



Building a PEER TA Network State by State



Final Report of Peer Technical Assistance Activity #197

**Welfare Peer Technical Assistance Network
Services for Low-Income Teen Parents Cross-Site Analysis
Minnesota Department of Human Services
October 2011**

**Office of Family Assistance
Administration for Children and Families**



Background Information on the Welfare Peer Technical Assistance Network

Since its inception in 1997, the Welfare Peer Technical Assistance Network (WPTA) has provided technical assistance (TA) and an outreach and dissemination exchange platform for all 50 States and Territories in the United States. The WPTA Network is operated by the Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services. The current contract, HHSP23320092923YC, is executed by BLH Technologies, Inc. and subcontractor ICF International, Inc.

The WPTA Network is a dynamic, user-oriented vehicle dedicated to the exchange of information and resources through a peer-to-peer TA model. WPTA provides outreach, information dissemination, and TA to States, counties, localities, Tribal organizations, and community-based organizations serving the needs of families in the Temporary Assistance for Needy Families (TANF) program. The WPTA Network is based on the belief that learning is best delivered by peers who have achieved the outcomes desired by organizations that want to initiate programs that pursue similar outcomes and results.

The WPTA Network Web site, www.peerta.acf.hhs.gov, is designed as a user-centered, peer-focused Web portal that emphasizes peer-to-peer learning. It allows users to exchange information and to network across the United States and beyond. TA strategies include conducting peer program research and information gathering, facilitated roundtables, site visits and exchanges, workshops, and moderated teleconferences.

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Executive Summary

The Minnesota Department of Human Services (DHS) works closely with counties and Tribes to help low-income individuals transition to economic stability. In addition to providing support around refugees, financial assistance, child care assistance, child support services, and employment services, the Minnesota DHS is seeking to improve the overall outcomes for teen parents in their Minnesota Family Investment Program (MFIP) (or TANF).

In 2009 Minnesota served 5,627 teen caregivers, not including the children on the cases.¹ Nearly 50 percent of its caseload spending is directed toward families who began with a teen parent. Data collected in May 2010 from the Program Assessment and Integrity Division at the Minnesota DHS² on 2009 caseloads demonstrated a significant need to enhance wraparound services to teen TANF parents.

In November 2010 representatives from the Minnesota DHS, who are part of an internal workgroup addressing the needs of Minnesota teen (minors and 18-19, year-olds) parents on TANF, submitted a TA Request to the WPTA Network. The Minnesota team's Request involved bolstering the in-State research being conducted in spring 2011 by including research on promising models from other States. The TA Request focused on identifying and researching promising TANF and teen parent programs from other States and Tribes.

In response to Minnesota's TA Request, WPTA conducted an initial literature and program scan and identified (1) State-supervised, county-administered programs (such as in Minnesota), or (2) State or local programs that were not State-supervised or county-administered. Working hand-in-hand with Minnesota, WPTA developed structured discussion guides to gather background information on individual programs. This information was used to create program profiles and a summary analysis. Thirty-four programs were contacted; after finding that some programs were not applicable to Minnesota's TA Request, information-gathering discussions were completed with 21 programs.

This summary analysis of 21 teen parent programs provides a high-level overview and synthesis of the commonalities and disparities among programs across their demographics, key goals, target populations, program components, curricula, and partners. Despite funding challenges and the unique needs of specific teen parent populations, programs serving teen parents and, more specifically, TANF and low-income teen parents, are striving to ensure that their programs are responsive, timely, and preventive; linked to evidence-based research; and consistently tracked to ensure progress in meeting their goals.

¹ These data were provided by MFIP in the initial phase of technical assistance.

² These data specifically pertained to MFIP teen parents in Minnesota.

A. Background on Minnesota Department of Human Services and TANF Teen Parents Caseload

The Minnesota DHS works closely with counties and Tribes to help low-income individuals transition to economic stability. Supports include financial assistance, food support, child care assistance, child support services, refugee services, and employment services. Currently, Minnesota parents younger than 18 must have a living arrangement approval system and must abide by standards of attendance. The Minnesota DHS is seeking to improve overall outcomes for their MFIP teen parent cases.

In 2009 Minnesota served 5,627 teen caregivers through MFIP (or TANF), not including the children on the cases.³ Nearly 50 percent of the State's caseload spending is directed toward families who began with a teen parent. In addition, the MFIP exit rate is lower for cases headed by a parent whose first birth occurred before age 20. Data collected in May 2010 from the Program Assessment and Integrity Division of the Minnesota DHS⁴ on 2009 caseload data demonstrated a significant need to enhance wraparound services for teen TANF parents. The May 2010 Minnesota DHS MFIP teen parents' data and statistics indicate the following:

- One-fifth of 2009 cases involving families led by a teen caregiver were two-parent families.
 - Every two-parent teen case had at least one parent older than 18, and 12 percent of these cases were headed by a married couple.
 - Twenty-seven percent of one-parent teen cases were headed by someone younger than 18.
 - About three-quarters of the one-parent and two-parent families reviewed had one child, and the average age of an only or oldest child was 1 year.
- Native American, Hispanic, and Caucasian teen mothers on MFIP were more likely to live outside the Twin Cities metro area. African-American teen mothers on MFIP had a higher presence in Hennepin County, and Ramsey County had a higher population of Asian teen mothers.*
- Caseload distribution involving teen parents was similar among many geographical regions of Minnesota, including Hennepin County, the metro suburbs, and the rest of the State, as reported in the December 2008 report⁵ on the MFIP caseload. The percentage of teen parent cases was lower in Ramsey County. For teen fathers, there were considerably fewer cases in the two urban counties and more outside the Twin Cities' 11-county metro area.
 - Native American, Hispanic, and Caucasian teen mothers receiving MFIP support were likely to live outside the Twin Cities metro area. African-American teen mothers receiving MFIP had a higher presence in Hennepin County, and Ramsey County had a higher population of Asian teen mothers.
- Hmong and Hispanic immigrant groups have the highest percentage of teen parents and Caucasians had the lowest percentage.
 - Immigrant groups had the highest marital rate among teen mothers.

³ These data were provided by MFIP in the initial phase of technical assistance.

⁴ These data specifically pertained to MFIP teen parents in Minnesota.

⁵ *Minnesota Family Investment Program and the Diversionary Work Program: Characteristics of December 2008 Cases and Eligible Adults*. St. Paul: Minnesota Department of Human Services, 2009. <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4219K-ENG>.

- High school completion rates were low for immigrant teen mothers, lower than the average 5 percent completion rate observed among teen mothers throughout Minnesota. The highest secondary education completion rates are achieved by Caucasians, followed by Asian-Americans and African-Americans.
- Three-quarters of teen parents were part of a Minnesota family assistance case as a child. Most were on a case with a parent, starting under age six. Native American teen mothers had the highest rate of Minnesota welfare history at 92 percent, followed by African-American and Hmong mothers.
- Caucasian and Asian-American teen mothers had the highest rate of employment at 60 percent, while most other demographic groups averaged a much lower rate of employment (40 percent).
- Mean annual wages for employed teen mothers in any demographic group range from \$3,000–\$6,000 per year.
- Twenty-five percent of MFIP teen mothers and 15 percent of teen fathers had received a serious mental health diagnosis, through medical care under public health insurance, during a 3-year period. Serious mental health diagnoses were highest for Caucasian and Native American teen mothers.
- Native American mothers had higher levels of chemical dependency diagnoses than other groups.
- Family violence, gauged by offender determinations, was highest for Native American and African-American teen mothers receiving MFIP support.

Three-quarter of teen parents were part of a Minnesota family assistance case as a child. Nearly all of these were on a case with their own parent, most starting under the age of six.

These statistics display the need for services targeted toward teen parents in the MFIP. The Minnesota DHS is committed to promoting the educational and work attachment outcomes among minor caregivers and teen parents to promote economic stability in this age group. The Minnesota DHS believes that a safe and supportive living situation is critical to the well-being of any individual, particularly minor caregivers and teen parents and their children and that it is society’s collective responsibility to address the developmental and educational needs of young parents on their journey to economic stability.

Consequently, the Minnesota DHS is conducting an eight-county study of service delivery models for teen parents across Minnesota. The study will be completed by summer 2011. Researchers for this study, the MFIP Action Research Project (MARP) for MFIP Minor Caregivers and Teen Parents, conducted nearly 50 interviews and spoke with nearly 90 workers and supervisors serving MFIP teen parents.

Spotlight on Programs Serving Teen Parents in Minnesota

Several promising models provide employment, truancy, education, and case management services to teen parents in Hennepin County, Olmsted County, and Ramsey County.

Ramsey County’s Public Health Nurse Model⁶ (i.e., the Adolescent Parenting Program and Ramsey County Employees Affirming their Commitment to HealthTeams) provide public health home visits to pregnant and parenting teens younger than 19 who are in the MFIP and their children. Financial workers are paired with public health nurses to enhance communication needs and to identify system issues that

⁶ Please see http://www.co.ramsey.mn.us/ph/hs/family_health_home_visiting.htm.

negatively influence teen parent-child outcomes. This model includes a team of public health nurses, social workers, health education parenting assistants, county MFIP workers, child care assistance staff, and school personnel, to develop case plans that direct these teen parents toward completing high school or general equivalency degree (GED) programs.

A Grad (Accelerating Graduation by Reducing Achievement Disparities)⁷ is Hennepin County's new initiative for interoperability between county departments to increase high school graduation rates. The impetus for this program was the county's recognition that it plays a vital role in the educational success of the children and parents it serves. *A Grad* creates synergy among staff to make important decisions when working with these children and families. New approaches to truancy by *A Grad* include collaborative sharing of social workers and data between Hennepin County and Hennepin County school districts and utilizing county waiting rooms and public areas as opportunities for learning. Hennepin County recently received a multiyear Federal grant to prevent subsequent pregnancies.

Minnesota County Programs Serving Teen Parents

- Hennepin County: A Grad (Accelerating Graduation by Reducing Achievement Disparities)
- Olmsted County: Bright Futures
- Ramsey County: Public Health Nurse Model

The **Bright Futures Program**⁸ in Olmsted County works with pregnant or parenting teens who are 18 years old or younger. Case management services are client-driven and are jointly provided by a social worker and/or a public health nurse. Monthly visits are conducted in the home or at school. An intake team meeting involving representatives from the Mayo Clinic, financial workers, and school personnel assists families in making connections to community service agencies. Young families receive ongoing support and information in such areas as healthy pregnancy, child development, parenting, housing, budgeting, parental rights, educational goals, work goals, and goal-setting. In addition to one-on-one case management services, there are regular group meetings that include both informational topics and fun activities, including structured child care provided by Parents are Important in Rochester (PAIR). PAIR meeting topics and activities have included first aid, home safety, infant memory books, and cooking meals together.

