When TANF Intersects with Pregnant Teen and Young Parent Services

May 11th, 2016 -- 2:00 to 3:30 p.m. EST

Moderated by:
Carol Mizoguchi, Family Assistance Program Specialist, Office of Family Assistance
Webinar Objectives

• Learn about current research and successful approaches to engaging low-income pregnant and parenting teens; and

• Hear experiences and lessons learned from three programs that have created innovative approaches to working with pregnant teens and young parents using partnerships with TANF.
To ask a question, simply type into the text box as seen below and then press enter.
Please remember to provide your feedback on this Webinar using the survey that will appear in a separate pop-up window when the Webinar ends.
Introductions, Logistics, Agenda Overview
Carol Mizoguchi, OFA
• Federal perspective on serving pregnant and parenting teens, Sabrina Chapple, and Cassandra Chess, Public Health Advisors, Office of Adolescent Health, U.S. Department of Health and Human Services

• Minnesota’s collaboration to better serve pregnant and parenting teens, Deborah Schlick, Minnesota Department of Human Services

• CLIMB Wyoming’s Model for Serving Young Parents, Sarah Brino, Statewide Mental Health Coordinator, CLIMB Wyoming

• Training Resources of America’s Young Parents Program, Kristi Bruwer, Manager/Young Parents Demonstration Program Coordinator, Training Resources of America, Inc.

• Facilitated Q&A, Carol Mizoguchi, OFA
Audience Poll #1
What percentage of your clients consists of pregnant and parenting teens or young parents?
Federal Perspective on Serving Pregnant and Parenting Teens

Sabrina Chapple and Cassandra Chess
Office of Adolescent Health
Office of Adolescent Health:  
Supporting Expectant and Parenting Teens, Women, Fathers and their Families

Sabrina Chapple,  Acting Division Director  
Cassandra Chess, Public Health Advisor  
Office of Adolescent Health  
May 11, 2016
- OAH was established in 2010

- Vision: To advance best practices to improve the health and well-being of America’s adolescents
OAH Roles

- OAH responsibilities
  - Implement and administer evidence-based grant programs (TPP and PAF)
  - Coordinate adolescent health initiatives across HHS
  - Communicate adolescent health information (website, resource centers)
  - Serve as the catalyst and convener of the national adolescent health agenda (TAG)
Supporting Expectant and Parenting Teens, Women, Fathers and their Families
History & Federal Perspective

  - First Federal program designed to address teen pregnancy
  - Integrated and comprehensive care services for pregnant and parenting adolescents
  - Consolidated into the Maternal and Child Health Block Grant

  - Continued focus on teen pregnancy while supporting pregnant and parenting teens
  - Demonstration and research
  - Emphasized innovation & family inclusion approach

  - Building upon a legacy of excellence and a renewed Federal commitment the PAF was launched
Pregnancy Assistance Fund (PAF) Program

- Patient Protection and Affordable Care Act (Public Law 111-148) sections 10211-10214
- Authorizes $25 million for each of fiscal years 2010 through 2019 to establish and administer a Pregnancy Assistance Fund to award competitive grants to states and Tribal entities to:
  - Provide expectant and parenting teens, women, fathers, and their families with a seamless network of supportive services
  - Improve access to health care, child care, family housing, and other critical supports, and
  - Improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking
Needs of Expectant and Parenting Young Families

- Comprehensive:
  - Education
  - Parenting Skills
  - Access to quality healthcare
  - Healthy Relationship Skills
  - Life skills
  - Self-sufficiency
  - Child care
  - Economic stability
  - Housing

- Needs require a comprehensive approach
Pregnancy Assistance Fund Grantees

- **Grantee Cohort 1 – FY2010 – FY2012 (Project Period 2010 -2013)**
  - 17 grantees - 15 State & 2 Tribal Entities

  - 17 grantees - 14 State & 3 Tribal Entities
    - Program Priorities: Young Fathers

  - 3 grantees - 3 State Agencies
    - Program Priorities: Young Fathers and Adults (Age 20-24)

