Using Cross-Sector Partnerships to Provide Wrap-Around Services for Expectant and Parenting Youth and their Families

Overview of the Pregnancy Assistance Fund

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

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

About the Study

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

The briefs and case studies draw from review of grantee documents, performance data, and semi-structured phone interviews with grantee and grantee partner staff.

Focus of this Brief

This brief will highlight **cross-sector partnership approaches** used by three PAF grantees and their sub awardees to provide wraparound services for EPY in their communities. Cross-sector partnerships are crucial for successful PAF programming—no one organization or agency has the resources to provide all needed services for EPY. The array of services offered by cross-sector partners creates an opportunity for the best possible outcomes for EPY and their babies.

> *No one agency can do everything, so being able to fill the gap with whatever service the client needs, you're able to do that and have a partner that's in your community or in a neighboring community that can serve and fill that need. –Kansas grantee*

Previous research of PAF identified cross-sector partnerships as both a critical element and an area of challenge in delivering PAF programming. Building on this work, the study team explored how state grantees and their local sub-awardees implemented this aspect of PAF programming in practice. The brief will touch upon organizational characteristics, grant structures, and approaches used by grantees. Challenges and key factors that facilitated successful partnerships will also be described.

Dimensions of PAF Partnerships

Formality. "Formal" partnerships have a signed agreement, such as a contract, subcontract, grant, sub-grant/sub-award, or memorandum of understanding (MOU). "Informal" partnerships include services provision, referral arrangements, or other collaborations without a formal agreement.

Sectors. "Sectors" are the service areas or systems within which providers work, such as education, workforce, healthcare, mental health, housing, childcare, faith-based, social services, adoption, and juvenile justice.

Locality. PAF partnerships were between: (1) state-level grantees and other state-level agencies; (2) local sub-awardees and other state-level agencies; or (3) local sub-awardees and other local service providers.

Key Findings:

- Local partnerships allowed grantees to efficiently coordinate and expand the range of services available for EPY.
- State-level grantees leveraged shared goals with other state-level agencies to connect them with local service providers and remove barriers to accessing services.
- Some PAF program models provided built-in partnership structures or coalitions that served as a starting point for growing the full range of needed partnerships.
- Local sub-awardees relied on combinations of approaches to build successful partnerships. These included co-locating services, assigning partnership development responsibilities to specific staff members, leveraging existing relationships, and approaching new potential partnerships through a frame of support and shared goals. Partners also worked together on developing shared messaging and clear information for EPY.
- Despite sub-awardee successes in building partnerships to provide wraparound services to EPY, challenges remained. These included: funding instability, the steady effort needed to build and maintain relationships, local service providers who lacked capacity or interest in collaborating, and gaps in available services.

Three Grantees with Well-Developed Cross-Sector Partnerships

The study team interviewed PAF grantees in Kansas, Massachusetts, and Oregon, and a purposive selection of their local sub-awardees. The grantees' PAF applications and progress reports emphasized cross-sector partnering to provide EPY with wraparound services. The three grantees represented three different approaches to partnering across sectors and delivering PAF programming.

Profiles of Three Grantees Serving Expectant and Parenting Youth and Their Families with Cross-Sector Partnering

KANSAS	MASSACHUSETTS	OREGON
Grantee (state agency)	**Grantee** (state agency)	**Grantee** (state agency)
Kansas Department of Health and Environment	Massachusetts Department of Public Health	Oregon Health Authority
PAF Grant Periods (fiscal year)	**PAF Grant Periods** (fiscal year)	**PAF Grant Periods** (fiscal year)
2017-2020	2010-2020	2017-2020
Total Youth Served (annual)	**Total Youth Served** (annual)	**Total Youth Served** (annual)
175	**188**	**358**
Service Areas	**Service Areas**	**Service Areas**
Four high-need county and multi-county areas	Five cities and towns with high teen birth rates	Four community colleges
Key Partners	**Key Partners**	**Key Partners**
County health departments, public health and social service organizations, and a state university school of medicine	Local service providers (who partner with local healthcare, education, and employment service providers), the state's department in charge of benefits provision	Community colleges, in-school department and groups providing services such as advising, tutoring, and material supports, community-based organizations that coordinate service providers
Primary Approach(es)	**Primary Approach(es)**	**Primary Approach(es)**
Case management/navigator- based approach, which varies locally, designed to fill in need for EPY not served by other state-funded programs	Case management (interdisciplinary team approach, including basic needs, parenting, physical and mental health)	Community-based approach, through community colleges (education, case management and referrals, peer support)