B. Welfare Peer Technical Assistance Request and Methodology for Minnesota DHS Request

In November 2010 representatives from the Minnesota DHS, who are part of an internal workgroup addressing the needs of Minnesota teen (minors and 18 to 19-year-olds) parents in the TANF program, submitted a TA Request to the WPTA Network. The Minnesota team's Request involved bolstering the current in-State research being conducted in summer 2011 with research on promising models from other

⁷ Please see

<http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnnextoid=f11508b1f89d7210VgnVCM10000049114689RCRD> and <http://hennepin.us/files/HennepinUS/Research%20Planning%20and%20Development/Projects%20and%20Initiatives/Files/TeenPregnancyPrevention.pdf>.

⁸ Please see <http://www.co.olmsted.mn.us/cs/cfs/fst/Pages/BrightFutures.aspx>.

States. The TA Request was focused on identifying and researching promising TANF and teen parent programs from other States and Tribes, including programs that had:

- A focus on reducing disparities in African-American and Native American youth
- Support mechanisms or programs for supporting foster children that age out of care and likely join the TANF program caseload as teen parents
- Support for noncustodial fathers
- Resources and support for teen parents with mental health and/or chemical health issues.

Methodology

To compile research on models in other States for Minnesota, the WPTA Team created a TA Plan that included:

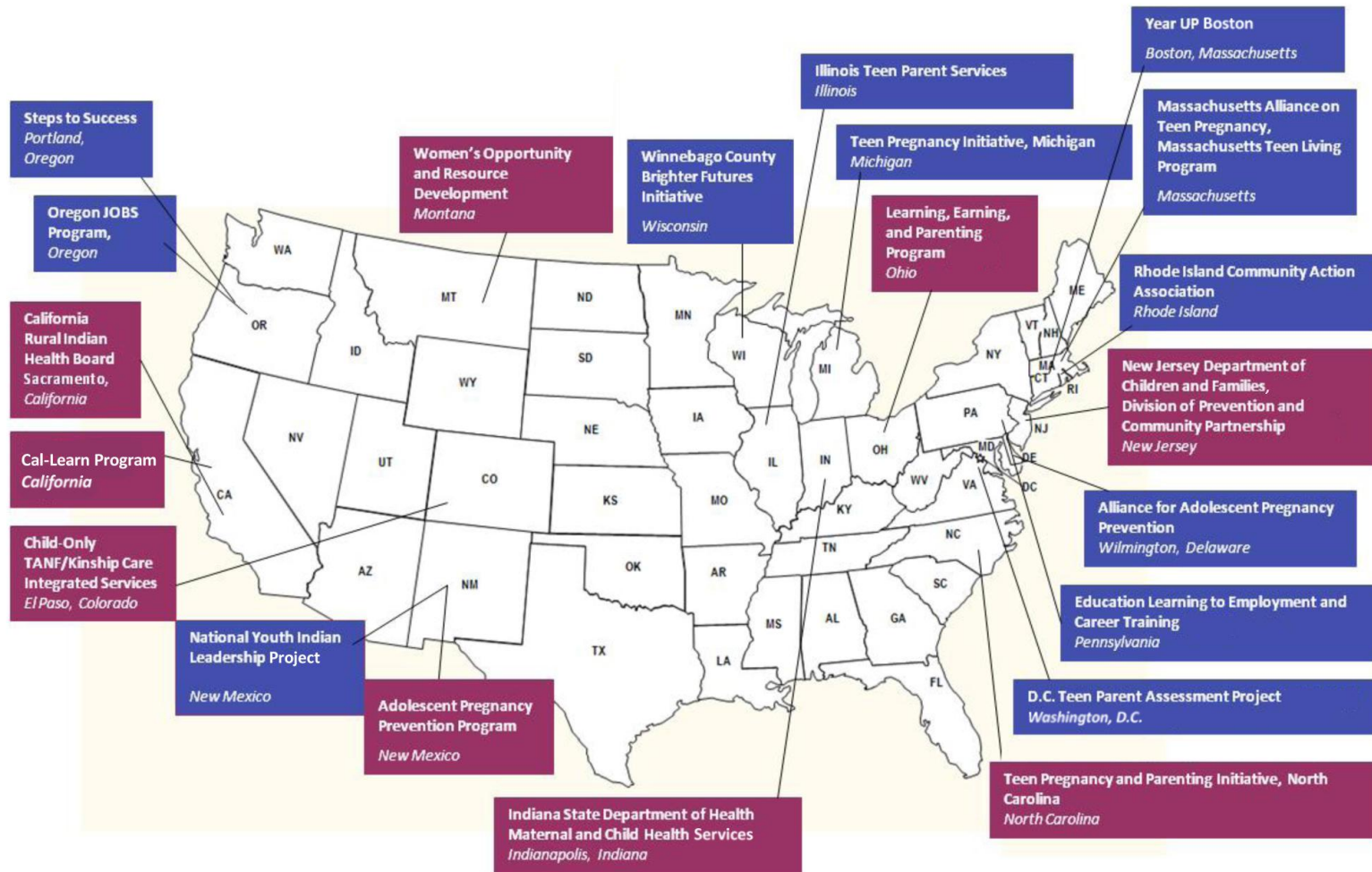
- Conducting an initial scan of the literature and a review of existing environmental scans of programs
- Determining which programs were still in operation
- Dividing the programs into those that were
 - (1) State-supervised, county-administered (such as Minnesota)
 - (2) not State-supervised or county-administered
- Creating initial structured discussion guides with Minnesota about the type of information that they wanted to collect
- Generating a summary of the discussions with individual programs in the form of profiles and gathering this information in a summary analysis
- Working with the Minnesota team to determine the programs that they would like to explore further.

The WPTA Team conducted an initial environmental scan of promising programs, including a literature review, from March–April 2011, and initial programmatic scans, also conducted by Team members. This scan created an initial base of approximately 40 potential programs. After the initial research, it was determined that some of these programs were no longer in existence; therefore, the team started with 34 programs.

The WPTA Team created a call plan and, with Minnesota, created *two* separate structured discussion guides for contacting programs and conducting outreach to selected programs. Protocol guides were developed for programs that were State-supervised and county-administered as well as for programs that were not State-supervised or county-administered. The two discussion guides can be found in **Appendices A and B**. Minnesota requested the distinction between the two types of protocol guides because their TANF program operates in a State-supervised, county administered environment and needs information specific to this situation.

The WPTA Team contacted all 34 promising programs via e-mail or phone and completed information-gathering conference calls with 21 programs between April and July 2011. Please see **Exhibit A** on page 9 for a complete geographical representation of all programs. After each phone call, a profile based on the call was compiled and reviewed internally and by the individual sites to ensure accuracy and to capture additional information. The full profiles were then collected (see **Appendix C**) and were analyzed. The analysis of the data collected from all 21 programs is described in the following sections.

Exhibit A. Map of all Programs: (21 State-Supervised, County-Administered Programs and State-Administered or County-Administered Programs)



Key:

- State-supervised, county-administered programs
- State-administered or county-administered programs

C. State-Supervised, County-Administered Programs

The WPTA Team conducted structured interviews with nine State-supervised/county-administered programs in eight States. The information outlined below provides an overview across the nine programs’ teen parent demographics, program characteristics, staffing and training, partnership and collaboration efforts with other State and local agencies and community organizations, curricula, lessons learned, and programmatic outcomes. Information collected from these programs primarily represents county-level program characteristics because these were in State-supervised, county-administered States. However, when any specific State-level information was shared by the programs, the WPTA Team has attempted to highlight this for the reader.

State-Supervised, County-Administered Programs	
California Cal-Learn Program	California
California Rural Indian Health Board	California
El Paso, Colorado, Child-Only TANF/Kinship Care Integrated Services	Colorado
Indiana State Department of Health Maternal and Child Health Division	Indiana
Learning, Earning, and Parenting Program	Ohio
New Jersey Department of Children and Families, Division of Prevention and Community Partnership	New Jersey
New Mexico Adolescent Pregnancy Prevention Program	New Mexico
North Carolina Teen Pregnancy and Parenting Initiative	North Carolina
Women’s Opportunity and Resource Development, Inc.	Montana

Teen Parent Demographics

The nine programs’ teen parent program demographics ranged widely in terms of caseload size; geographical representation; marital status; education; and the diversity of their teen TANF parent populations by age, race, and ethnicity. The demographics of teen parent programs are as follows:

- Teen parents are between the ages of 12 and 19, although a few programs went to age 21 and beyond with transitional services.
- Most teens and teen parents are single.
- The majority of teen parents in programs are working on their high school diploma or GED.
- Most programs shared that teens enrolled in their programs have higher graduation rates or GED completion rates in comparison with State averages.
- Geographic composition varies depending on the county and State; most programs are urban or suburban, but some programs, because of their location, have large rural and Native American populations.

- A mix of female and male participants attended the programs.
- Most teens enrolled in the programs are from low-income or low socioeconomic environments.

Diversity in the program, in terms of ethnicity and race, was typically highlighted in urban areas. **New Mexico** reported that it has a large rural teen parent TANF population. The **Sacramento, California Cal-Learn Program** has a more predominantly diverse population—10–12 percent are Asian, including a large Hmong population; 29 percent are Hispanic; and 33 percent are African-American.

Two States with county-administered programs have a large population of Native American teen parents enrolled in their programs. For example, the **California Rural Indian Health Board American Indian Youth Challenge Project** serves Native American youth ages 12 to 18 in junior high and high school. Forty percent of the youth are in the 16 to 18 age bracket, and the program serves approximately 150 youth per year who complete the 10 to 12 session program. There are three sites across the State—one urban, one suburban, and one rural. The urban Los Angeles site represents approximately 20 to 25 different Tribes; the suburban Reading site works with 8 to 10 Tribes; and Arcata in rural Humboldt County represents 8 Tribes. The **Montana Women’s Opportunity and Resource Development, Inc. (WORD)** program works with 170 young parents (mothers and a large number of fathers). Although Montana’s statewide demographics show that Native Americans make up less than 3 percent of the total population, 35–40 percent of parents enrolled in its program are Native American. Most are not married, and almost 70 percent of the teen parents had dropped out of school before they enrolled in the program.

State’s Teen Pregnancy Rates

Programs provided information on their State’s teen pregnancy rates and the extent to which they were broken down by race and ethnicity and shared the importance of measuring outcomes to improve programs. They illustrated that tracking teen pregnancy rates is important to gauging the resources needed to address program and participant needs. For example, the **Ohio Learning, Earning and Parent (LEAP) Program** shared that improved outcome-based measurements are necessary for it to plan activities and to determine whether the program will require increased resources to measure outcomes and to improve programs. The **LEAP Program** collects information on all aspects of teen pregnancy rates, including an ethnicity and race breakdown, and on the number of first-time and subsequent births.

