

# The Pregnancy Assistance Fund: **Launching Programs to Support Expectant and Parenting Youth**

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## I. INTRODUCTION

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Over the past 25 years, social policy efforts have focused on the prevention of unplanned and teen pregnancy, and the birth rate for women ages 15 to 19 has decreased steadily, with rates declining for both younger and older teenagers and across all races and ethnicities (Hamilton et al. 2015; Martin et al. 2017). For example, between 1991 and 2015, the birth rate for teens ages 15 to 17 declined by 74 percent, from 38.6 to 9.9 live births per 1,000 young women in the age group. For the group age 18 to 19, the rate declined by 57 percent, from 94.0 to 40.7 live births per 1,000. In 2015, the birth rate for women ages 15 to 19 was 16 among whites, 31.8 among African Americans, and 34.9 among Hispanics—down, respectively, from 43.4, 118.2, and 104.6 in 1991. Despite these declines, nearly 250,000 babies were born to adolescent mothers in the United States in 2015 (Martin et al. 2017), and teen births continue to reflect, and perpetuate, economic and social disadvantage.

Having a child at a young age can impact young mothers' and fathers' transitions to adulthood, placing them and their children at risk of adverse outcomes. Becoming a teen parent increases young women's risk of dropout, decreases their educational attainment, and limits their development of employment skills (Hoffman and Maynard 2008). Early childbearing also affects young parents' relationships, with teen mothers less likely to marry and more likely to experience multipartner fertility and future family instability than are older mothers (Hoffman and Maynard 2008; Ryan et al. 2004); such family instability increases maternal and child poverty throughout the life course (Johnson and Favreault 2004). Young fathers are also affected because early employment to support a child can affect their long-term educational and economic success (Brien and Willis 2008).

The children of young parents also face obstacles. They are more often the target of abuse and neglect and are more likely to be placed in foster care than are children of older mothers (Goerge et al. 2008). Children of teen mothers also show lower cognitive and language skills early in childhood, leading to poorer school performance and higher dropout rates, continuing the cycle of social and economic insecurity (Hoffman and Maynard 2008; Terry-Humen et al. 2005; Manlove et al. 2008). In cases where prevention efforts are absent or have failed, policies can be structured to support adolescents facing the daunting challenges posed by having and raising a child of their own.

### **The Pregnancy Assistance Fund: New support for an underserved population**

Established by Congress in 2010 as part of the Patient Protection and Affordable Care Act (Public Law 111–148), the Pregnancy Assistance Fund (PAF) grant program is a key element of the federal strategy to support “expectant and parenting teens, women, fathers, and their families” (U.S. Department of Health and Human Services 2013).<sup>1</sup> Administered by the Office of Adolescent Health (OAH), PAF has provided \$25 million annually through competitive grants to states and tribes to develop and implement programs to support this vulnerable population. OAH funded a first cohort of 17 three-year grants from 2010 to 2013, a second cohort of 17 grants for a four-year period beginning in summer of 2013, and a third cohort of three grants for

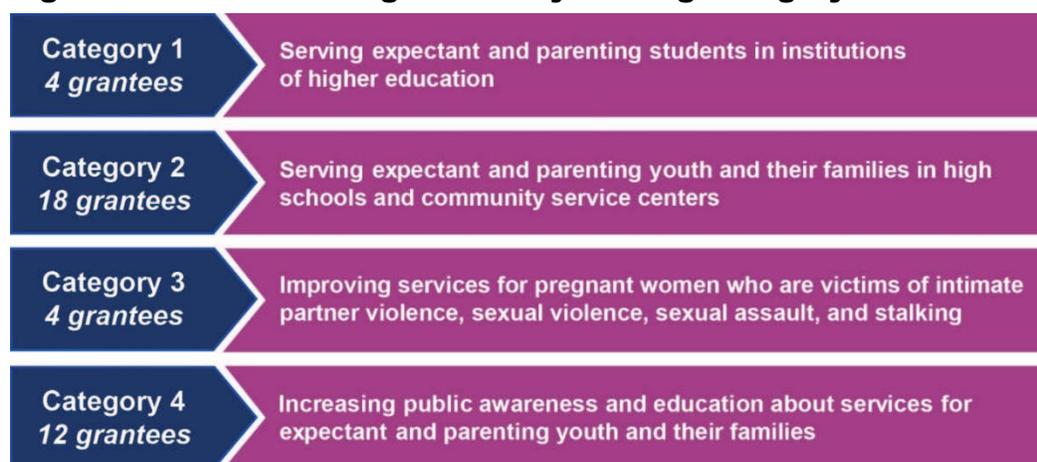
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<sup>1</sup> The statute establishing PAF may be accessed through the U.S. Government Printing Office at [<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>].



and child health. Fewer grantees focused on serving youth in institutions of higher education (category 1; 4 grantees) or pregnant women experiencing intimate partner violence (category 3; 4 grantees). The funding categories are not mutually exclusive. Among the 12 grantees addressing multiple categories, all received funds under categories 2 and 4, three of these also received category 1 funds, and three others received category 3 funds. None of the grantees received funds under all four categories.

**Figure I.2. Overview of grantees by funding category**



Note: Categories are not mutually exclusive; most grantees are implementing grants across two or more categories.

In its 2013 and 2015 funding opportunity announcements, OAH set forth its expectations for grantees. First, all grant-funded programs were to be comprehensive and seek to improve participants' education, health, and social outcomes. Second, grantees were to use evidence-based or evidence-informed programs that are also medically accurate and culturally and linguistically appropriate for the target population. Third, OAH strongly encouraged grantees to develop programs based on an empirical assessment of their target population's need and available resources for supporting expectant and parenting youth in their target area. Although OAH did not specify an age range for PAF participant eligibility, the earlier grant programs mainly focused on high school and early college age youth—both mothers and fathers—between the ages of 15 and 22.<sup>3</sup> The 2015 grant program prioritized services for expectant and parenting fathers and young adults between the ages of 20 to 24; all of the 2015 PAF grantee programs targeted fathers and two of the three programs served older youth. OAH also encouraged grantees to consider services to support the children and families of expectant and parenting youth, which many programs have done.

## Report overview

This report updates an earlier version, published in 2016, of the PAF program's efforts to support expectant and parenting youth. The earlier report focused on the 17 PAF grantees that were funded in 2013 (10 of which also received 2010 PAF grants); this report incorporates information from the three additional grantees funded in 2015. The study team gathered and

<sup>3</sup> Category 3 funds do not target any specific age group but rather define participant eligibility with respect to the timing of the pregnancy relative to the experience of sexual violence.

analyzed data from two sources: (1) a standardized review of the 20 grantees' applications, from which the research team extracted and organized key information on program plans, and (2) interviews conducted in late 2014 (for the 2013 cohort) and early 2017 (for the 2015 cohort) with grant administrators representing the 20 grantees. The interviews focused on the following:

- **Grant strategy and context:** Why grantees adopted their particular approach and what they hoped to achieve; what contextual factors supported or impeded the successful implementation of programs for expectant and parenting youth
- **Grant administration:** How grantees organized administration and service delivery and used grant funds
- **Program design and implementation:** How grantees implemented their programs; specifically, what components they offered, to whom, and where

Drawing upon an analysis of both data sources, this report documents the program design and early implementation experiences of the 20 PAF grantees from cohorts two and three, bringing knowledge to the field about how they planned to improve the outcomes of expectant and parenting youth. The report describes how grantees developed their strategic approaches and the contextual factors that influenced their decisions (Chapter II). It examines how grantees' design choices address the wide-ranging needs of expectant and parenting youth (Chapter III) and how grantees' administrative structures support program implementation (Chapter IV). The final chapter offers a summary of and conclusions from early program implementation (Chapter V). While the main body of the report presents information across the grantees, Appendix A provides a set of profiles summarizing each grantee's specific program approach. Appendix B describes data collection and analysis methods for the study.

## **II. DEVELOPING A STRATEGIC APPROACH**

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The ultimate goal of the PAF grant program is to improve educational, health, and social outcomes for expectant and parenting youth and their families. In developing strategies to achieve these diverse outcomes, PAF grantees had to assess the needs of the target population and the resources already available in their geographic service area; they also considered the contextual factors that might support or impede program implementation. This chapter describes the 2013 and 2015 PAF grantees' strategic thinking at the outset of their respective grant periods and how it led them to develop multifaceted approaches to support expectant and parenting youth.

### **Grantees believed that expectant and parenting youth were not well served**

All of the grantees interviewed for this study either conducted their own assessment of needs and available services or drew from extant assessments to determine how best to structure their PAF approach. Those using information from extant needs assessments drew from programs serving similar populations or seeking similar participant outcomes, for example, federal Personal Responsibility Education Program programs or the Maternal Infant and Early Childhood Home Visiting program. Interview respondents emphasized the importance of such assessments for avoiding redundancy in program offerings and building institutional connections across agencies and providers in their local, state, and tribal service environments.

In describing the findings of their needs assessments, more than two-thirds (14 of 20) of interview respondents contended that expectant and parenting youth were not consistently well served in their states and tribal service areas. However, this problem was not necessarily related to a statewide lack of available services. In fact, just three of 20 grantees described the service environment in their state or tribal service area as poor, whereas the remainder reported that health and reproductive health services existed (and sometimes abounded), but they were not well coordinated and did not specifically target the expectant and parenting teen population. Instead, grantees reported that most prevalent public health efforts were targeting primary pregnancy prevention.

Grantees reported many challenges to serving expectant and parenting youth. Among these, they cited youths' lack of knowledge about and access to available programs and services as prominent. Similarly, about a third of grantees pointed to a lack of coordination among service providers that could prevent youth from getting the comprehensive, wraparound services that grantees believed they need. These respondents described available services variously as "fragmented" and "siloed," and expressed concern that adolescents are not typically prepared to navigate multiple service bureaucracies. Other specific challenges cited by interview respondents were very concrete (for example, eligibility rules that exclude teens and state funding cuts to programming serving expectant and parenting youth), while others were more abstract (for example, cultural norms that do not support teen father involvement).

### **Grantees considered the political and social climate in developing their approaches**

Some grantees viewed the political and social climate of their service area as influencing the availability of services and potentially constraining what could be done with PAF funds. Half of

grantees (10 of 20) reported that there were specific state laws or regulations that influenced the types of services they could offer. The types of laws or regulations most commonly cited as influencing available services included requirements around timing, frequency, and content of sexual health education (cited by nine grantees) and issues promoting or restricting the availability of reproductive health services (cited by four). Although such rules are most often concerned with primary pregnancy prevention, interview respondents considered them relevant to their PAF strategies as well, particularly if their programming was being offered through high schools. Finally, one grantee asserted that while their state had policies and programs to support expectant and parenting young women, it lacked similar policies and programs to support expectant and parenting young men.

In addition to formal laws and regulations, five grantees reported that local beliefs about youth sexuality and reproductive issues, such as contraception, can influence program plans. For example, in designing their programs, grantees had to be sensitive to concerns that access to services could encourage more teens to have children. Similarly, one respondent asserted that in their state, people “don’t want to talk about how teenagers get pregnant,” and the state did not have an infrastructure of programs for expectant or parenting teens upon which they could build. In contrast, four grantees described their states as being supportive of expectant and parenting teens, with numerous existing programmatic approaches in schools and in the communities.

### **Grantees planned to enhance programs, fill service gaps, and work to improve coordination**

Grantees described three primary strategies by which they have sought to improve services specifically for expectant and parenting youth through PAF. All three strategies were deployed almost universally, though their relative emphasis varied by grantee. The first approach, used by 18 grantees, was to fill specific gaps in the services available to expectant and parenting youth—sometimes by providing a new service, sometimes by targeting a specific underserved subpopulation. The most common service gaps described by respondents were father engagement (cited by eight grantees), mental health (six grantees), transportation (four grantees), and child care (four grantees). Grantees worked to fill these gaps by offering targeted programmatic components, such as activities to increase father involvement (a component of eleven programs) and improving access to quality child care (six programs). Even though mental health and transportation were commonly cited as gaps, few programs addressed mental health or transportation needs (two and three, respectively).

#### **Grantees leverage past experience with PAF**

Ten of the 2013 grantees also received PAF grants in 2010. These grantees typically developed and piloted a program under their first grant and are now using second cohort funds to enhance programming, replicate the program in new sites, and/or scale it to serve more youth. However, not all second cohort grants have expanded programs. Rather, some are refining their programs to be more focused, for example, by eliminating program components they deemed unnecessary. Others have reduced the number of providers or sites so they can provide better, more targeted services in sites with the best capacity to deliver them.