  - FOA Estimated Release in Winter 2017
Currently OAH funds 20 States and Tribes

- Cohorts 2 & 3

- Funding range:
  
  $500,000-$1,500,000 per year
PAF Grantees

- North Carolina Department of Health and Human Services
- Riverside-San Bernardino County Indian Health Inc.
- Wisconsin Department of Public Instruction
- State of California/Maternal, Child & Adolescent Health
- Michigan Department of Community Health
- Oregon Department of Justice
- New Hampshire
- Connecticut State Department of Education
- Missouri Department of Elementary and Secondary Education
- New Mexico Public Education Department
- Children's Trust Fund of South Carolina
- Health Research Inc./New York State DOH
- Mississippi State Department of Health
- Minnesota Department of Health Treasurer
- Massachusetts Department of Public Health
- Washington State Department of Health
- New Jersey Department of Children and Families
- Confederated Salish and Kootenai Tribes
- Montana Department of Public Health and Human Services
- Choctaw Nation of Oklahoma
Funding Categories – Current Grantees

**Category 1**
- Support expectant and parenting student services at institutions of higher education.

**Category 2**
- Support expectant and parenting teens, women, fathers and their families at high schools and community service centers.

**Category 3**
- Improving services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking.

**Category 4**
- Increasing public awareness and education of services available for expectant and parenting teens, women, fathers, and their families and addressed through Categories 1, 2 and 3.
Success of the PAF Program

- Reach of the PAF program for Cohort 2—Year 2 (August 1, 2014–July 31, 2015)
  - Served over 16,000 expectant and parenting teens, women, fathers
  - Served nearly 1,200 family members
  - Work with more than 1,100 implementation partners
  - Trained nearly 1,500 professionals

- Expanded programmatic efforts to recruit, retain, and engage young fathers
- Developed collection of sustainability tools for grantees
- 3 Federal Evaluations
- Collection of standard performance measures
- Provide ongoing program support
  - Webinars
  - Individualized TA
  - PAF Conferences
  - Project Directors Meetings
  - Sustainability TA
  - Success Stories
Reach of the PAF Program (Cohort 2)

Figure 1: Individuals Served, by Participant Type
- Female participants: 56%
- Male participants: 8%
- Children: 36%

Figure 2: Participants by Age
- Age ≤15: 6%
- Age 16-17: 29%
- Age 18-19: 24%
- Age 20-24: 17%
- Age >24: 24%

Figure 3: Participants by Race
- White: 49%
- Black or African American: 30%
- American Indian or Alaska Native: 10%
- More than one race: 8%
- Other: 3%

Figure 4: Participants by Ethnicity
- Hispanic: 54%
- Non-Hispanic: 46%

* Preliminary data from PAF Cohort #2, Year 2
Highlights from the Field

2012
PAF Expert Panel
Summative Findings:
Supporting Pregnant and Parenting Teens

2015
Young Fathers Expert Panel Meeting

2015
PAF Implementation Report
2012 PAF Expert Panel

Setting the Stage –
Existing programs, approaches, policies

Understanding the Field –
Challenges and gaps, evidence base

Advancing the Field –
Suggested tools, resources, strategies

Enhanced Support to PAF Grantees and the Field
Findings: Promising Practices

- Reaching pregnant and parenting teens
  - Develop partnerships with pediatrician offices
  - Visit hospital emergency rooms
  - Offer services at WIC programs
- Engaging pregnant and parenting teens
  - Build relationships
  - Allow for flexibility
  - Allow for adaptability
- Retaining pregnant and parenting teens
  - Build relationships
  - Encourage staff to practice healthy behaviors
  - Reach out to community partners
  - Maintain a safe environment
  - Use technology
  - Offer incentives
  - Celebrate milestones
  - Involve teens
Findings: Core Components

- **Education:**
  - Holding students to higher expectations
  - Using an intergenerational approach
  - Modeling success
  - Working together
  - Providing support