The **California Cal-Learn Program** and **California Rural Indian Health Board** reported that they collect general birth rate and birth weight information, but they do not report ethnic and racial breakdown. **North Carolina** and **Colorado** do not delineate by race or ethnicity, but that information is available at the county level. **Indiana** shared that 9,726 (10.9 percent) of babies born in 2007 were born to mothers younger than 20 years of age. Of these, 7,618 (9.9 percent) were Caucasian mothers, and 2,038 (19.6 percent) were African-American. **Indiana** also collects information on birth rates by ethnicity and race.

In **Montana** the teen pregnancy rate was 49.7 per thousand in 2009, and it has been going down. The birth rate is 38.6 per thousand for 15 to 19 year-olds. Also, the 3–year birth rate from 2007–2009 for Native Americans was 105.6 per thousand and for Caucasian teens was 30.2 per thousand.

General Program Characteristics

State Statutory Requirements

Most of the programs shared that they were guided by State statutes or regulations. The **Ohio LEAP Program**, for example, is authorized by the Ohio State legislature annually. The **New Jersey Department of Children and Families** has three divisions that work under a statutory mandated

standpoint and from a protective services standpoint; there is a requirement to become involved with teen parents if there is abuse in the household. Beyond this, there is no legislative requirement to serve teen parents.

New Mexico’s State statutory requirements are grant dependent, and each grant is accompanied by a scope of work that the grantee, in this case the **New Mexico Teen Pregnancy Coalition**, is contractually obligated to meet. The **WORC** program in **Missoula County, Montana**, specifically follows Federal guidelines for serving teen parents who must be living at home or in an adult-supervised setting, but Missoula County has a committee that oversees appeals and eligibility concerns for teen TANF parents. The **California Cal-Learn Program** has requirements to help pregnant and parenting teens to attend and graduate from high school or earn a GED. The **California Rural Indian Health Board** indicated that it followed **Cal-Learn’s** requirements and policies as well as the regulations related to the **California School-Age Families Education** program, which provides support services to pregnant and parenting students in schools so that they can be successful in their education.

Because these programs are county-administered, some of them only have local regulations or statutes to follow, and thus, have no State regulations or statutes. For example, the **El Paso, Colorado, Teen Self-Sufficiency Program** does not have State statutory regulations to serve teen parents, instead, each county has the ability to develop specific programming. The **Teen Self-Sufficiency Program** uses TANF maintenance-of-effort funds, and all teen parents have to meet the requirements for TANF maintenance-of-effort. This educational program provides workshops, one-on-one case planning, assessment-of-life skills, and job-readiness services. The Family Services Team requires teen parents to be younger than 18, in school, and pursuing child support from the absent parent. An average caseload for the Family Services Team is 5 teen parents.

Goals of Teen Parent Programs

Across the programs, stated teen parent program goals included the following:

- **Improving educational and economic teen parent outcomes through education, training, life skills, and work**—*California Cal-Learn Program; California Rural Indian Health Board; Indiana State Department of Health Maternal and Child Health Division; Ohio LEAP Program; El Paso, Colorado, Department of Human Services; New Jersey Parent Linking Program; Adolescent Pregnancy Prevention Initiative and Office of Early Childhood Education Home Visitation Program; North Carolina Teen Pregnancy and Parenting Initiative; and Montana Women Opportunity and Resource Development, Inc.*
- **Preventing subsequent births and sexually transmitted diseases (STDs)**—*California Cal-Learn Program; California Rural Indian Health Board; Indiana State Department of Health Maternal and Child Health Division; New Jersey Parent Linking Program; Adolescent Pregnancy Prevention Initiative and Office of Early Childhood Education Home Visitation Program; North Carolina Teen Pregnancy and Parenting Initiative;*

Common TANF Teen Parent Program Goals

- Improving educational and economic outcomes of teen parents through education, training, life skills, and work.
- Preventing subsequent births and sexually transmitted diseases (STDs).
- Promoting healthy children, parents, and families.
- Providing counseling services.
- Reducing the incidence of low birth weight babies and improving other birth outcomes.
- Increasing developmental outcomes and school-readiness levels for the children of teen parents.
- Teaching positive parenting and parenting skills and attitudes.
- Preventing child abuse and neglect.
- Strengthening infrastructure to assist pregnant and parenting adults.
- Increasing father involvement and the role of fathers in the lives of children.
- Establishing mentoring programs for young men at risk for becoming teen parents.

New Mexico Teen Pregnancy Coalition; and Montana Women's Opportunity and Resource Development, Inc.

- **Promoting healthy children, parents, and families**—*California Cal-Learn Program; California Rural Indian Health Board; North Carolina Teen Pregnancy and Parents Initiative; and Montana Women's Opportunity and Resource Development, Inc.*
- **Providing counseling services**—*New Jersey Parent Linking Program; Adolescent Pregnancy Prevention Initiative and Office of Early Childhood Education Home Visitation Program*
- **Reducing the incidence of low birth weight babies and improving other birth outcomes**—*California Cal-Learn Program; Indiana State Department of Health Maternal and Child Health Division; and Montana Women's Opportunity and Resource Development, Inc.*
- **Increasing developmental outcomes and school readiness levels for children of teen parents**—*North Carolina Teen Pregnancy and Parents Initiative; New Mexico Teen Pregnancy Coalition; and Montana Women's Opportunity and Resource Development, Inc.*
- **Teaching positive parenting and parenting skills and attitudes**—*California Cal-Learn Program; New Jersey Parent Linking Program; Adolescent Pregnancy Prevention Initiative and Office of Early Childhood Education Home Visitation Program; New Mexico Teen Pregnancy Coalition*
- **Preventing child abuse and neglect**—*California Rural Indian Health Board; Montana Women's Opportunity and Resource Development, Inc.*
- **Strengthening infrastructure to assist pregnant and parenting adults**—*Indiana State Department of Health Maternal and Child Health Division.*
- **Increasing father involvement and the role of fathers in the lives of children**—*New Mexico Teen Pregnancy Coalition/New Mexico Young Fathers Program.*
- **Establishing mentoring programs for young men at risk for becoming teen parents**—*New Mexico Teen Pregnancy Coalition.*

TANF Assistance Unit Definition for Teen Parents

Most of the programs defined the TANF assistance unit containing teen parents with age limitations and living arrangements with parents, grandparents, or others. A few of the programs did not differentiate from their regular TANF assistance unit definition.

In the **Sacramento, California, Cal-Learn Program**, a very small percentage of minor parents can obtain a TANF grant at age 17. If they are on their parent's grant and they are going to graduate before they are 19, they can stay on their parent's grant until age 19. Sometimes when teens turn 18, they can apply at the TANF office for their own cash grants and subsequent participation in Cal-Learn. The **Missoula County, Montana WORC Program** has seen a decreasing TANF teen parent caseload over time because of challenges, barriers, and sanctions to teen parents.

The **El Paso, Colorado, Department of Human Services Program** defines the TANF assistance unit containing teen parents in two ways: (1) teen mother and her children living on their own or (2) teen mother and her children living with a family member, such as a parent or grandparent. The eligibility for the **Ohio LEAP Program** depends on the teen's living arrangement and on whether the minor parent's parent(s) are Ohio Works First recipients. The **New Mexico Teen Pregnancy Coalition/New Mexico Young Fathers Program** is a statewide advocacy organization that provides training, TA and networking opportunities. In the past, TANF program funds were used for the **New Mexico Young Fathers Program**, which provides job skills, job training, child abuse and neglect prevention services, education services, and assistance in establishing paternity. This program is no longer funded by TANF.

Service Delivery Models

Service delivery models differed widely by State and county and by location within the States. Key highlights of each program that provided an overview of their service delivery models can be found below.

- The **California Cal-Learn Program** is a statewide model using the Adolescent Family Life Network framework. It varies by location (county); however, case management and a 90-day plan are required components, along with sanctions and incentives. Forty counties in California have an Adolescent Family Life Program (AFLP). Some counties have put the program out for bidding—some are run by Cal-Learn, and others are run by community-based organizations. This means that the implementation of grants differs among the counties. The program offers various incentives including child care during school hours; transportation to and from school; and other supportive services; such as graduation gowns, adult-school fees and tuition, and GED test fees. A separate AFLP program that serves teen parents who are not part of the TANF program is funded through the California Department of Public Health.
- The **California Indian Rural Health Board** is a community-based (afterschool) voluntary program that is provided at either a local clinic or at an Indian Education Center by adult health educators. The program has not been administered in schools, but the in-school model is provided by other agencies under the same Office of Family Planning funding. It is the lead agency and subcontracts to three sites that independently design their program format. Two sites hold monthly meetings, while one site operates more intensive 2-day events. The project pairs sex education opportunities with traditional Indian talking circles (which allow questions to be asked in an open, safe forum). Incentives include gift cards, T-shirts, and end-of-year events.
- The **El Paso, Colorado, Department of Human Services** reported that the service-delivery model for its Family Services Program and Teen Self-Sufficiency Program varies statewide among the counties. Family Services Team participants apply through the regular TANF application process. The Teen Self-Sufficiency Program accepts walk-in applicants as well as referrals from schools and community parents.
- The **New Mexico Teen Pregnancy Coalition/New Mexico Young Fathers Program** service-delivery model varies across the State, depending on cultural sensitivity for the Hispanic and Native American populations. The program is not located on Native American reservations, but works with those populations.
- The **Missoula, Montana, Women’s Opportunity and Resource Development, Inc.**, program has a case management service-delivery model where clients are referred from the courts, juvenile probation officers, or other sources. Caseloads are extremely high, and the program has one Program Director, one Program Coordinator, three Case Managers, one Parent Educator and a Young Family Resource Center staffed by university students and AmeriCorps volunteers, and it operates as a drop-in center. The client works with the Fathers Program to develop a service plan that is based on outcome goals. The participant and Case Manager monitor progress through an intensive case-management model and update goals every 3 months. Upon the attainment of goals, participants can phase out, re-enter until age 27, and receive additional mentoring from young fathers. Participants can access support services such as gas vouchers; bus passes; help with an ID or driver’s licenses; one-time rental assistance; and diapers, formula, clothing, and other household items.
- The **Ohio LEAP Program** is State-supervised and county-administered. It has a combined application for Medicaid, cash, and food assistance that can be submitted online, in person, or through the mail to all 88 counties. Upon eligibility for Ohio Works First, each participant has an appraisal/assessment interview, which a county worker assesses to determine eligibility for the **LEAP Program**. Teen parents can stay on cash assistance programs for as long as 36 months. Upon graduation from high school, students are eligible for a graduation bonus of \$500, and can be assigned to a different program.

- The **North Carolina Teen Pregnancy and Parenting Initiative (TPPI)** is predominantly County-administered. All programs include referral services and education, but the curricula and location (e.g., school, church, agency office) can vary by county. The **TPPI** program refers parents to the most appropriate child care, school, and educational services and provides a comprehensive sex education curriculum. Teen parents must also take part in other activities, such as service projects and college tours.

Program Design and Implementation

Staff and Program/Service Configuration

The staffing composition for TANF teen parent programs varies widely across the programs and is directly related to each program’s goals and objectives.