Under a second approach, 12 grantees enhanced an existing program by adding or refining service components while at the same time expanding programming to serve more youth. In about half of all these cases, the program targeted for expansion was funded under the first cohort of PAF grants. In one illustrative example, a grantee used PAF funds to add a youth

development component to an existing case management program; the grantee standardized its approach through improved materials and training, and it expanded into several new sites to serve more youth throughout the state.

A third approach, used by 12 grantees, was to improve coordination across state or tribal agencies and among program providers. In doing this, they hoped to make comprehensive and wraparound services more readily accessible to expectant and parenting youth. At the same time, through better linking of agencies and programs, grantees tried to establish structures and relationships to support the sustainability of PAF programming after the grant period. An important point of focus, voiced frequently among respondents and central to grantees' coordination efforts, was the desire to avoid duplication of program services, especially in tight fiscal environments. Grantees sometimes named improved coordination explicitly among their specific grant objectives (seven grantees), which they sought to achieve through a variety of activities, often focused on bringing staff from different agencies and divisions together through formal and informal partnerships, joint trainings, and resource sharing. For example, one state embedded its PAF programming within an existing state program and trained providers to work with each other as well as with expectant and parenting youth.

### III. DEVELOPING PROGRAMS TO ADDRESS COMPLEX NEEDS

OAH gave grantees broad discretion in how to design and implement programs to achieve PAF’s broad goal of improving education, health, and social outcomes for expectant and parenting youth and their families. This chapter explores how grantees designed their programs to meet PAF goals, including the substantive focus of programs, the mode of service provision, the populations served, and the settings where programs are implemented. At the time of the interviews with grant administrators, the 20 PAF grantees were offering services through 27 distinct programs, most of which combined multiple components to address participants’ varying needs. These programs were implemented by 139 provider organizations, including three tribal agency grantees, a state health department grantee, and 135 other organizations that had received subawards from 17 grantees. Across all programs and providers, the grantees expected to serve nearly 31,000 youth (Figure III.1).<sup>4</sup>

**Figure III.1. PAF grants serve youth through numerous programs and providers**



Source: Fall 2014 and Spring 2017 Mathematica interviews with PAF program administrators.

#### **Grantees used evidence-based programs, but some struggled to find models appropriate for the target population**

Nearly all grantees used evidence-based or evidence-informed programs or program components. The most commonly used evidence-based programs are the Parents as Teachers home visiting curriculum (used by seven grantees) and the Nurturing Parenting curriculum for preventing and treating child abuse and neglect (used by three). Other evidence-based programs used by more than one grantee included Be Proud! Be Responsible! Be Protective!, Incredible Years, and Fatherhood Is Sacred. Seven grantees included two or more evidence-based programs in their approach.

Grantees reported challenges using evidence-based or evidence-informed approaches. Some grantees believed that it was difficult to find proven programming for serving expectant and parenting youth, and described the evidence base with terms such as “slim” and “scant.” One

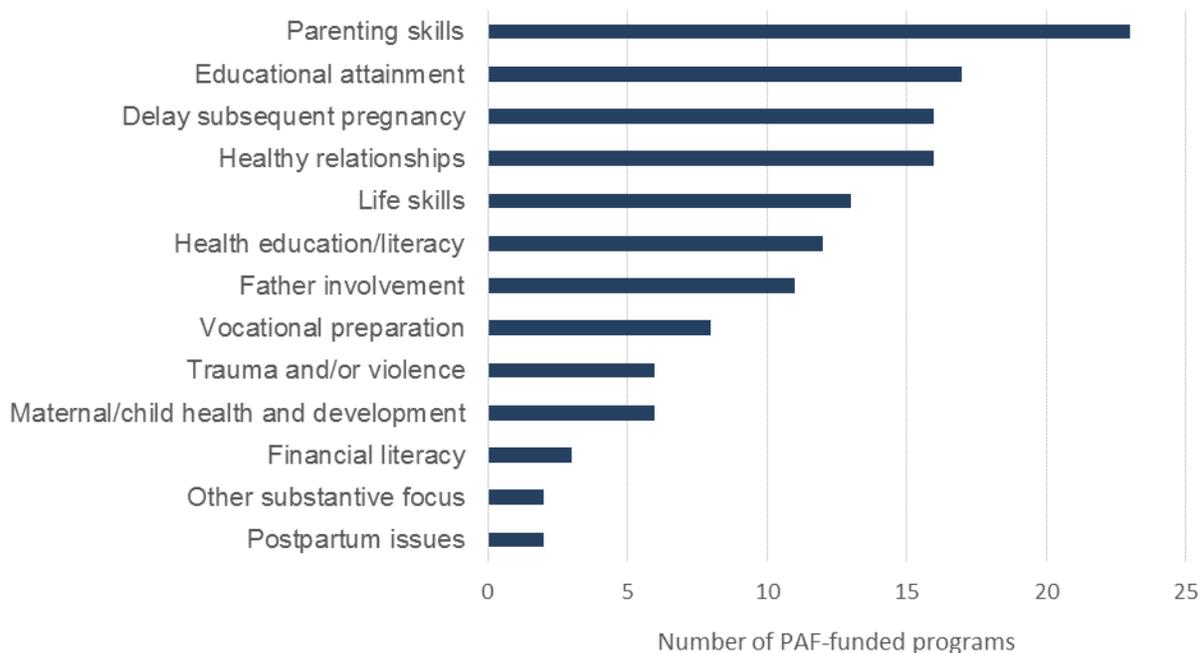
<sup>4</sup> For the purposes of this report, a program is defined as a distinct set of services targeting a particular population. The research team worked with interview respondents to determine the number of separate programs offered. A provider is an entity that received grant funds (directly from OAH or through a subaward from the grantee) to provide direct services to youth and their families.

grantee viewed the lack of evidence to inform collaborative approaches as a particular challenge. Another expressed concern that some of the most well-known evidence-based programs are “not tailored for teens” and that home visiting programs, in particular, may not be “a great fit” for teens because they often require that participation start early in the pregnancy, before some teens recognize their needs and seek services. Moreover, home visiting programs do not usually focus on educational goals or access to services, which are important for the young population targeted by the PAF grants. On the other hand, one respondent explained that her agency chose an evidence-based home visiting approach specifically because it “reached people in the comfort of their own home,” and agency leaders believed this was beneficial for the target population.

**Most PAF programs focused on parenting skills**

The substantive focus of PAF-funded programs is aligned with the substantive areas emphasized in the OAH funding announcement. Of the 27 programs offered, the majority focused on developing participants’ parenting skills (23), improving educational attainment (17), delaying subsequent pregnancy (16), and/or developing healthy relationships (16) (Figure III.2). PAF-funded programming placed less emphasis on other OAH priorities such as maternal and child health and trauma/violence (six programs each), though it is possible that these topics were touched on in one of the other substantive areas. For example, violence might be addressed in healthy relationship programming.

**Figure III.2. Substantive focus of PAF-funded programs**



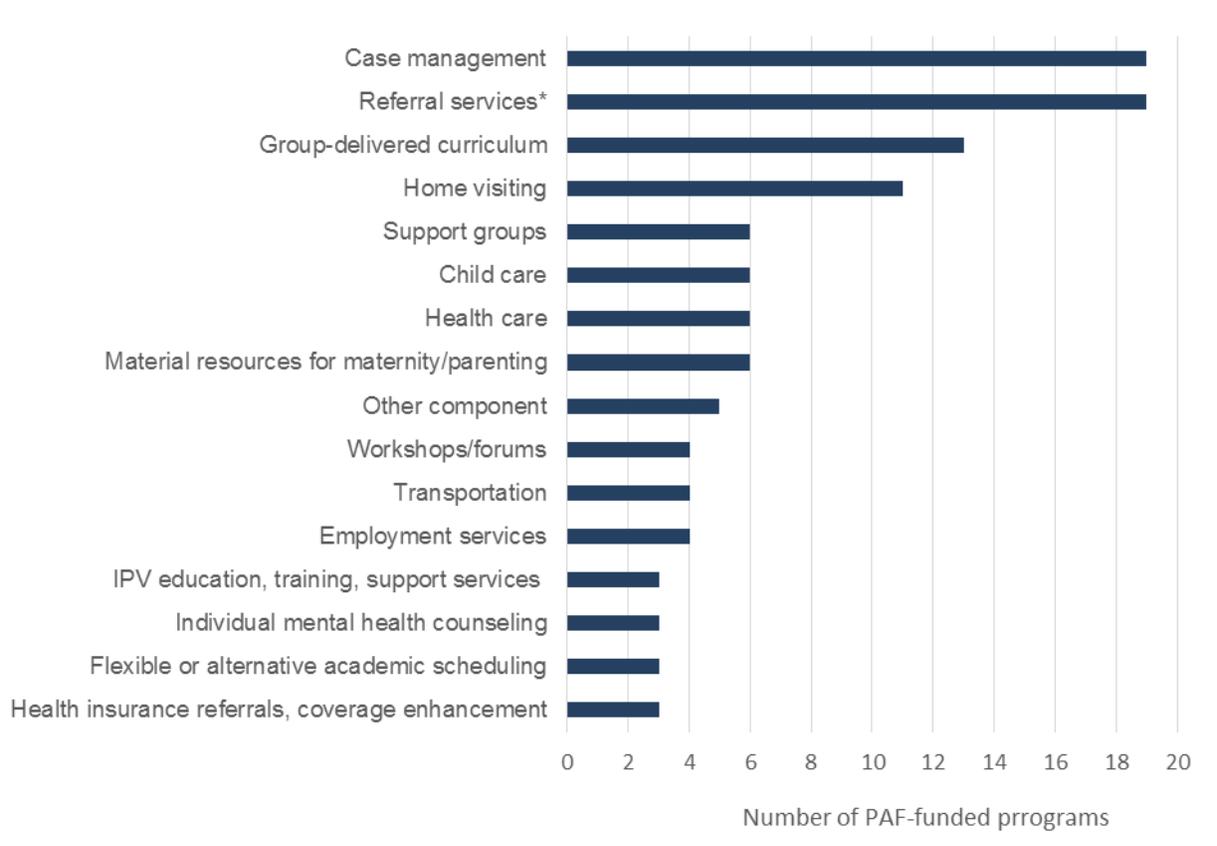
Source: Fall 2014 and spring 2017 Mathematica interviews with PAF program administrators.

Note: Figure reflects 27 programs offered by 20 grantees receiving 2013 and 2015 PAF grants.

### PAF programs often combined case management and referrals

Though the particular combinations of program components varied, PAF programming tended to rely on case management and referrals for services (19 programs each) (Figure III.3). About half of all programs (14) used a combination of these components. This combined approach seems especially appropriate for the population’s multiple needs, which a single program may struggle to address. Thirteen programs included group-delivered curricula, in some cases as the crux of the program, though these were typically combined with other components. For example, one grantee offered curriculum workshops in community centers and high schools; this was complemented by home visiting and case management as needed among the workshop participants, along with child care and transportation so that youth could attend the workshops. Although child care, transportation, and mental health were some of the most common service gaps cited by interview respondents, relatively few programs offered these services (six, four, and three programs, respectively).

**Figure III.3. Components of PAF-funded programs**



Source: Fall 2014 and spring 2017 Mathematica interviews with PAF program administrators.

Note: Figure reflects 27 programs offered by 20 grantees receiving 2013 and 2015 PAF grants.

IPV = intimate partner violence.

