



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

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Ann E. Person
Elizabeth Clary
Susan Zief
With
Katie Adamek
Valerie Caplan
Julie Worthington

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U.S. Department of Health and
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Office of Adolescent Health
1101 Wootton Parkway, Suite 700
Rockville, MD 20852
Project Officer: Amy Farb

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CONTENTS

I	INTRODUCTION.....	1
	The Pregnancy Assistance Fund: New support for an underserved population.....	1
	Report overview	3
II	DEVELOPING A STRATEGIC APPROACH.....	5
	Grantees believed that expectant and parenting youth were not well served	5
	Grantees considered the political and social climate in developing their approaches.....	5
	Grantees planned to enhance programs, fill service gaps, and work to improve coordination	6
III	DEVELOPING PROGRAMS TO ADDRESS COMPLEX NEEDS	9
	Grantees use evidence-based programs, but some struggled to find models appropriate for the target population	9
	Most PAF programs focus on parenting skills.....	10
	PAF programs often combine case management and referrals	11
	PAF programs plan to reach expectant and parenting youth in high-need geographic areas	12
	Programs are most often implemented in community centers and educational facilities	13
IV	BUILDING A STRUCTURE TO SUPPORT SUCCESS.....	15
	Small teams administer PAF grants.....	15
	Grantees leverage additional resources to bolster their offerings	15
	Most grantees use local provider organizations to bring PAF programs directly to youth.....	16
	Grantees vary in the amount of flexibility they allow among service providers.....	17
	Grantees and providers leverage partnerships to better serve youth and sustain programming	18
	Grantees work with other subcontractors to provide quality assurance, training, and technical assistance	19
	Grantees monitor and evaluate providers to ensure quality programming	19
	Grantees ensure providers are trained on program implementation and substantive topics	20
V	SUMMARY AND CONCLUSIONS FROM EARLY IMPLEMENTATION	21
	REFERENCES.....	23
	APPENDIX A: GRANTEE PROFILES	A.1
	APPENDIX B: STUDY METHODS	B.1

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FIGURES

I.1 States and tribes receiving 2013 Pregnancy Assistance Fund grants 2

I.2 Overview of grantees by funding category..... 3

III.1 PAF grants will serve youth through numerous programs and providers..... 9

III.2 Substantive focus of PAF-funded programs 10

III.3 Components of PAF-funded programs 11

III.4 Target populations of PAF-funded programs..... 12

III.5 Implementation settings of PAF-funded programs 14

IV.1 Types of organizations providing PAF-funded services..... 17

IV.2 Structure of New Jersey’s PAF grant..... 19

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I. INTRODUCTION

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. 2014; Martin et al. 2015). For example, between 1991 and 2013, the birth rate for teens ages 15 to 17 declined by 68 percent, from 38.6 to 12.3 live births per 1,000 young women in the age group. For the group age 18 to 19, the rate declined by nearly 50 percent, from 94.0 to 47.1 live births per 1,000. In 2013, the birth rate for women ages 15 to 19 was 18.6 among whites, 39.0 among African Americans, and 41.7 among Hispanics—down, respectively, from 43.4, 118.2, and 104.6 in 1991. Despite these declines, nearly 275,000 babies were born to adolescent mothers in the United States in 2013 (Martin et al. 2015), 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 must be structured to support adolescents facing the daunting challenges posed by having and raising a child of their own.

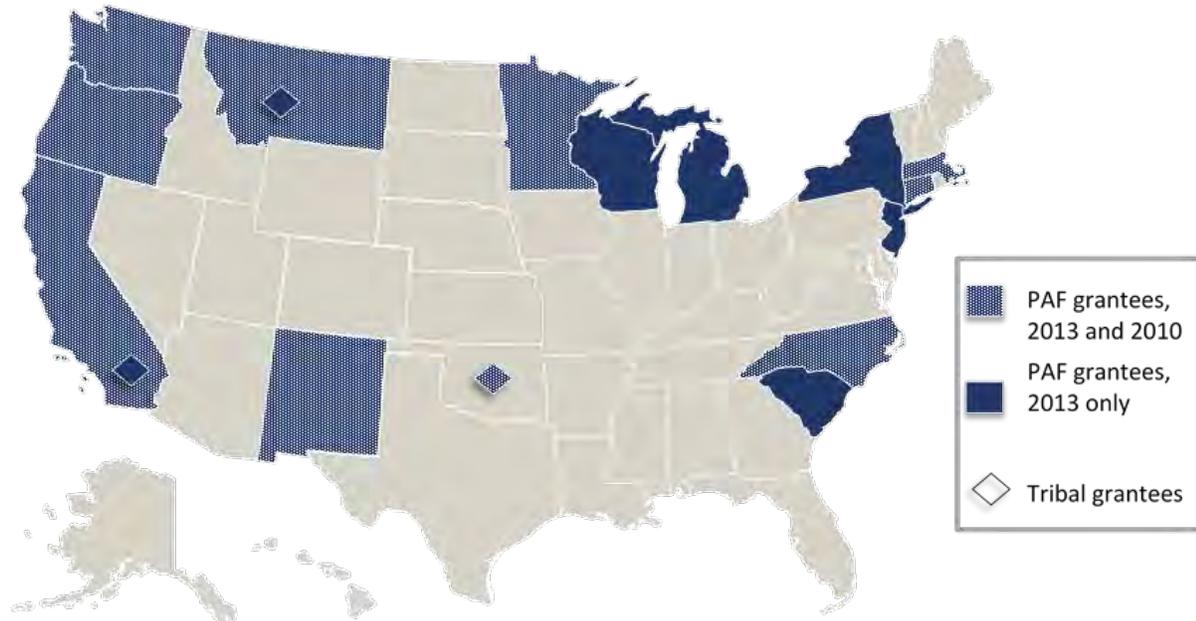
The Pregnancy Assistance Fund: New support for an underserved population

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).¹ Administered by the Office of Adolescent Health (OAH), PAF provides \$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, and a second cohort of 17 grants

¹ 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>].

for a four-year period beginning in summer of 2013 (Figure I.1). Ten of the grantees from cohort two were also funded in cohort one.²