Staff members of the **California Cal-Learn Program** in Sacramento are expected to assist teens in graduating from school and working on specific tasks, such as parenting skills, child care services, the completion of forms, and through Medi-Cal baby immunizations. Staff members participate in multidisciplinary team meetings to discuss their cases. The **California Rural Indian Health Board** staff members focus on prevention and early intervention services, referrals, and the provision of support services as needed.

Staff members at the **Missoula, Montana, Women’s Opportunity and Resource Development, Inc., (WORD)** program provide wraparound services, including case management, advocacy, education and career counseling, job-readiness training, life skills workshops (e.g., financial management, healthy relationships), child development and parenting education, recreational activities, support groups, leadership training, and drop-in services at the Young Family Resource Center.

The **Ohio LEAP Program** has an individually assigned case manager for each **LEAP Program** participant and his or her family. **LEAP Program** participants are seen by the case manager at least once a year, preferably when a teen is scheduled to enroll in school for the next year. At that time, school progress is reviewed, and any new barriers to continued attendance are addressed.

The **New Mexico Teen Pregnancy Coalition/New Mexico Young Fathers Program** is primarily supported by case managers, while licensed independent social workers manage the clinical aspects of the Young Fathers Program. Outside contractors support training in the areas of behavioral health, STDs, and contraceptives.

Staff at the Missoula, Montana Women’s Opportunity and Resource Development, Inc., program provide wraparound services (e.g. case management, advocacy, education and career counseling, job-readiness training, life skills workshops, training on financial management), healthy relationships, child development and parenting, education, and drop-in services at the Young Family Resource Center.

The **North Carolina TPPI** has a diverse staff of case managers, nurses, social workers, health educators, and program coordinators to deploy based on availability and need across the State and individual counties. State-level efforts are buttressed by regular **TPPI** program personnel visits to the counties to better inform their efforts.

Special Training To Work With Teens

Only four of the nine programs responded that they require their teen parent program staff to participate in ongoing training, professional development, and education. Educational standards and requirements are

required by the **Missoula, Montana, WORD** program, **California Cal-Learn Program**, and **North Carolina TPPI**. Specifics include the following:

- The **Missoula, Montana, Women’s Opportunity and Resource Development, Inc.**, program requires all staff to attain bachelor’s degrees in social work or related fields.
- The **California Cal-Learn Program** requires staff to have a B.A. A large percentage of staff have master’s degrees in social work, psychology, or related fields.
- The **North Carolina TPPI** requires all staff to have bachelor’s and master’s degrees and in certain cases, B.S.W.s and M.S.W.s.

Additional specialized training requirements were shared by the **California Rural Indian Health Board**; **North Carolina TPPI**; and the **Missoula, Montana, WORD**, program. Specifics include the following:

- The **California Rural Indian Health Board** provides an annual train-the-trainer conference to provide ongoing education to adult health educators.
- The **North Carolina TPPI** holds two biannual meetings (spring and fall) that are attended by teen pregnancy staff members from across the State. In addition, its partner, the **Adolescent Pregnancy Prevention Coalition of North Carolina (APPCNC)**, provides additional training and meeting support.
- The **California Cal-Learn Program** requires annual competency training, and brings in unit-specific training. For motivational interviewing (MI), for example, some of their case managers took outside classes, which led to all case managers being mandated to take MI training.

Statewide or Local Collaboration and Partnership Efforts

Active coalitions and partnerships among government, private-sector, and nonprofit organizations were mentioned as key in supporting programs’ goals and in meeting the needs of teen parents. Challenges to continued collaborative partnerships include funding, spending cutbacks, and staffing shortages.

The **California Cal-Learn Program** supports several coalitions: (1) Pregnant and Parenting Foster Youth Coalition, (2) Teen Pregnancy Prevention Coalition (private and public partners), (3) Teen NOW California (public and private partners), and (4) a Maternal Child and Adolescent Health Advisory Board that directs local policy. The **California Rural Indian Health Board** is required to have two coalitions under its Community Challenge Grant (CCG) (funded by the Office of Family Planning): (1) a regional collaborative that meets quarterly to provide program and educational updates to CCG-funded agencies, and (2) a local collaborative that meets quarterly and is also a venue for updates and joint ventures. In addition, it partners with Teen NOW California.

As previously mentioned in staff training, the **North Carolina TPPI** partners with **APPCNC** and ensures collaboration with other State and local agencies and programs within its county and/or region to better inform its efforts. The **El Paso, Colorado, Department of Human Services** partners with online schools, private schools, and the Chafee Program (the program does not have a memorandum of understanding in place with any partners).

Collaborative Partnerships (National, State, and Local) Among TANF Teen Parent Programs

- Teen pregnancy prevention coalitions (State and local)
- Schools
- Chafee Program
- Adult basic education
- Local behavioral health collaboratives
- Community health councils
- Department of health medical review committees
- School health advisory councils
- National Organization to Prevent Teen and Unplanned Pregnancy (National)
- Healthy Teen Network (National)
- Faith-based organizations and Community-based organization

The **Missoula, Montana, WORD**, program belongs to a coalition of teen pregnancy organizations that receive funding through the National Organization to Prevent Teen and Unplanned Pregnancy. They send out a newsletter; have stakeholder meetings; participate in the local Missoula Adolescent Pregnancy, Parenting, and Prevention Services Coalition; and partner with a national organization, Healthy Teen Network, to identify and provide guidance on research, policy, resources, and best practices. Although the **Ohio LEAP Program** does not currently partner with any coalitions, there are partnerships between and among State, county, and local government across the State. State agency partnership efforts have not been extensive because the State-supervised programs are administered by the counties. Previous partners included the Ohio Board of Regents, Tech-Prep, and the Adult Basic and Literacy Education programs.

The **New Mexico Teen Pregnancy Coalition/New Mexico Young Fathers Program** has myriad active coalitions or partnerships among State, county, and local government agencies and with private-sector entities to guide programming for positive youth outcomes. Their partnerships are varied and include local behavioral health collaboratives, community health councils, the National Campaign to Prevent Teen and Unplanned Pregnancy, local evidence-based prevention programs, school health advisory councils, and the New Mexico Department of Health Medical Review Committee.

Involvement of Community Groups in the Development and Implementation of a Teen Parent Service-Delivery Model/Project

Involving community groups in the design, planning, and implementation of teen service-delivery models, initiatives, and projects was integral to a majority of the programs. The **Indiana State Department of Health Maternal and Child Health Division** is focused on building systems of care. Rather than funding isolated programs and services, it only provides funds for organizations that collaborate and build systems, especially those that enhance service capacity. Community group involvement with the **North Carolina TPPI** is usually at the county or local level. Information exchange and peer-to-peer learning are encouraged among all counties and localities.

The **California Cal-Learn Program** in Sacramento uses and involves community groups in making quilts and hats for babies, providing parenting classes, and connecting teens to a wealth of resources. The **California Rural Indian Health Board** works closely with community leaders and clinic and education center staff to ascertain key teen pregnancy prevention issues through conference calls, surveys, and one-on-one contact by phone or e-mail. They also involve community groups in Board of Directors Meetings (quarterly) and the American Indian Education Conference.

Program and Services for Teens Aging out of Foster Care

Several programs provided overviews of specific partnerships that have services for teens aging out of foster care. Approximately 22–24 percent of the **Missoula, Montana, WORD** program participants have been in foster care and receive independent living services, financial aid, and additional services. The **El**

Programs With Services/Partnerships for Teens Aging out of Foster Care

- California Cal-Learn Program
- El Paso, Colorado, Department of Human Services
- Ohio LEAP Program
- Missoula, Montana, Women's Opportunity and Resource Development, Inc.

Paso, Colorado, Department of Human Services provides additional life skills training to participants through the Chafee Program as they transition out of foster care. The program is 100 percent federally funded.

An Independent Living Program that works with foster teens who are pregnant and parenting until they are 18 to 21 years old is provided in conjunction with the **California Cal-Learn Program**. Special housing initiatives and mentoring programs are also provided. As shared by the

Ohio LEAP Program, young adults who have aged out of foster care in Ohio can receive Medicaid until age 21 and receive additional self-sufficiency support and services, including academic support; postsecondary educational support; career preparation; employment programs or vocational training; budget and financial management; housing, education, and home management supports; health education and risk prevention; mentoring; supervised independent living; education supplies, GED exam fees, tuition, room-and-board financial assistance, and education and training vouchers of as much as \$5,000 per year, depending on specific eligibility requirements as detailed in the **Ohio LEAP Program** profile in **Appendix C**.

Challenges and Barriers to the Delivery of Services

Recurring barriers and challenges to program and service delivery articulated by the nine programs included the following:

- **Transportation access**—*Indiana State Department of Health Maternal and Child Health Division; California Rural Indian Health Board; El Paso, Colorado, Department of Human Services; and New Mexico Teen Pregnancy Coalition*
- **Lack of resource and service awareness and access**—*Indiana State Department of Health Maternal and Child Health Division and Missoula, Montana, Women’s Opportunity and Resource Development, Inc.*
- **Funding**—*California Cal-Learn Program and Ohio LEAP Program*
- **Staffing shortages**—*California Cal-Learn Program*
- **Lack of specific Cultural Curricula and Training**—*California Rural Indian Health Board*
- **Teen participants not seeing benefits of the program**—*California Cal-Learn Program*
- **Child care access**—*Indiana State Department of Health Maternal and Child Health Division*
- **Tracking/finding transient Native American youth**—*California Rural Indian Health Board*
- **High staff turnover**—*California Rural Indian Health Board*
- **Collecting child support from absent parents**—*El Paso, Colorado, Department of Human Services*
- **Lack of programming, especially for fathers**—*New Mexico Teen Pregnancy Coalition/New Mexico Young Fathers Program*
- **Mental health, substance abuse, and trauma issues**—*Missoula, Montana, Women’s Opportunity and Resource Development, Inc.*

Lessons Learned

The Minnesota Team’s TA Request had expressed the need to collect ideas on lessons learned by other programs that they could bring to their own program design. Programs shared ideas ranging from undertaking case management tasks; developing culturally appropriate curricula; modifying eligibility restrictions; and specifically addressing the child care, transportation, and mental health barriers of TANF teen parents.

Specific suggestions included the **California Cal-Learn Program’s** desire to keep case management incorporated into their program and expanding services to young adults age 20 to 22. The **California Rural Indian Health Board** would like to develop an American Indian Teen Pregnancy Prevention curriculum. The ability to evaluate policies and procedures both institutionally and in schools to make them more responsive to fathers and male teens was a key wish shared by the **New Mexico Teen Pregnancy Coalition/New Mexico Young Fathers Program**.

The **El Paso, Colorado, Department of Human Services** shared that modifying eligibility restrictions and adding transportation assistance would increase participation. Program staff members noted that many potential participants do not have a method of transportation, and neither program has a bus driver to transport potential participants to register for and continue to receive services. Additionally, program

staff members noted that job development programs and paid internship programs would be useful to provide participants with work experience.