- **Integrated services and referrals**
  - Supporting teen parents’ use of referrals
  - Using technology
  - Addressing mental health
  - Making it worthwhile
  - Co-funding initiatives

- **Strong participant-provider relationships**
  - Staff retention
  - Training on best practices
  - Transparency and consistency
  - Use what you learn

- **Well-defined program goals and processes**
  - Creating a common understanding
  - Sharing a framework
  - Monitoring staff
  - Being realistic
  - Continuing to improve
  - Planning for sustainability
  - Articulating goals
Findings: Core Components

- Family relationships
  - Changing perspective
  - Establishing healthy relationships
  - Involving dads
  - Being flexible

- Developmental influences
  - Using an ecological model
  - Applying a holistic approach
  - Incorporating diversity
  - Tailoring messages
  - Recognizing triggers

- Highly skilled staff and welcoming program environments
  - Training staff
  - Valuing recruitment
  - Hiring selectively
  - Holding staff accountable
  - Maintaining staff morale
The experts also agreed that there is a need to:

- Re-frame and de-stigmatize the discourse surrounding pregnant and parenting teens.
- Engage the teens themselves in the conversation.
- Emphasize positive possibilities, as opposed to focusing on preventing “problems.”
- Build/strengthen relationships between researchers and providers, providers and teens, teens and families.
- Include a critical and ongoing review of the field, including training, outcomes, theory, and evaluation.
Objectives:

- Examine the challenges and needs of young fathers
- Identify the limitations of the current knowledge base for serving young fathers
- Prioritize strategies to build the capacity of PAF grantees and other programs working with young fathers to recruit, retain, and engage young fathers

Findings: Understanding Experiences of Young Fathers

- Early exposure to sexual, physical, mental, and emotional violence and/or abuse
- Societal norms and conceptions of masculinity
- Father absenteeism - Fathers serve as role models for their children therefore the absence of the father may lead to
- Police surveillance in neighborhoods and communities that are economically disadvantaged
Findings: 2015 Young Father’s Expert Panel

- Understanding Service Needs of Young Fathers
  - Father-Mother Relationships
  - Child Development
  - Program Implementation
  - Employment and Education
  - Access to Resources

- Successful Strategies for Recruiting, Retaining and Engaging Young Fathers
  - Staff
  - Volunteers
  - Incentives
  - Program Structure
  - Program Services
  - Recruitment
17 PAF Grantees (Cohort#2)

Project Period 2013 – 2017

Report Addressed 3 Key Issues:
- Grant Strategy and Context
- Administration
- Program Design and Implementation

Key Findings
- Programs developed address participants’ needs in a comprehensive manner
- Grantees offer programs, largely focused on parenting skills and often combining case management and referrals
- Programs are most often implemented in community centers and educational facilities
- Multi-component approaches require a high degree of service coordination
- More work needed to develop the evidence base
PAF Next Steps and Action You Can Take

- Convening PAF Project Director Meeting – July 2016
- Release FY17 FOA – Winter 2017
- PAF authorization expires 2019
- *Coming Soon* - PAF Young Father’s materials and Twitter Chat in June 2016

What Key Stakeholders Can Do:
- Visit the PAF Program and Resource Center
- Connect with State and Tribal PAF programs
- Partner with OAH to educate and inform others about the importance of serving and meeting the needs of this population
Resource Centers

The Office of Adolescent Health has three resource centers to provide training materials and resources for grantees and other organizations working to reduce teen pregnancy and STDs, support expectant and parenting teens and their families, and prevent HIV/AIDS infection among adolescents in the United States. Each resource center offers free, downloadable materials.