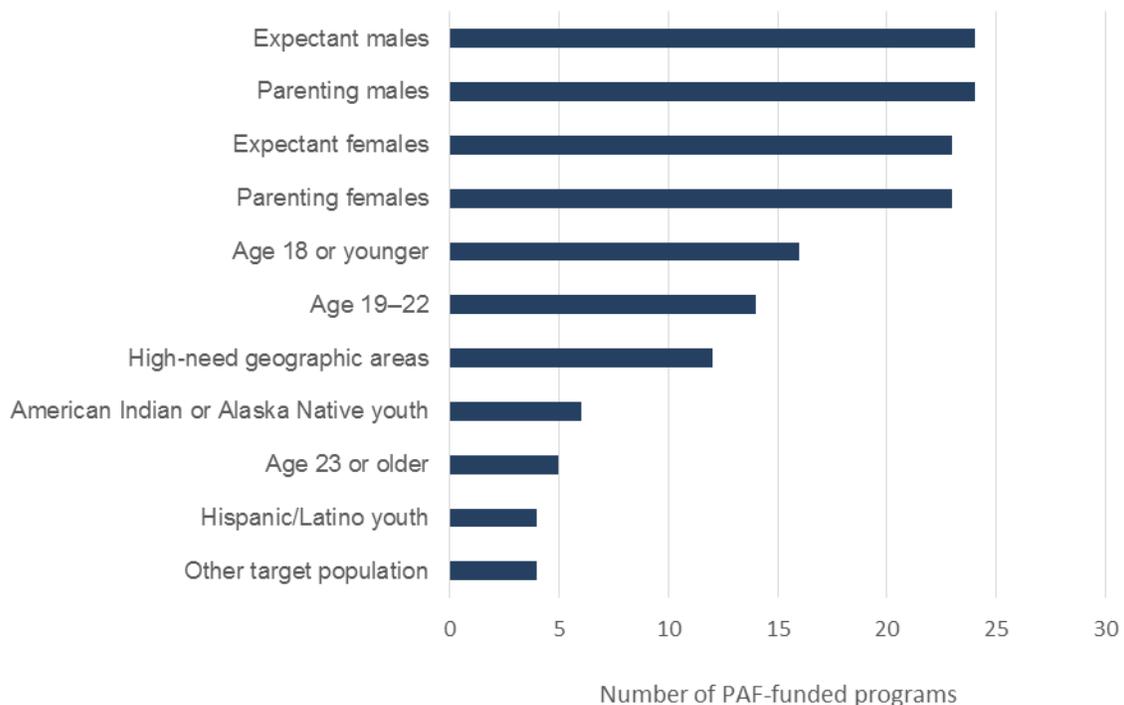
\* The general referral services category may include health insurance referrals.

### PAF programs sought to reach expectant and parenting youth in high-need geographic areas

Grantees had discretion in how to define their particular target population. The 2013 and 2015 PAF grantees anticipated serving nearly 31,000 youth.<sup>5</sup>

Most programs targeted the broad population of expectant and parenting youth without explicitly targeting a particular subpopulation (Figure III.4). However, the tendency of grantees to focus on high-need geographic areas in their state may have resulted in an implicit focus on racial and ethnic minorities. A few programs explicitly targeted American Indian or Alaska Native youth or Hispanic or Latino youth. Other grantees identified specific subpopulations of interest in their local communities. For example, one grantee intended to serve lesbian, bisexual, gay, and transgender youth, as well as youth with disabilities.

**Figure III.4. Target populations of PAF-funded programs**



Source: Fall 2014 and spring 2017 Mathematica interviews with PAF program administrators.

Note: Figure reflects 27 programs offered by 20 grantees receiving 2013 and 2015 PAF grants. All programs target expectant and parenting youth, but three focus on females only and three others focus on males only.

OAH emphasizes father engagement, and most PAF-funded programs incorporated this emphasis. Of the 27 programs offered, eleven had a substantive focus on father involvement (Figure III.2) and 24 targeted expectant and parenting males (Figure III.4). Fathers were served

<sup>5</sup> Individual providers expected to serve between about 100 and 5,050 participants, with a mean estimated number of 1,530 individuals to be served.

through different means in different programs. Four programs served males only, for example, offering group sessions using curricula like *Fatherhood Is Sacred*. Other programs offered the same components to both males and females, as was the case for many of the programs focusing on parenting and relationship skills. Still others offered distinct components for males within a program that also served females, for example, offering fatherhood mentors to provide services for male participants or funding a fatherhood coordinator to provide training and technical assistance on fatherhood issues to case managers.

**Program spotlight: The New Hampshire Department of Education’s Education, Employment, and Engagement (E<sup>3</sup>) program supports expectant and parenting fathers**

The majority of PAF grantees target expectant and parenting males, but New Hampshire’s E<sup>3</sup> program focuses solely on young fathers. The E<sup>3</sup> program coordinates supportive services for men with the aim of improving fathers’ educational attainment, job skills, and parenting skills. Participants can choose from an array of programming options including case management, mental health counseling, and employment services. The E<sup>3</sup> program’s employment incentive provides a \$3 per hour supplement for each hour that a father works at a job. For example, if a father earns \$8 per hour from his employer, the E<sup>3</sup> stipend would increase his hourly rate to \$11 per hour. In addition, participating fathers are required to take part in at least one supplemental program activity per month, such as career counseling or parenting classes, and they are incentivized to take part in more than one.

Grantees reported varied approaches to ensuring the funded programs were culturally relevant. The most common approach to cultural relevance was translating program materials to languages other than English (eleven grantees). Similarly, half of all grantees (ten) reported trying to have culturally appropriate staff work on their programs—that is, staff members who could speak other languages, have life experiences similar to those of participants, or could impart cultural values to participants. For example, one grant administrator reported trying to hire tribal members to provide direct services to tribal youth. However, cultural relevance could reach beyond race or ethnicity. As another respondent explained, “The people that are being hired have themselves come from the community; they may have been teen parents themselves. They have come from this culture.”

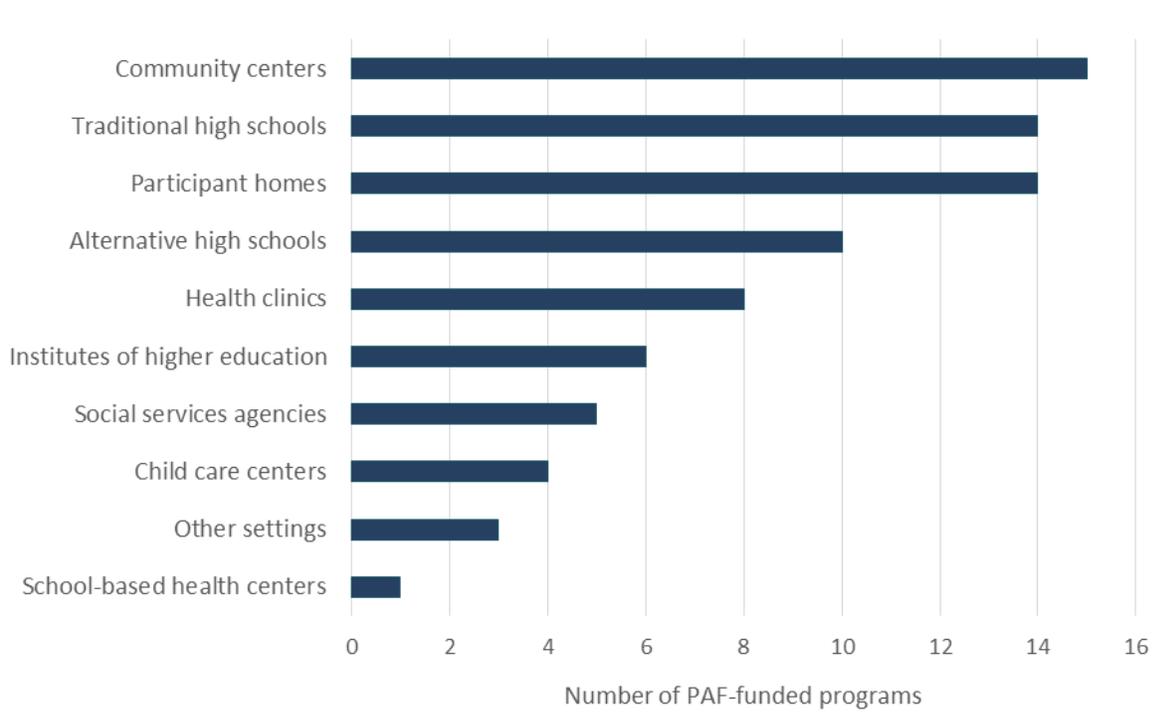
Six grantees reported tailoring some part of their program activities to be culturally relevant. Tailoring could include changing activities during home visits, providing different activities for some participants based on cultural habits, or offering culturally appropriate programming at certain sites. One of the tribal grantees described a culturally sensitive child care site where staff members played Native American music, used cradle boards, and brought Native American elders in to share parenting practices with students. Another tribal grantee noted that staff members could speak the tribal language and tailor home visiting activities for more traditional households (for example, where particular activities involving a mirror might be culturally prohibited).

**Programs were most often implemented in community centers and educational facilities**

Given the prevalence of category 1 and 2 grants, it is not surprising that the majority of PAF programs operated out of community centers and educational settings (Figure III.5). Of the 27 programs—many of which operated in multiple settings—15 were implemented in community centers and 14 in traditional high schools. Several programs were implemented in other

educational facilities, including ten in alternative high schools, six in institutions of higher education, and one in a school-based health center. After community centers and educational settings, participants’ homes were a common site of program implementation (14 programs). Social service agencies and child care centers were less common implementation settings (five and four programs, respectively); one grantee delivered services primarily in maternity shelters. As an example of a program operating in multiple settings, one grantee offered a single program in traditional and alternative high schools, community centers, participants’ homes, and school-based health centers. Other programs operated out of fewer settings or only one setting, such as a community college campus.

**Figure III.5. Implementation settings of PAF-funded programs**



Source: Fall 2014 and spring 2017 Mathematica interviews with PAF program administrators.

Note: Figure reflects 27 programs offered by 20 grantees receiving 2013 and 2015 PAF grants.

Similarly, providers sometimes offered the various program components in different places. For example, one respondent described how her program’s home visiting happened “wherever the participant is located,” whether at a home, school, agency, or elsewhere. Flexibility to serve participants in different settings may allow providers to reach youth for recruitment and services in places youth could easily access and where they feel comfortable. Three respondents explicitly stated that they were offering their respective programs wherever needed to reach and serve youth. Such an approach could accommodate expectant youth who might feel more comfortable meeting in a community center rather than in their parents’ home if parents are unaware or unsupportive of their pregnancy. Alternatively, some youth may prefer meeting at home because they lack transportation.

**Program spotlight: The Choctaw Nation of Oklahoma’s Support for Expectant and Parenting Teens program reflects common design choices**

Although the PAF grantees’ programmatic approaches vary widely, the Choctaw Nation of Oklahoma’s Support for Expectant and Parenting Teens (SEPT) program illustrates some of the more common design choices across the 17 cohort two PAF grantees. Through SEPT (which serves young women) and Fatherhood SEPT (for young men), tribal support specialists serve youth and families primarily through home visiting and group sessions, both of which use the Parents as Teachers curriculum, an evidence-based program that seeks to improve parenting practices, reduce child abuse and neglect, and increase children’s school readiness by working with parents to increase their knowledge of parenting and early childhood development. Referrals are supported by an extensive network of formal and informal partnerships with other public agencies and service providers; these facilitate youths’ access to additional supports including health, mental health, housing, and intimate partner violence services. Unlike most other grantees, the Choctaw Nation provides SEPT and other program services directly to youth, rather than working through subawards to provider organizations.

## IV. BUILDING A STRUCTURE TO SUPPORT SUCCESS

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Grantees relied on a small number of staff to oversee grant administration and most used networks of partnerships and subawardees to provide services. Although grantees organized themselves similarly in terms of administrative structures, they differed in the level of funding available for programming and how they leveraged other financial and material resources and relationships. Grantees also took different approaches to service delivery, and the majority made subawards to other organizations to provide direct services to expectant and parenting youth and families. Among the grantees using such subawards for service provision, there was variation in how much flexibility they allowed providers to exercise in serving program participants.

### PAF grants made to various agencies

Departments of health house the most PAF grantees (seven). Education agencies and tribal entities lead five grants. The remaining grants are housed in social services or another agency (specifically, a department of justice, a department of children and family services, and a quasi-public nonprofit agency).

### Small teams administered PAF grants

The two to four administrative staff members who oversaw most of the PAF grants sometimes also worked on other grants or programs. For example, one grantee had three staff members administering the PAF-funded program: a full-time program specialist who oversaw the program's day-to-day administration, a project coordinator staffed at 50 percent on PAF, and a project director staffed at 10 percent on the PAF grant. One possible advantage of such arrangements, noted by one grantee, was that staff with responsibilities for other programming could bring their knowledge of extant resources to the PAF program. Similarly, full-time agency staff could gain experience from PAF that would remain with the agency after the grant period, potentially supporting further program development and sustainability. In contrast, two respondents described their state's PAF grant as a one-person show, with just one individual handling all oversight and administration for the grant.