A program that incorporates mental health assistance access and services was shared by the **Missoula, Montana, WORD** program. **Ohio LEAP Program** staff members noted that more funding options and opportunities to leverage resources through partnerships would benefit their program.

Development of Models Using Evidence-Based Practices

Teen parent service-delivery models/projects varied in terms of their definition and documentation of evidence-based practices, programs, and curricula. However, many programs demonstrated that they used peer programs, models, and curricula that had documented outcomes. The **Indiana State Department of Health Maternal and Child Health Services** considers an evidence-based program to be a program that has been evaluated using rigorous research design (e.g., using an experiential or quasi-experimental evaluation design). It listed *Parents as Teachers*, *Centering Pregnancy*, *Healthy Families America*, *Making Proud Choices*, and the *Early Head Start* program as examples and indicated that evidence-based models will vary depending on the agency or organization, location, and type of services provided at a particular location.

Another example, the **California Cal-Learn Program**, is loosely based on an evidence-based model, although it has not evaluated the program to show positive outcomes. The **El Paso, Colorado, Department of Human Services** modifies program components based on evidence-based practices that the program staff members have learned about at conferences and on the changing needs of youth. For example, staff members noticed that program participants needed more soft skills and communication skills involving money management and they began using the *WAIT* training curriculum.

The **California Rural Indian Health Board** uses curricula that are within State requirements and are evidence-based, including *Streetwise to Stepwise* (created by Planned Parenthood of New Jersey) and *Reducing The Risk* (created by Doug Kirby), which is school-based but has been altered to be used in the community. The **Ohio LEAP Program** had a 3-year impact study conducted during its initial implementation phase, and the findings from that study suggested that the **LEAP Program** reached teen and pregnant-minor parents sooner, increased school attendance, and helped them attain a high school diploma or GED. The **New Mexico Teen Pregnancy Coalition/New Mexico Young Fathers Program** also uses a pregnancy prevention research evaluator.

The **North Carolina TPPI** program evaluates programs administered by the counties, and some of those programs use evidence-based curricula to educate teens and to provide services to them. The **Montana WORD** program uses a strengths-based family support model and youth development models and ensures that they work under guidelines, best practices, and resources provided by the Healthy Teen Network and the Child Welfare League of America. Case managers use an attachment theory model to provide case manager mentors to help teen parents bond with their babies and provide a safe and nurturing environment.

Outcomes

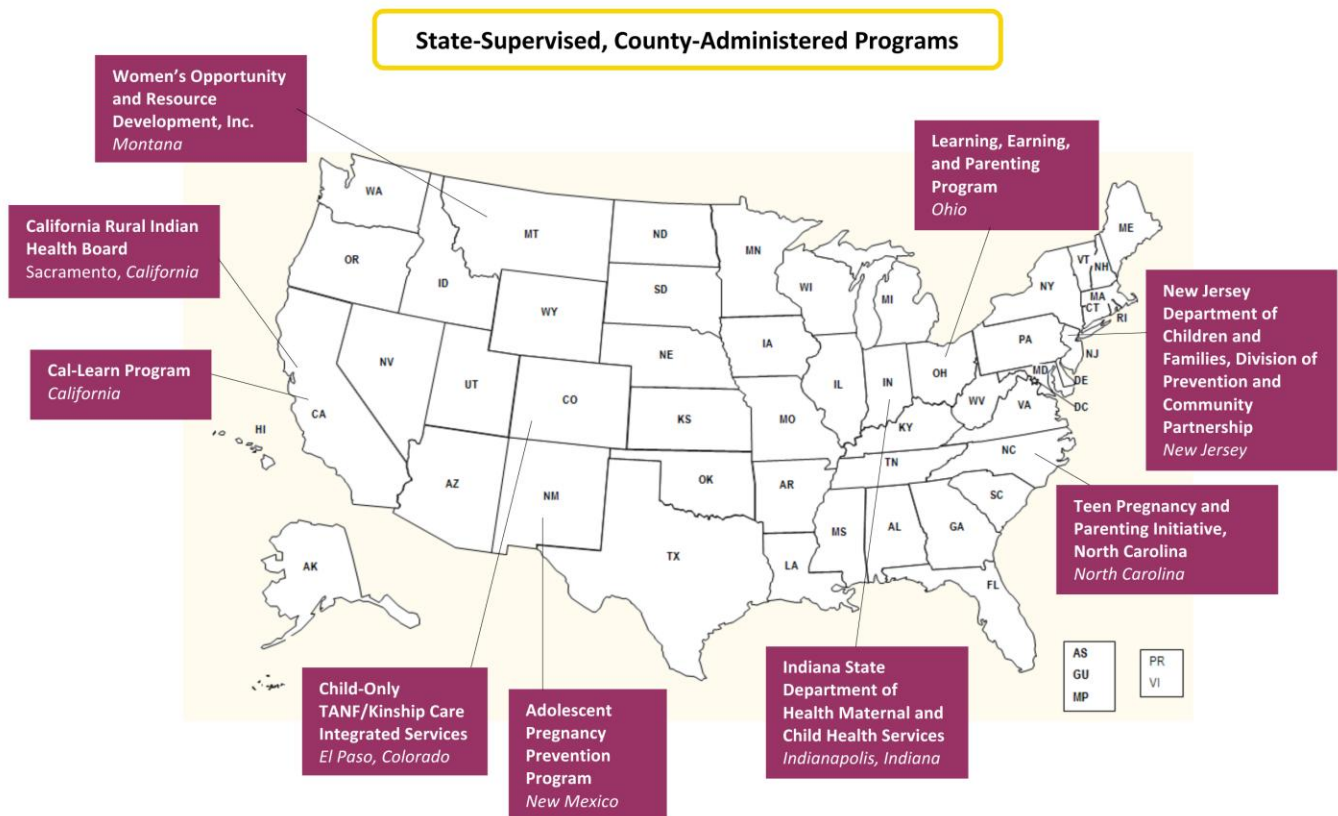
Outcomes Measured by Programs

Programs captured the gamut of outcomes that affect TANF teen parent programs, including employment rates, graduation rates, GED attainment, breast-feeding rates, subsequent birth rates, the knowledge of birth control options, referral rates, and individual program and service outcomes and measures, and staff members from these nine programs shared how they are documenting such programmatic outcomes. For

example, several programs (**California Cal-Learn Program**, **Montana WORD** program, **North Carolina TPPI** program, and **Indiana State Department of Health Maternal and Child Health Services**) capture subsequent birth rates. The **El Paso, Colorado, Department of Human Services** captures outcomes on program satisfaction through preprogram and postprogram online skills assessments. The **Ohio LEAP Program**'s outcomes and measures are essential to program staff and participants because participants receive enrollment, monthly attendance, grade completion, and graduation bonuses that are linked to data collected by the program and used by staff.

Education outcomes, training, employment, housing stability, goal planning, and participant perceptions of their participatory gains are captured by the **Montana WORD** program. The **North Carolina TPPI** program measures attendance levels at workshops, high school graduation rates, GED rates, and child abuse and neglect reports.

Collaborative efforts with other agencies and programs have resulted in the **Indiana State Department of Health Maternal and Child Health Services** being able to capture a large and diverse array of programmatic outcomes and measures on its teen parent programs, including the number of programs developed or enhanced as a result of collaboration, number of referrals between agencies, number of teen parents reporting increased access and availability of needed programs, number of teens self-reporting increased communication and better relationships with their mothers, number of discussion sessions held with personnel hired, number of teens reporting increased knowledge as a result of discussion sessions, number of teen moms living with family members who can provide economic and social support, number of teen parents that self-report abstinence or effective and repeated use of contraceptives, and number of teen parents enrolling in high school or a GED program and receiving a high school diploma or a GED. Additional health-related outcomes tracked include the number of health educator interactions with teens, number of low-birth-weight babies, number of pregnant teens enrolled in prenatal care and trimester-enrolled, number of teens enrolled in smoking cessation and/or substance abuse programs, and number who cease use before delivery.



D. State-Administered or County-Administered Programs

The WPTA Team conducted structured discussions using the guide found in **Appendix B** with twelve teen parent programs that were geographically distributed across 10 States. The teen parent demographics, program characteristics, staffing and training, curriculum, and outcomes of these 12 programs are outlined below.

State-Administered or County-Administered Teen Parent Programs	
Alliance for Adolescent Pregnancy Prevention	Delaware
D.C. Teen Parent Assessment Project	District of Columbia
Illinois Teen Parent Services Program	Illinois
Massachusetts Teen Living Program	Massachusetts
Year Up Boston	Massachusetts
Teen Pregnancy Prevention Initiative, Michigan	Michigan
National Indian Youth Leadership Project	New Mexico
Oregon JOBS Program	Oregon
Steps to Success	Portland, Oregon
Education Leading to Employment and Career Training	Pennsylvania
Rhode Island Youth Success Program	Rhode Island
Winnebago County Brighter Futures Initiative	Wisconsin

General Teen Parent Demographics

The characteristics of teen parent program participants varied widely within many of the programs, particularly those that had multiple sites. However, there were some common findings. Program participants were typically from low-income families. The majority of participants were unmarried females, although all programs serve qualifying males. The average age of participants is 16 and older; however, one prevention program focused primarily on middle school students. The two most common ethnicities across the 12 programs were African-American and Caucasian, although the percentages varied. The **Michigan Teen Pregnancy Prevention Initiative** reported a high African-American population in Detroit and its surrounding suburbs and one suburb with a high Arab-American population.

The **D.C. Teen Parent Assessment Project (TPAP)** serves, on average, teen parents who are 16 years old and have completed the ninth grade. **D.C. TPAP** serves a small percentage of young women who live with their parents. The **Pennsylvania Education Leading to Employment and Career Training**

(ELECT) program participant demographics vary across the State and districts, although the majority are female; 22 or younger; and 60 percent Caucasian, 30 percent African-American, and 10 percent Hispanic. Most rural areas have a high Caucasian population, while such cities as Pittsburgh and Philadelphia have high African-American populations. Large Hispanic and migrant populations are found in the cities of Lancaster, Allentown, Reading, Scranton and Hazelton.

Participants in the **Illinois Teen Parent Services Program** are generally unmarried. Fifty-one percent are African-American, 30 percent are Caucasian, and 18 percent are Hispanic. About 25 percent of participants are ages 14 to 18, and about 75 percent of participants are middle school age (12 to 14 years old). About 60 percent of youth served by the **National Youth Indian Leadership Program** are involved in *Project Venture*. The other 40 percent of youth are involved in a wide range of activities that the **National Youth Indian Leadership Program** offers. About 30 percent of participants live in urban locations, 30 percent live in suburban locations, and 40 percent live in rural locations. Most participants are single and live at a low-income level. Many sites are located at schools, and some are present in Native American communities but not necessarily located on native lands. Since 1990 *Project Venture* has continued to serve children in grades five through nine, ranging from 10 to 15 years old, and most participants live in rural, frontier, or Tribal locations. The program has been implemented in more than 70 sites located throughout the United States, Canada, and Hungary. The total number of youth currently participating in *Project Venture* is about 2,000.