Pregnancy Assistance Fund Resource Center

Teen Pregnancy Prevention Resource Center

Adolescent HIV/AIDS Prevention National Resource Center
Website: [www.hhs.gov/ash/oah/](http://www.hhs.gov/ash/oah/)
YouTube: [www.youtube.com/teenhealthgov](http://www.youtube.com/teenhealthgov)
Email for OAH: [oah.gov@hhs.gov](mailto:oah.gov@hhs.gov)
Email for TAG: [TAGteam@hhs.gov](mailto:TAGteam@hhs.gov)
Twitter: [@teenhealthgov](https://twitter.com/teenhealthgov) and #TAG42mil
E-Updates (Home Page)
Audience Poll #2

Does your state or county engage young parents in a different way than other TANF participants?
Minnesota’s Collaboration to Better Serve Pregnant and Parenting Teens

Deborah Schlick
Minnesota Department of Human Services
Home Visiting Services and TANF teen parents

A beginning effort in Minnesota
What we are trying to do:

Integrate TANF and Public Health Home Visiting Services to serve teen mothers

– with a priority on minor mothers
– using evidence-based home visiting when possible.

To have home visiting become the service for teen parents receiving TANF in Minnesota.
This grows out of a local program

Ramsey County – MN’s second largest county – has used public health home visiting as the TANF service to teen parents since 2003.

Those who fit the criteria and opt in, receive evidence-based services through Nurse Family Partnership model.

Others receive services from a locally developed model.
In Minnesota

- Department of Human Services manages TANF
- Department of Health manages public health home visiting
Local agencies deliver services in Minnesota

- Counties deliver TANF services
- Local public health agencies and public health non-profits deliver home visiting services.
- Their jurisdictions may or may not coincide.
Mission of the integration:

Healthier babies and mothers

Young mothers graduating high school

Babies developing on schedule
Numbers in Minnesota

• Births to teen parents in MN in 2014: 2,731

• Teen Parents receiving TANF Assistance: almost 2,200*
  – About 220 of the parents were younger than 18

* In December 2014, most recent caseload data published.
What we know about teen parents turning to MN’s TANF program

- ¾ of young parents receiving TANF assistance received cash assistance as young children
- Only 9% receive any child support
- Only 59% were enrolled in school fulltime

(analysis done in 2009 by the MN Department of Human Services)
Why the collaboration?

• Home visiting and TANF share the same mission for young families.

• Both programs recognize teen parents as a high risk/high potential group.

• High quality home visiting services have been shown to work.

• Collaboration uses public funds wisely.
Typical welfare services don’t deliver outcomes for teen parents

Evaluations of well-run employment services:

• *Teenage Parent Demonstration Program, DHHS;*

• *New Chance, MDRC;*

• *New Chance & The Teen Parent Demonstration Program, Poverty Research Center*
Research data indicates that high quality home visiting can improve outcomes for teen parents.

Studies pointing specifically to high school outcomes:


State grants to help local sites integrate the two services

$50,000 grants from MN Department of Human Services to:

• State’s largest county, Hennepin
• One rural county
• A secondary metropolitan area outside the Twin Cities
• Evaluation planning grant to Ramsey County
What TANF brings to the partnership

• Access to child care assistance

• Transportation and other support resources

• Connections to some vulnerable young families
What home visiting brings to the partnership:

- Evidence based models
- Ability to maintain the serving relationship outside or beyond the young parent’s TANF eligibility
Evidence based home visiting programs in Minnesota

• Healthy Families America (HFA)

• Nurse-Family Partnership (NFP)

• Family Spirit – an American Indian home visiting model
The challenges

• A culture of compliance (TANF) meeting a culture of relationship (home visiting)

• TANF’s mandatory nature— including sanctions — in a service with a strong norm of voluntary services.
Local TANF and public health agencies need to be able to:

• **Make referrals** between the local TANF program and the home visiting program

• **Share managing, coordinating and measuring outcomes of the services.**
Local public health programs need to:

• Establish the boundaries and flow between evidence-based and local home visiting programs.