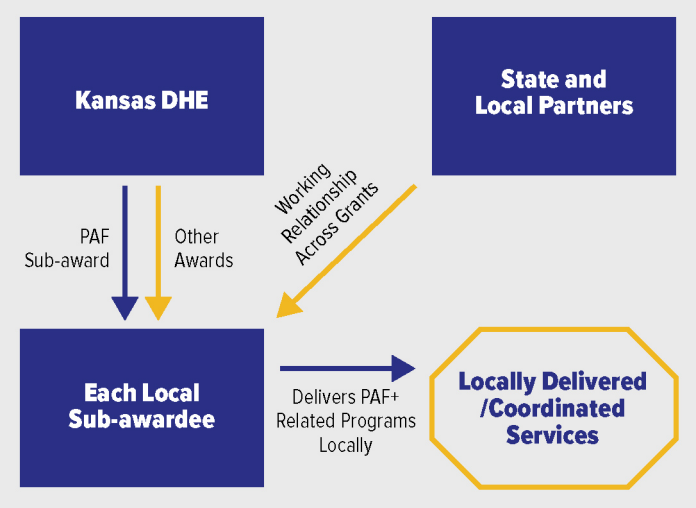
Sources: Grant applications, progress reports, performance measures reported to OPA, and information provided in interviews.

Primary Approaches to Cross-Sector Partnerships

Kansas, Massachusetts, and Oregon grantees supported and guided cross-sector partnering at the state level. Each was situated within a state department of health, which supported coordination across other state-funded programs and services for EPY. At the same time, much of the cross-sector partnering and network-building happened at the local or regional level, where the service providers were based.

The Kansas Department of Health and Environment (KDHE)

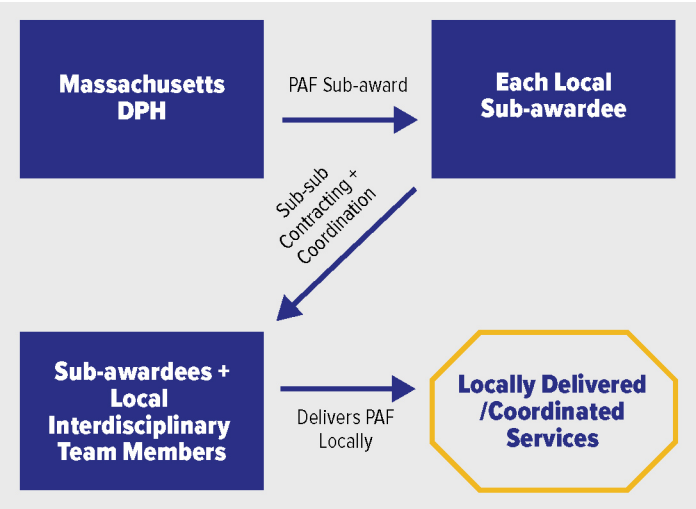
- KDHE provided PAF programming in four regions of Kansas, working through a local service provider in each region. KDHE designed the project to provide flexible funding to sub-awardees to fill gaps in programming for EPY not served by other state-funded programs. KDHE focused on providing services for Medicaid-eligible young adults ages 21 to 24.
- KDHE administered several state-level programs that EPY needed (including WIC, Title X family planning services, Title V child and maternal health, and the Pregnancy Maintenance Initiative [a]). The grantee leveraged this larger role to help coordinate between local sub-awardees and state or regional offices providing services funded by the state.
- KDHE sub-awardees were, in turn, better connected within their communities because they had multiple maternal and child health program grants from the state agency. Some local case managers served participants in multiple programs.
- KDHE provided all sub-awardees with access to the Integrated Referral and Intake System (IRIS), a web-based, cross-agency community referral software platform. IRIS is designed to help service providers make and receive referrals, follow up on service contacts, and more efficiently connect families to locally available services.



