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

Webinar Presentation for the Office of Adolescent Health

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Ann Person • Susan Zief
Overview of the Presentation

• Background on the Pregnancy Assistance Fund (PAF) cross-grantee study

• Grant rationale and objectives
  – What do grantees hope to achieve through PAF?
  – What factors have influenced their program decisions?

• Grant administration
  – How are grantees organizing themselves?
  – How are they using PAF funds?

• Program design and implementation
  – What program components are grantees offering?
  – Whom do PAF-funded programs serve and where?

• Summary, conclusions, and next steps
Background on the PAF Cross-Grantee Study

• First major, systematic description of a federal program to support expectant and parenting youth

• Part of broader national evaluation for programs for expectant and parenting youth
  – Cross-grantee descriptive study
  – Impacts and in-depth implementation studies in three sites

• Findings drawn primarily from
  – Review of PAF grantee applications (summer 2014)
  – Telephone interviews (fall 2014) with grant leaders from 17 current PAF grants
Grant Rationale and Objectives

• Grantees agree that expectant and parenting youth are not well served
  – Even in relatively service-rich environments, existing programs do not explicitly target, and may not reach, expectant or parenting youth
  – Lack of coordination poses challenges for youth who need comprehensive/wraparound services

• Grantees are using PAF to serve expectant and parenting youth better by
  – Enhancing the components of an existing program or approach and expanding programming to serve more youth
  – Filling specific service gaps by providing a new service and/or targeting a specific underserved subpopulation
  – Improving coordination among agencies and programs to make wraparound services available and/or to support program sustainability
Overview of Funding Categories

<table>
<thead>
<tr>
<th>Grant funding category and description</th>
<th>Number of grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Serving participants in institutions of higher education</td>
<td>4</td>
</tr>
<tr>
<td>2: Serving youth in high schools and community centers</td>
<td>15</td>
</tr>
<tr>
<td>3: Improving services for victims of intimate partner violence</td>
<td>4</td>
</tr>
<tr>
<td>4: Increasing public awareness and education</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: OAH website and Mathematica interviews with PAF program administrators.
Grant Administration

• PAF grants are administered by small teams (usually 2-4 staff members), working most often in state or tribal health/social service agencies

• Grantees are leveraging formal and informal partnerships to reduce barriers to service access, link participants with specific services, and/or support program sustainability

• The 3 tribal grantees use PAF funding to provide direct services to youth and families; the 14 others provide services through subawards

• Grantees are evenly divided between those allowing provider flexibility in implementing PAF-funded services and those trying to reduce variability in what/how services were provided
## Overview of Lead Agencies

<table>
<thead>
<tr>
<th>Lead agency</th>
<th>Number of grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6</td>
</tr>
<tr>
<td>Education</td>
<td>3</td>
</tr>
<tr>
<td>Tribal entity</td>
<td>3</td>
</tr>
<tr>
<td>Social services</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

*Source: Mathematica interviews with PAF program administrators.*
## Program Provision Through Subawards

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Total number of provider subawards across all grantees</td>
<td>120</td>
</tr>
<tr>
<td>Range of number of provider subawards</td>
<td>4 – 27</td>
</tr>
<tr>
<td>Range of annual provider subaward amounts</td>
<td>$40,000 – $250,000</td>
</tr>
<tr>
<td>Average percentage of grant to program providers</td>
<td>69%</td>
</tr>
</tbody>
</table>
Education Entities Are the Most Common Providers

- School district/state education agency
- Community-based organization
- Local health agency
- Institute of higher education
- Social services agency
- Tribal agency*
- Health clinic
- Traditional high school
- Other provider

Number of providers
Program Design and Implementation

• Grantees offering 24 PAF programs, largely focused on parenting skills (20 programs) and often combining case management and referrals (12 programs)

• Most PAF programs do not target a specific subpopulation of expectant and parenting youth
  – Grantees expect to serve nearly 30,000 participants (ranging from 240 to 5,050 participants per grantee and averaging 1,725)

• Programs are most often implemented in community centers and educational facilities

• Multifocal and multicomponent program design may reflect grantees’ efforts to build programs in an area where the evidence base is relatively underdeveloped
Substantive Focus Reflects OAH Priorities

- Parenting skills
- Delay 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
- Postpartum issues
- Other substantive focus
Most Programs Include Case Management and/or Referrals

- Case management
- Referral services*
- Group-delivered curriculum
- Home visiting
- Support groups
- Child care
- Health care
- Workshops/forums
- IPV education, training, support services
- Material resources for maternity/parenting
- Transportation
- Employment services
- Individual mental health counseling
- Flexible or alternative academic scheduling
- Health insurance referrals, coverage enhancement
- Other component
Most Programs Do Not Explicitly Target Specific Subpopulations
Programs Are Implemented in Diverse Settings

- Community centers
- Traditional high schools
- Participant homes
- Alternative high schools
- Health clinics
- Institutes of higher education
- Social services agencies
- Child care centers
- School-based health centers
- Other settings

Number of programs
Summary and Conclusions

• PAF grantees have accomplished a great deal in the first year of implementation

• Grantees have combined multiple program components
  – This highlights the comprehensive needs of expectant and parenting youth
  – Approaches typically involve intensive case management and/or referrals

• Multifocal and multicompoment approaches require service coordination

• Demonstrates need for more research to develop evidence-based programs for serving this high-risk population
Looking Ahead

• Grantees ramping up implementation after planning year
  – Majority of 30,000 youth will be served in last three years of grant period
  – Sustainability plans include: obtaining additional funding, leveraging partnerships, integrating PAF into other programs

• Evaluation team will conduct a second set of telephone interviews toward the end of the grant period
For More Information

• Susan Zief, Project Director
  – SZief@mathematica-mpr.com

• Ann Person, Cross-PAF grantee Component Lead
  – APerson@mathematica-mpr.com