Winnebago County, Wisconsin, Brighter Futures Initiative currently has 25 students enrolled in its Learning and Development Stage program (15 females and 10 males), and 19 students participating in internships (13 females and 6 males). Participants' ages range from 20 to 24, and they are primarily African-American or Hispanic. The teens who participate in the **Oregon JOBS Program** are very low-income and in extreme poverty. **Delaware's Alliance for Adolescent Pregnancy Prevention** typically serves teen parents in its **Making Proud Choices** program. Participants are between 11 and 13 years old; are single; attend middle school; and are 50 percent African-American, 25 percent Hispanic, and 25 percent Caucasian. The Delaware **Wise Guys** program serves only single males, typically between 14 and 18 years old who are enrolled in high school; and composes 85 percent African-Americans and 15 percent Caucasians. The all-female program, **Project Safe**, comprises single, predominantly African-American, females ages 14 to 25 with varied educational backgrounds.

The teen parents in the **Oregon Steps to Success** program are typically not married; are between 18 and 19 years old; and are 42 percent Caucasian, 24 percent African-American, 21 percent Hispanic, 6 percent American Indian/Alaska Native, 4 percent Other, and 2 percent Native Hawaiian/Pacific Islander. Teen parents account for 5 percent of the total TANF caseload in the district, which is consistent with statewide numbers. Multnomah County is a large, mostly urban district. About half of teen parent participants have earned their GED or diploma, and the other half intend to do so.

Program Characteristics

Eligibility Criteria

The eligibility requirements of each program were closely related to their mission and funding. Three of the programs that operated with TANF program funds required that participants be eligible for the program and be within certain age ranges, which varied depending upon the program and its ability to serve minor teen parents or all teen parents in the TANF program.

The **D.C. (TPAP) Program** requires teens be from 13 to 17 years old to be eligible for services because the program's purpose is to work directly with minor teen parents living in a supervised environment. **Steps to Success (Oregon)** and the **Pennsylvania ELECT** program both have higher age ranges because

they focus on connecting teen parents with education and training opportunities, while their partner agencies verify living situations and TANF-specific requirements. For teens to be eligible for **Pennsylvania ELECT** services, they must be attending high school and pursuing a diploma or GED through some other means (e.g., mail order or online high school). If they are attending high school, they must be 21 or younger; if they are pursuing a GED, they must be 22 or younger. In addition, they must be pregnant and/or parenting a child. Participants include both males and females. The target population for the **National Indian Youth Leadership Project** is youth ages 6 to 12 for the childhood program, and youth ages 13 to 17 for the adolescent program. Both males and females can participate in the programs.

The programs that focused on pregnancy prevention had no eligibility criteria, other than that participants had to meet the definition of “youth” in those programs. **Year Up Boston** had the strictest program requirements, requiring teens and young adults to have a diploma or a GED, to have health insurance, and to complete entrance essays. The **Wisconsin Winnebago Brighter Futures Initiative** focuses on preventing child abuse and neglect, so parents are referred from a local hospital using an assessment to determine risk. A hospital assessment is used to determine eligibility through an agreement with the Family Services of Northeast Wisconsin Parent Connection program. All first-time parents are interviewed using the area hospital’s assessment tool which provides information that staff members can use to determine whether there is a high risk of child abuse. **Michigan’s Teen Pregnancy Prevention Initiative** requires that participants must be youth.

For individuals to be eligible as participants in the **Year Up Boston** program, they must be 18 to 24 years old; have health insurance and a current resume; be authorized to work in the United States; complete a baseline skills assessment; and provide one written recommendation and two oral recommendations from teachers or professionals. **Year Up Boston** is developing assessments of motivation and attitude. Applicants demonstrate motivation through completing their application at three different entry points. Each entry point is a different stage of the application. There is also a preorientation and an orientation. Students have many obstacles to completing the program, and **Year Up** works proactively with students so that they can work on housing, child care, and other issues before participating and while in the program.

Eligibility criteria for the **Oregon JOBS Program** are aligned with Federal requirements for both adults and teens accessing TANF. If they are younger than 18, they must be in a supervised environment and be enrolled in school or a GED preparation class. The **Illinois Parent Services Program** requires that participants be TANF-eligible and that females must be younger than age 19 years, nine months and that males be younger than twenty-two. The **Delaware Alliance for Adolescent Pregnancy Prevention** has different eligibility requirements for its three programs. The **Making Proud Choices** and **Wise Guys** programs require participants to be residents of Delaware; between 11 and 13 years old; and referred by teachers, by guidance counselors, or via word-of-mouth advertising. Requirements for eligibility in the **Project Safe** program include being a resident of Delaware and a female with a high risk of STD contraction, pregnancy, or subsequent pregnancy. The **Massachusetts Teen Living Program** has no eligibility requirements except a willingness to dedicate the amount of time needed to be successful. Participants enrolled in the **Oregon Steps to Success** program must be receiving TANF and younger than age 20, although the program will work with partners to assist those older than age 20.

Agency and Program Goals for Teen Parents

The goals of the 12 programs interviewed range in scope; however, a number of similarities exist. The most frequent goal cited by programs was to assist teen parents in obtaining their high school diploma or a GED, postsecondary education, or workforce training. This goal is consistent with the TANF program requirement that teen parents who participate in the program be involved with an educational activity.

Program goals included the following:

- **Support and empower teen parents through life skills, education, and training**—*Oregon Steps to Success*
- **Continue on to a college education and sustainable living wages**—*Year Up Boston*
- **Reduce the number of teen parents who are sexually active or become pregnant**—*Delaware Alliance for Adolescent Pregnancy Prevention*
- **Serve teen parents and ensure that teen parents and children are with responsible parties**—*D.C. Teen Parent Assessment Project*
- **Help teen parents through social services/assistance and support enrollment and retention in school or GED programs**—*Illinois Teen Parent Services Program*
- **Enhance the well-being of teens along the line of reproductive health and pregnancy prevention and young parents**—*Massachusetts Alliance on Teen Pregnancy*
- **Educate and support first-time parents and prevent child abuse and neglect**—*Wisconsin Winnebago Brighter Futures Initiative*
- **Provide parenting information to teen parents, get up-to-date information records, and provide parents with developmental information**—*Wisconsin Winnebago Brighter Futures Initiative*
- **Provide preventive services that delay sexual activity and increase use of contraception**—*Michigan Teen Pregnancy Prevention Initiative*
- **Reduce birth rates in unwed teens, postpone subsequent births, prevent STDs, increase social, developmental, and academic skills, and complete secondary education/GED**—*Rhode Island Youth Success Program*
- **Develop teen parents' leadership skills to increase positive contributors to communities**—*National Indian Youth Leadership Project*
- **Help teens attain their diploma or GED**—*Oregon JOBS*

Teen Parent Service Models

Program models discussed by the programs reflect a direct approach to providing services to participants. In many of the programs interviewed, case management played a role in the program's service delivery, but it was often coupled with other services, such as group classes, advocacy, workshops, prevention services, and home visits. It was common among programs for the State or another "parent organization" to contract with local community-based organizations to provide direct services to participants. For example, the **Illinois Teen Parent Services Program** partners with community-based organizations and county health departments to provide diploma or GED services, case management, referrals, and advocacy. When a participant enters the program, an overall assessment is completed to determine his or her strengths and barriers. From this assessment an individual service plan is set up to help the participant work toward personal goals. It is mandatory for case managers to have at least monthly contact with their participants.

Key Partners in Teen Parent Service Models

- Community-based organizations
- Community colleges
- Health departments
- Bar associations and legal pro bono agencies
- WIA entities
- State and local departments of education
- School districts

Oregon Steps to Success contracts with Portland Community College (PCC) to administer the JOBS program in Multnomah County. The county represents approximately one-third of the State's caseload and has created a specialized teen parent branch, where the Oregon Department of Human Services and PCC Steps to Success staff are co-located. The Oregon DHS provides case management, and PCC staff members provide education and training activities, a connection to a GED program and high school, job and internship placement, and retention. **Steps to Success** provides

specialized services to teen parents and connects participants to services available at the adult JOBS locations.

To provide specialized health-related services, the **Wisconsin Winnebago Brighter Futures Initiative** has agreements with the local health department and uses the PAT module. Early intervention services are provided to teen parents with children from birth to age 3 through another contract. Nine Youth Success agencies throughout Rhode Island constitute the **Rhode Island Youth Success Program**. During the 1st year of the grant, in 2009, 26 caseworkers served 791 clients throughout the State. These numbers have gradually increased since then. Thirty-five percent of Youth Success clients are younger than 18, and only 2 percent of these clients are male. A mixture of African-American, Hispanic, Asian, and multirace teen parents participate in Youth Success. In regard to school and work characteristics, 52 percent are enrolled in an educational program; 17 percent are in paid employment; 58 percent are involved in education, job training, or paid employment; and more than one-third of teens aged 18 to 20 have received their diploma or a GED.

Massachusetts Alliance on Teen Pregnancy directly interacts with teens and teen parents through the provision of TA at the community level; Teen Parent Lobby Day; teen parent advocacy training; the Teen Parent Policy Advisory Board; and a benefits access hotline that provides information about teen parent programs, resources, and referrals. **Year Up Boston** serves its students through a “high-expectations, high-support” service case management model and assists them with the application process for the Supplemental Nutrition Assistance Program (SNAP), or SNAP-related issues. **Year Up** helps students receive mental health care, substance abuse services, and dental care, and also helps students find winter attire for their children. **Year Up** partners with *Bridge Over Troubled Waters*, *Short Stop*, *Home Start*, *Boston Housing Authority*, *Heading Home*, *Child Care Choices*, *Quincy Community Action Programs*, and *Dress for Success* and connects students with pro bono legal counsel through the Massachusetts Bar Association, Harvard Legal pro bono services, and other legal advisories or legal centers. **Year Up** offers help with resume-writing, public speaking, general business communication and math skills, office etiquette, and peer-to-peer support networks and also coordinates mentoring relationships between current students and alumni.

OREGON JOBS contracts locally with WIA entities and community colleges to provide direct services to teens. Each teen parent is assigned a case manager who works with the teen at least once a month. Case managers have the ability to do home visits, and they are encouraged. In Portland, which represents one-third of the State’s public assistance caseload, there is a specific branch for teen parents. The **Michigan TPPI** provides funds to local organizations that teach prevention curricula in schools and community organizations. The program does not specifically target teen parents on TANF assistance; however, it is likely that there are some TANF teen parents in the populations that are served. The main goals of the program are youth development and the promotion of self-sufficiency skill-building, which are done through mentoring, peer leader groups, and advisory councils that provide input on each site’s programming.