- Many of the local sub-awardees (and their navigators) were co-located with other services, such as healthcare providers or county-level human services providers, facilitating both close partnerships between service providers and warm hand-offs on-site.

The Massachusetts Department of Public Health (MDPH)

- MDPH provided PAF programming in five regions, through local direct service providers. Three of the five regions were served by a single primary sub-awardee with long-standing connections and resources within in each region. MDPH served EPY ages 16 to 24, with a focus on older youth who were not as widely supported by other programs. Some locations exclusively served mothers.
- MDPH used local interdisciplinary teams to provide case management and services. Originally, this included a nurse practitioner, mental health counselor, youth worker or community health worker, employment worker, and program coordinator at the local level (the breadths of the teams were reduced due to decreased funding levels).[b] The model was designed to facilitate immediate direct services and warm handoffs of EPY to service providers in different sectors.



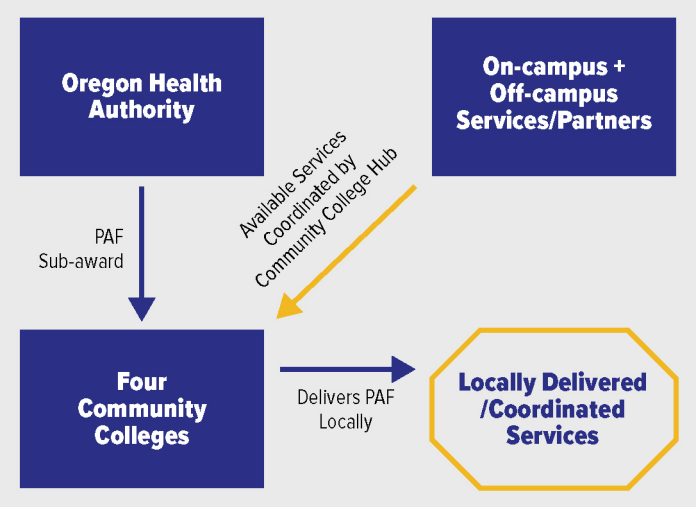
a The Pregnancy Maintenance Initiative program, established by the Kansas legislature in 1999, is based on a case management model that incorporates a multi-disciplinary provider approach to deliver services during pregnancy and for six months post-delivery, based on participant needs and goals.

b Massachusetts interviewees reported that funding reductions in the final grant cycle (2018-2020) limited the number of team members.

- In recent years, MDPH began convening a state-level cross-agency working group to identify services and programs for EPY and determine how services, rules, and policies overlap or interact. While this working group was primarily a mechanism for policy change, it also helped connect state-level agencies with local PAF sub-awardees to address potential barriers to providing EPY with specific state-funded benefits or services.
- The largest sub-awardee convened a young parent community board to gather and engage service providers and youth around goals of improving EPY health and well-being.

The Oregon Health Authority (OHA)

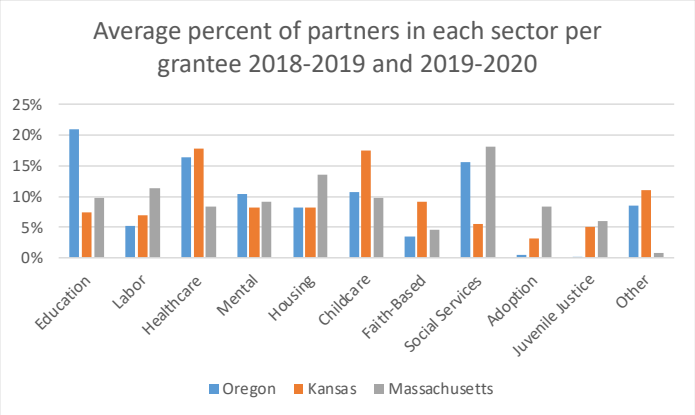
- OHA partnered with four community colleges around the state to provide services for EPY attending the colleges. The community colleges served as hubs for service coordination and implementation of the program in their communities. The grant had an education focus; yet, the Division of Public Health, as the grantee, incorporated a broad goal to address social and economic barriers to family health.
- OHA built on local pre-existing partnership infrastructures and connections. Community colleges used their strategic positions in their communities and their internal and external networks to build wider service linkages and help coordinate services for expectant and parenting students.