• Use social workers to handle school attendance and implementation of sanctions for teen parents in evidence based programs.
Local eligibility offices need to:

• Make a complex program more transparent—by assigning designated eligibility and/or child care subsidy workers.
Contacts

• Deborah Schlick, DHS
  Transitions to Economic Stability
  Deborah.Schlick@state.mn.us
  651-431-4052

• Dawn Reckinger, MDH
  Family Home Visiting
  Dawn.Reckinger@state.mn.us
  651-201-4841
CLIMB Wyoming’s Model for Serving Young Parents

Sarah Brino
CLIMB Wyoming
OFA Webinar: When TANF Intersects with Pregnant Teen and Young Parent Services

Presented by: Sarah Brino, Statewide Mental Health Coordinator
Sarah Brino has been working at CLIMB in various capacities since 2010, starting as a site program director, transitioning to a contract mental health provider and finally returning to CLIMB full time as the Statewide Mental Health Coordinator. In her current role, Sarah is responsible for helping to ensure that the CLIMB Wyoming model and philosophy are executed effectively and consistently statewide through training and support. Sarah has also been a licensed professional counselor in Wyoming since 2008.
Overview

Origins of CLIMB

The CLIMB Model

What we’ve learned
For low income single mothers to discover self-sufficiency through career training and placement.
Some of the first participants in Climb’s early program to help young single mothers.
1986
Fleming Young Parent Program
Single mothers, age 16-21

Cheyenne
Fleming Young Parent Program

2004 expansion to 5 sites

One-year TANF bonus grant from the Wyoming Department of Family Services to expand the program across Wyoming

2007
Services were expanded to serve low-income, parenting single mothers of all ages...

...and over the past 30 YEARS, the CLIMB Model has evolved into what it is today, operating at six sites across the state and having supported 2000 women and their families.
Origins of CLIMB

The CLIMB Model

What we’ve learned
How we do what we do is just as important as what we do. This unique approach is what we believe makes CLIMB successful at moving people toward self-sufficiency.
CENTRAL TENETS OF RELATIONSHIP-DRIVEN DIRECT SERVICES

OPEN, HONEST & DIRECT COMMUNICATION
CONFIDENTIALITY
ACCEPTANCE
EMPATHY
SELF-AWARENESS
RESPECT
INTEGRITY
NON-JUDGMENT
TRUST
BOUNDARIES
OUR APPROACH

Run a certain number of programs per year and work with 10-12 participants per program
OUR APPROACH

CLIMB staff engage in employer outreach to develop relevant and successful trainings to ensure there are job opportunities for graduates.
OUR APPROACH

We actively seek out qualified participants for our program through agency partnerships, direct mail and advertising.
OUR APPROACH

Participants must meet federal poverty guidelines and be ready to commit to our rigorous program - they can only go through the program once.
Partnerships with the Wyoming Department of Family Services are especially essential during these phases – both for referrals and for helping to ensure moms have the resources to participate.
THE CLIMB PROGRAM

The CLIMB program model achieves significant long term success because of our relationship-driven direct service model. Simply put, meaningful relationships and a nurturing environment drive positive lasting change.

JOB TRAINING
- Industry-specific skills
- Resume building
- Computer skills
- Mock interviewing
- Workplace professionalism
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MENTAL HEALTH SERVICES

- Group counseling
- Individual counseling
- Therapeutic program approach

JOB TRAINING

- Industry-specific skills
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LIFE SKILLS TOPICS
- Parenting
- Time management
- Conflict resolution
- Nutrition
- Budgeting

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JOB PLACEMENT
CLIMB staff actively participate in the job placement phase of the program by matching graduates with job opportunities relevant to their skill set and interests. CLIMB meets with employers to establish short-term guidelines for performance evaluation and communication. With the support of CLIMB staff, graduates are able to practice the skills that they have learned at CLIMB during the job placement phase. The majority of these placements become long term job opportunities.
OUR APPROACH

CLIMB GRADUATES

To support long term success, CLIMB offers support to graduates of the CLIMB program including occasional group lunches, resume building, advice on workplace issues and wage increases. Graduates in turn support CLIMB by sharing their stories for marketing purposes and referring other women to the CLIMB program.
OUR IMPACT

Average Monthly Income
- Before CLMB Program: $1,075
- 24 Months Post Program: $2,452