### Grantees leveraged additional resources to bolster their offerings

Grantees leveraged public and private funding and in-kind contributions to bolster their federal grant-funded programming. Grantees received between \$380,000 and \$1,500,000 annually in PAF grant funds, with a mean of about \$1,200,000. Grantees that applied under category 1 (to serve participants in institutions of higher education) were required to solicit a 25 percent match for their grant from their partner colleges. Respondents from the four category 1 grantees reported that these institutional partners sometimes obtained cash and in-kind contributions from public and private sources in order to meet the required match. For example, one grantee said that a college had provided the match through a combination of private institutional funding, foundation grants, and material donations (books and other educational materials) from corporations. Other grantees were not required to match, but OAH encouraged them to leverage additional resources and some grantees did this creatively. More than a third of all grantees *without* category 1 funding (six of 16) also accessed additional resources to bolster their PAF efforts. Examples of such approaches included using combined funding from a governor's infant mortality budget and state general funds to support PAF services, as well as using in-kind monitoring and training and technical assistance provided by agency staff or

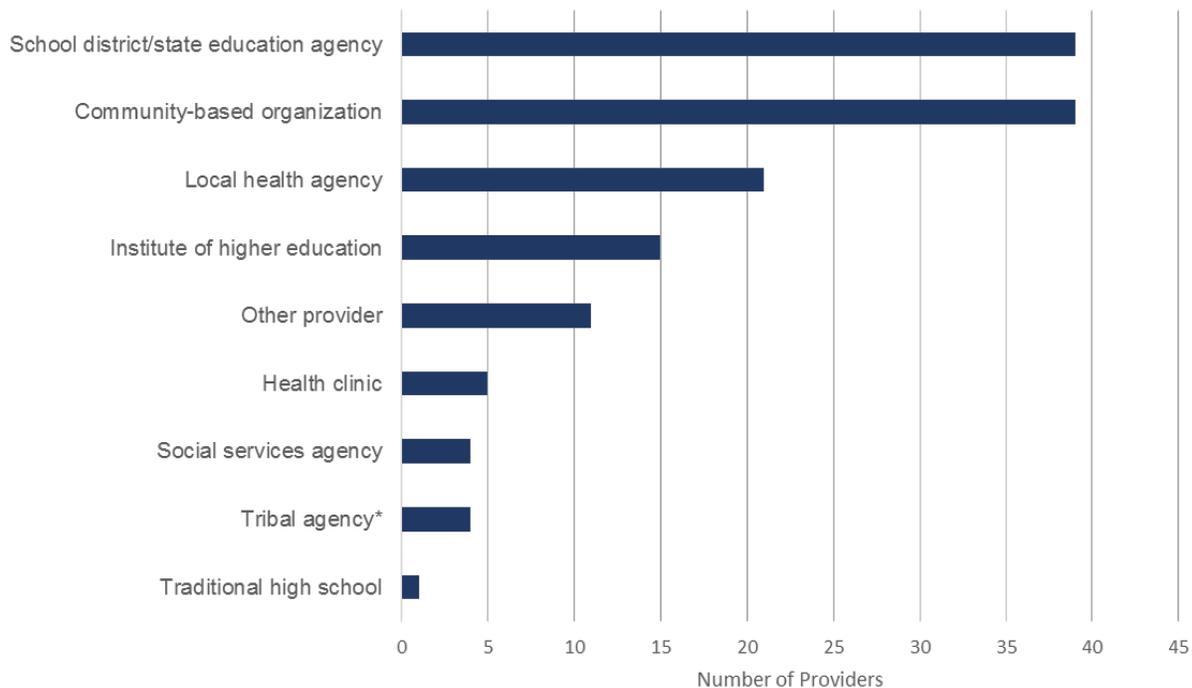
sometimes through other federal programs, such as the Maternal Infant and Early Childhood Home Visiting program or Young Families Connect.

### **Most grantees used local provider organizations to bring PAF programs directly to youth**

Most PAF-funded activities were carried out by organizations funded through subawards and other subcontracts rather than by the grantee agency itself. These organizations fell into two main categories: direct service providers and other subrecipients for grant-related services (such as training and technical assistance or evaluation). The grantees maintained fiscal and administrative oversight of the subawardee organizations. Of the 20 grantees receiving 2013 and 2015 PAF funding, three tribal entities and one state health department were the only grantees providing direct services to youth and families. Among the 16 grantees exclusively using subawards to provide direct services to youth and families, grantees have awarded a mean of about \$916,647 annually (70 percent of their annual grant funds) to direct service providers, with individual subawards ranging from \$9,000 to \$250,000 per year per provider.

A total of 139 organizations of different types provided PAF-funded program services (Figure IV.1), including 135 organizations receiving subawards, as well as the three tribal grantees and one state health department that provided services themselves. The majority of provider subawards were to education-related entities, including school districts, institutions of higher education, and high schools. This reflects the PAF grant program's overarching intent to provide services to school-age youth and it aligns with the fact that the majority of grantees were awarded category 1 and/or 2 grants. Less than 20 percent (26 of 135) of provider subawards were to local health agencies or clinics (combined), although health departments were the most common lead agency. This may reflect the importance, highlighted by interview respondents, of working across agencies or sectors to reach the intended populations of expectant and parenting youth and provide them with the comprehensive programming that they need. That is, lead agencies in one sector may have made subawards to providers in another sector to find the targeted youth and address their wide-ranging needs.

The number of provider subawards per grantee ranged from one to 27, with a mean of about seven. Most grantees funded several types of direct service providers. In one of the most diverse cases, a grantee made subawards to school districts, community-based organizations, local health agencies, health clinics, and a social service agency. At the other end of the spectrum, four grantees made subawards to just one type of provider organization.

**Figure IV.1. Types of organizations providing PAF-funded services**

Source: Fall 2014 and spring 2017 Mathematica interviews with PAF program administrators.

Note: Provider organizations are those using PAF funds to provide services to expectant and parenting youth, their children, and families.

\* Three of four tribal agencies are themselves grantees; one is a subawardee.

### Grantees varied in the amount of flexibility they allow among service providers

There was important variation in how much flexibility grantees allowed providers to exercise in serving PAF program participants. Some grantees left the bulk of programming decisions to providers, whereas others explicitly tried to reduce variability in program offerings across providers. Among the ten grantees offering a relatively high degree of flexibility, they allowed providers choices in the specific curriculum or program model, optional program components, service delivery mode, dosage of different services, and provision of services in a culturally appropriate manner. Interview respondents explained their choice of a flexible approach in terms of the importance they placed on local or individual appropriateness. For example, one grant administrator described the approach as giving providers “a menu of options” of evidence-based models and letting them choose the model “that was best for the community.” Similarly, with respect to dosage, a grantee said, “We try to allow the [providers] the flexibility to work with individuals to best suit their needs. I don’t have the expectation that you need to propose, say, X amount of case management sessions.” The nine grantees offering less provider flexibility emphasized the importance of fidelity to their program model. As one respondent stated, “We are trying to be rigorous about implementation of [our program].” Another described the grantees’ implementation policies as “very prescriptive,” asserting that this “helps ensure that people are implementing evidence-based programs consistently and with fidelity to the model.”

Regardless of whether or not grantees gave providers flexibility, respondents universally reported trying to stay abreast of providers' activities, for example, through regular conference calls or occasional site visits to provider organizations. Similarly, all grantees also reported that they monitored provider activities formally, for example, through annual service plans and fiscal reports.

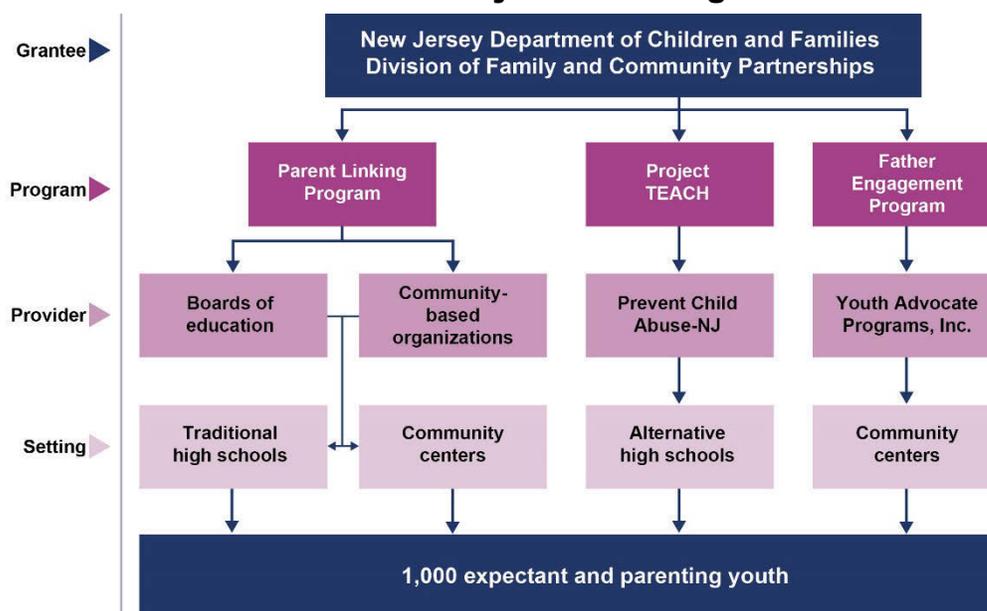
### **Grantees and providers leveraged partnerships to better serve youth and sustain programming**

OAH encourages grantees to leverage both formal and informal partnerships. All grantees did so, and interview respondents reported that the primary purposes of these partnerships were to reduce barriers to service access and link participants with specific services (cited by 16 grantees) and/or support program sustainability (cited by 11). These partnerships occurred at both the grant level (that is, at the level of the state or tribal agency administering the grant) and the provider level.

At the grant level, interview respondents emphasized the importance of working with agencies in different sectors (for example, health and education), given the comprehensive needs of expectant and parenting youth. In describing such cross-agency collaborations, interview respondents highlighted the importance of such efforts for program sustainability. At the same time, however, grantees cited conflicting agency cultures and bureaucracies as a challenge. At least two grantees overcame this challenge by explicitly pursuing informal rather than formal partnerships. These respondents reported that they worked with individuals across agencies, but they avoided formal mechanisms, such as memoranda of understanding, because such formal approaches could result in obstacles and delays.

At the provider level, partnerships were the primary means by which program participants were linked to the array of services needed. To ensure that adequate linkages were in place and to support their functioning together, seven grantees required providers to develop some kind of collaborative body (for example, a community coalition or a local advisory board) as part of their grant. Recognizing the challenges of making such partnerships work, two of these grantees went so far as to provide training and technical assistance to providers specifically on how to collaborate.

New Jersey offers an illustrative example of how PAF grantees relied on various provider organizations to implement multiple programs in diverse settings (Figure IV.2). The state Department of Children and Families (DCF) Division of Family and Community Partnerships used PAF funds to enhance two previously existing programs: the Parent Linking Program (PLP) and Project TEACH. The grantee provided PLP services in traditional high schools and community settings through subawards to five boards of education and five community-based organizations. It offered Project TEACH services in DCF regional schools through a subaward to the community-based organization, Prevent Child Abuse New Jersey. Finally, it developed a new father engagement program, offering services through another community-based organization, Youth Advocate Programs, Inc.

**Figure IV.2. Structure of New Jersey's 2013 PAF grant**

Source: Fall 2014 Mathematica interviews and follow-up communications with NJ PAF program administrators.

### **Grantees worked with other subrecipients to provide quality assurance, training, and technical assistance**

Grantees relied on other subrecipients to carry out a variety of grant activities beyond direct service provision. These subrecipients primarily supported monitoring and evaluation or provided training and technical assistance.

### **Grantees monitored and evaluated providers to ensure quality programming**

Eleven grantees reported engaging external organizations to help evaluate their PAF programs, whereas others relied on internal monitoring and evaluation staff. The amount of funding these grantees reported spending on evaluation and monitoring activities ranged from \$30,000 to \$760,000, with a mean of about \$358,000. These evaluation and monitoring subrecipients helped develop or manage data systems and other tools for tracking PAF activities and outcomes, established monitoring procedures, or oversaw fidelity to the program model. In some cases, subrecipients helped conduct the grantees' needs assessment.

Whether they subcontracted for it or did it themselves, grantees used a variety of different systems for monitoring providers, including formal management information systems, online platforms, and Access databases. Other monitoring tools included referral forms, participant surveys, and intake forms. Grantees tracked performance measures such as recruitment and enrollment, number or type of services received, and health status or outcomes. They used data collected through monitoring to track, tailor, and improve provider performance; to reimburse providers for services rendered; and to provide quality control. One grantee focused on service coordination noted that data sharing could be difficult across agencies due to confidentiality rules and different management information systems. They worked with their external evaluator to develop a system for data sharing to improve grant reporting and service delivery.

