mortality statistics. These early and ongoing successes helped further raise the profile of the coalition and the importance of its shared mission to coalition members and other community stakeholders.

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*I think that each agency has bought into the fact that our families need everyone, not just one agency. Bought into the coalition works best for our families rather than one agency trying to figure everything out. –Delivering Change Navigator*

### **Champions within provider agencies supported Delivering Change's integration into clinical practices.**

The co-location of navigators in Flint Hills OB/GYN practice was an idea that Delivering Change's medical director initiated. She served as nurse midwife at the Flint Hills OB/GYN practice, enabling her to facilitate and support this integration. The demonstrated success of this clinical practice integration was what, in turn, made it possible for her to facilitate similar integrations in other clinics. At the same time, each of the other two clinical practices had a facilitator from among its staff members who first championed the idea of co-location. Without the successes and proof-of-concept from the Flint Hills practice,

coupled with contacts at those practices to manage the process, it would not have been possible to expand this model.

**A close-knit community where many organizational leaders and front-line staff had long-standing relationships with partners helped support both the coalition and Delivering Change service provision.**

Many of the interviewees spoke of the importance of Geary County's interconnectedness. While the Fort Riley military base brought transient populations to the area, many of those providing services were long-time residents of the area; some had connections with one another stretching back as far as high school. Most or all the Delivering Change staff and core coalition members either grew up in the Geary County area or came from nearby. These community connections supported the initial growth of the coalition and Delivering Change service model. The Delivering Change director and medical director had both grown up together and had lifelong roots in the community. They each also knew leaders of core coalition partner agencies and service providers personally. Navigators, who had to connect to service providers to support their clients, also said that they met these service providers regularly through casual interaction within the community.

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*I think a lot of people who work together are community members here. They're seeing each other at kids' ball games, grocery store. It's a cohesive group. There really is more of a sense of community here than anywhere else I've been a part of. –Delivering Change Navigator*

## Summary

EPY face diverse challenges that are best addressed through a coordinated, community-level response. Delivering Change brought together local agencies, clinicians, service providers, and community members under common goals to understand and support the needs of young families and the role that each sector, organization, and individual played in their health, well-being, and survival. In this context, the Delivering Change-led coalition ensured consistent messaging and policies for service providers and community members, informed by best practices. The coalition introduced service providers to Delivering Change navigators and each other, making it easier for service providers, including navigators working through PAF, to provide direct referrals and warm handoffs. By embedding navigators in clinical practices, Delivering Change further strengthened these service relationships and was able to provide seamless service referrals and support to clients facing multiple challenges to health and well-being.

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## About the Study

HHS/OPA contracted Abt Associates to identify successful strategies and lessons learned from the Pregnancy Assistance Fund grant program (see <https://opa.hhs.gov/research-evaluation/pregnancy-assistance-fund-paf-program-evaluations/evaluation-key-strategies>). The study produced six topical briefs and corresponding in-depth case studies. The six topics were identified from a review of grantee documents and input from OPA staff. They reflect the range of approaches PAF grantees took to best serve EPY needs. The topics are (1) serving system-involved (justice or child welfare) youth; (2) serving youth in Tribal communities; (3) serving youth in rural communities; (4) cross-sector partnerships; (5) policy and systems-level strategies; and (6) strategies for improving educational outcomes. For each topic, the study selected grantees from the pool of 26 grantees funded in the most recent cohort (2018-2020) and in at least one other cohort.

The briefs and case studies draw from review of grantee documents, performance data, and semi-structured phone interviews with grantee and grantee partner staff. Note that due to COVID-19 restrictions, case studies could not include the originally planned site visits.

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Disclaimer: This publication was made possible by Contract Number HHSP233201500069I, Task Order Number 75P00119F37014 from the HHS Office of Population Affairs. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Population Affairs or HHS.

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