Percentage Employed
- Before CLMB Program: 46%
- 24 Months Post Program: 74%

Percentage on Food Stamps
- Before CLMB Program: 52%
- 24 Months Post Program: 32%

Percentage on Public Healthcare
- Before CLMB Program: 32%
- 24 Months Post Program: 13%

Graduation Rate
- 89% of single mothers who enter a CLMB Wyoming program successfully graduate.
Origins of CLIMB

The CLIMB Model

What we’ve learned
LESSONS
LEARNED

THERAPEUTICALLY
SUPPORTIVE
RELATIONSHIPS
create meaningful
and lasting change
Consistent and reliable **STRUCTURE** is essential to staff and participants alike.
LESSONS LEARNED

Groups build SOCIAL CAPITAL and EXECUTIVE FUNCTIONING SKILLS
PROMISING PRACTICES

Conflict engagement and making it normal

Training partnerships with TANF agencies
Thank you!
Audience Poll #3

Does your program access any special or additional funds for specifically serving young parents (outside of TANF funds)?
Training Resources of America’s Young Parents Program

Kristi Bruwer, Manager/ Young Parents Demonstration Program Coordinator
Training Resources of America, Inc
When TANF Intersects with Pregnant Teen and Young Parent Services

May 11, 2016
Kristi Bruwer, Manager/ YPD Program Coordinator
Training Resources of America, Inc. (TRA)
Training Resources of America, Inc.
Description

• Private, non-profit organization with over 40 years workforce development experience;

• Headquartered in Worcester, MA with 8 training sites statewide;

• Helps educationally and economically disadvantaged youth and adults find pathways to self-sufficiency by:
  1) Increasing basic education levels;
  2) Improving English speaking/comprehension;
  3) Obtaining a high school equivalency diploma;
  4) Learning occupational/vocational/soft skills;
  5) Finding/retaining employment;
  6) Transitioning to college/post-secondary education;
  7) Increasing wage and job advancement prospects;
  8) Becoming active and productive members of their communities.

• Operates a variety of education, employment, and skills training programs including YPP.
Young Parents Program (YPP)

- Provides pregnant and parenting out-of-school young people, aged 14-24 with a variety of services:
  1. High School Equivalency Test (HiSET) preparation;
  2. English as a Second Language;
  3. Training in parenting, life, and work skills;
  4. Access to jobs and post-secondary education;
  5. Extensive support services.

- Funded by the Massachusetts Department of Transitional Assistance.
- TRA has operated YPP statewide since 1992.
In June 2011, Training Resources of America, Inc., was one of four (4) awardees nationwide to receive a U.S. Department of Labor grant to operate a Young Parents Demonstration Program (YPD) as part of a national project.

YPD was designed to evaluate the impact of intensive mentoring services on young parents’ program outcomes and success rates statewide.

This grant enabled our existing Young Parent Programs to incorporate a new component that randomly selected participants to receive mentoring services focusing on education, career advancement, and personal development.

Random assignment - half received mentoring services, half did not.
YPD - Continued

- A goal of four hundred new participants were enrolled into our YPP/YPD program over a two year period. TRA, Inc. - 280 participants, LARE - 120 participants.

- Out of the four hundred participants, only 200 were randomly assigned mentoring services. However, all participants (control and treatment groups) were tracked and evaluated for outcomes.

- Mentoring services were conducted by trained volunteer mentors over the course of 18 months.

- TRA and LARE both worked very closely with an evaluation team on a monthly basis, to process enrollment into YPD, along with the outcome and performance data.
YPD - Continued

• Mentors focused primarily on these three areas: education, career advancement, and personal development.

• Mentoring occurred minimally for 4 hours per month for up to 18 months. Mentor/mentee ratio was 1:1 in most cases, with a few at 1:2.