- Community colleges provided on-site office space for community services. They also had formal referral relationships for programs such as Medicaid and SNAP. These settings provided a practical location for services and supports, including employment support, financial capability (e.g., budgeting and credit management), material support (e.g., food pantries and clothes closets), and self-sufficiency supports and education. The PAF sub-awardees combined these service connections with case management, peer support, and other training, education, and supports designed specifically for expectant and parenting students.
- OHA worked closely with other state agencies, notably the Department of Human Services (DHS)—a key statewide partner—to coordinate and connect services for EPY. Other state-level partnerships included Oregon's Higher Education Coordinating Council, which provided a childcare grant for some community college students.

All three grantees and their sub-awardees engaged partners across sectors. Each PAF project established a formal partnership with at least one partner in each of the ten sectors tracked by OPA. These partnerships were based on factors such as state and local influence, grantee priority areas, shared goals, an organizations' ability and willingness to partner, and flexibility of additional funding that allowed further collaboration and sustainability. The figure below shows PAF project partners (including sub-awardees, state-level MOU partners, and sub-awardees' local partners) by sector. For each grantee, their most common partners aligned with their primary goals and program models (i.e., Oregon-education; Kansas-maternal and child health; Massachusetts-multidisciplinary teams).

Percent of Total Reported Partnerships in Each Sector by Grantee



Source: OPA Performance Measures, 2018-2020.The proportion of partners is the number of partners in each sector that each PAF project reported on their 2018 and 2020 performance measures, divided by the total number of partners.

The Role of State-Wide Grantees in Facilitating Partnerships

While all three PAF projects provided and coordinated services for EPY at the local level through sub-awardees, grantee and state-level work was often essential in facilitating cross-sector partnering both at the state and local level. Two notable state-level strategies included:

State-level grantees facilitated collaboration with other state-level programs and services

The position of the grantees as state-level agencies helped them connect sub-awardees to key public benefits and services for EPY. The three grantees were all located within state-level departments of health, which administered programs such as Medicare, Medicaid, Title X family planning services, and WIC. This helped grantees connect their PAF sub-awardees with state, regional, and local administrators of these programs. Grantees coordinated with other agencies to reduce gaps, identify program overlap, and determine where they could leverage each other's services to serve program participants more effectively.

Some states' PAF program designs explicitly required or supported cross-sector partnering and collaboration

While all state PAF programs had shared elements and goals, specific program model features sometimes aided cross-sector partnering at the local level. For example, in Massachusetts, the PAF program required that sub-awardees provide services to EPY through multi-disciplinary service teams. A team could include a social worker or case manager, a healthcare provider, and an employment specialist, ensuring that representatives from multiple service sectors worked together to serve youth and were aware of programming, services, and limitations within each other's fields. Sub-awardees who did not already have close connections in key service sectors had to build these connections to apply for the sub-award. For Kansas sub-awardees, the use of the IRIS system supported their partnership, linkages to services, and referrals. Oregon required that local sub-awardees be community colleges. These local sub-award recipients were long-time providers and anchors of services within their communities, helping to ensure cross-sector partnering and collaboration.

Challenges in Partnering to Provide Wrap-Around Services

Grantees and partners described ongoing challenges in identifying potential partners and then building, maintaining, and leveraging partnerships to provide EPY with comprehensive services. Common challenges, primarily faced by local sub-awardees, included the following:

Funding instability made it difficult to build long-term partnerships

The limited grant periods made it difficult to build trust and relationships without ongoing funding to maintain those relationships. *"It's hard to build trust on a timeline,"* noted one sub-awardee. This challenge was most daunting to grantees and sub-awardees who were relatively new to providing wraparound services or who did not have many long-standing partnerships in their communities. Some programs were able to mitigate these challenges by winning flexible, complementary sources of funding, which allowed them to retain some services after PAF grants ended. Some grantees and sub-awardees helped mitigate fluctuations in funding by embedding services, policies, or practices in long-standing institutions.