The **Delaware Alliance for Adolescent Pregnancy Prevention** model serves any students who appear to need assistance for mental health, chemical health, or family violence issues. Participants are referred to other programs so that they can receive additional attention. **D.C. TPAP** connects individuals with organizations in the D.C. area on an as-needed basis, primarily through referrals to child care, Medicaid, parenting skills workshops, and pregnancy prevention workshops. **Pennsylvania ELECT** is operated through a partnership between the Pennsylvania Department of Public Welfare (DPW) and Pennsylvania Department of Education (PDE). The Center for Schools and Communities (CSC) provides training and TA on behalf of the DPW and PDE. The ELECT TA Team (PDE, DPW, and CSC) oversees the **ELECT Program**, awards the **ELECT** grants to local school districts or other community organizations, monitors grantee performance, and offers programmatic assistance. Schools apply for funds through the PDE and if

awarded, they provide services to pregnant and parenting teens that will lead to teens' graduation from high school; the completion of a GED; and ultimately, self-sufficiency, with a focus on budgeting skills, parenting skills, chemical health, and the ability to deal with family violence. The local programs often bring in community-based agencies to discuss specific topics. The program is often administered during a study period or other free period in school.

The **National Indian Youth Leadership Project** runs a program, Project Venture, which focuses on preventing substance abuse as well as developing peer relationships and group skills among high-risk Native American youth and other youth. The program uses outdoor experiential activities, adventure camps, community-oriented service learning, and classroom-based problem-solving activities. Relying on traditional Native American values, this project focuses on engaging youth in positive, challenging outdoor education and service-learning projects. Project Venture has additional programs, including Walking in Beauty, a version of Project Venture specifically tailored for adolescent girls; National Leadership Camp; Web of Life, a version of Project Venture focusing on pregnancy prevention; Full Circle Project, a suicide prevention program; and TANAY, a therapeutic program for youth at risk or who are adjudicated. This program model primarily exercises an indirect approach with a sequential curriculum that increases in intensity throughout the year to increase positive behavior. The program largely revolves around service learning, which encourages decisionmaking both individually and as a group. This method teaches problemsolving and allows participants to assess issues that are important. Some examples of service-learning projects involve New Hampshire river cleanup, education about the impact of the logging industry, the need to care for plants and animals at the Navajo Zoo, and other positive community projects. Service learning emphasizes outdoor and experiential education, the building of positive connections, cultural components, and connections to community and family.

Oregon Steps to Success runs an assessment class where teen parents meet with their case manager to write a plan with activities based on the college campus, including continuing education, a GED program, high school classes, skills labs, college preparation, vocational training, financial aid information, career research, and short-term training placement. An onsite drug and alcohol specialist provides services to teens who struggle with these issues. In addition, the program provides *Evolution*, a life skills class, and information about drug, alcohol, and mental health services are embedded in the curriculum. In addition, the program refers participants to community-based organizations for additional services, such as parenting classes and domestic violence issues.

Services for Noncustodial Teen Parents

Providing services to noncustodial teen fathers was recognized as a challenge by many of the programs. However, multiple programs have found innovative ways to incorporate fathers into their services.

Both **D.C. TPAP** and the **Illinois Teen Parent Services Program** recognize that it is important to secure buy-in from teen fathers. One way to do so is to encourage their female partners to bring them to the program. **D.C. TPAP** partners with their local fatherhood initiative to engage men. **Wisconsin Winnebago Brighter Futures Initiative, Illinois Teen Parent Services Program, and Pennsylvania ELECT** program all include components for fathers that are similar to the services mothers receive but are tailored to best engage fathers. **Pennsylvania ELECT** prefers a separate Elect Fatherhood Initiative case manager to work with fathers on anger management and the Dr. Dad curriculum. The **Illinois Teen Parent Services Program** recently conducted a 2-year training program with its service providers about how best to engage men and to create "male-friendly" environments using referrals to child support, juvenile justice, and vocational training, and building trust with female participants.

Winnebago County provides services for both mothers and noncustodial teen fathers, including a Baby Basics course taught by males, a support group for noncustodial teen fathers, and supervised visits. The Baby Basics course teaches fathers the basics of taking care of children and the idea that they are

connected to the child’s mother for life. The support group for fathers allows fathers to visit while children are interacting with each other. Portland’s **Steps to Success** provides services to fathers and conducts outreach to fathers not receiving TANF assistance.

Secondary Education and GED Services for Teen Parents

Because teen parents are statistically less likely than their counterparts to graduate from high school, assisting TANF teen parents to earn their diploma or GED is a main goal for the majority of the programs. The programs interviewed recognize the critical link between the lack of a diploma or a GED and lifelong poverty. They support TANF teen parents by:

- **Selecting or finding GED programs or alternative high schools**—*Steps to Success, Portland and D.C. TPAP*
- **Providing transition support and removing barriers to teen parents during their education, training, or GED preparation**—*Wisconsin Winnebago Brighter Futures Initiative, National Indian Youth Leadership Project, Pennsylvania ELECT, and Illinois Teen Parents Services Program*
- **Providing child care**—*D.C. TPAP and Illinois Teen Parents Services Program*
- **Supporting teen parents with transportation assistance**—*Illinois Teen Parents Services Program*
- **Case management and goal-setting**—*Illinois Teen Parents Services Program*
- **Providing incentives for meeting goals**—*Wisconsin Winnebago Brighter Futures Initiative and Pennsylvania ELECT*

Assisting TANF teen parents to earn their high school diploma or GED was not applicable to three of the programs interviewed, because they either do not specifically serve TANF teen parents, or in the case of **Year Up Boston**, participants are already required to have a secondary credential to participate in the program. The **Delaware Alliance for Adolescent Pregnancy Prevention’s** three programs are not specifically focused on students’ completing high school or earning a GED but are mainly goal-oriented. The **Oregon JOBS Program** assists teens in completing high school or obtaining a GED with the support of a teen parent coordinator or site case manager who connects teen parents to school resources for additional support.

Workplace/Soft Skills Services

Almost all the programs interviewed worked to build the workplace skills of TANF teen parents. Many offer internships, shadowing opportunities, vocational education, college visits, job-readiness classes, and job search assistance.

Two programs have sites located on community college campuses. This benefit provides opportunities for program participants to be exposed to a higher education environment, and offers access to career-specific classes. The **Illinois Teen Parents Services Program’s** community-based providers and health departments offer life skills instruction, which can include vocational education sessions. Some of its providers are located on community college campuses and offer career exploration classes. **D.C. TPAP** exposes TANF teen parents to workplace skills by trying to place them in internships that match their skills and interests. There is a great deal of opportunity for exposure to workplace skills through all the services that the **JOBS Program** has to offer.

Oregon Steps to Success has a number of opportunities for teens to gain workplace skills. If teens choose to participate in Career Prep, they are taught job skills and complete job search activities (e.g., informational interviews, job search lab, job shadowing). In addition, unpaid internships (work experience), short-term training classes, Project Enterprise, a skills lab, access to JOBS Plus (a subsidized employment program), and connections to WIA youth providers are available. **Year Up Boston** offers

shadowing opportunities to high school students. Sometimes these shadowing opportunities result in an internship. Workplace skills are emphasized by the **Pennsylvania ELECT** program, which stresses job readiness, resume-writing, interviewing skills, college visits, recruiter introductions, and assistance with financial aid forms. Each student has an individualized service plan, and the services that each student receives vary depending on their individual goals. **ELECT** offers transitional services so that staff members can work with students for 120 days after graduation, during which the program continues to support the participants as they transition to college or employment.

The **National Indian Youth Leadership Program** in New Mexico supports TANF teen parents to gain exposure to workplace skills within the program. Skills that the program focuses on are largely communication and problemsolving in nature and are modeled by youth who have successfully completed college. The program encourages its participants to serve as positive role models.

Staffing, Training, and Curriculum

Specific Staffing Qualifications/Training for Teen Parent Programs

A number of programs do not have a specific education requirement for staff but seek to recruit employees that have an understanding of adolescent development, experience working with teens, and knowledge of certain approaches in working with teen parents. The responses from the teen parent programs have been divided below into staffing qualifications and training requirements.

Staffing Qualifications

- **Wisconsin Winnebago Brighter Futures Initiative**—Staff members are required to have a minimum of a bachelor's degree in early education, social work, human services, or early child development.
- **Illinois Teen Parents Services Program**—Ninety percent of staff have a bachelor's degree, and some have a master's degree. Additionally, a few programs noted that the requirements for staff and time dedication to the specific program are not set by the State or parent organization; rather, they depend on the site.
- **D.C. TPAP**—There is no requirement that all employees are licensed social workers. D.C. TPAP's employees include one licensed social worker and two case managers in addition to the program director. Qualifications include familiarity with community agencies and the communities being served, patience, comfort working with teens, and the need to be a people person. Having an open mind and an understanding of overall adolescent development is helpful.
- **Pennsylvania ELECT**—The Pittsburgh site's school union employees are sometimes pulled into other work, not just working with teen parents. These employees are considered paraprofessionals and do not require a degree. The supervisor is required to have a bachelor's degree in human services, and depending on the grant holder operating the program, employees are required to have a bachelor's degree related to the human services field.
- **Oregon Steps to Success**—The program employs 3 1/2 career specialists, one part-time clinical specialist, and one administrative person who are all dedicated to the program. When hiring, program staff members look for experience with a strengths-based approach as well as work done with youth, particularly teen parents.
- **Oregon JOBS Program**—The program is running at a very low staffing level because of budget cuts. Therefore, staff members are not solely dedicated to services for teen parents; one exception is in the larger metropolitan areas, such as Portland, which has a branch dedicated to the teen parent population. Specific hiring requirements vary by location.
- **Delaware Alliance for Adolescent Pregnancy Prevention**—Staff members work directly with trained and certified educators that facilitate programs and teach the curriculum.

Training

- **Wisconsin Winnebago Brighter Futures Initiative**—The program offers required in-house training on a specified set of models upon employment. These models include the PAT curriculum and a teen curriculum.
- **Pennsylvania ELECT**—The city of Philadelphia uses the Cradle-to-Classroom program for Pennsylvania ELECT and trains parents within the community to work with ELECT participants. In this situation, one employee at each school manages and supervises the case managers.
- **National Indian Youth Leadership Project**—All staff members receive training, typically through the internal professional development and training team. Occasionally staff members are trained by partners who conduct onsite training.

Curriculum Used in Teen Parent Programs

Programs with multiple sites generally found it most useful to allow each local program to decide what curriculum works best with its specific population. Most programs offer a list of potential curricula but do not mandate a specific choice.

Five of the programs shared that they use a specific curriculum. The **National Indian Youth Leadership Project** uses a process curriculum as its framework for implementation and then conducts consulting on an individual basis. This approach allows the program to cater to specific scopes, cultures, communities, and goals. The program also practices case management and partners with both school counselors for referrals and behavioral health counselors who participate in activities, diagnostic assessments, and other evaluation procedures.