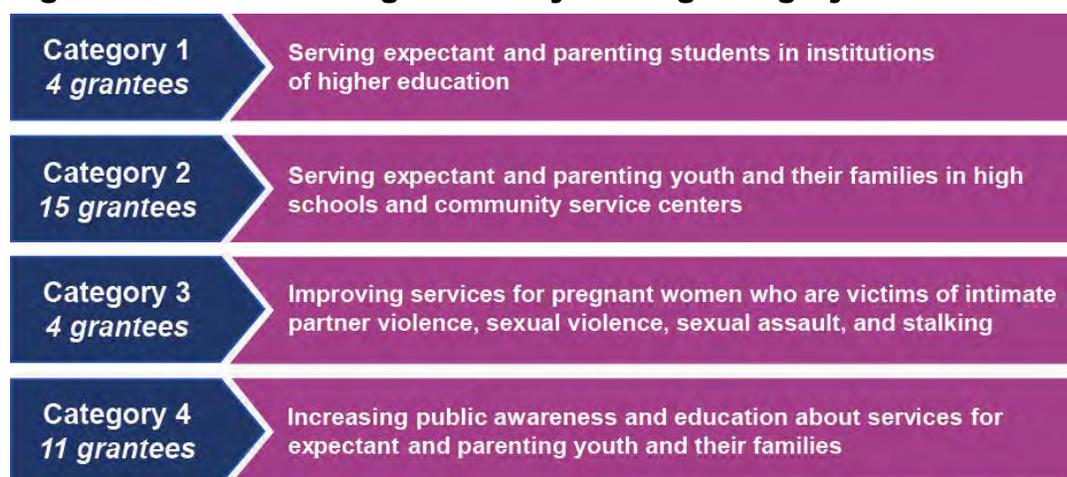
Figure I.1. States and tribes receiving 2013 Pregnancy Assistance Fund grants



The PAF grant program offers funding in four categories, as shown in Figure I.2. PAF grantees must address at least one of the first three categories, which focus on programming to serve particular populations. OAH also emphasizes the importance of including public awareness activities as a part of the grants and designates such activities as a fourth category of funding. Grantees could apply for funding in one or more categories, but no grants may be used solely for category 4.

The majority of 2013 PAF grantees are serving youth in high schools and community centers (category 2; 15 grantees), and grants typically include public awareness activities (category 4; 11 grantees). These activities tend to take one or more different approaches: promoting specific services available under the grant; promoting broader services available in the area; and/or promoting awareness of issues related to teen pregnancy, parenting, and maternal and child health. For example, several grantees use Text4Baby, a free text messaging service that provides subscribers with information on maternal and child health. Fewer grantees focus on serving youth in institutions of higher education (category 1; four grantees) or pregnant women experiencing intimate partner violence (category 3; four grantees). The funding categories are not mutually exclusive. Among the 11 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.

² In 2015, OAH funded three additional PAF grantees for a five-year period. These grantees were funded after data collection was completed for this report.

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 funding opportunity announcement, 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 grant program mainly focuses on high school and early college age youth—both mothers and fathers—between the ages of 15 and 22.³ OAH also encouraged grantees to consider services to support the children and families of expectant and parenting youth.

Report overview

This report is the first systematic description of the PAF program's efforts to support expectant and parenting youth. The report focuses on the 17 PAF grantees that were funded in 2013 (10 of which also received 2010 PAF grants). The study team gathered and analyzed data from two sources: (1) a standardized review of the 17 grantees' applications, from which the research team extracted and organized key information on program plans, and (2) interviews conducted in fall 2014 with grant administrators representing these 17 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

³ 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.

- **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 systematic analysis of both data sources, this report documents the program design and early implementation experiences of the 17 PAF grantees from cohort two, 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

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 PAF grantees' strategic thinking at the outset of the grant period 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, about two-thirds (11 of 17) 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 17 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 suggested that a challenge to serving expectant and parenting youth is related to a lack of knowledge of and access to available programs and services. Some of the specific challenges cited by interview respondents were very concrete (for example, eligibility rules that exclude teens), while others were more abstract (for example, program outreach and marketing materials that would not resonate with young people). 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 "siloeed," and expressed concern that adolescents are not typically prepared to navigate multiple service bureaucracies.

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. A majority of grantees (10 of 17) 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 or 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. In addition to formal laws and regulations, five grantees reported that the more general social climate—particularly attitudes regarding youth sexuality and reproductive issues—could be an inhibiting factor in their work. For example, a few grantees offered that there was a perception among policymakers and the public that “easy” access to services could encourage more teens to have children. Cultural values can bolster such attitudes—as one respondent put it, in a socially and religiously conservative state, people “don’t want to talk about how teenagers get pregnant,” and programs for expectant or parenting youth are hard to find. Three grantees described their own states as being more supportive of expectant and parenting teens. One highlighted laws that require schools to be comprehensive in addressing teen sexual health education. Another characterized the state’s general political and social environment as “pretty progressive” and described multiple programs in the state that support expectant and parenting teens.

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 are deployed almost universally, though their relative emphasis varies by grantee. The first approach, used by 15 grantees, is 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 seven grantees), mental health (six grantees), transportation (four grantees), and child care (four grantees). Grantees have worked to fill these gaps by offering targeted programmatic components, such as activities to increase father involvement (a component of eight programs) and improving access to quality child care (six programs). Even though mental health and transportation were commonly cited as gaps, few programs are addressing mental health or transportation needs (two and three, respectively).

Under a second approach, 12 grantees are enhancing 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 is using PAF funds to add a youth development component to an existing case management program; it is standardizing its approach through improved materials and training, and it is expanding into several new sites to serve more youth throughout the state.

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.

A third approach, used by 11 grantees, is to improve coordination across state or tribal agencies and among program providers. In doing this, they hope 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 are trying 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, is 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 are seeking 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 has embedded its PAF programming within an existing state program and is training providers to work with each other as well as with expectant and parenting youth.