Building and maintaining relationships required a substantial, sustained investment of time and energy for both front-line staff and program leadership

Front line staff, such as case managers and navigators, described relationship building and maintenance as key parts of their already full day-to-day responsibilities. In some cases, program leadership had a substantial role in networking and relationship building between agencies or groups and were able to grow and maintain relationships. Yet frontline staff needed to build and manage these relationships for direct referrals. If EPY needed a service but no partnership existed, the case manager had to make a new connection. Front line staff were also the day-to-day points of contact with partner organization staff for making, receiving, and following up on referrals. Some sub-awardees invested time to learn about potential partners' work, goals, and accomplishments before reaching out to collaborate. Sub-awardees also sought different organizations to provide similar or related services if they could not find a way forward with an organization. Regardless of the strategies used, grantees and sub-awardees worked to build and maintain relationships by identifying common goals and services provided to overlapping populations.

> *It takes time. It depends on what relationships already existed. It depends on where there were shared goals –Oregon grantee*

Some providers were either unable or unwilling to collaborate or make accommodations for young parents

Some interviewees were unable to engage key partners or to break through bureaucratic silos. For example, in one Kansas community, the sub-awardee noted that the county health department had not shown a willingness to partner. Other interviewees said that local offices of state-administered programs (e.g., Medicaid or TANF) were either not allowed to partner with PAF sub-awardees or coalitions or believed their power to adjust key policies was limited. For example, one local Massachusetts partner noted that local administrators of some state and federal programs were not able to adjust program rules to accommodate EPY needs. Grantees and local sub-awardees aimed to address these challenges through targeted outreach strategies.

> *I think that the services are there, but sometimes because they're kids, because they have so many issues, it's difficult for them to get the access that they need. Something simple like apply for WIC, for example, if WIC gives you an appointment, you have to take your baby with you. So, if they don't go to the appointment, and they don't reschedule, they cancel the WIC. So, I think a lot of the challenges, or the issues is because they're so young... –Partner*

Services were not always available locally

Partnering can only provide services that are already available within the community or surrounding area. For each of the three projects, interviewees mentioned that a substantial challenge was the absence or shortage of services within the geographic area. While service shortages were greatest in rural areas, interviewees in both rural and urban areas mentioned shortages or absences of services for mental health support, transportation, or housing support.

Networking and coalition-building helped prioritize program participants for scarce services, such as housing or mental health provider appointments, when those services were available. However, interviewees rarely noted times when partnerships helped them actually increase the level the resources or services available in a community. One exception was a community in Kansas with a well-established, multi-decade coalition that focused on infant mortality, maternal health, and early childhood well-being. That coalition used the Collective Impact Model for community change. Working with a backbone organization and a shared mission, they ensured that anyone could get a prenatal appointment and a basic level of post-delivery and infant service regardless of insurance.

Facilitators of Successful Partnerships and Networks

In general, grantees supported partnerships through program design, guidance, and partnership frameworks or technologies. Several factors facilitated successful partnerships:

Community-level needs and resources shaped local goals and partnerships structures

While state-level partnerships played a significant role in serving EPY, the differences in needs and resources from one community to the next put local partnerships and networks at the core of partnership approaches. For example, some Kansas sub-awardees in rural or small communities worked to co-locate services with well-established existing providers (e.g., county health departments), where this type of partnership approach was both possible and most beneficial. In denser areas, such as some served by the Massachusetts PAF program, sub-awardees relied on more wide-spread coalition-building, referrals, and density of services. The needs of EPY – and therefore the needed services – also varied significantly between communities. Some communities had many PAF participants who needed access to scarce affordable housing, whereas others had more participants who needed support accessing employment or nutrition assistance.