### **Grantees ensured providers were trained on program implementation and substantive topics**

Seven grantees contracted with external organizations for training and/or technical assistance, primarily to help their direct service providers implement different program components and understand substantive issues critical to serving expectant and parenting youth. To support program implementation, grantees sometimes contracted for training on a specific branded program (for example, Futures Without Violence Safety Card, Incredible Years); at other times, they contracted for training on more general programmatic approaches (for example, case management or building successful coalitions). Service providers sometimes requested support related to substantive topics or monitoring staff recommended it; topics included, for example, birth control and family planning, shaken baby syndrome, and trauma-informed care. Training and technical assistance was most often provided in group settings (for example, provider workshops, webinars, learning collaborations), but one-on-one support was sometimes available (for example, through regular phone calls, ad hoc requests, or other check-ins). Almost all (19 of 20) grantees provided training and technical assistance; those that did not contract for it typically offered it through their own agency or accessed it through partner organizations.

## V. SUMMARY AND CONCLUSIONS FROM EARLY IMPLEMENTATION

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The PAF grant program has been a cornerstone of recent federal government's efforts to support expectant and parenting youth. This report is a systematic, empirical study of such programs. Drawing upon document review and data from interviews with program leaders representing the 20 PAF grantees funded in 2013 and 2015, the study provides an aggregate description of early grant implementation. It addresses key issues related to grant strategy and context, administration, and program design and implementation. The report documents that, in the first phase of implementation for the second and third round of PAF grants, the 20 grantees organized their administrative teams, developed and/or refined their program approaches, made subawards to 135 provider organizations, and launched 27 programs total, expecting to reach nearly 31,000 youth across the country during their respective grant periods.

A few key findings emerge from the analysis that may merit special attention as policymakers and program leaders consider future federal programs for expectant and parenting youth:

- **Grantees built programs to address participants' comprehensive needs through multiple program components.** Programs typically focused on parenting skills and they often involved intensive case management and referrals, but these were often combined with a host of other topics and services. Such multifaceted approaches may address participants' comprehensive needs, but they may be a challenge to implement over time (especially as funding fluctuates), and it may be difficult to understand which pieces were most critical for improving participants' outcomes.
- **Multi-component approaches required a high degree of service coordination, which may support program sustainability.** Coordination required that grantees build partnerships across different sectors and bureaucracies as well as with an array of provider organizations. Interview respondents described some of the difficulties of such collaborative approaches, and they were devoting substantial attention to their development. Grantees saw coordination as necessary for providing expectant and parenting youth with the full range of required services and as a way to sustain services after the grant period.
- **More needs to be done to develop the evidence base.** The fact that grantees had to piece together programs—without strong evidence of the effectiveness of the sum or the parts—underscores the need for more research on how best to serve expectant and parenting youth.

The 2013 grant period began July 1, 2013, and ended June 30, 2017; the 2015 grant period began July 1, 2015 and ends June 30, 2018. The 2013 grantees have ended their grants and the 2015 grantees are in their final months of implementation. During this time, the 2015 grantees will continue to develop sustainability plans, which, like the earlier cohort's, have focused on leveraging partnerships and integrating PAF into other state programs.

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## REFERENCES

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- Brien, Michael J., and R. Willis. "Costs and Consequences for the Fathers." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, edited by S.D. Hoffman and R.A. Maynard. Washington, DC: The Urban Institute Press, 2008.
- Goerge, Robert M., Allen Hardin, and Bong Jo Lee. "Consequences of Teen Childbearing for Child Abuse, Neglect, and Foster Care Placement." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, edited by S.D. Hoffman and R.A. Maynard. Washington, DC: The Urban Institute Press, 2008.
- Hamilton, B., and T.J. Mathews. "Continued Declines in Teen Births in the United States, 2015." *National Center for Health Statistics Data Brief* no. 259. Hyattsville, MD: National Center for Health Statistics, 2016.
- Hoffman, Saul D., and Rebecca A. Maynard. "The Study, the Context, and the Findings in Brief." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, edited by S.D. Hoffman and R.A. Maynard. Washington, DC: The Urban Institute Press, 2008.
- Johnson, R.W., and M.M. Favreault. "Economic Status in Later Life Among Women Who Raised Children Outside of Marriage." Washington, DC: The Urban Institute, 2004.
- Manlove, Jennifer S., Elizabeth Terry-Humen, Lisa A. Mincieli, and Kristin A. Moore. "Outcomes for Children of Teen Mothers from Kindergarten through Adolescence." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, edited by S.D. Hoffman and R.A. Maynard. Washington, DC: The Urban Institute Press, 2008.
- Martin, J.A., B.E. Hamilton, M.J.K. Osterman, A.K. Driscoll, and T.J. Matthews. "Births: Final Data for 2015." *National Vital Statistics Reports*, vol. 66, no 1. Hyattsville, MD: National Center for Health Statistics, 2017.
- Ryan, S.J., J. Manlove, and K.A. Moore. "The Relationship Between Teenage Motherhood and Marriage." *Science Says*, no. 11. Washington, DC: Child Trends, 2004.
- Terry-Humen, E., J. Manlove, and K. Moore. "Playing Catch-Up: How the Children of Teen Mothers Fare." Washington, DC: National Campaign to Prevent Teen Pregnancy, 2005.
- U.S. Department of Health and Human Services, Office of Adolescent Health. "Announcement of Availability of Funds for Support for Expectant and Parenting Teens, Women, Fathers and Their Families." Washington DC, 2013. Available at [[http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/program-guidance/Assets/paf\\_foa.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/program-guidance/Assets/paf_foa.pdf)]. Accessed December 7, 2015.

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**APPENDIX A:**  
**GRANTEE PROFILES**

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The PAF grantee profiles provide a summary of the grant-funded programming offered by each of the 2013 and 2015 grantees. The profiles do not serve as a comprehensive accounting of all PAF-funded activities but rather offer a concise, standardized description of how the grantees have used grant funds. Because the profiles apply consistent terms to describe all 20 grantees and their 27 programs, they may not describe all facets of programming in the same terms as the grantees themselves used. Similarly, the profiles may not reflect changes to programming that occurred after fall 2014 for cohort two grantees and January 2017 for cohort three grantees.

#### Summary of PAF Funding Categories

- Category 1: Serving expectant and parenting students enrolled in institutions of higher education
- Category 2: Serving expectant and parenting youth in high schools and community centers
- Category 3: Serving expectant or newly parenting women who are victims of intimate partner violence
- Category 4: Increasing public awareness and education

The grantee profiles were created through a four-step process. First, Mathematica extracted data from the OAH grant applications and supporting documents to populate a profile template. Next, during telephone interviews, grant administrators reviewed, verified, and corrected their information as needed, and Mathematica revised the profiles to incorporate suggested changes. Finally, OAH project officers and grantees reviewed the updated profiles for completeness and accuracy. (Appendix B provides more detail on data collection and analytic methods.)

Each profile is divided into two sections. The *grant overview* section includes an abstract of the grantee's planned approach and funding category (summarized in the text box above), with details on funding levels and participation goals. The *annual PAF grant funding amount* is the amount the grantee received annually during the relevant grant period (2013–2017 for cohort two; 2015–2020 for cohort three). The *amount to providers* is the amount of funding allocated annually through subawards to organizations providing direct services to youth and families; it does not include funds allocated to other subrecipients such as evaluators or technical assistance providers. The *total estimated number of youth served* is the number of participants that the grantee expected to serve through all grant-funded programs (excluding public awareness activities) over the full grant period.<sup>6</sup>

The second section of each profile provides a summary of each grant-funded program along the same key dimensions, using a series of standard descriptors within each. Mathematica developed these dimensions and the descriptors within them based on a review of the PAF grant solicitations and funded grant applications. *Substantive focus* describes the topic areas that are emphasized by each program (that is, what the program is about). *Program components* indicates the types of services provided to youth as part of the program (that is, how program services are delivered). *Intended dosage* is the amount of specific program components that a participant should receive over a particular period of time, as specified by the program. Many programs do not specify the dosage for all (or any) components, which is noted in the profiles. *Type and number of providers* describes the type and number of organizations receiving funds (typically subawards) to provide direct services to youth under the program. *Implementation settings*

<sup>6</sup> Funding amounts were self-reported by interview respondents and may be estimates of actual amounts. Similarly, the estimated number of youth served is rounded to the nearest 10 and reflects respondents' expectations at the time of the interviews, not numbers of youth actually served.

capture where the program services are offered, for example, high schools or community centers. Finally, *target population* identifies the demographic groups targeted by the program. Age categories broadly reflect the PAF funding categories (with age 18 and under corresponding roughly to category 2 and age 19 to 22 corresponding to category 1); for grantees serving age groups that overlapped with two or more categories, all relevant categories are listed.

**California Department of Public Health  
Maternal, Child, and Adolescent Health Program**

**Pregnancy Assistance Fund Grant Overview**

The California Department of Public Health’s Maternal, Child, and Adolescent Health (MCAH) program is implementing the Adolescent Family Life Program-Positive Youth Development (AFLP-PYD) program as an enhancement to its AFLP program. AFLP-PYD is based on a resiliency framework that focuses on increasing youths’ strengths, problem-solving skills, and social competency to delay subsequent pregnancy and increase educational attainment. The program consists of twice-monthly case management visits with quarterly home visits; the structure of visits is flexible and focuses on life planning and clients’ strengths. Program services are provided through subawards to 10 agencies including community-based organizations, school districts, local health departments, and health clinics. The grantee also provides training, technical assistance, and other support to up to 17 additional new AFLP-PYD providers. Work under this grant scales up the work that occurred under the state’s prior Pregnancy Assistance Fund grant, which piloted the PYD enhancement to AFLP in 11 sites. (Funding category 2.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$645,491
<b>Total estimated number of youth served (full grant period)*</b>	5,050	

**PAF-Funded Programs Serving Youth and Families**

**Adolescent Family Life Program-Positive Youth Development**

<b>Substantive focus</b>	Parenting skills; healthy relationships; educational attainment; subsequent pregnancy; child health
<b>Program components</b>	Home visiting; case management
<b>Intended dosage</b>	Case management: Minimum of two monthly case management sessions of one hour each over 12 months, with at least one session per quarter conducted as a home visit
<b>Type (and number) of providers</b>	School district (two); health clinic (four); community-based organization (10); local health agency (10); department of social services (one)
<b>Implementation settings</b>	Traditional high schools; participants’ homes; community centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; age 18 or younger; Hispanic/Latino

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

**Choctaw Nation of Oklahoma**

<b>Pregnancy Assistance Fund Grant Overview</b>		
<p>The Choctaw Nation of Oklahoma provides home visiting programs throughout its tribal service area, using its own staff to implement the Support for Expectant and Parenting Teens (SEPT) program to females and the Fatherhood SEPT program to males. Both home visiting programs combine the Parents as Teachers (PAT) curriculum with PAT family cultural group meetings. The grantee also provides the Fatherhood Is Sacred group parenting education program. All three programs emphasize culturally appropriate, evidence-based or -informed approaches to improve the parenting skills of Native American youth. In addition to providing direct services to youth, the grantee is conducting a public awareness activities that emphasizes outreach at community events to raise awareness of issues related to and services for expectant and parenting youth. The grantee used prior grant funds to develop and implement the SEPT program and is using current funds to enhance programming to build participants' self-sufficiency skills and to develop the SEPT fatherhood programming. (Funding categories 2 and 4.)</p>		
<b>Annual PAF grant funding</b>	Amount \$977,432	Amount to providers <i>Grantee provides services directly to youth and families</i>
<b>Total estimated number of youth served (full grant period)*</b>	450	
<b>PAF-Funded Programs Serving Youth and Families</b>		
<b>Support for Expectant and Parenting Teens</b>		
<b>Substantive focus</b>	Parenting skills; health literacy; healthy relationships; financial literacy; delay subsequent pregnancy	
<b>Program components</b>	Home visiting; support groups; referral services	
<b>Intended dosage</b>	Home visiting: two home visits per month over 24 months; support groups: one PAT cultural group meeting per month	
<b>Type (and number) of providers</b>	Tribal agency (one)	
<b>Implementation settings</b>	Participants' homes; community centers	
<b>Target population</b>	Expectant females; parenting females; age 18 or younger; ages 19 to 22; American Indian or Alaska Native	
<b>Fatherhood Support for Expectant and Parenting Teens</b>		
<b>Substantive focus</b>	Parenting skills; health literacy; healthy relationships; father involvement; conflict resolution/anger management	
<b>Program components</b>	Home visiting; support groups; referral services	
<b>Intended dosage</b>	Home visiting: one home visit per month over 24 months; support groups: One PAT cultural group meeting per month	
<b>Type (and number) of providers</b>	Tribal agency (one)	
<b>Implementation settings</b>	Participants' homes; community centers	
<b>Target population</b>	Expectant males; parenting males; age 18 or younger; ages 19 to 22; American Indian or Alaska Native	
<b>Fatherhood Is Sacred</b>		
<b>Substantive focus</b>	Parenting skills; financial literacy; healthy relationships; delay subsequent pregnancy; father involvement	
<b>Program components</b>	Group-delivered curriculum	
<b>Intended dosage</b>	Group delivered curriculum: one two-hour session per week over 12 weeks	
<b>Type (and number) of providers</b>	Tribal agency (one)	
<b>Implementation settings</b>	Community centers	
<b>Target population</b>	Expectant males; parenting males; age 18 or younger; ages 19 to 22; American Indian or Alaska Native	

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Confederated Salish and Kootenai Tribes Pregnancy Assistance Fund Grant Overview

The Confederated Salish and Kootenai Tribe (CSKT) Tribal Social Services Division is implementing the Supporting Pregnant and Parenting Teens Program (SPPT). Through SPPT, CSKT parent educators provide direct services to youth and families of the Flathead Indian Reservation, primarily through home visiting with case management and referral services, using the Parents as Teachers curriculum. Through a subaward to Salish Kootenai College, a specialist provides mental health services to pregnant and parenting students. CSKT was a subawardee of the Montana Department of Public Health and Human Services in the previous Pregnancy Assistance Fund grant cycle and is using current funds to expand the programming available to youth on the reservation. The grantee is using a media activities to recruit participants and disseminate program materials. (Funding categories 1, 2, and 4.)