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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 17 PAF grantees were offering services through 24 distinct programs, most of which combined multiple components to address participants' varying needs. These programs were implemented by 123 provider organizations, including three tribal grantee agencies and 120 other organizations that had received subawards from the 14 state grantees. Across all programs and providers, the grantees expected to serve nearly 30,000 youth (Figure III.1).⁴

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



Source: Fall 2014 Mathematica interviews with PAF program administrators.

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

Nearly all grantees use 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 six 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 include Be Proud! Be Responsible! Be Protective!, Incredible Years, and Fatherhood Is Sacred. Seven grantees include two or more evidence-based programs in their approach.

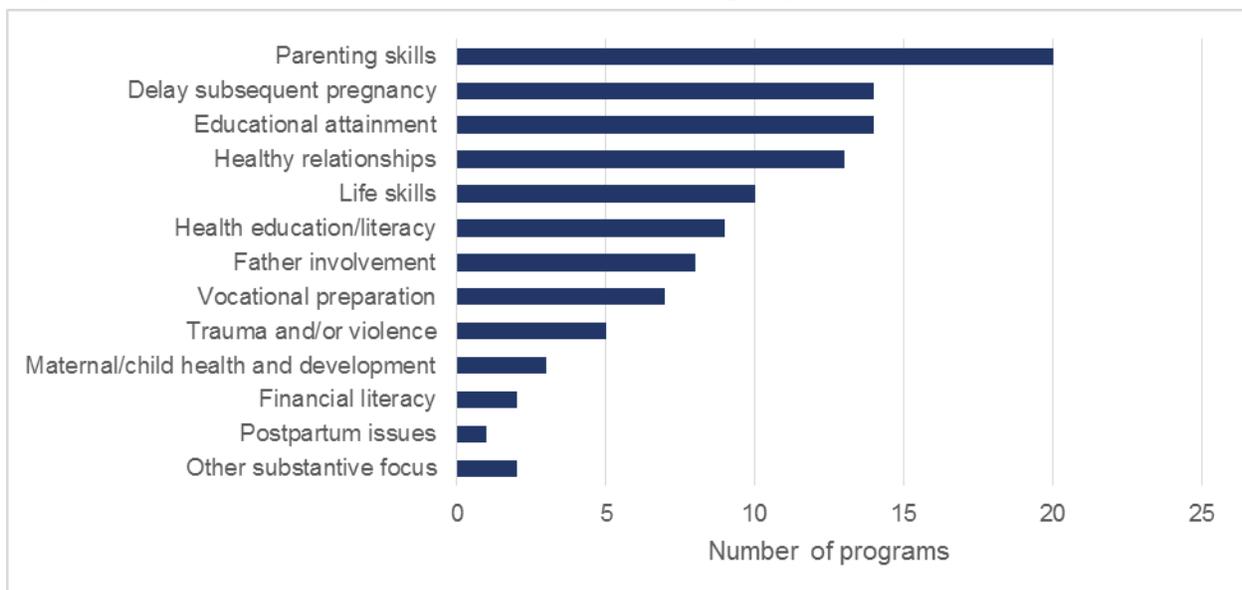
⁴ For the purposes of this report, a program is defined as a distinct set of services targeting a particular population. The research team worked with interview respondents to determine the number of separate programs offered. A provider is an entity that received grant funds (directly from OAH or through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

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 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 younger 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 focus on parenting skills

The substantive focus of PAF-funded programs is aligned with the substantive areas emphasized in the OAH funding announcement. Of the 24 programs offered, the majority focus on developing participants’ parenting skills (20), delaying subsequent pregnancy (14), improving educational attainment (14), and/or developing healthy relationships (13) (see Figure III.2). PAF-funded programming places less emphasis on other OAH priorities such as maternal and child health and trauma/violence (three and five programs, respectively), though it is possible that these topics are 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



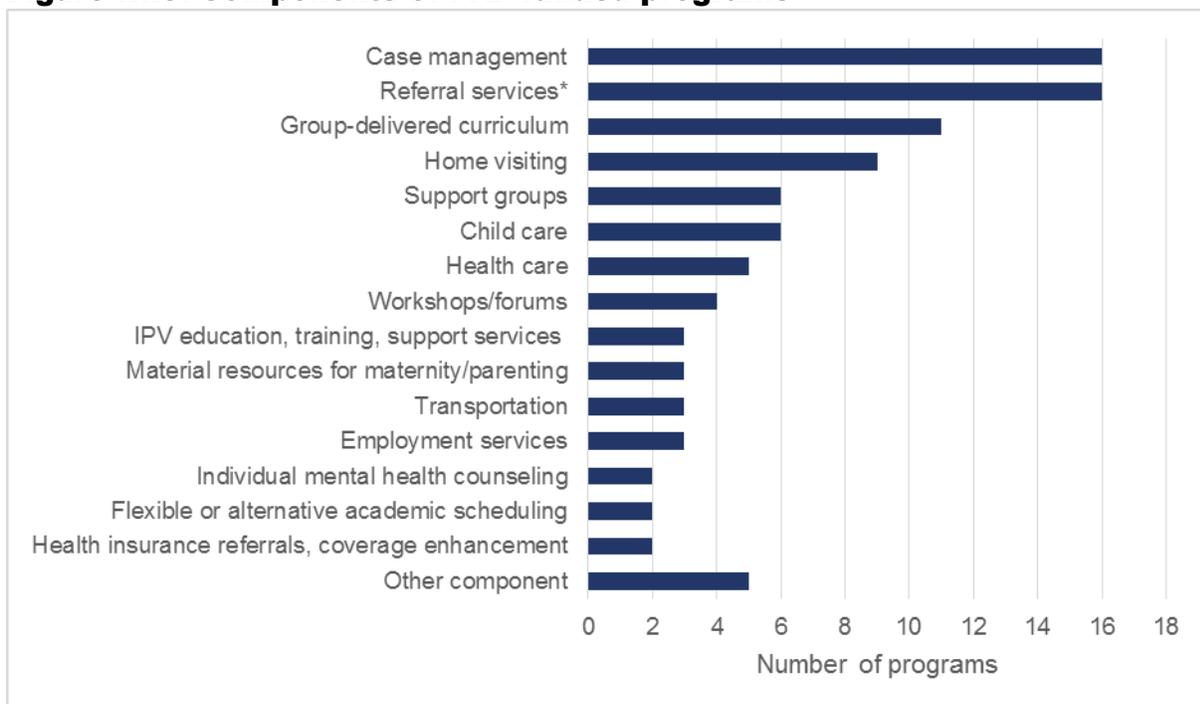
Source: Fall 2014 Mathematica interviews with PAF program administrators.