• TRA and LARE worked very closely screening, supporting, and training all the mentors to fully support the mentor/mentee relationship via staffing of a Mentor Specialist at each YPD site.
YPD Data

Sex of YPD Participants,
TRA-LARE

Female
- Control: 95.0%
- Treatment: 96.2%
- Total: 95.7%

Male
- Control: 5.0%
- Treatment: 3.8%
- Total: 4.3%

Legend: Control, Treatment, Total
YPD Data - Continued

Highest Level of Education Attained at Enrollment, TRA-LARE

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<th>Education Level</th>
<th>Control</th>
<th>Treatment</th>
<th>Total</th>
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<tr>
<td>8th Grade or Less</td>
<td>18.8%</td>
<td>19.3%</td>
<td>19.1%</td>
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<tr>
<td>9th-11th Grade</td>
<td>81.2%</td>
<td>80.2%</td>
<td>80.7%</td>
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<tr>
<td>12th Grade (High School Graduate)</td>
<td>0.0%</td>
<td>0.5%</td>
<td>0.3%</td>
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<tr>
<td>1-3 Years of College/Technical School</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
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<tr>
<td>4 Years or More of College</td>
<td>0.0%</td>
<td>0.0%</td>
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Number of YPD Participants Education or Training at Intake, 6, 12, and 18 Months After Random Assignment, TRA-LARE

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<tr>
<th></th>
<th>At intake</th>
<th>At 6 Months After Random Assignment</th>
<th>At 12 Months After Random Assignment</th>
<th>At 18 Months After Random Assignment</th>
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<tbody>
<tr>
<td><strong>Control</strong></td>
<td>5</td>
<td>25</td>
<td>31</td>
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<tr>
<td><strong>Treatment</strong></td>
<td>5</td>
<td>33</td>
<td>41</td>
<td>36</td>
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![Chart showing the number of YPD participants who received education or training at intake, 6, 12, and 18 months after random assignment, with separate bars for control and treatment groups.](chart_image)
YPD Data - Continued

Average Wage of YPD Participants at Intake, 6, 12, and 18 Months After Random Assignment, TRA-LARE

<table>
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<tr>
<th></th>
<th>At Intake</th>
<th>At 6 Months After Random Assignment</th>
<th>At 12 Months After Random Assignment</th>
<th>At 18 Months After Random Assignment</th>
</tr>
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<tbody>
<tr>
<td><strong>Control</strong></td>
<td>$8.40</td>
<td>$8.67</td>
<td>$9.13</td>
<td>$9.32</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>$8.60</td>
<td>$8.62</td>
<td>$8.73</td>
<td>$9.14</td>
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<tr>
<td><strong>All Participants</strong></td>
<td>$8.50</td>
<td>$8.64</td>
<td>$8.91</td>
<td>$9.23</td>
</tr>
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</table>
YPD Data - Continued

• To date, all evaluation data and impact of mentoring services on the young parent population of the YPD study are still being analyzed.

• This data is forthcoming and we look forward to seeing what the end results of the study are.

• The feedback that we received from both mentors and mentees was very positive. The young parents particularly appreciated receiving mentor support at this point in their lives.
Promising Practices and Success Stories

LESSONS LEARNED

- Extensive pre-program planning and establishing detailed/written procedures are essential.

- Mentor training and ongoing support are key.

- Clear expectations must be formulated for both mentor and mentee.

- Due to the research aspect of the grant, some young parents in the control group wanted a mentor, but could not be assigned one.

- Several mentor/mentee relationships continued past the required 18-month time period.
Mentor/Mentee Quotes and Success Stories - Continued

**Mentor Quote**

“I was interested in being a mentor because I have always felt very blessed by the strong and stable upbringing that my parents gave me, and really wanted to try and help a young mother give her children the same.”

**Mentee Quote**

“She is like a friend, or even a mother, with all her suggestions. She has helped me with housing applications and day care problems.”
Mentor/Mentee Quotes and Success Stories - Continued

Mentor Quote

“When I am with my mentee, it has been great! I feel like I am able to make a difference.”

Mentee Quote

“She helped me a lot. She has helped me with my math. She has helped me not to be so depressed because when I met her I was kind of down.”
Questions and Comments
Facilitated Q&A
Carol Mizoguchi, OFA
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