<b>Annual PAF grant funding</b>	Amount \$504,000	Amount to providers <i>Grantee provides services directly to youth and families</i>
<b>Total estimated number of youth served (full grant period)*</b>	250	

### PAF-Funded Programs Serving Youth and Families

#### Supporting Pregnant and Parenting Teens

<b>Substantive focus</b>	Parenting skills; health literacy; healthy relationships; educational attainment; delay subsequent pregnancy
<b>Program components</b>	Home visiting; case management; individual mental health counseling; support groups; group-delivered curriculum; workshops/forums; referral services
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Tribal agency (one)
<b>Implementation settings</b>	Alternative high schools; institutes of higher education; participant homes; community centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; American Indian or Alaska Native; nonparental caregivers; ages 13 to 21

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Connecticut State Department of Education

### Pregnancy Assistance Fund Grant Overview

The Connecticut State Department of Education is implementing the Supports for Pregnant and Parenting Teens (SPPT) program through subawards to six school districts with high pregnancy and dropout rates. SPPT adheres to an evidence-informed framework for working with expectant and parenting teens, which includes eight components: (1) flexible, quality schooling and academic supports; (2) case management; (3) referrals to health services; (4) provision of quality child care; (5) parenting and life skills education and support; (6) father involvement services; (7) links to higher education and career development; and (8) family engagement and intergenerational supports. A social worker and a nurse work in each district to provide these services to expectant and parenting high school students. The grantee offers tailored assistance to subawardee districts; the grantee also partners with three organizations, Nurturing Families Network, Capitol Region Education Council, and the Hispanic Health Council, to provide additional supports to the districts. Partners provide professional development and technical assistance and help social workers link schools with community resources. The grantee used prior funding from the Pregnancy Assistance Fund to develop and pilot SPPT and is using the current grant to fund an additional school district. (Funding category 2.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$1,117,300
<b>Total estimated number of youth served (full grant period)*</b>	900	

### PAF-Funded Programs Serving Youth and Families

#### Supports for Pregnant and Parenting Teens

<b>Substantive focus</b>	Parenting skills; healthy relationships; educational attainment; delay subsequent pregnancy; father involvement; life skills; intergenerational support
<b>Program components</b>	Case management; health care; child care; transportation; referral services; employment services; flexible or alternative academic scheduling; transition support for postsecondary education
<b>Intended dosage</b>	Case management: minimum of one case management visit per month; other components: not specified
<b>Type (and number) of providers</b>	School district (six)
<b>Implementation settings</b>	Traditional high schools; alternative high schools
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; age 18 or younger; ages 19 to 22

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Massachusetts Department of Public Health

### Pregnancy Assistance Fund Grant Overview

The Massachusetts Department of Health is implementing the Massachusetts Pregnant and Parenting Teen Initiative (MPPTI). The program uses a multidisciplinary team of professionals—including a program coordinator, education/workforce development liaison, social work clinician, youth worker, community health worker, and nurse—to provide case management and wraparound services to expectant and parenting youth. Program services are provided through subawards to five community-based organizations located in high-need communities. The program emphasizes a participant-centered approach that addresses parenting skills, sexual health education, and education and career planning. The grantee provides training, technical assistance, and other support to help providers implement their MPPTI programs. The grantee used prior funding from the Pregnancy Assistance Fund to implement MPPTI with a focus on child outcomes; the work under the current grant focuses on parental outcomes. (Funding category 2.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$1,250,000
<b>Total estimated number of youth served (full grant period)*</b>	1,500	

### PAF-Funded Programs Serving Youth and Families

#### Massachusetts Pregnant and Parenting Teen Initiative

<b>Substantive focus</b>	Parenting skills; health literacy; educational attainment; vocational preparation; delay subsequent pregnancy; family stability
<b>Program components</b>	Home visiting; case management; individual mental health counseling; support groups; group-delivered curriculum; health insurance information, referrals, and/or coverage enhancements
<b>Intended dosage</b>	Case management: one case management visit per week; other components: not specified
<b>Type (and number) of providers</b>	Community-based organization (five)
<b>Implementation settings</b>	Traditional high schools; alternative high schools; participants' homes; community centers; GED programs
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; age 18 or younger; ages 19 to 22; ages 23 or older; high-need geographic areas

Source: Fall 2014 Mathematica interviews with PAF program administrators.

Note: GED = General Educational Development examination.

\* Grant period: July 1, 2013, to June 30, 2017.

## Michigan Department of Community Health

### Pregnancy Assistance Fund Grant Overview

The Michigan Department of Community Health is implementing the Michigan Adolescent Pregnancy and Parenting Program (MI-APPP), using the Adolescent Family Life Program-Positive Youth Development approach developed by California under its first Pregnancy Assistance Fund grant. MI-APPP services are provided through subawards to three intermediate school districts, two local health departments, and one community-based organization, all operating in high-need geographic areas. The program provides twice-monthly structured case management with home visiting and other services to expectant and parenting youth. Providers have flexibility in the other services they offer, including but not limited to parent education, support groups, financial literacy courses, mentoring, and tutoring for clients and the supportive adults in their lives. MI-APPP emphasizes a strengths-based approach to address youths' goals for delaying subsequent pregnancy, improving educational attainment, and meeting their basic needs. The grantee provides technical assistance through learning collaboratives, which include monthly calls with all providers. A website focused on services and resources for expectant and parenting teens is the key feature of the public awareness activities, along with targeted radio and online spots. (Funding categories 2 and 4.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$925,000
<b>Total estimated number of youth served (full grant period)*</b>	750	

### PAF-Funded Programs Serving Youth and Families

#### Michigan Adolescent Pregnancy and Parenting Program

<b>Substantive focus</b>	Parenting skills; educational attainment; delay subsequent pregnancy; maternal and child health
<b>Program components</b>	Case management; referral services
<b>Intended dosage</b>	Case management: minimum of two monthly case management sessions of one hour each over 12 to 24 months, with quarterly home visits
<b>Type (and number) of providers</b>	School district (three); community-based organization (one); local health agency (two)
<b>Implementation settings</b>	Traditional high schools; alternative high schools; participants' homes; community centers; school-based health centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; age 18 or younger; ages 19 to 22; high-need geographic areas

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Minnesota Department of Health State Treasurer

### Pregnancy Assistance Fund Grant Overview

The Minnesota Department of Health State Treasurer is implementing the Minnesota Student Parent Support Initiative (MSPSI). The program serves expectant and parenting college students at student parent centers, which are funded through subawards to nine institutions of higher education located in urban and rural communities demonstrating a need for the program. The program requires that the centers incorporate several components into their programming: creating a physical space on campus for a student parent center, staffing the center with at least 0.75 full-time equivalent positions, hosting a minimum of six student parent activities in an 18-month period, creating and maintaining partnerships with organizations that provide services to expectant and parenting youth, and increasing institutional capacity to serve expectant and parenting students. Institutions have flexibility to select their own particular approaches to address each component. Coordinators conduct intake and health screenings; provide case management and referral services; and lead support groups and workshops or forums covering topics related to parenting, education, and health. The grantee used prior funding from the Pregnancy Assistance Fund to pilot the MSPSI at 10 institutions of higher education; the current grant continues the program at nine of the 10 institutions. (Funding category 1.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$1,100,000
<b>Total estimated number of youth served (full grant period)*</b>	3,000	

### PAF-Funded Programs Serving Youth and Families

#### Minnesota Student Parent Support Initiative

<b>Substantive focus</b>	Parenting skills; health literacy; trauma and/or violence; educational attainment; delay subsequent pregnancy
<b>Program components</b>	Case management; support groups; material resources for maternity and parenting; workshops/forums; referral services
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Institution of higher education (nine)
<b>Implementation settings</b>	Institutions of higher education
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; ages 18 to 22; ages 23 or older

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Mississippi State Department of Health

### Pregnancy Assistance Fund Grant Overview

The Mississippi State Department of Health (DOH) is implementing the Perinatal High Risk Case Management Program (PRHM/ISS). The program uses three DOH providers—a social worker, registered dietician, and nurse—to provide monthly case management to expectant and parenting youth, ages 17 to 19. The monthly visits occur in the health clinic or home setting and focus on addressing teens’ individual medical and psycho-social risk factors based on assessments conducted by each provider. The program aims to delay subsequent pregnancy, educate youth on child development and parenting skills, and promote bonding between infants and parents. The program utilizes the Partners for Healthy Babies curriculum and it also provides additional supportive services to youth including transportation, financial services, and referrals for housing assistance. In addition, the DOH is implementing a public awareness campaign using targeted marketing materials, including a promotional video aimed at teens. (Funding categories 2 and 4.)

<b>Annual funding</b>	Amount \$636,939	Amount to providers <i>Grantee provides services directly to youth and families</i>
<b>Total estimated number of youth served (full grant period)*</b>	300	

### PAF-Funded Programs Serving Youth and Families

#### Perinatal High Risk Case Management Program

<b>Substantive focus</b>	Parenting skills; delay of subsequent pregnancy; educational attainment; healthy relationships; life skills; health education/literacy; father involvement; maternal/child health and development; postpartum issues
<b>Program components</b>	Case management; referral services; home visiting; health care; material resources for maternity/parenting; health insurance referrals, coverage enhancement
<b>Intended dosage</b>	Case management: One face-to-face visit per month
<b>Type (and number) of providers</b>	State health agency (one)
<b>Implementation settings</b>	Participant homes; health clinics
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; age 18 or younger; ages 19 to 22

Source: Spring 2017 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2015, to June 30, 2018

## Missouri Department of Elementary and Secondary Education

### Pregnancy Assistance Fund Grant Overview

The Missouri Department of Elementary and Secondary Education is partnering with the Parents as Teachers National Center to implement the Right from the Start program. This program uses the Parents as Teachers evidence-based program model to provide parent education through twice-monthly home visits with a parent educator and monthly group connections parent workshops. Right from the Start focuses on building parenting skills, improving educational attainment and child development outcomes, and developing participants' life skills. The program serves youth from the pre-natal period through the time their child enters kindergarten. The majority of their target population resides in maternity shelters for pregnant women. In addition, the program serves expectant and parenting males who receive home visits and can participate in monthly fatherhood education groups. (Funding category 2.)

<b>Annual funding</b>	Amount \$637,888	Amount to providers \$623,599
<b>Total estimated number of youth served (full grant period)*</b>	405	

### PAF-Funded Programs Serving Youth and Families

#### Right From the Start

<b>Substantive focus</b>	Parenting skills; educational attainment; healthy relationships; life skills; health education/literacy; father involvement; maternal/child health and development
<b>Program components</b>	Case management; referral services; group-delivered curriculum; home visiting; material resources for maternity/parenting; transportation
<b>Intended dosage</b>	Home visiting: two one-hour visits per month Group-delivered curriculum: one fifty-minute session per month
<b>Type (and number) of providers</b>	Community-based organization (one)
<b>Implementation settings</b>	Community centers; traditional high schools; participant homes; alternative high schools; health clinics; institutes of higher education; social service agencies; child care centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; high-need geographic area; age 18 or younger; age 19-22; age 23 or older

Source: Spring 2017 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2015, to June 30, 2018.