Note: Figure reflects 24 programs offered by 17 grantees receiving 2013 PAF grants.

PAF programs often combine case management and referrals

Though the particular combinations of program components vary, PAF programming tends to rely on case management and referrals for services (16 programs each) (see Figure III.3). Nearly half of all programs (11) use 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. Eleven programs include group-delivered curricula, in some cases as the crux of the program, though these are typically combined with other components. For example, one grantee offers curriculum workshops in community centers and high schools; this is complemented by home visiting and case management as needed among the workshop participants, along with child care and transportation so that youth can 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 offer these services (six, three, and two programs, respectively).

Figure III.3. Components of PAF-funded programs



Source: Fall 2014 Mathematica interviews with PAF program administrators.

Note: Figure reflects 24 programs offered by 17 grantees receiving 2013 PAF grants. IPV = intimate partner violence.

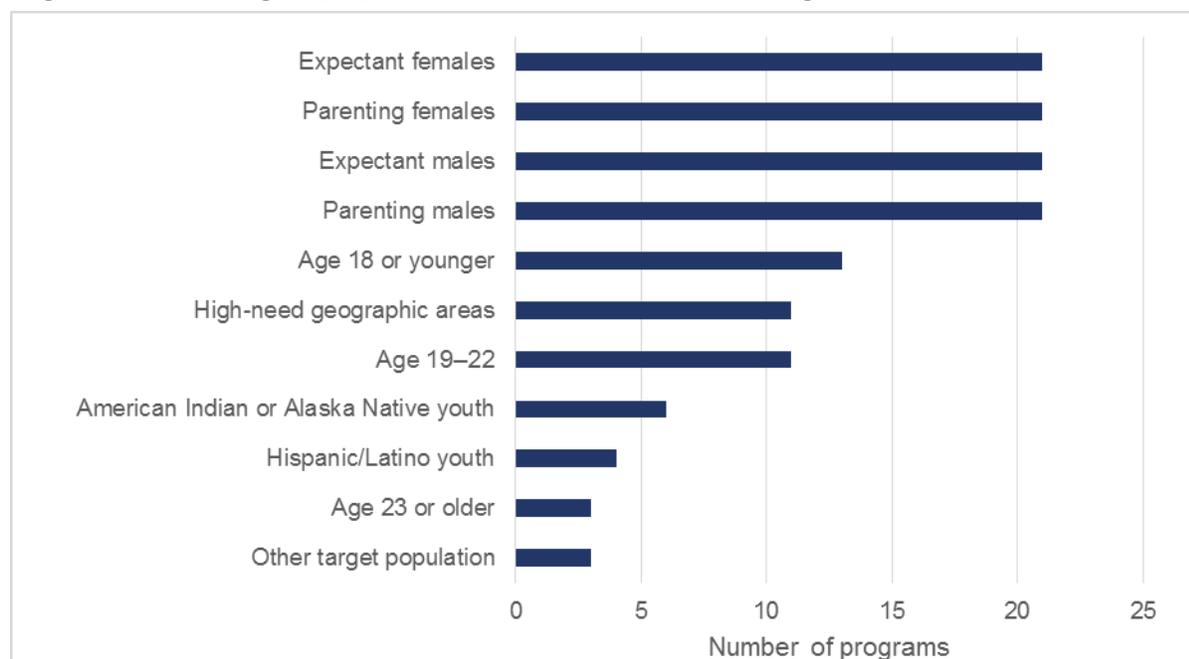
* The general referral services category may include health insurance referrals.

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

Grantees had discretion in how to define their particular target population. The group of 2013 PAF grantees anticipated serving nearly 30,000 youth.⁵

Most programs target 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 result in an implicit focus on racial and ethnic minorities. A few programs do specifically target American Indian or Alaska Native youth or Hispanic or Latino youth. Other grantees have identified specific subpopulations of interest in their local communities. For example, one grantee intends 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 Mathematica interviews with PAF program administrators.

Note: Figure reflects 24 programs offered by 17 grantees receiving 2013 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 incorporate this emphasis. Of the 24 programs offered, eight have a substantive focus on father involvement (Figure III.2) and 21 target expectant and parenting males (Figure III.4). Fathers are served through different means in different programs. Three programs serve males only, for example, offering group sessions using curricula like *Fatherhood Is Sacred*. Other programs offer the same components to both males and females, as is the case for many of the programs focusing on

⁵ Individual providers expected to serve between about 240 and 5,050 participants, with a mean estimated number of 1,725 individuals to be served.