The **Wisconsin Winnebago Brighter Futures Initiative** is based on the PAT curriculum, which is associated with the University of Missouri.⁹ **Steps to Success** staff members have developed their own curriculum that is specific to their program and the participants they work with.

Additionally, the **Michigan Teen Pregnancy Prevention Initiative** uses a number of nationally recognized pregnancy prevention curricula, including *Safer Choices*, *Abstinence works*, *Sex can wait*, *WAIT training*, *Why am I tempted?*, *Botvin life skills*, and *Relationships under Construction*.¹⁰ The **Delaware Alliance for Adolescent Pregnancy Prevention** has a curriculum that drives each of its three programs. Each curriculum is determined by the students, instructors, Advisory Board, and student needs. The program partners with schools, doctors, Planned Parenthood, AIDS Delaware, Children and Family Health, and other agencies and organizations within Delaware.

Pennsylvania ELECT does not require a specific curriculum, but the CSC has provided information or copies of the Pennsylvania-specific Street Law curriculum and pregnancy prevention curricula (through the National Campaign to Prevent Teen and Unplanned Pregnancy). Over the past few years, the **Massachusetts Alliance on Teen Pregnancy** has been working to improve services for teen parents and has looked into how research for the current system can be improved. The organization is working to create some models that schools can use to implement best practices including the *Roadmap to Graduation* and *Expectant Parenting Student*, which are derived from other Massachusetts resources and tools.

Teen Parent Programs Using Specific Curricula

1. Winnebago County Brighter Futures Initiatives (Wisconsin)
2. Teen Pregnancy Prevention Initiative (Michigan)
3. Oregon JOBS Program and Steps to Success (Oregon)
4. Delaware Alliance for Adolescent Pregnancy Prevention (Delaware)
5. National Indian Youth Leadership Project (New Mexico)

⁹ For more information on this program, please visit <http://www.lifeskillstraining.com/>.

¹⁰ For more information on this program, please visit <http://www.relationshipsunderconstruction.com/>.

Outcomes

Outcomes Measured by Programs

Depending on the goal of the program, the outcomes vary. All programs reported that they collect information on number of participants served and specific activities attended. Common outcomes measured include educational outcomes (obtained diploma or a GED); program completion rate, employment outcomes, subsequent pregnancy rate, and child safety and development indicators. Programs mentioned that their reported outcomes are often driven by stakeholders and funders. Some were able to share information and reports on their outcomes, which can be found in **Appendix D: Additional Resources**.

An overview of all programs' measured outcomes is outlined below by category, outcome, and program(s) using those measures.

Demographics and General Outcomes Measured

- Number of parents served—*Oregon Steps to Success*
- Subsequent birth rate—*Illinois Teen Parents Service Program and Pennsylvania ELECT*
- Training outcomes and credentials obtained—*Oregon Steps to Success*
- Pregnancy outcomes—*Pennsylvania ELECT*
- Demographic information (e.g., homelessness, history of foster care involvement, gang involvement, other family/teen risk factors)—*Oregon Steps to Success*

Education, Training, and Employment Outcomes Measured

- Number of participants enrolled in high school or GED classes—*Illinois Teen Parents Services Program, Year Up Boston, and Oregon Steps to Success*
- Number of young women referred to high school—*D.C. TPAP*.
- Rate of job referral and retention within a specific timeframe—*D.C. TPAP and Year Up Boston*
- Employment rate with average wage—*Year Up Boston and Oregon Steps to Success*
- Number of young women who transition once they turn 18—*D.C. TPAP*
- Attendance—*Pennsylvania ELECT*
- School, GED, and short-term training retention rates—*Pennsylvania ELECT and Oregon Steps to Success*
- End of year graduation rates or GED completion rates—*D.C. TPAP, Pennsylvania ELECT, and Oregon Steps to Success*
- GPA—*Pennsylvania ELECT*

Healthy Families and Parenting Skills Measured

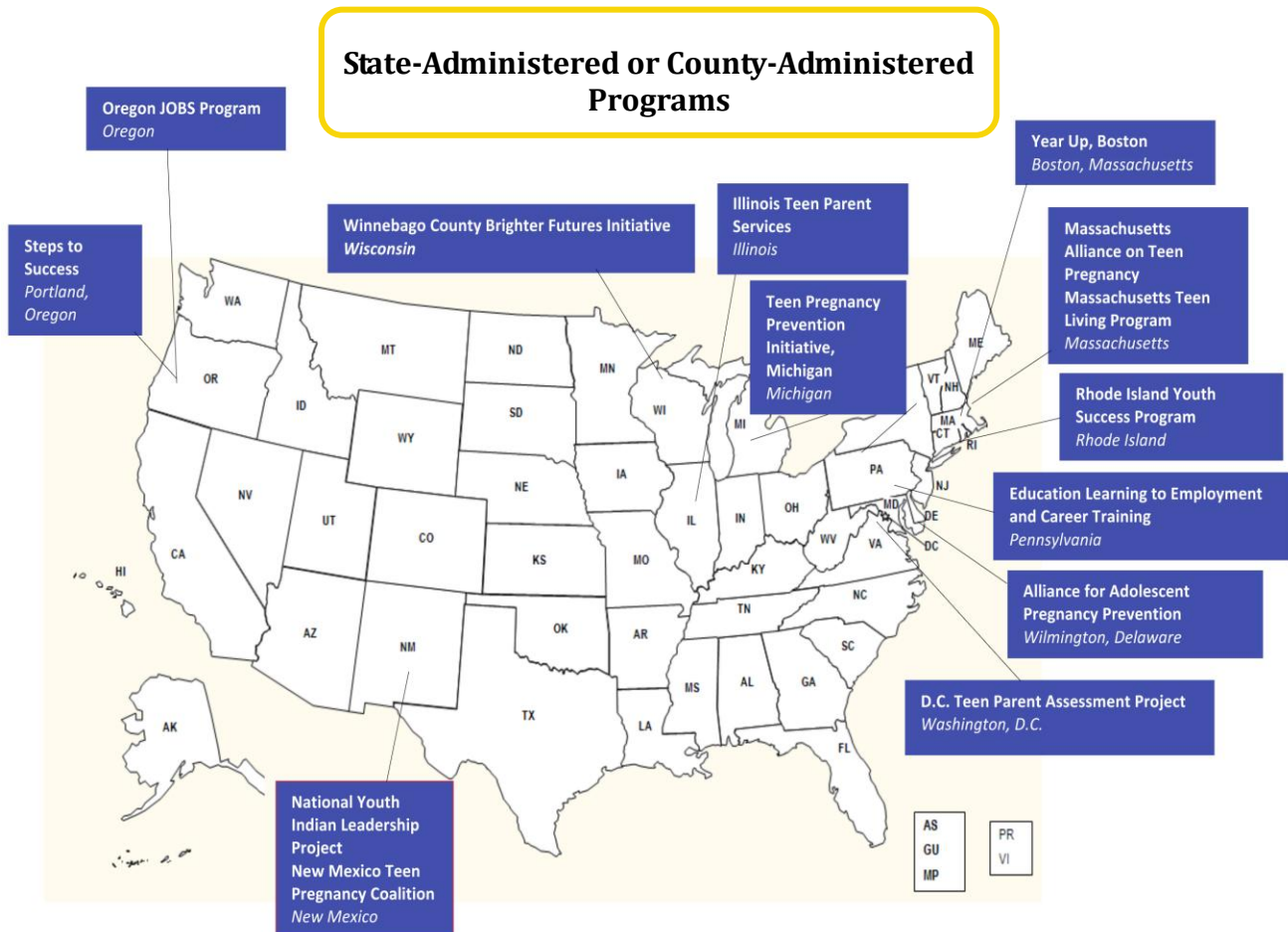
- Number of enrollees receiving parenting skills—*Illinois Teen Parent Services Program*
- Number of participants enrolled in WIC or family case management—*Illinois Teen Parent Service Program*
- Pretests and posttests—*Delaware Alliance for Adolescent Pregnancy Prevention*
- Number of young women certified and stabilized in their homes—*D.C. TPAP*
- Children's safety, health and readiness for school and the extent to which they are exposed to abuse and/or neglect—*Wisconsin Winnebago Brighter Futures Initiative*
- Abstinence, condom use, and positive attitudes toward safe sex—*Michigan TPPI*
- Parent-child communication—*Michigan TPPI*

Benchmarks for Effectiveness

Benchmarks for defining success and effectiveness for teen parent programs varied widely, and ultimately, they depended on the program's mission and funding. A number of programs have set rates

that must be met to report a positive outcome. Success, for many programs, is tied closely to a participant’s achievement, such as graduating from high school, earning a GED, securing a job, or avoiding subsequent pregnancies.

D.C. TPAP defines success for the teen parents it serves as “reduced subsequent pregnancies, being in a healthy relationship, high school graduation or GED completion, and enrollment in a postsecondary institution, and/or getting a job.” To determine success for youth served by the **Wisconsin Winnebago Brighter Futures Initiative**, the rate of child abuse and/or neglect for program participants is compared with the rate of child abuse and/or neglect in the general population. The rates tend to be fairly equal. It is important to note that although the child abuse and neglect rates between the home visitation population and the general public can be fairly equal, the home visitation population is considered to be at high risk of child abuse and neglect based on the hospital screening process. General benchmarks for success for the **National Indian Youth Leadership Project** include youth participation in activities, the ability to communicate, a willingness to participate, attendance, presurveys and postsurveys around substance abuse or mental health, service-to-science pipeline, and therapeutic adaptation. Overall, benchmarks for this program depend largely on the individual.



E. Conclusion

Minnesota's TA Request focused on identifying and researching promising TANF and teen parent programs from other States and Tribes across the country. Twenty-three programs provided integral feedback on program design, goals, services, partners, funding streams, and demographics; and on ways to meet the needs of specific groups of teen parents (e.g., non-custodial parents, Native Americans, those with mental health/chemical health issues). Specifically, program challenges, innovations, and solutions were highlighted across all 21 programs for addressing the needs of noncustodial fathers, foster children aging out of care, and teen parents with mental health/chemical health issues and for working with African-American and Native American youth. Across both sets of programs (State-supervised, county administered and State-administered or county-administered), a focus on wraparound case management to meet the needs of teen parents was a consistent key to program success.

The richness of each individual program is captured in their individual program profiles; however, in this summary analysis, commonalities and unique program models and services have been highlighted to provide insight across the programs. For example, improving the economic outcomes of teen parents through education, training, life skills, and work was a common theme across program models, and this was commonly attributed to collaboration with key education providers, including workforce development agencies, State and local school districts, adult basic education providers, and community colleges. A focus on increasing noncustodial parents' involvement and on providing mentoring services was also mentioned by several programs. Programs providing services to Native American youth outlined the need to customize and tailor curricula specifically for teen parents to provide culturally sensitive support. Local flexibility for programs to tailor and develop curricula, programmatic approaches, and offerings was deemed important across all programs.