## Montana Department of Public Health and Human Services

### Pregnancy Assistance Fund Grant Overview

The Montana Department of Public Health and Human Services is implementing the Healthy Montana Teen Parent Program. The program providers are required to offer supports that make flexible, quality schooling accessible for expectant and parenting youth and to provide at least two of the following core components: (1) case management, (2) referrals and linkages to prenatal and reproductive health care, (3) provision of or support for access to quality child care, (4) parenting and life skills education, and (5) programming to support father involvement. Program services are provided through subawards to nine organizations, with an emphasis on serving Native American youth and on using evidence-based or -informed approaches, including Parents as Teachers, American Indian Life Skills, and Fatherhood Is Sacred. The grantee asks providers to increase collaboration within their communities and to build local coalitions. The grantee provides training, technical assistance, and other support to help providers implement their programs. The grantee developed the program with prior funding from the Pregnancy Assistance Fund and is using its current grant to maintain the program while exploring how best to support expectant and parenting youth so they can pursue postsecondary education. (Funding category 2.)

<b>Annual PAF grant funding</b>	Amount \$1,000,000	Amount to providers \$735,000
<b>Total estimated number of youth served (full grant period)*</b>	600	

### PAF-Funded Programs Serving Youth and Families

#### Healthy Montana Teen Parent

<b>Substantive focus</b>	Parenting skills; postpartum issues; health literacy; healthy relationships; educational attainment; vocational preparation; father involvement
<b>Program components</b>	Home visiting; case management; health care; child care; referral services; employment services; flexible or alternative academic scheduling
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	High school (one); community-based organization (two); local health agency (one); tribal agency (one); consulting firm (one); maternity group home (one)
<b>Implementation settings</b>	Participants' homes
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; American Indian or Alaska Native; high-need geographic areas

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## New Hampshire Department of Education

### Pregnancy Assistance Fund Grant Overview

The New Hampshire Department of Education is delivering the Education, Employment, and Engagement (E<sup>3</sup>) program, which links existing social service programs to provide coordinated programming to teen fathers and their families. The program aims to improve participating fathers' educational attainment including access to postsecondary education, build job skills, and improve engagement with their children. Participants are required to participate in ten activities provided by E<sup>3</sup> partner agencies over the course of a year, but can choose among many options including individual counseling, parenting classes, home visits, or job training. The E<sup>3</sup> program manager assists youth to determine the best mix of programming based on individual needs. In addition, the program provides a \$3 per hour stipend to all participants who are employed to increase their hourly wage. (Funding category 2.)

<b>Annual funding</b>	Amount \$381,731	Amount to providers \$358,064
<b>Total estimated number of youth served (full grant period)*</b>	94	

### PAF-Funded Programs Serving Youth and Families

#### Education, Employment, and Engagement (E<sup>3</sup>)

<b>Substantive focus</b>	Parenting skills; delay of subsequent pregnancy; educational attainment; healthy relationships; life skills; health education/literacy; father involvement; vocational preparation; trauma and/or violence; maternal/child health and development; financial literacy
<b>Program components</b>	Case management; referral services; group-delivered curriculum; material resources for maternity/parenting; employment services; individual mental health counseling; flexible or alternative academic scheduling; other: family counseling/relationship building
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	School district/state education agency (one); community-based organization (seven); institute of higher education (one); workforce training provider (two); health clinic (one); charter school (one); online parenting support provider (one)
<b>Implementation settings</b>	Community centers; traditional high schools; alternative high schools; participant homes; health clinics; social service agencies; institutes of higher education
<b>Target population</b>	Expectant males; parenting males; age 18 or younger; age 19-22; age 23 or older

Source: Spring 2017 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2015, to June 30, 2018

## New Jersey Department of Children and Families

### Pregnancy Assistance Fund Grant Overview

The New Jersey Department of Children and Families (DCF), Division of Family and Community Partnership, is working closely with Prevent Child Abuse New Jersey (PCA-NJ) to implement three distinct but related programs: (1) the Parent Linking Program (PLP), (2) Project TEACH, and (3) a father engagement program. All three programs share an overarching objective of helping expectant and parenting youth graduate from high school. Both PLP and Project TEACH were offered before the Pregnancy Assistance Fund grant, but both are being enhanced with grant funds. Specifically, PLP has expanded to serve expectant youth as well as parenting youth (the former focus) and provide more intensive case management in 11 traditional high schools; services funded through subawards to a community based organization and the Board of Education include case management, on-site child care, and group workshops that use the Partnering with Teen Parents and Safe Dates curricula. Project TEACH is an alternative, year-round education program for expectant and parenting teens offered through DCF regional schools. Through the subaward to PCA-NJ, Project TEACH is being enhanced to include group workshops using the Partnering with Teen Parents curriculum. The fatherhood program is offered in high-need communities around the state through a subaward to the Youth Advocate Program, a community-based organization; it seeks to engage young fathers and fathers of adolescents by improving their access to community supports. Training and technical assistance, especially on the group-delivered curricula, are provided through the partnership with PCA-NJ. PCA-NJ monitors program fidelity of PLP through site visits, data entry monitoring, review of quarterly reports, and regularly scheduled meetings. PCA-NJ also operates case management groups at each of the Project TEACH regional schools. Public awareness activities seek to educate the public about issues and services related to youth pregnancy and parenting. (Funding categories 2 and 4.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$1,112,600
<b>Total estimated number of youth served (full grant period)*</b>	1,000	

### PAF-Funded Programs Serving Youth and Families

#### Parent Linking Program

<b>Substantive focus</b>	Parenting skills; healthy relationships; educational attainment; delay subsequent pregnancy; child development
<b>Program components</b>	Case management; child care; transportation; group-delivered curriculum; referral services
<b>Intended dosage</b>	Group-delivered curriculum: 30 sessions of 50 minutes each per year (four to six of Safe Dates, 18 of Partnering with Teen Parents); other components: not specified
<b>Type (and number) of providers</b>	Community-based organization (five); board of education (five)
<b>Implementation settings</b>	Traditional high schools; community centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; high-need geographic areas; ages 14 to 21 enrolled in school

#### Project TEACH

<b>Substantive focus</b>	Parenting skills; educational attainment
<b>Program components</b>	Case management; group-delivered curriculum; referral services
<b>Intended dosage</b>	Group-delivered curriculum: One 45-minute session per week for eight weeks; other components: Not specified
<b>Type (and number) of providers</b>	Community-based organization (one)
<b>Implementation settings</b>	Alternative high schools
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; ages 14 to 21; students at risk of school failure

#### Father Engagement Program

<b>Substantive focus</b>	Parenting skills; healthy relationships; educational attainment; vocational preparation; father involvement
<b>Program components</b>	Case management; group-delivered curriculum
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Community-based organization (one)
<b>Implementation settings</b>	Community centers
<b>Target population</b>	Expectant males; parenting males; high-need geographic areas
<b>Substantive focus</b>	Parenting skills; healthy relationships; educational attainment; vocational preparation; father involvement

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## New Mexico Public Education Department

### Pregnancy Assistance Fund Grant Overview

The New Mexico Public Education Department is implementing two key programs: (1) the Graduation Reality and Dual-Role Skills (GRADS+): Making Connections for Success program and (2) a teen dating violence program. The GRADS+ model enhances the existing GRADS program through collaborative partnerships, working to improve case management, encourage young father involvement, promote college and career readiness, and support early childhood development. Program services are provided through a subaward to a consolidated school district, which implements GRADS in 27 high schools in 22 school districts; the high schools have flexibility in selecting the specific services they provide, but the classroom education component must include a GRADS-approved curriculum. The teen dating violence program is provided through subawards to the New Mexico Attorney General's Office and four school districts, which use classroom education, training of professionals who work with youth, and a youth leadership academy to increase knowledge of and skills to prevent teen dating violence. The grantee will also work with a community-based organization to pilot a young fathers program that provides outreach, individual mentoring, education, and case management to young fathers in two communities. The grantee provides training and technical assistance to providers through subcontracts with additional partner organizations. Work under this grant builds upon the state's prior Pregnancy Assistance Fund (PAF) grant, which focused on building capacity to implement the GRADS program. The grantee also oversees public awareness activities in communities with a high teen dating violence rate that focuses on healthy relationships. (Funding categories 2, 3, and 4.)

<b>Annual PAF grant funding</b>	Amount \$1,499,990	Amount to providers \$1,019,698
<b>Total estimated number of youth served (full grant period)*</b>	3,100	

### PAF-Funded Programs Serving Youth and Families

#### GRADS+

<b>Substantive focus</b>	Parenting skills; health literacy; healthy relationships; educational attainment; vocational preparation; delay subsequent pregnancy; father involvement; maternal and child health and development
<b>Program components</b>	Home visiting; case management; child care; group-delivered curriculum; referral services; mentoring
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	School district (one)
<b>Implementation settings</b>	Traditional high schools; alternative high schools; child care centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; children

#### Teen Dating Violence Program

<b>Substantive focus</b>	Trauma and/or violence
<b>Program components</b>	Intimate partner violence education and training, and/or support services
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Attorney general's office (one); school districts (four)
<b>Implementation settings</b>	Traditional high schools and middle schools; community centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; age 18 or younger

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## New York State Department of Health/Health Research, Inc.

### Pregnancy Assistance Fund Grant Overview

The New York State Department of Health, with its key partner Health Research, Inc., is implementing the Pathways to Success program, which is centered on the development and implementation of an asset- and risk-assessment tool for use with students in high schools and community colleges. The tool will be tailored and implemented through subawards to one school district and one community college in each of three communities identified as having high teen birth rates, high poverty, and low graduation rates. The grant pays for a coordinator in each participating school and college who uses the tool to assess student needs, refer them to appropriate services, and develop an individual education and service plan. The subawardee schools and colleges are required to develop formal partnerships with relevant service providers within their community. The grantee is also using the grant funds to improve coordination between the various state and local agencies and organizations that serve expectant and parenting youth. The grantee has contracted with the ACT for Youth Center of Excellence to provide training, technical assistance, evaluation, and data collection support for providers; it is using Text4Baby as part of the public awareness activities. (Funding categories 1, 2, and 4.)

<b>Annual PAF grant funding</b>	Amount \$1,333,436	Amount to providers \$800,000
<b>Total estimated number of youth served (full grant period)*</b>	3,350	

### PAF-Funded Programs Serving Youth and Families

<b>Pathways to Success</b>	
<b>Substantive focus</b>	Assessment of individual risks and strengths to link to appropriate services
<b>Program components</b>	Case management; referral services
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Institution of higher education (three); school district (three)
<b>Implementation settings</b>	Traditional high schools; institutions of higher education
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; high-need geographic areas

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## North Carolina Department of Health and Human Services

### Pregnancy Assistance Fund Grant Overview

The North Carolina Department of Health and Human Services is offering the Young Families Connect (YFC) program. YFC serves expectant and parenting youth through multiple program opportunities, including four key services: (1) education using evidence-based and -informed parenting, health, and wellness curricula; (2) case management and referrals; (3) employment assistance; and (4) financial assistance (for medical services, high school/GED completion, community college) and material supports (such as child care and transportation). YFC services are offered through subawards to local health departments and nonprofit organizations in five high-need counties. Each county assembles a community advisory council (consisting of service providers, educational institutions, health providers, young parents, and other stakeholders), which develops specific work plans for the community. The counties are allowed some flexibility in their work plans, but all are required to include parenting skills training using the Incredible Years program; health and wellness sessions using Ready, Set, Plan!; intimate partner violence workshops; and case management services, including required monthly contacts. The grantee coordinates a variety of training and technical assistance offerings for providers and has subcontracted for an evaluation and development of a YFC administrative database. The grantee used prior funding from the Pregnancy Assistance Fund to develop the Young Moms Connect: Engaging Communities program; current funds are being used to offer YFC services to young fathers, as well as mothers, and to ensure better coordination of services in the communities served; the program has also shifted emphasis from home visiting to case management. The grantee will promote public awareness of issues related to teen pregnancy through the existing Preconception Peer Educators program at institutions of higher education, coupled with a multifaceted marketing strategy. (Funding categories 2, 3, and 4.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$1,000,000
<b>Total estimated number of youth served (full grant period)*</b>	850	

### PAF-Funded Programs Serving Youth and Families

#### Young Families Connect

<b>Substantive focus</b>	Parenting skills; health literacy; healthy relationships; trauma and/or violence; educational attainment; vocational preparation; delay subsequent pregnancy; father involvement
<b>Program components</b>	Case management; material resources for maternity and parenting; group-delivered curriculum; workshops/forums
<b>Intended dosage</b>	Case management: one contact (telephone, email, or in person) per month for a minimum of one year and up to two years; other components: not specified
<b>Type (and number) of providers</b>	Community-based organization (three); local health agency (two)
<b>Implementation settings</b>	Participant homes; community centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Oregon Department of Justice, Crime Victims' Services Division

### Pregnancy Assistance Fund Grant Overview

The Oregon Department of Justice is implementing the Safer Futures program, which serves pregnant and newly parenting women who are victims of intimate partner violence (IPV). Services are provided through subawards to seven victims' advocacy organizations, which place advocates in participating communities' child welfare offices, public health departments, and local health care clinics. Advocates deliver a variety of supportive services to women as well as IPV interventions and accompaniment; they also provide technical assistance and training for health care and child welfare providers. The program emphasizes mitigation of IPV within the first year of the child's life to improve outcomes for mothers and children. The grantee supports providers' training and technical assistance needs. Work under this grant builds upon the state's prior Pregnancy Assistance Fund grant by expanding services from child welfare offices to include public health departments and other health care clinics. In addition to providing direct services to women and education for providers, work under the current grant also improves coordination among agencies to improve the way health care and child welfare systems support expectant and parenting women who are victims of IPV. (Funding category 3.)