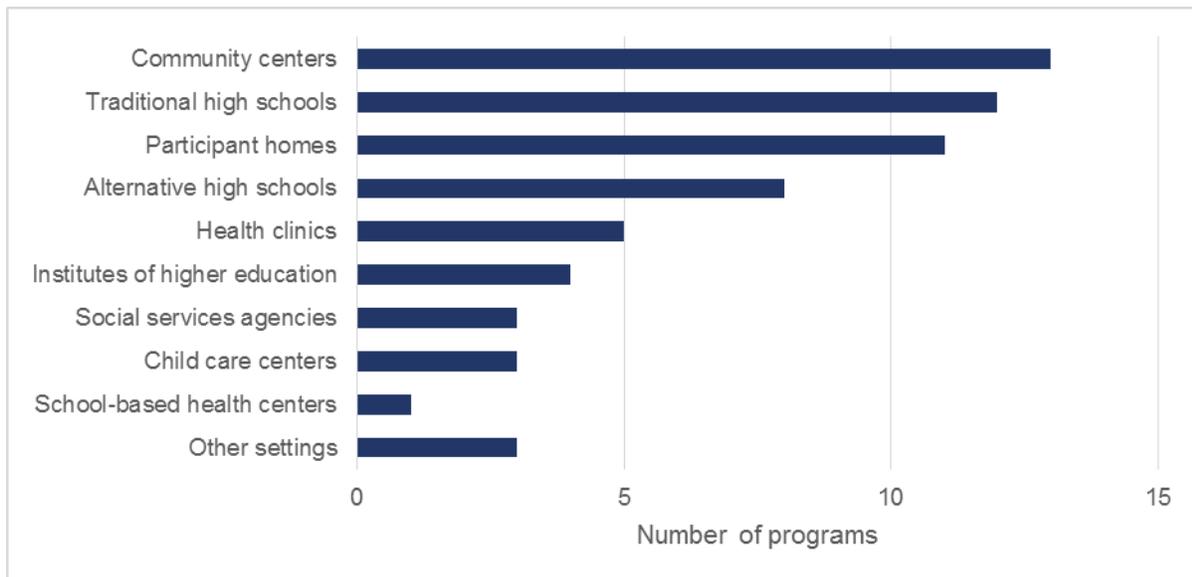
parenting and relationship skills. Still others offer distinct components for males within a program that also serves females, for example, offering “fatherhood mentors” to provide specific services for male participants.

Grantees reported varied approaches to ensuring the programs they fund are culturally relevant. The most common approach is translating program materials to languages other than English (nine grantees). Similarly, about half of all grantees (eight) reported trying to have culturally appropriate staff work on their programs—that is, staff members who can speak other languages, have life experiences similar to those of participants, or can 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 may 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 includes 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 has a culturally sensitive child care site where staff members play Native American music, use cradle boards, and bring Native American elders in to share parenting practices with students. Another tribal grantee has staff members who speak the tribal language and can tailor home visiting activities in more traditional households (for example, where particular activities involving a mirror may be culturally prohibited).

Programs are most often implemented in community centers and educational facilities

Given the prevalence of category 1 and 2 grants, it is perhaps unsurprising that the majority of PAF programs operate out of community centers and educational settings (Figure III.5). Of the 24 programs—many of which operate in multiple settings—13 are being implemented in community centers and 12 in traditional high schools. Several programs are being implemented in other educational facilities, including eight in alternative high schools, four in institutions of higher education, and one in a school-based health center. After community centers and educational settings, participants’ homes are a common site of program implementation (11 programs). Social service agencies and child care centers are less common implementation settings (three programs each). As an example of a program operating in multiple settings, one grantee runs a single program in traditional and alternative high schools, community centers, participants’ homes, and school-based health centers. Other programs operate 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 Mathematica interviews with PAF program administrators.

Note: Figure reflects 24 programs offered by 17 grantees receiving 2013 PAF grants.

Similarly, providers sometimes offer the various program components in different places.

For example, one respondent described how her program's home visiting happens "wherever the participant is located," whether at a home, school, agency, or elsewhere. Flexibility to serve participants in different settings allows providers to reach youth for recruitment and services in places the youth can easily access and where they are comfortable. Two

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.

respondents explicitly stated that they are offering their respective programs wherever needed to reach and serve youth. Such an approach accommodates 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.

IV. BUILDING A STRUCTURE TO SUPPORT SUCCESS

Grantees rely on a small number of staff to oversee grant administration and most use networks of partnerships and subawardees to provide services. Although grantees organize themselves similarly in terms of administrative structures, they differ in the level of funding available for programming and how they leverage other financial and material resources and relationships. Grantees also take different approaches to service delivery, and the majority make 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 is variation in how much flexibility they allow providers to exercise in serving program participants.

PAF grants made to various agencies

Departments of health house the most PAF grantees (six grantees). Education agencies and tribal entities lead three 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 administer PAF grants

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

Grantees leverage additional resources to bolster their offerings

Grantees have leveraged public and private funding and in-kind contributions to bolster their federal grant-funded programming. Grantees have received between \$500,000 and \$1,500,000 annually in PAF grant funds, with a mean of about \$1,300,000. 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 2013 category 1 grantees reported that these institutional partners have sometimes accessed cash and in-kind contributions from both public and private sources in order to meet the required match. For example, one grantee said that a college had provided the match through private institutional funding, foundation grants, and material donations (books and other educational materials) from corporations to serve its students. Other grantees were not required to match, but OAH encouraged them to leverage additional resources and some grantees have done this creatively. About half of all grantees *without* category 1 funding (six of 13) have also accessed additional resources to bolster their PAF efforts. Examples of such approaches include using 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

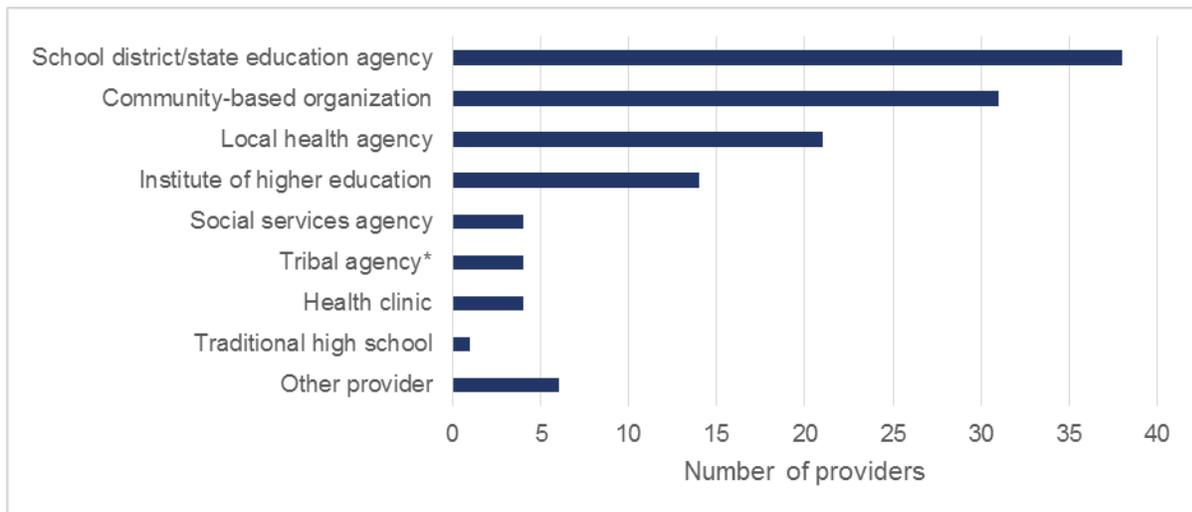
sometimes through other federal programs, such as the Maternal Infant and Early Childhood Home Visiting program or Young Families Connect.