> *There are definitely two different levels of partnership. ....at the community college level, their partnerships are maybe more based on creating those linkages and services and referrals across those five domains, whereas our partnerships are more based on policy and trying to improve statewide systems. —Oregon grantee (describing differences in sub-awardee level and state-level partnerships)*

Sub-awardees increased collaboration and improved service linkages by co-locating services and staff

Co-locating services or staff allowed sub-awardees to form strong partnerships with service providers and allowed seamless service provision or warm hand-offs. For example, one Kansas sub-awardee fully integrated its navigators within local obstetrics practices, allowing physicians to make warm hand-offs on the spot. If a young parent eligible for PAF services came into the partner hospital or clinic for prenatal or postnatal care, the PAF case manager enrolled the patient in PAF and provided referrals or support to meet the patient's needs. In Oregon, the community colleges already provided some services on campus, allowing for immediate support. For example, one college had a food pantry and a clothes closet available on campus and a scholarship program for SNAP participants, with offices housed on campus.

Staff members with an explicit focus on networking and relationship-building were essential to build and maintain community-wide connections

One of the Kansas sub-awardees led a coalition for maternal and child health, safety, and well-being. A Massachusetts sub-awardee oversaw local and regional programming for children and families and was a leader in multiple local coalitions. For all sub-awardees, having staff whose jobs included these activities ensured the time and resources to build and maintain relationships with local service providers. Moreover, staff dedicated to cultivating partnerships were able to establish new ways of working with partners, such as co-locating staff, sharing staff, or identifying the need for each other's services on a client intake form.

Networks and coalitions provided the opportunity to develop relationships with service providers and engage youth while ensuring shared goals and priorities

Sub-awardees described networks and coalitions as important tools both to increase the visibility of issues affecting EPY, and to ensure that service providers made and maintained direct personal connections with each other. One Kansas sub-awardee had served as a long-standing backbone organization for collective impact around infant mortality and social determinants of health. Through this role, this sub-awardee developed connections with a wide range of partner organizations and knew their staff members personally from bi-monthly coalition meetings. This connection allowed clear avenues for communication and helped in trouble-shooting referral challenges: *"Because we know somebody on the ground there that we can work through any type of hiccup, or if we have any questions, we can just pick up the phone and call them and get clarification."*

> *Partnership building is not something you can just kind of do at the end of a day by sending an e-mail. It's something that needs to be built into the program. —Massachusetts grantee*

In addition to supporting partner relationships, networks and coalitions helped PAF projects and local sub-awardees set shared local priorities and expand services to EPY. In Massachusetts, the largest sub-awardee had deep roots in the community, spearheading coalitions to bring service providers and other stakeholders together around shared goals (including but not limited to serving EPY). They formed and facilitated an EPY-led group to ensure EPY voices had a place in guiding PAF programming decisions. Members of this group also provided information and guidance to the Massachusetts cross-agency state-level working group. Across all three states, the role of coalitions was to engage and motivate community stakeholders across sectors and keep them informed of complementary activities and emerging needs.

Conclusion

The PAF program allowed grantees and their sub-awardees to focus on the constellation of inter-related and independent challenges facing EPY. In turn, the grantees saw these challenges as requiring multiple solutions and means of support. Each grantee and sub-awardee community partnered across sectors to meet the varied needs that young parents and their families faced. In this way, grantees and their sub-awardees were able to identify EPY with service needs and connect them to wide ranging services and benefits across the five PAF focus areas.

Grantees designed PAF projects to facilitate strong partnerships, such as an interdisciplinary team model (Massachusetts) or sub-contracting with service providers that were already partnership hubs in their communities (Oregon and Kansas). The roles of the grantees as state-level agencies complemented the local roles and connections of sub-awardees, facilitating partnerships at both the local and state levels. This allowed sub-awardees to reduce friction and bureaucracy in providing EPY with access to locally and federally funded services and benefits.

Grantees and sub-awardees continued to address challenges inherent in partnering across sectors to provide wrap-around services. They worked to grow and maintain relationships between service providers by staying in frequent contact and appealing to shared goals between agencies. This work required the engagement of management-level staff and the continuous efforts of front-line staff, who served as the daily face of these relationships. While the instability of funding remained a challenge for both grantees and local service providers, projects worked to address this by increasing continuity and building trust with communities by combining funding sources and pooling resources.

References

1 Person, A. E., Clary, E., Zief, S., Adamek, K., Caplan, V., & Worthington, J. (2018). *The Pregnancy Assistance Fund: Launching Programs to Support Expectant and Parenting Youth*. Washington, DC: Mathematica Policy Research.

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