<b>Annual PAF grant funding</b>	Amount \$1,000,382	Amount to providers \$877,266
<b>Total estimated number of youth served (full grant period)*</b>	1,950	

### PAF-Funded Programs Serving Youth and Families

#### Safer Futures

<b>Substantive focus</b>	Trauma and/or violence
<b>Program components</b>	Home visiting; support groups; transportation; health insurance information, referrals, and/or coverage enhancements; referral services; intimate partner violence education, training, and/or support services; transitional housing assistance
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Local health agency (four); child welfare office (three)
<b>Implementation settings</b>	Public health departments; health care clinics; child welfare offices
<b>Target population</b>	Expectant females; parenting females

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Riverside-San Bernardino County Indian Health, Inc.

### Pregnancy Assistance Fund Grant Overview

Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI) is implementing the Native Challenge Pregnancy Assistance Fund in partnership with 10 tribes and seven school districts. RSBCIHI health educators provide two group-delivered, evidence-based programs in schools: Be Proud! Be Responsible! Be Protective! and Nurturing Parenting. The grantee also uses case management with home visiting, focusing on reducing repeat teen pregnancy, increasing father involvement, and developing participants' life skills. The grantee is also conducting public awareness activities to promote community-based workshops and forums. Although the grantee targets Native American youth through its home visiting and community-based efforts, it also serves a broader population in the schools where programming is implemented. (Funding categories 2 and 4.)

<b>Annual PAF grant funding</b>	Amount \$704,355	Amount to providers <i>Grantee provides services directly to youth and families</i>
<b>Total estimated number of youth served (full grant period)*</b>	950	

### PAF-Funded Programs Serving Youth and Families

#### Native Challenge Pregnancy Assistance Fund Program

<b>Substantive focus</b>	Parenting skills; health literacy; healthy relationships; delay subsequent pregnancy
<b>Program components</b>	Home visiting; case management; group-delivered curriculum; workshops/forums
<b>Intended dosage</b>	Group delivered curriculum: 10 one-hour classes; other components: not specified
<b>Type (and number) of providers</b>	Tribal agency (one)
<b>Implementation settings</b>	Traditional high schools; community centers; group homes
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; age 18 or younger; American Indian or Alaska Native

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Children’s Trust of South Carolina

### Pregnancy Assistance Fund Grant Overview

The Children’s Trust Fund of South Carolina is partnering with the South Carolina Campaign to Prevent Teen Pregnancy to implement the Supporting Young Parents through Comprehensive Community Strategies project. Services are provided through a hub-and-spoke approach, with subawards to lead agencies (hubs) in four communities partnering with local provider partners (spokes) to create a comprehensive network of services for expectant and parenting teens in each community. The project emphasizes family support through five strategies common to all communities: (1) delay a subsequent pregnancy, (2) parenting skills development, (3) support for higher education enrollment and/or high school dropout prevention, (4) job training, and (5) support for fathers. Within this framework and under the direction of the lead agencies, each community is implementing a variety of evidence-based and -informed programs, including, for example, the Adolescent Family Life Program, Be Proud! Be Responsible!, Parents as Teachers, and Safer Sex. Lead agencies are responsible for training and oversight of community partners as well as coordination and collaboration among them. The grantee delivers technical assistance to providers, including assistance to support collaboration at the state and local levels. The grantee also oversees public awareness activities using social media and Text4Baby. (Funding categories 1, 2, and 4.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$802,331
<b>Total estimated number of youth served (full grant period)*</b>	1,500	

### PAF-Funded Programs Serving Youth and Families

#### Supporting Young Parents Through Comprehensive Community Strategies

<b>Substantive focus</b>	Parenting skills; educational attainment; vocational preparation; delay subsequent pregnancy; father involvement
<b>Program components</b>	Case management; health care; group-delivered curriculum; referral services
<b>Intended dosage</b>	Case management: not specified; group-delivered curriculum: 14 two-hour sessions
<b>Type (and number) of providers</b>	Institution of higher education (one); community-based organization (one); community foundation (two)
<b>Implementation settings</b>	Traditional high schools; institutions of higher education; participants’ homes; community centers; health clinics
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; high-need geographic areas

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Washington State Department of Health

### Pregnancy Assistance Fund Grant Overview

The Washington State Department of Health is working in partnership with various statewide and local provider agencies to implement a multi-tiered approach to support expectant and parenting youth. First, through a subaward to the Office of the Superintendent of Public Instruction, the Early Achievers Quality Rating and Improvement System supports statewide improvement of child care centers and parenting skills development among young parents at those centers as part of the state's Graduation Reality Dual Skills (GRADS) program. Second, through a subaward to the partner organization Within Reach, the Help Me Grow program provides parenting skills education and access to child developmental screenings statewide; the subaward also supports expansions to better reach Spanish-speaking communities. Third, in four focus counties, the Attorney General's Office works with local agencies to implement the Futures Without Violence Safety Card intervention, which social service and health care providers use to ask teen mothers a series of questions about relationships, birth control use, and parenting to facilitate referrals to related local services. The Attorney General's Office also partners with the state domestic violence and sexual assault coalitions to provide workshops on reproductive coercion and emergency contraception. Finally, at the community level in the focus counties, partner organizations implement community-selected evidence-based or -informed programs. These programs include Boys Council and Girls Circle, prevention-focused youth development programs; Incredible Years parenting skills classes; and Parents as Teachers home visiting services. Across all programs, the grantee and its partner organizations emphasize cultural relevance, particularly for Hispanic youth, who make up large numbers of expectant and parenting youth in the targeted areas. The grantee holds regular conference calls and an annual meeting with subawardee providers and partner organizations. The grantee used prior funding from the Pregnancy Assistance Fund to support the Pregnant and Parenting Teens and Women program; the grantee views current efforts as an extension of that program, but with a more focused population. The grantee is also implementing public awareness activities that encourage families to access Help Me Grow developmental screening services. (Funding categories 2, 3, and 4.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$1,050,000
<b>Total estimated number of youth served (full grant period)*</b>	1,300	

### PAF-Funded Programs Serving Youth and Families

#### Early Achievers/Quality Rating and Improvement System

<b>Substantive focus</b>	Parenting skills
<b>Program components</b>	Child care; individual instruction
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Office of Superintendent of Public Instruction (one)
<b>Implementation settings</b>	Traditional high schools; alternative high schools; child care centers
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; Hispanic/Latino; high-need geographic areas

#### Help Me Grow Washington

<b>Substantive focus</b>	Parenting skills
<b>Program components</b>	Referral services; developmental screening
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Intermediary organization (one)
<b>Implementation settings</b>	Participant homes; child care centers; social services agencies
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; Hispanic/Latino; high-need geographic areas

#### Futures Without Violence Safety Card Intervention

<b>Substantive focus</b>	Trauma and/or violence
<b>Program components</b>	Intimate partner violence education, training, and/or support services; referral services
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	Local health agency (two)
<b>Implementation settings</b>	Health clinics; participants' homes; social service agencies
<b>Target population</b>	Expectant females; parenting females; Hispanic/Latino; high-need geographic areas

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

## Wisconsin Department of Public Instruction

### Pregnancy Assistance Fund Grant Overview

The Wisconsin Department of Public Instruction is implementing the InSPIRE (In-School Pregnant/Parenting Interventions, Resources, and Education) program, which has five core components, required by state law for programs serving parenting youth: (1) academic support, (2) case management, (3) parenting education, (4) counseling, and (5) vocational/career planning. Program services are provided through subawards to 13 high-need school districts; subawardee districts have flexibility to choose particular evidence-based or -informed approaches to address the required program components. Case coordinators in each school work directly with parenting youth, developing individual service plans, making referrals, and helping youth to access needed services. The program encourages subawardees to form local coalitions to ensure program sustainability. The grantee offers professional development to providers on policy and key topics important to their work. Public awareness activities seek to encourage expectant and parenting youth who have been expelled or have dropped out to continue their education. (Funding categories 2 and 4.)

<b>Annual PAF grant funding</b>	Amount \$1,500,000	Amount to providers \$1,250,000
<b>Total estimated number of youth served (full grant period)*</b>	2,900	

### PAF-Funded Programs Serving Youth and Families

#### In-School Pregnant/Parenting Interventions, Resources, and Education Project (InSPIRE)

<b>Substantive focus</b>	Parenting skills; educational attainment; vocational preparation; delay subsequent pregnancy
<b>Program components</b>	Case management; health care; child care; material resources for maternity and parenting; group-delivered curriculum; referral services; employment services
<b>Intended dosage</b>	Not specified
<b>Type (and number) of providers</b>	School district (13)
<b>Implementation settings</b>	Traditional high schools; alternative high schools
<b>Target population</b>	Expectant females; parenting females; expectant males; parenting males; high-need geographic areas

Source: Fall 2014 Mathematica interviews with PAF program administrators.

\* Grant period: July 1, 2013, to June 30, 2017.

**APPENDIX B**  
**STUDY METHODS**

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## **Data collection**

This report draws on two primary data sources: grant applications and telephone interviews with PAF program leaders. OAH provided copies of the 20 grant applications funded in 2013 and 2015. The research team reviewed these documents in fall 2013 and fall 2016, extracting information into a standardized template that aligned with the key research questions. In particular, information was summarized to reflect key program components, target populations, and service providers, as described in the grant applications. Information from the grant applications informed the development of interview protocols and grantee profiles.

Interview protocols addressed four major areas: grant strategy, grant administration, program design, and state or tribal context. Interviews were semi-structured, emphasizing key questions to be asked of all grantees, but allowing for topics to emerge and follow-up questions to be addressed as needed. Draft profiles were also reviewed during the interviews. Interviewers tailored the protocol with specific information extracted from the grantees' grant applications (and available supporting documents such as program descriptions).

Between October and December 2014, the evaluation team conducted interviews with 39 individuals representing 17 cohort two grantees, funded in 2013. In spring 2017, the team conducted interviews with the three additional cohort three grantees, funded in 2015. A researcher and an analyst conducted the interviews with key administrators, which often included a program director and program coordinator. Program directors were typically responsible for grant administration and fiscal oversight, whereas program coordinators focused on daily operations, including communication with PAF direct service providers. During the 90-minute interviews, the lead interviewer asked the questions, and a note-taker documented the grantee's responses. Afterward, note-takers finalized written responses to each question and the lead interviewer reviewed them for accuracy and completeness. Email correspondence with grant contacts addressed additional questions and clarifications.

## **Analytic approach**

The findings presented in this report were derived from quantitative and qualitative analytic approaches. For the quantitative analysis, the lead analyst for each grantee coded application and interview data using a set of binary, continuous, and categorical variables and storing data in SharePoint lists. These variables provided counts and distributions for the report and were also used to populate the state profile summaries. The interview team sent the profiles to OAH and grantees for their review and approval.

The evaluation team used qualitative analytic approaches to identify and describe themes emerging from the data. Within each theme, the team developed specific codes to identify and organize the interview data. Using Atlas.ti software, lead analysts applied the codes to the interview data. To ensure accuracy and consistency in coding, senior staff reviewed the coded documents, reconciled any differences in coding choices, and confirmed the thematic findings. Finally, senior staff extracted the information for all codes, analyzed it, and synthesized the findings.

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