Most grantees use local provider organizations to bring PAF programs directly to youth

Most PAF-funded activities are carried out by organizations funded through subawards and other subcontracts rather than by the grantee agency itself. These organizations fall into two main categories: direct service providers and other subcontractors for grant-related services (such as training and technical assistance or evaluation). The grantee maintains fiscal and administrative oversight of these organizations. Of the 17 grantees receiving 2013 PAF funding, the three tribal entities are the only grantees providing direct services to youth and families. Among the 14 grantees using subawards to provide direct services to youth and families, grantees have awarded a mean of about \$977,000 annually (69 percent of their annual grant funds) to direct service providers, with individual subawards ranging from \$40,000 to \$250,000 per year per provider.

A total of 123 organizations of different types provide PAF-funded program services (Figure IV.1). These include 120 organizations that are receiving subawards from the 14 grantees that do not directly provide services to youth, as well as the three tribal grantees that are providing services themselves. The majority of provider subawards have gone 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 are implementing category 1 and/or 2 grants. Less than a quarter (25 of 120, or 21 percent) of provider subawards have gone to local health agencies or clinics (combined), although health departments are 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 ranges from four to 27, with a mean of about nine. Most grantees have funded multiple types of direct service providers. In one of the most diverse cases, a grantee has 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, three grantees have made subawards to just one type of provider organization.

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

Source: Fall 2014 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 vary in the amount of flexibility they allow among service providers

There is important variation in how much flexibility grantees allow providers to exercise in serving PAF program participants. Some grantees have left the bulk of programming decisions to providers, whereas others have explicitly tried to reduce variability in program offerings across providers. Among the nine grantees offering a relatively high degree of flexibility, they allow 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 place 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 eight 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 give providers flexibility, respondents universally reported trying to stay abreast of what activities providers perform, for example, through regular conference calls or occasional site visits to provider organizations. Similarly, all grantees also reported that they monitor provider activities formally, for example, through annual service plans and fiscal reports.

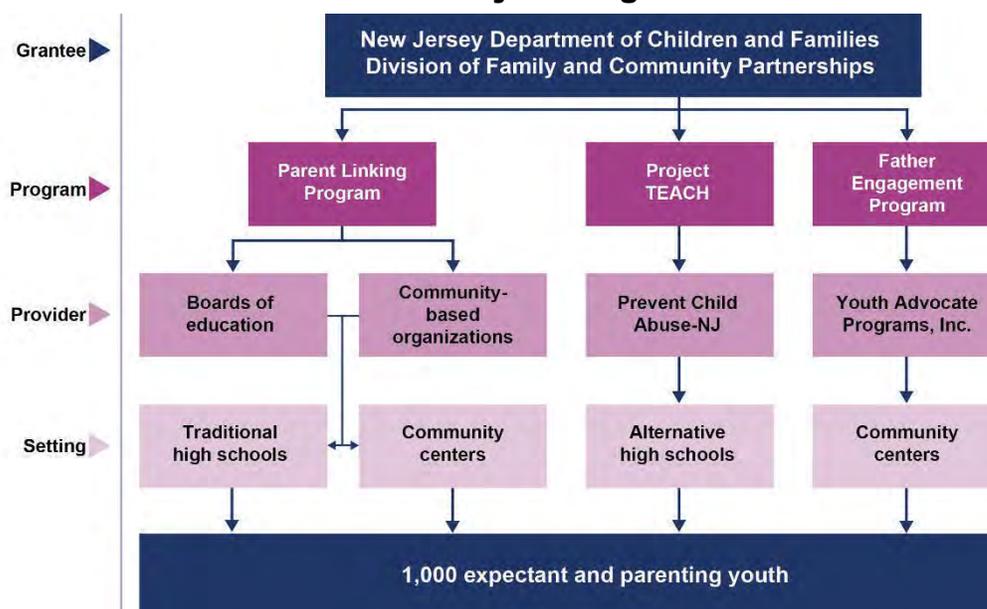
Grantees and providers leverage partnerships to better serve youth and sustain programming

OAH encourages grantees to leverage both formal and informal partnerships. All grantees are doing so, and interview respondents reported that the primary purposes of these partnerships are to reduce barriers to service access and link participants with specific services (cited by 15 grantees) and/or support program sustainability (cited by 11). These partnerships occur at both the grant level (that is, at the level of the state agency 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 work with individuals across agencies, but they have avoided formal mechanisms, such as memoranda of understanding, because such formal approaches could result in obstacles and delays.

At the provider level, partnerships are the primary means by which program participants are linked to the array of services they may need. To ensure that adequate linkages are in place and to support their functioning together, seven grantees have 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 have gone 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 are relying 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 is using PAF funds to enhance two previously existing programs: the Parent Linking Program (PLP) and Project TEACH. The grantee provides PLP services in traditional high schools and community settings through subawards to five boards of education and five community-based organizations. It offers 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 PAF grant

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

Grantees work with other subcontractors to provide quality assurance, training, and technical assistance

Grantees rely on other subcontractors to carry out a variety of grant activities beyond direct service provision. These subcontractors primarily support monitoring and evaluation or provide training and technical assistance.

Grantees monitor and evaluate providers to ensure quality programming

Ten grantees reported that they are engaging external organizations to help evaluate their PAF programs, whereas others rely on internal monitoring and evaluation staff (as noted above). The amount of funding these grantees reported spending on evaluation and monitoring activities ranges from \$195,000 to \$760,000, with a mean of about \$358,000. These evaluation and monitoring subcontractors help develop or manage data systems and other tools for tracking PAF activities and outcomes, establish monitoring procedures, or oversee fidelity to the program. In some cases, subcontractors helped conduct the grantees' needs assessment.

Whether they subcontract for it or do it themselves, grantees use a variety of different systems for monitoring providers, including formal management information systems, online platforms, and Access databases. Other monitoring tools include referral forms, participant surveys, or intake forms. Among the performance measures that grantees track are recruitment and enrollment, number or type of services received, and health status or outcomes. Data collected through monitoring are used to track, tailor, and improve provider performance; to reimburse providers for services rendered; and to provide quality control.

Grantees ensure providers are trained on program implementation and substantive topics

Seven grantees have 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 have sometimes contracted for training on a specific branded program (for example, Futures Without Violence Safety Card, Incredible Years); at other times, they have contracted for training on more general programmatic approaches (for example, case management or building successful coalitions). Service providers may request support related to substantive topics or monitoring staff may recommend it; topics have included, for example, birth control and family planning, shaken baby syndrome, and trauma-informed care. Training and technical assistance is most often provided in group settings (for example, provider workshops, webinars, learning collaborations), but one-on-one support is also sometimes available (for example, through regular phone calls, ad hoc requests, or other check-ins). All grantees provide training and technical assistance; those that do not contract for it typically offer it through their own agency or leverage it through partner organizations.

V. SUMMARY AND CONCLUSIONS FROM EARLY IMPLEMENTATION

The PAF grant program is a cornerstone of the federal government's efforts to support expectant and parenting youth. This report is the first systematic, empirical study of such programs. Drawing upon document review and data from interviews with program leaders representing the 17 PAF grantees funded in 2013, 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 this second round of PAF grants, the 17 grantees organized their administrative teams, developed and/or refined their program approaches, made subawards to 120 provider organizations, and launched 24 programs total, expecting to reach nearly 30,000 youth across the country over the full grant period.

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

- **Grantees are building programs that seek to address participants' comprehensive needs through multiple program components.** Programs typically focus on parenting skills and they often involve intensive case management and referrals, but these are 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 are most critical for improving participants' outcomes.
- **Multi-component approaches require a high degree of service coordination, which may support program sustainability.** Coordination requires 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 are devoting substantial attention to their development. Grantees see coordination as necessary for providing expectant and parenting youth with the full range of services they require 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 have 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. Similarly, it will be useful to track the ongoing implementation of PAF grants to understand the challenges and opportunities of coordinating services across a variety of sectors and organizations.

The current grant period began July 1, 2013, and ends June 30, 2017. Building upon the planning and early implementation phases, the grantees are now at or near full program implementation. The majority of the nearly 30,000 youth to be served will enter the program in the last two years of the grant period. At the same time, grantees will continue to develop sustainability plans, which, to date, have focused on leveraging partnerships and integrating PAF into other state and tribal programs. Over this period, it will be important to continue to study PAF and other programs serving expectant and parenting youth so that future efforts to serve this vulnerable population can benefit from an enhanced evidence base.

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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 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 are utilizing grant funds. Because the profiles apply consistent terms to describe all 17 grantees and their 24 programs, they may not describe all facets of programming in the same way the grantees do. Similarly, the profiles may not reflect changes to programming that occurred after fall 2014.

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 receives annually during the current grant period (2013–2017). 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 subcontractors 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.⁶

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 solicitation 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* 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

⁶ 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.

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.)

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

PAF-Funded Programs Serving Youth and Families

Adolescent Family Life Program-Positive Youth Development

Substantive focus	Parenting skills; healthy relationships; educational attainment; subsequent pregnancy; child health
Program components	Home visiting; case management
Intended dosage	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
Type (and number) of providers	School district (two); health clinic (four); community-based organization (10); local health agency (10); department of social services (one)
Implementation settings	Traditional high schools; participants' homes; community centers
Target population	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**Pregnancy Assistance Fund Grant Overview**

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.)

Annual PAF grant funding	Amount \$977,432	Amount to providers <i>Grantee provides services directly to youth and families</i>
Total estimated number of youth served (full grant period)*	450	

PAF-Funded Programs Serving Youth and Families**Support for Expectant and Parenting Teens**

Substantive focus	Parenting skills; health literacy; healthy relationships; financial literacy; delay subsequent pregnancy
Program components	Home visiting; support groups; referral services
Intended dosage	Home visiting: two home visits per month over 24 months; support groups: one PAT cultural group meeting per month
Type (and number) of providers	Tribal agency (one)
Implementation settings	Participants' homes; community centers
Target population	Expectant females; parenting females; age 18 or younger; ages 19 to 22; American Indian or Alaska Native

Fatherhood Support for Expectant and Parenting Teens

Substantive focus	Parenting skills; health literacy; healthy relationships; father involvement; conflict resolution/anger management
Program components	Home visiting; support groups; referral services
Intended dosage	Home visiting: one home visit per month over 24 months; support groups: One PAT cultural group meeting per month
Type (and number) of providers	Tribal agency (one)
Implementation settings	Participants' homes; community centers
Target population	Expectant males; parenting males; age 18 or younger; ages 19 to 22; American Indian or Alaska Native

Fatherhood Is Sacred

Substantive focus	Parenting skills; financial literacy; healthy relationships; delay subsequent pregnancy; father involvement
Program components	Group-delivered curriculum
Intended dosage	Group delivered curriculum: one two-hour session per week over 12 weeks
Type (and number) of providers	Tribal agency (one)
Implementation settings	Community centers
Target population	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.

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.)

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

PAF-Funded Programs Serving Youth and Families

Supports for Pregnant and Parenting Teens

Substantive focus	Parenting skills; healthy relationships; educational attainment; delay subsequent pregnancy; father involvement; life skills; intergenerational support
Program components	Case management; health care; child care; transportation; referral services; employment services; flexible or alternative academic scheduling; transition support for postsecondary education
Intended dosage	Case management: minimum of one case management visit per month; other components: not specified
Type (and number) of providers	School district (six)
Implementation settings	Traditional high schools; alternative high schools
Target population	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.

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.)

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

PAF-Funded Programs Serving Youth and Families

Supporting Pregnant and Parenting Teens

Substantive focus	Parenting skills; health literacy; healthy relationships; educational attainment; delay subsequent pregnancy
Program components	Home visiting; case management; individual mental health counseling; support groups; group-delivered curriculum; workshops/forums; referral services
Intended dosage	Not specified
Type (and number) of providers	Tribal agency (one)
Implementation settings	Alternative high schools; institutes of higher education; participant homes; community centers
Target population	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.

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.)

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

PAF-Funded Programs Serving Youth and Families

Massachusetts Pregnant and Parenting Teen Initiative

Substantive focus	Parenting skills; health literacy; educational attainment; vocational preparation; delay subsequent pregnancy; family stability
Program components	Home visiting; case management; individual mental health counseling; support groups; group-delivered curriculum; health insurance information, referrals, and/or coverage enhancements
Intended dosage	Case management: one case management visit per week; other components: not specified
Type (and number) of providers	Community-based organization (five)
Implementation settings	Traditional high schools; alternative high schools; participants' homes; community centers; GED programs
Target population	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.)

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

PAF-Funded Programs Serving Youth and Families

Michigan Adolescent Pregnancy and Parenting Program

Substantive focus	Parenting skills; educational attainment; delay subsequent pregnancy; maternal and child health
Program components	Case management; referral services
Intended dosage	Case management: minimum of two monthly case management sessions of one hour each over 12 to 24 months, with quarterly home visits
Type (and number) of providers	School district (three); community-based organization (one); local health agency (two)
Implementation settings	Traditional high schools; alternative high schools; participants' homes; community centers; school-based health centers
Target population	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.)

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

PAF-Funded Programs Serving Youth and Families

Minnesota Student Parent Support Initiative

Substantive focus	Parenting skills; health literacy; trauma and/or violence; educational attainment; delay subsequent pregnancy
Program components	Case management; support groups; material resources for maternity and parenting; workshops/forums; referral services
Intended dosage	Not specified
Type (and number) of providers	Institution of higher education (nine)
Implementation settings	Institutions of higher education
Target population	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.

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.)

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

PAF-Funded Programs Serving Youth and Families

Healthy Montana Teen Parent

Substantive focus	Parenting skills; postpartum issues; health literacy; healthy relationships; educational attainment; vocational preparation; father involvement
Program components	Home visiting; case management; health care; child care; referral services; employment services; flexible or alternative academic scheduling
Intended dosage	Not specified
Type (and number) of providers	High school (one); community-based organization (two); local health agency (one); tribal agency (one); consulting firm (one); maternity group home (one)
Implementation settings	Participants' homes
Target population	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 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.)

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

PAF-Funded Programs Serving Youth and Families

Parent Linking Program

Substantive focus	Parenting skills; healthy relationships; educational attainment; delay subsequent pregnancy; child development
Program components	Case management; child care; transportation; group-delivered curriculum; referral services
Intended dosage	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
Type (and number) of providers	Community-based organization (five); board of education (five)
Implementation settings	Traditional high schools; community centers
Target population	Expectant females; parenting females; expectant males; parenting males; high-need geographic areas; ages 14 to 21 enrolled in school

Project TEACH

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

Father Engagement Program

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

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

PAF-Funded Programs Serving Youth and Families

GRADS+

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

Teen Dating Violence Program

Substantive focus	Trauma and/or violence
Program components	Intimate partner violence education and training, and/or support services
Intended dosage	Not specified
Type (and number) of providers	Attorney general's office (one); school districts (four)
Implementation settings	Traditional high schools and middle schools; community centers
Target population	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.)

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

PAF-Funded Programs Serving Youth and Families

Pathways to Success

Substantive focus	Assessment of individual risks and strengths to link to appropriate services
Program components	Case management; referral services
Intended dosage	Not specified
Type (and number) of providers	Institution of higher education (three); school district (three)
Implementation settings	Traditional high schools; institutions of higher education
Target population	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.)

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

PAF-Funded Programs Serving Youth and Families

Young Families Connect

Substantive focus	Parenting skills; health literacy; healthy relationships; trauma and/or violence; educational attainment; vocational preparation; delay subsequent pregnancy; father involvement
Program components	Case management; material resources for maternity and parenting; group-delivered curriculum; workshops/forums
Intended dosage	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
Type (and number) of providers	Community-based organization (three); local health agency (two)
Implementation settings	Participant homes; community centers
Target population	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.)

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

PAF-Funded Programs Serving Youth and Families

Safer Futures

Substantive focus	Trauma and/or violence
Program components	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
Intended dosage	Not specified
Type (and number) of providers	Local health agency (four); child welfare office (three)
Implementation settings	Public health departments; health care clinics; child welfare offices
Target population	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.)

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

PAF-Funded Programs Serving Youth and Families

Native Challenge Pregnancy Assistance Fund Program

Substantive focus	Parenting skills; health literacy; healthy relationships; delay subsequent pregnancy
Program components	Home visiting; case management; group-delivered curriculum; workshops/forums
Intended dosage	Group delivered curriculum: 10 one-hour classes; other components: not specified
Type (and number) of providers	Tribal agency (one)
Implementation settings	Traditional high schools; community centers; group homes
Target population	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.)

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

PAF-Funded Programs Serving Youth and Families

Supporting Young Parents Through Comprehensive Community Strategies

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

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

PAF-Funded Programs Serving Youth and Families

Early Achievers/Quality Rating and Improvement System

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

Help Me Grow Washington

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

Futures Without Violence Safety Card Intervention

Substantive focus	Trauma and/or violence
Program components	Intimate partner violence education, training, and/or support services; referral services
Intended dosage	Not specified
Type (and number) of providers	Local health agency (two)
Implementation settings	Health clinics; participants' homes; social service agencies
Target population	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.)

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

PAF-Funded Programs Serving Youth and Families

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

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

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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 17 grant applications funded in 2013. The research team reviewed these documents in fall 2013, 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 grantees. 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.

